

**REPUBLIC OF TURKEY  
FIRAT UNIVERSITY  
THE FACULTY OF SPORT SCIENCES**

**DETERMINATION OF THE HEALTHY LIFESTYLES  
OF UNIVERSITY STUDENTS IN FIRAT UNIVERSITY  
AND INFLUENTIAL FACTORS  
(SAMPLE OF FACULTY OF SPORTS SCIENCES)**

**MASTER THESIS**

**AWAT MAHMOOD - MUSTAFA MAHMOOD  
(142301112)**

**Department: Physical Education and Sport  
Program: Physical Education and Sport**

**Supervisor: Prof. Dr. Yüksel SAVUCU**

**JANUARY-2018**

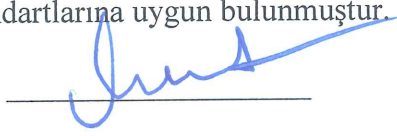
## ONAY SAYFASI

  
Prof. Dr. Mustafa Kaplan

Sağlık Bilimleri Enstitüsü Müdürü

Bu tez Yüksek Lisans Tezi standartlarına uygun bulunmuştur.

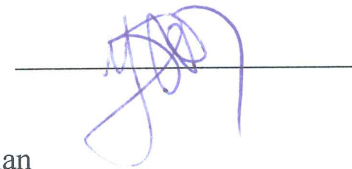
Prof. Dr. Cengiz Arslan

  
Beden Eğitimi ve Spor

Anabilim Dalı Başkanı

Tez tarafımızdan okunmuş, kapsam ve kalite yönünden Yüksek Lisans Tezi olarak kabul edilmiştir.

Prof. Dr. Yüksel Savucu

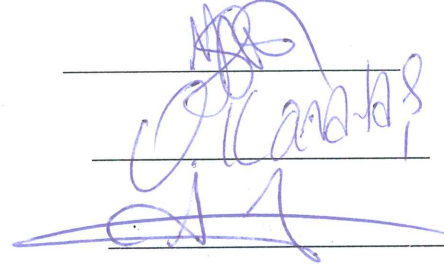
  
Danışman

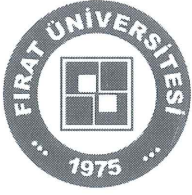
Yüksek Lisans Sınavı Jüri Üyeleri

Prof. Dr. Yüksel Savucu

Yrd. Doç. Dr. Özgür Karataş

Yrd. Doç. Dr. Ali Serdar Yücel





## ETHICAL DECLARATION

I declare that I have carried out this thesis study with my own studies, that it is not contrary to the ethics at all stages from the planning of the works, to the obtaining of the findings and to the writing phase, that I have obtained all information and data in this thesis under the academic and ethical rules, that I refer to sources, information and interpretations that are included in this thesis but which are not included in the findings of this thesis.

AWAT MAHMOOD MUSTAFA

01.02.2018

A handwritten signature in blue ink, consisting of a stylized 'A' and 'M' followed by a long horizontal stroke.

## **ACKNOWLEDGMENT**

I would like to thanks to Prof. Dr. Yüksel SAVUCU, my supervisor and Assist. Prof. Dr. Ali serdar YUCEL, who did not deny his assistance with his suggestion and guidance, my family my parents, spicily my wife and all my friends who contributed during thesis preparation period.

**Sincerely,**  
**Awat Mahmood**  
**ELAZIG-2018**

## LIST OF CONTENTS

|                                                     |      |
|-----------------------------------------------------|------|
| ACKNOWLEDGMENT.....                                 | ii   |
| LIST OF CONTENTS .....                              | iv   |
| LIST OF TABLES .....                                | vii  |
| ABSTRACT .....                                      | viii |
| ÖZET.....                                           | x    |
| 1. INTRODUCTION .....                               | 1    |
| 1.1 World Health Organization .....                 | 1    |
| 1.2 Physical activity .....                         | 2    |
| 1.3 Physical Activity .....                         | 2    |
| 1.4 Statement of the Problem .....                  | 4    |
| 1.5 Importance of the Research .....                | 5    |
| 1.6. Physical activity and energy consumption ..... | 5    |
| 1.7 Healthy Lifestyle .....                         | 7    |
| 1.7.1 Health and health promotion.....              | 7    |
| 1.7.2 Health promoting behaviors.....               | 7    |
| 1.8 Intensity of physical activity .....            | 7    |
| 1.9 Physical Activity Preferences.....              | 8    |
| 1.10 Nutrition and Cognition.....                   | 9    |

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| 1.11 Assessment of Nutrition and Exercise Health Behaviors.....                                 | 13  |
| 1.12 Key health behaviours: lifestyles and service use .....                                    | 14  |
| 1.13 Lifestyles .....                                                                           | 14  |
| 1.14 Beliefs about health and health care .....                                                 | 15  |
| 1.15 Mental health and well-being .....                                                         | 18  |
| 1.16 Self-rated health .....                                                                    | 19  |
| 1.17 Biological plausibility of the relationship between short sleeping hours and obesity ..... | 20  |
| 1.18 Obesity: physical activity and diet .....                                                  | 21  |
| 1.19 Adult Weight Gain .....                                                                    | 222 |
| 1.20 Weight and Disease .....                                                                   | 233 |
| 1.21 Cardiovascular Diseases.....                                                               | 25  |
| 1.22 Assessment of obesity .....                                                                | 26  |
| 1.23 Sleep-related assessments.....                                                             | 27  |
| 1.24 Socio demographic factors .....                                                            | 29  |
| 1.25 Mental health.....                                                                         | 29  |
| 1.26 Musculoskeletal Health .....                                                               | 300 |
| 1.27 Socioeconomic Factors.....                                                                 | 322 |
| 1.28 Negative Health Effects.....                                                               | 322 |
| 1.29 Positive Health Effects .....                                                              | 344 |
| 1.30 Lifestyle, responsibility and justice .....                                                | 355 |

|                                                                                           |     |
|-------------------------------------------------------------------------------------------|-----|
| 2. MATERIALS AND METHODS .....                                                            | 37  |
| 2.1 Research Model .....                                                                  | 37  |
| 2.2 Research Hypotheses .....                                                             | 38  |
| 2.3 Evolution And Sampling .....                                                          | 38  |
| 2.4 Data Analysis .....                                                                   | 41  |
| 2.5 Sample and Selection .....                                                            | 42  |
| 2.6 Questionnaire.....                                                                    | 422 |
| 2.7 Fieldwork.....                                                                        | 433 |
| 3. RESULT.....                                                                            | 444 |
| 3.1 Gender .....                                                                          | 444 |
| 3.2 Socio-demographic characteristics and healthy lifestyles of the participants<br>..... | 455 |
| 3.3 Students’ ages.....                                                                   | 46  |
| 3.4 Students’ class .....                                                                 | 48  |
| 3.5 Students’ weight .....                                                                | 49  |
| 3.6 Students’ height.....                                                                 | 51  |
| 3.7 Students’ income .....                                                                | 522 |
| 4. DISCUSSION .....                                                                       | 544 |
| 5. CONCLUSION .....                                                                       | 57  |
| 6. REFERENCES.....                                                                        | 58  |
| 7. Questionnaire.....                                                                     | 66  |

## LIST OF TABLES

|                                                                                                   |     |
|---------------------------------------------------------------------------------------------------|-----|
| <b>Table 1</b> demographic statistics regarding to participant Acording to t-test .....           | 44  |
| <b>Table 2</b> Socio-demographic characteristics and healthy lifestyles of the participants ..... | 446 |
| <b>Table 3</b> one-way anova test acording to Students' ages. ....                                | 47  |
| <b>Table 4</b> Students' class.....                                                               | 49  |
| <b>Table 5</b> Students' weight.....                                                              | 500 |
| <b>Table 6</b> Students' height.....                                                              | 511 |
| <b>Table 7</b> Students' income.....                                                              | 522 |



## **ABSTRACT**

A sedentary life is called the most dangerous state of our life. Especially, exercise and physical activity must be part of people's life. We investigated in this study to determine the healthy lifestyles of university students in Firat University, the Faculty of Sport Sciences and influential factors.

All participants selected from Firat University, Faculty of Sports Sciences randomly. We used a Healthy Lifestyle Scale Questionnaire (HLSQ) (52-item) for University Students. HLSQ comprises of two sections. The primary area contains statistic data comprising of 15 questions. In the second part, there is a scale II of sound living practices comprising of 52 questions. Likert scale with a four-point response arrange, "never, all over, much of the time, and reliably," with the rating score stretching out from 1 to 4. The subjects in this study were 16– 25 years (mean, 21.7 years) of age. 300 participant who finished the survey, 200 (67%) were male and 100 (33%) were female. SPSS 22 program was used to determine the analyses. One-way ANOVA and T-TEST used to investigate contrasts in doing movement as far as measurements of the scale.

According to the results, there were no significant differences between class, age, weight, height and income parameters ( $P > 0.05$ ). Our study showed that a high level of undergraduate have not a sound way of life. These outcomes acquired here give significant data to future activities. To all the more adequately decrease interminable illness and create human wellbeing, projects ought to be intended to invigorate the interests of undergraduate as per their socio statistic

qualities. Therefore, we can state that sound way of life practices of undergraduate. It is imperative to partake to undergraduate in exercises for averting wellbeing dangers.

As a result, we can say that healthy life style behaviors of undergraduate should be encouraged and various activities should be arranged in universities. It is important to participate to undergraduate in activities for preventing health risks.

**Keywords:** Undergraduate, Healthy life style, Physical activity.

## ÖZET

Sağlıklı yaşam tarzı hayatımızın en tehlikeli durumlarından biri olarak adletirilir. Özellikle egzersiz ve fiziksel aktivite insanların hayatının bir parçası olmalıdır. Biz bu çalışmada Fırat Üniversitesi Spor Bilimleri Fakültesi'nde okuyan üniversite öğrencilerinin sağlıklı yaşam tarzını ve onu etkileyen faktörleri araştırdık.

Tüm katılımcılar Fırat Üniversitesi Spor Bilimleri Fakültesi'nden rastgele yöntemle seçilmiştir. Üniversite öğrencileri için Sağlıklı Yaşam Tarzı Ölçeği (SYTÖ) kullanıldı. SYTÖ iki bölümden oluşmuştur. İlk bölümü 15 sorudan oluşan İstatistiki veri, 52 sorudan oluşan ikinci bölüm ise yaşam uygulamalarını kapsamaktadır. Dörtlü Likert tipi ölçek, 1'den 4'e kadar skor oranlı bir yapıdan oluşmuştur. Çalışmadaki denekler 16-25 yaş (ortalama 21.7 yıl) aralığındadır. Anketi tamamlayan 300 öğrencinin 200'ü (% 67) erkek, 100'ü (% 33) kadın katılımcıdır. Verilerin analizinde SPSS 22 paket istatistik programı kullanılmıştır. Tek yönlü ANOVA ve T-TEST değerlendirmeler için kullanılmıştır.

Elde edilen sonuçlara göre, sınıf, yaş, kilo, boy ve gelir parametrelerinde anlamlı bir farklılık bulunmamıştır ( $P > 0.05$ ). Çalışmamız üniversite öğrencilerinin yüksek seviyede bir yaşam tarzını benimsemediklerini göstermiştir. Bu çıktılar bize gelecek aktiviteler için önemli verileri sunmaktadır. İnsanoğlunun hastalıklarını azaltması ve daha sağlıklı olabilmesi için sosyal aktiviteleri hayatına yerleştirmesi gerekmektedir. Bu yüzden üniversite öğrencilerinin yaşam aktivitelerinin devamlılığını vurgulamaktayız. Bu aktiviteler sağlıklı olabilmek için üniversite öğrencilerinin bir parçası olmak zorundadır.

Sonu olarak, ğrencilerin üniversitede saėlıklı yařam tarzlarının daha iyi olabilmesi iin cesaretlendirilmeleri ve eřitli aktiviteler ierisinde yer almaları önerilebilir. Yani saėlık risklerini azaltmak iin üniversite ğrencilerinin aktivitelere katılımları önemlidir.



**Keywords:** Üniversite ğrencisi, Saėlıklı yařam tarzı, Fiziksel aktivite.

## **1. INTRODUCTION**

### **1.1 World Health Organization**

College undergraduate speak to a noteworthy section of the youthful grown-up populace. They commonly using a dynamic procedure time of new freedom from their folks also described by quick, interrelated changes in body, psyche, and social connections and experience another condition that for the most part includes expanded workload and stress, modified examples of life, which are huge supporters of undesirable ways of life. World Health Organization (WHO) has expressed that 60% of a person's wellbeing related personal satisfaction relies upon his/her way of life. Wellbeing related practices in beginning times of life influence the malady dangers identified with way of life in later times of life. Despite the fact that it is hard to change unfortunate propensities that grown-ups have received in their childhood, many impacts of wellbeing hazard factors among grown-ups are avoidable if these practices are recognized and changed at a beginning time. Along these lines, it is vital to increment solid way of life practices among understudies. (1)

A sedentary life is called the most dangerous state of our time. Especially, Exercise and physical activity must be an integral part of people. Exercise sub-dimension assesses how proper individuals do exercises that are unchangeable unit of life. Nutrition sub-dimension assesses changes in individual's choices of meal and food selection. Interpersonal support sub-dimension assesses

communication of individual with close environment and the continuity level of this communication.

Therefore, Physical action are firmly related issues. It will be influenced that solid way of life practices of understudy ought to be empowered; exercises that all understudies to do games ought to be orchestrated. It is imperative to lead understudy to take an interest in wear exercises for keeping some wellbeing dangers. The HLSUS was created in view of the Pender's Health Promotion Model, and a point by point depiction on the legitimacy and unwavering quality of the scale can be found in the past production (2).

## **1.2 Physical activity**

It is the type of substantial development created by all systems that outcome in use of vitality. Physical action may incorporate an arranged action like strolling, running, b-ball or every day exercises, for example, yard work and so forth (3).

## **1.3 Physical Activity**

The meaning of the presentation of physical inertia was resolved after thought of various components. All material comprised: what sorts of action crosswise over what areas could be incorporated/barred; which cut-focuses amongst latent and dynamic would give the best accessibility of information and open door for similarity crosswise over informational indexes and nations; and what cut-focuses would be reliable with set up and rising logical proof. At present

these issues are under impressive civil argument inside established researchers and there are no authoritative answers. Subsequently, it is ahead of time of any agreement which system and workable meaning of physical dormancy as an introduction is exhibited. Customarily, physical action explore had been keen on practice characterized as "arranged, organized and redundant substantial development done to enhance or keep up at least one parts of physical wellness" (4).

This intrigue centered consideration towards specific sorts of work out, generally energetic force exercises that were embraced for the most part outside of work in recreational or optional time. When all is said in done terms it was recognized that some word related or business related exercises could achieve the edge of vivacious power and in this manner could possibly qualify as practice and be gainful to wellbeing. Be that as it may, in light of the fact that innovation and mechanical advancement were creating a fast decrease in these occupations, especially in created nations, significantly less premium was put resources into this bearing(5).

Besides the chance to intercede was all the more encouraging outside the working environment. Generally, for those intrigued, especially in created nations, the attention was on practice and the area of "recreation time". A large number of the estimation instruments utilized today mirror this point of view. A move far from exclusively concentrating on practice began after the outcomes from a few expansive forthcoming associate reviews were distributed in the late 1980s and mid-1990s. These reviews were critical in light of the fact that they distinguished the defensive impacts of less extraordinary physical action (6, 7). By 1996 these

discoveries 732 Comparative Quantification of Health Risks were embraced by a few driving foundations and logical associations and shaped the essential concentration of the U.S. Top health spokesperson's report on Physical Health. Consolidated, the proof and the across the board underwriting moved the worldview towards the advantages of direct power action with the end goal that endeavors all the more as of late have been coordinated towards expanding the measure of direct force action embraced by all grown-ups and kids. Such exercises incorporate energetic strolling (>3mph), recreational cycling and swimming(8).

#### **1.4 Statement of the Problem**

Past examinations in wellbeing advancing practices demonstrated an abnormal state of unsafe wellbeing practices in college understudies. Particularly, inactive ways of life and less physical action type were the most basic discoveries of these examinations. Different examinations analyzing the physical action conduct as a wellbeing advancing variable found that physical action level drastically diminish from secondary school to college years. These investigations likewise demonstrated that there are sexual orientation contrasts, and demonstrated the impact of the living with or far from family in a portion of the wellbeing advancing elements. In spite of the fact that wellbeing advancing practices of the college understudies were analyzed in a few investigations, there is an absence of information about those practices of the understudies who has quite recently entered the college(6).



### **1.5 Importance of the Research**

There has been an absence of information about the wellbeing advancing practices, and all the more particularly the physical movement level, practice phase of progress level, and exercise inclinations of understudies who has quite recently entered the college. In addition, impacts of sexual orientation, and living in or out of grounds on these practices are obscure for this particular populace. This examination would give fundamental data to assess the wellbeing advancing practices of these understudies at the earliest reference point of college instruction without a lot of association with the college setting. In light of this learning, it is conceivable to make an assessment about viability of their earlier training on these qualities. Furthermore, strategy creators, wellbeing and games catalogs, educational programs master, and teachers related with college wellbeing advancement could utilize these information to make wellbeing advancement plans and physical action courses which could address issues and interests of understudies(4).

### **1.6. Physical activity and energy consumption**

Physical motion is portrayed as 'genuine improvement that is conveyed by the pressure of skeletal muscle and that liberally assembles essentialness utilize' (8). This term accordingly fuses the full extent of human advancement from forceful amusement and exercise to side interests or activities drew in with step by step living. Then again, physical lethargy can be depicted as 'a state in which genuine improvement is immaterial and essentialness utilize approximates the resting metabolic rate' (9).

Physical motion impacts mean essentialness utilize, which is the total of the basal metabolic rate (the measure of imperativeness utilized while still in an unbiasedly quiet condition and in a state of fasting), the thermic effect of sustenance (additionally called dietary-affected thermogenesis) and the imperativeness utilized as a part of physical activity.

A significant measure of aggregate vitality use is represented by BMR, which is resolved essentially by weight and creation, both of which fluctuate with age and sex. The TEF is the vitality cost of processing sustenance and is infrequently evaluated independently (2).

Physical action is a different, multi-dimensional conduct. A wide range of methods of action add to add up to physical movement; these incorporate work related, family unit (e.g. providing care, household cleaning), transport (e.g. strolling or cycling to work) and relaxation time exercises (e.g. moving, swimming). Exercise is a subcategory of recreation time physical action and is characterized as 'physical action in which arranged, organized and dull substantial developments are performed to enhance or keep up at least one segments of physical wellness' (10). Physical action can be additionally sorted as far as the recurrence, term and power of the action. Recurrence and span allude to how frequently and to what extent a movement is performed. Power alludes to how hard a man is functioning or the rate of vitality use that an action requests.

## **1.7 Healthy Lifestyle**

### **1.7.1 Health and health promotion**

Wellbeing is achieving and keeping up a condition of finish social, physical, and mental prosperity and not having sickness or illness (Sperry et al., 2005). World Health Organization (2003) characterizes wellbeing advancement as a procedure of "empowering individuals to build control over, and to enhance, their wellbeing". This conduct change process requires a multidimensional approach including improvement of physical, enthusiastic, social, otherworldly, and scholarly attributes (11, 12).

### **1.7.2 Health promoting behaviors**

In view of the multidimensional wellbeing displaying, wellbeing advancing practices are classified as social help, life gratefulness, wellbeing duty, push administration, nourishment, and exercise conduct (13). All these six wellbeing practices bolster the personal satisfaction of the people (14, 15). Every one of them ought to be created in an all-encompassing way. On the off chance that one of them is ignored other measurement will be affected adversely (11).

## **1.8 Intensity of physical activity**

The inside and out energy of a development is the rate of imperativeness utilization related with that activity; this is typically assessed in kcal/kg/min or METs (which stays for metabolic reciprocals). The MET is a unit used to assess the metabolic cost (imperativeness utilize or oxygen usage) of physical activity.

One MET is a man's metabolic rate when still; this is set as a resting metabolic rate (RMR) of 3.5 ml of oxygen used per kilogram of weight each minute. MET esteems are given in products of RMR, and are appointed to exercises to signify their power. METs are frequently used to characterize classifications, for example, light, direct and overwhelming power physical movement. Notwithstanding, vitality use for any given MET, metabolic proportionate. assignment relies upon body estimate, so for instance a substantial individual will exhaust more vitality playing out an indistinguishable undertaking from a lighter individual(16).

### **1.9 Physical Activity Preferences**

Physical action inclinations may change as indicated by the offices, social and financial status, age, sexual orientation, and home (17). Different examinations show that when youthful grown-ups are dynamic they most much of the time reports exercises, for example, running, running or strolling, weight lifting, high-impact activities, bicycling and swimming (17, 8).

Leenders Sherman, and Ward.(2003) demonstrated that understudies selected in physical exercises for the most part to learn new action, have a ton of fun, enhance aptitudes, enhance wellness, and exercise routinely. What's more, dynamic young ladies pick more formal exercises while young men favored non-formal exercises (18).

In Turkish setting, Cengiz's (2007) consider showed that school understudies generally supported swimming, soccer, walking, ball, and cycling.

Moreover, female understudies generally supported moving and tennis while male understudies favored football and b-ball. Another method for communicating force of physical movement is as a level of a man's maximal oxygen utilization ( $VO_{2max}$ ). Since oxygen utilization and heart rate (HR) amid physical movement are so very much connected, the level of maximal HR is frequently used to mirror the relative impact on maximal oxygen utilization (9).

### **1.10 Nutrition and Cognition**

Support and Cognition Relationships among sustenance and cerebrum work was the grouping of much research. Looks at exhibited the impact of dietary foundations on normal cerebrum limits. Substance conveyance individuals inside the brain called neurotransmitters have been inspected in conjunction with food. (19) suggested that the cerebrum can never again be viewed as an independent organ, free from other metabolic frameworks in the body; rather, the psyche ought to be seen as being influenced by sustenance, the centralization of amino acids and choline (in the blood) which let the cerebrum make and use inestimable neurotransmitters, for instance, serotonin, acetylcholine, dopamine, and norepinephrine. Sustenance use is key to the cerebrum having the capacity to make the suitable measure of amino acids and choline. These are two forerunner particles got from the blood that are required for the psyche to work routinely. It is nothing surprising that what we eat facilitate impacts the psyche (20, 21) showed help potential results that our assistance has a section with affecting our scholarly working. Looks been done with school-made youngsters and display a close-by relationship between's poor help and hack down school execution. Press

has in like way been seemed to recognize a fundamental part at the most elevated purpose of the need list work what's more. Kretsch et al. referred to purposes behind vitality from an audit completed with men made 27 to 47 that looked and its effect on obsession. Low scores on an obsession test separated and hack down levels of iron in the accumulations of the subjects. Kretsch et al. in like way found that zinc was another supplement that had a territory with affirmation, especially with Nutrition and Academic Performance 10 memory. In a trial of mental most remote point called verbal memory, examiners found that volunteers' abilities to review standard words annihilated basically not long after following three weeks of a low-zinc rot sustenance (21, 22) raised five key areas, in light of research, required to keep the cerebrum working attainably. The substances, all found in sustenance, are key to enthusiastic flourishing and most remote point. Proteins are found in sustenances, for instance, meat, edge, deplete, and cheddar. They are used to make a liberal bit of the body's tissues, including neurotransmitters, earlier saw as compound emissaries that pass on information from cerebrum cells to other character cells. A nonappearance of protein, generally called Protein Energy Malnutrition, induced to poor school execution by kids and encouraged energetic young people to be languid, pulled back, and uninvolved, all of which help influence social and stimulated advance. Sugars are routinely found in grains, ordinary things, and vegetables. Starches are isolated into glucose (sugar) which is the place the cerebrum gets its centrality. Fluctuating levels of sugars may comprehend puzzling and mental perplex, both of which can influence savvy execution. Having a sugar liberal supper can make one feel all the more peaceful and free in light of a cerebrum created called serotonin and its effect on character.

Serotonin is made inside the brain through the ingestion and change of tryptophan. Tryptophan is expended inside the blood and this upkeep is enhanced with starches (22). Erickson furthermore watched that fat makes up more than 60% of the cerebrum and goes about as a dispatch in midway control of edges, for instance, atmosphere. Omega-3 unsaturated fats are basic to the perfect execution of the cerebrum and a nonappearance of these fats can prompt to misery, poor memory, low IQ, learning insufficiencies, dyslexia, and ADD. Basic sustenance to use to ensure an Omega-3 unsaturated fat eating routine are certain fish and nuts (22).

Empowering the examination supporting nourishment and its consequences for wisdom, Wolpert and Wheeler imply explore done by Gomez-Pinilla, a UCLA educator of neurosurgery and physiological science. As exhibited by the article, eating regimen, work out, and rest can change mind thriving and mental farthest point. Gomez-Pinilla imparted that it looks good that changes in eating regimen could be utilized to redesign insightful points of confinement. His examination has displayed that Omega-3 unsaturated fats, for example, those found in salmon, kiwi basic thing, and walnuts, give numerous central focuses in updating memory and changing, a lot of which happens at the neural affiliations. Omega-3 unsaturated fats fortify synaptic adaptability and appear to fervently affect the overflowing of two or three atoms identified with learning and memory that are found on the neural affiliations. Omega-3 unsaturated fats are fundamental for normal identity work. The article conveys that a need in Omega-3 unsaturated fats can actuate to expanded risk of a nonattendance of ability to concentrate dependably turmoil and dyslexia. As exhibited by Gomez-Pinilla,

adolescents who had an expansion of Omega-3 unsaturated fats performed better in inspecting, spelling, and had less behavioral issues (23).

Wolpert and Wheeler also included a review in England that discovered school execution enhanced among a social event of understudies enduring Omega-3 unsaturated fats. The article additionally portrays an Australian examination of 396 young people between the ages of 6 and 12 who were given refreshments with Omega-3 unsaturated fats close by different supplements like iron, zinc, folic acid and vitamins A, B6, B12, and C. These understudies indicated higher scores on tests evaluating verbal information, learning aptitudes, and memory following a half year and one year when showed up diversely in connection to a control get-together of understudies who did not get the drink (23).

A study proposed that weight control outlines high in trans fats and submerged fats ominously affect understanding. These trans fats are found in like way fast food and most waste backings. Through these trans fats, waste sustenance impacts the mind neural affiliations and besides different particles that guide in learning and memory. An eating routine low in trans fats and high in Omega-3 unsaturated fats can reinforce neural affiliations and give subjective central focuses (23).



### **1.11 Assessment of Nutrition and Exercise Health Behaviors**

The information of sustenance and practice wellbeing practices were gotten by utilizing subscales of the Health Promoting Lifestyle Profile II. The nine inquiries with respect to sustenance conduct were: "pick a low-fat eating regimen", "restrain the utilization of sugars", "eat bread, oat and rice", "eat natural product", "eat vegetables", "eat meat, poultry, angle, dried beans, eggs and nuts", "eat drain, yogurt or cheddar", "read names to recognize supplements" and "have breakfast". The quantity of every day servings for every nutrition class was set by dietary rules. The eight things for practice conduct were: "take after a practice program", "energetic practice 3 times each week", "light to direct physical movement", "go to relaxation time work out", "do extending 3 times each week", "get practice amid day by day exercises", "check beat when working out" and "achieve an objective heart rate when working out". Members were made a request to rate everything on a four-point Likert scale (Never, Sometimes, Often and routinely). Each subscale's mean score, extending from 1 to 4, was figured from the subscale's score ads up to and separated by the quantity of reaction things. A higher score demonstrated a more noteworthy level of investment in wellbeing advancing conduct. In this overview, the subscales of sustenance and practice practices demonstrated adequate inner consistency, with Cronbach's alphas of 0.85 and 0.78, separately(24).

### **1.12 Key health behaviours: lifestyles and service use**

In spite of the fact that science assumes a part in wellbeing assurance, it is frequently the practices and selections of people that place natural wellbeing at hazard. These practices are a focal system for general wellbeing and social arrangement consequences for wellbeing and are in this way integral to the structure of this audit. Ways of life is utilized here as a term planned to incorporate numerous critical components that are worried in the general wellbeing and sociology writing all the more by and large, for example, eating routine and nourishment, smoking, work out, work-life adjust and liquor utilize(8).

### **1.13 Lifestyles**

The significant dangers to wellbeing, the World Health Organization assembled broadly illustrative individual-level information on the main sources of death and inability for all created part states. They recognized the main ten hazard considers terms of inferable Disability Adjusted Life Years (DALYs). Three of these vary from the other seven in being prompt markers of natural wellbeing as opposed to wellbeing practices (circulatory strain, cholesterol and iron inadequacy). These three markers are connected in vital approaches to wellbeing practices. For instance, hypertension is brought on by salt admission in eating regimen, low levels of work out, heftiness, and unreasonable liquor consumption. It brings about basic changes in the dividers of supply routes that can prompt to feed, ischemic coronary illness, hypertension and other heart infections. All inclusive, hypertension is in charge of around 13% of passings and 4.4% of inferable DALYs. Be that as it may, despite the fact that instruction may have

vital advantages however impacts in transit people deal with these natural hazard elements, we center here around the seven behavioral dangers as key variables which intercede the impacts of training on wellbeing(11).

#### **1.14 Beliefs about health and health care**

Going before any activity are ideas about the essentialness of that activity. These ideas or convictions decide if or in which frame move is made. As far as wellbeing and human services, convictions are essential since they drive practices that have suggestions for wellbeing results. This relationship is delineated in the Health Belief Model (25). This model recommends that people will make a move to shield themselves from ailment and damage if a specific arrangement of convictions is set up about their position as for a condition. Parts of the model incorporate apparent individual powerlessness to a sickness or sick wellbeing condition, a comprehension of the seriousness of a given disease, a position on the advantages of a strategy and a computation of the boundaries (or expenses) versus favorable circumstances of any wellbeing related conduct. Seen powerlessness is the subjective measure of hazard to getting a wellbeing condition. It is a person's comprehension of a conclusion or the likelihood of him/her winding up sick. For instance, before going to a screening for bosom malignancy, a lady must trust that she is powerless against the sickness. Notwithstanding view of powerlessness or hazard, a person's conclusion of the results of ending up sick or leaving an ailment untreated additionally halfway decides his/her choice to make a move. Utilizing the case of bosom tumor screening, a lady's impression of the degree to which creating bosom malignancy will be physically or socially incapacitating will

impact whether she will go to screening. Moreover, a feeling of the advantages of a recommended activity is essential for wellbeing practices. A lady's faith in the viability of bosom disease screening in decreasing vulnerability and seriousness or saw danger of bosom growth is ensnared in her participation. A comprehension of the negative parts of any potential activity likewise weighs upon the probability of taking part in wellbeing conduct. As indicated by this approach, to a great extent oblivious estimation of the relative cost in time, vitality, cash, or psychosocial costs, for example, shame or misery, goes before any activity. A thought of the advantages of finding out about bosom wellbeing might be viewed as favorable relying on the potential money related or social ramifications of going to screening(26).

It is also conjectured that signs to activity and self-viability affect upon choices to take part in wellbeing practices. The Health Belief Model proposes that an instigator, for example, mindfulness incited by adapting new data through, for instance, a media battle for bosom growth screening or a substantial occasion, for example, the location of a knot in the bosom, fills in as a sign to activity. Self-viability is more imperative for an adjustment in way of life or behavioral elements than for one-time activities, for example, going to screenings, as modifications in conduct changes require facilitate trust in one's capacity to change, for instance in the instances of smoking conduct and exercise (26).

The Health Belief Model is valuable for recognizing the convictions or thoughts that precede an adjustment in wellbeing practices. Be that as it may, a comprehension of the wellspring of convictions is likewise important to decide areas for intercession. A person's convictions or recognitions are molded and

impacted by a variety of statistic (age, ethnicity, sexual orientation), socio-mental (discernments, identity and standards), and auxiliary (financial status, instruction) factors, some of which can be changed however intercession.

Evidence for the potential for prior feelings about prosperity to affect decisions about lead is found in a subjective report using revolve social events around parent's feelings about adolescent immunisations. (27) found that guardians' absence of trust in wellbeing experts is in some part because of their insight that wellbeing experts need to achieve focuses for immunization with a specific end goal to be paid. Along these lines, the counsel of wellbeing experts isn't viewed as valuable for the youngster, yet rather as self-intrigued. Further, lay convictions about wellbeing regularly go up against endeavors to teach populaces about the advantages of specific wellbeing practices. (17) found that, in Australia, regardless of wellbeing advancement exercises about protection wellbeing, there was as yet factor open mindfulness and trust in capacity to keep away from various wellbeing results, including malignancy and coronary illness. Convictions around wellbeing and individual level of control over their wellbeing were connected to socio-statistic factors, for example, instructive achievement, sex and ethnicity that were not adequately considered in the outline and conveyance of wellbeing advancement exercises. Other research with defenseless populaces in the United States found a relationship between generalizations about doctors and medicinal services fulfillment and conduct. People with antagonistic generalizations about social insurance suppliers were less inclined to look for mind when wiped out, to be happy with the care got when they did go to and to hold fast to specialist's proposals for treatment. This exploration is restricted by its

capacity to decide the course of these connections, yet the affiliation is vital for the comprehension of the connection amongst convictions and wellbeing practices. Training can go about as an underlying wellspring of data about wellbeing and human services, but at the same time is critical in activating signals to activity through the arrangement of new data in wellbeing advancement exercises. Directed and customized wellbeing instruction that tends to both the convictions that go before activities and the fluctuated socio-statistic and social wellsprings of convictions can incite activities around wellbeing(28).

### **1.15 Mental health and well-being**

Here we concentrate on the connections amongst training and psychological wellness and prosperity. Instructive impacts are distinctive in these spaces. As showed by (21), ladies with larger amounts of instruction are less inclined to be discouraged yet in addition more prone to have bring down occupation fulfillment. In this sense, these ladies are not accomplishing what they might want in the work advertise, yet their instruction still has imperative defensive components against the danger of despondency.

We concentrate on wretchedness as a pointer of psychological well-being conditions. There are a few reasons why we concentrate solely on wretchedness. To start with, other psychological well-being conditions, for example, schizophrenia, mental impediment, extreme introvertedness and, ADHD, have low pervasiveness among the populace. Gloom is a typical type of mental misery experienced by everybody sooner or later to some degree and it associates with

different types of pain, for example, tension and outrage (29). Furthermore, improvements on measures for identifying psychological wellness issue have customarily not been as cutting edge as those for physical wellbeing. Further, social marks of shame related with psychological wellness issue keep people from looking for treatment (WHO, 2003). At long last, reasons for melancholy are both natural and societal. Training can affect upon natural factors that prompt wretchedness.

### **1.16 Self-rated health**

Self-evaluated wellbeing (SRH) is a subjective pointer of wellbeing that people survey with respect to an agent individual of the person's own age. The inquiry commonly asked is: "Please recollect in the course of the most recent a year about how your wellbeing has been. Contrasted with individuals of your own age, would you say that your wellbeing has overall been... magnificent/great/reasonable/poor/exceptionally poor?". Along these lines, this idea alludes to the person's impression of wellbeing in respect to the person's idea of the standard of their age gathering. SRH is additionally identified with various other wellbeing measures. For instance, (30) take note of that most by far of studies breaking down the relationship amongst SRH and consequent mortality observe SRH to be a capable indicator, even in the wake of molding on medicinal findings and practical limit. (31) observe this prescient energy to be steady crosswise over financial gatherings. All out measures of SRH have been appeared to be great indicators of resulting utilization of medicinal care (32, 33).

### **1.17 Biological plausibility of the relationship between short sleeping hours and obesity**

Natural believability of the connection between short resting hours and stoutness from the perspective of vitality use, it might be hard to clarify the connection between short dozing hours and corpulence. Since short sleepers have a more drawn out time alert than long sleepers, the vitality use of kids taking a short rest might be relied upon to be higher than that of kids taking a long rest. Also, even during the evening time, divided and short rest causes essentially higher vitality use than typical rest (34). On the other hand, there is a probability that the general vitality consumption every day of kids taking a short rest is lower than those of kids taking a long rest, in light of the fact that limited dozing may prompt daytime languor, substantial and subjective issues and diminished physical action (35). Notwithstanding, we found that the connection between short resting hours and heftiness stayed noteworthy after change ment for physical movement. Late rest thinks about have exhibited that short dozing hours may prompt huge changes in the structure of the rest stages distinguished by electroencephalogram (EEG) (36, 37) and changes in a few hormones discharged amid the night (38, 37). Nighttime development hormone (GH) discharge is reliant on rest and is especially emitted amid the primary portion of the night (38). Without rest, GH discharge is especially diminished (38). GH is an anabolic hormone that is fundamental for keeping up lipolysis amid the night (Boyle et al. 1992). There-fore, short dozing hours may hypothetically prompt weight pick up, coming about because of a decline in nighttime emission. As a matter of fact,



serum GH fixations in hefty youngsters are lower than those in ordinary kids (37). Likewise, GH-insufficient youngsters exhibit a run of the mill focal circulation of muscle versus fat, which is enhanced by treatment with exogenous GH (39). In differentiation, serum cortisol fixation at night is expanded in subjects taking short dozing hours (37). Cortisol has a lipogenic property, which may prompt weight pick up in short sleepers. Besides, rest confinement causes a huge increment in thoughtful nerve action and a moderate reaction in insulin emission after intravenous glucose infusion (37). These pathophysiological changes are thought to be hazard factors in the improvement of insulin protection, weight and hypertension (40). However, there is an absence of studies identifying with hormone discharge in youngsters with short dozing hours. Promote lab research will be required to affirm the natural premise of the relationship.

#### **1.18 Obesity: physical activity and diet**

Yet inherited components are indispensable, physical activity and eating routine contribute generally to upkeep of appropriate body weight. The blend of lethargy and hindering dietary illustrations have been situated as the second driving variable adding to mortality in the United States, after tobacco use (41). Additionally, both eating regimen and physical development, independent from anyone else, affect prosperity. Considers exhibit that men and women who are physically powerful have, on the typical, cut down mortality than people who are dormant, An idle lifestyle has been associated with 23% of going's from major perpetual sicknesses. Furthermore, ponders exhibit that dietary parts are connected with 4 of the 10 driving purposes behind death, including coronary

ailment, stroke, a couple of kinds of tumor, and non-insulin-subordinate diabetes mellitus (42, 43).

Albeit hereditary components are imperative, physical action and eating regimen contribute altogether to upkeep of proper body weight. The blend of dormancy and adverse dietary examples has been positioned as the second driving element adding to mortality in the United States, after tobacco utilize (44). What's more, both eating routine and physical movement, all by themselves, impact wellbeing. Studies demonstrate that men and ladies who are physically dynamic have, on the normal, bring down mortality than individuals who are dormant. An inactive way of life has been connected to 23% of passings from major unending ailments (45). Moreover, ponders demonstrate that dietary components are related with 4 of the 10 driving reasons for death, including coronary illness, stroke, a few types of disease, and non-insulin-subordinate diabetes mellitus (42, 43).

This segment will survey a portion of the variables that impact stoutness, with a specific accentuation on physical action and eat less carbs, and portray the importance of body weight, physical movement, and eating routine to cardiovascular malady, growth, and musculoskeletal issues. It isn't intended to be a far reaching audit yet rather an inspecting of the impacts these practices can have on wellbeing and ailment.

### **1.19 Adult Weight Gain**

Grown-up weight pick up is seen in many industrialized social orders. Since full grown-up tallness for the most part is achieved by age 18, weight pick

up in adulthood is solely through the expansion of fat tissue. Absence of weight pick up, especially among men more than 50, does not suggest a nonappearance of pick up in fat. Over this age, bulk is, to changing degrees, redistributed to fat, quite a bit of it inside the midriff (46)

Staying away from weight pick up as a grown-up is a high need since treatment of heftiness has poor long haul achievement, and shed pounds regularly is recovered. A few reviews demonstrate that more prominent recreation time physical action is related with lower weight pick up, and it decreases the weight pick up regularly saw after end of cigarette-smoking (47). Albeit many individuals attempt to get thinner, most recover the weight inside 5 years (48). Keeping in mind the end goal to keep up weight reduction, perpetual way of life changes that consolidate great dietary propensities, diminished stationary conduct, and expanded physical action are fundamental. Changes in the physical and social environment can help individuals keep up the vital long haul way of life changes both for eating routine and for physical movement (43). Anticipating weight pick up in any case additionally significantly decreases the probability that conditions, for example, hypertension and diabetes will create. A diminishment of even 10–15% of body weight in generously overweight individuals has been appeared to enhance hyperglycemia, hyperlipidemia, and hypertension (49, 50).

### **1.20 Weight and Disease**

A few makers have raised the outcomes of overweight and weight for loathsomeness and mortality (51, 52). A cozy relationship exists among adiposity

and most achievement conditions. The condition of the bend for mortality has been wrangled, to a constrained degree by uprightness of wealth mortality among the thinnest people. The positive relationship among leanness and mortality is muddled by cigarette-smoking (smokers tend to be less oily moreover are at higher risk of sickness), and by switch causation—the true blue infections that survey to death lead at first to weight decrease. The effect of infirmity on weight may achieve the less oily bit of the overall public being overrepresented among those at a higher danger of death. Seen genuine relationship among weight and mortality have driven recommendation for weight rules, yet setting the norms has been risky on account of the U-shaped relationship delineated above, and proposition have swayed after some time. The Dietary Guidelines Advisory Committee pondered that mortality hazard reached out in a general sense among people with a BMI of 25 or higher (53, 54, 55), however a straight growth in risk of diabetes, hypertension, and coronary infection starts well underneath that respect. A 2-to 4-wrinkle expand in danger of these ailments is seen among those with BMI 24– 25, separated and those whose BMI is 21. The lower cut-point for the solid weight a zone is set at a BMI of 19, underneath which a man is considered unnecessarily thin and at risk of other thriving complexities (43, 56). Eat less carbs and physical development are hones that effect weight. Regardless, they may similarly impact shrewd influence diseases. These quick and circuitous exercises are examined underneath in instances of diseases.

### 1.21 Cardiovascular Diseases

A few accomplice contemplates have archived the unfavorable cardiovascular wellbeing impacts experienced by overweight grown-ups. To some degree, cardiovascular disappointment creates as a result of the expanded requests on the heart to supply blood to the expanded muscle to fat quotients (57). The Nurses Cohort Study (55) exhibited a 2-overlay increment in coronary illness in overweight ladies and a 3.6-overlap increment with stoutness. Correspondingly, the Framingham Heart Study indicated expanded frequency in coronary illness proportionate to overabundance weight. Grown-up weight pick up is an extra hazard. For instance, contrasted and men and ladies who kept up weight to inside 2 kg of their weight at age 18–20, the individuals who increased 5–9.9 kg encountered a 1.5-to 2-crease higher danger of coronary illness (54, 55) and hypertension .

Many reviews demonstrate that physically dynamic individuals have a generously bring down danger of coronary illness than do the inert. Planned information from an accomplice investigation of 72,000 female medical attendants (40–65 years of age in 1986) showed that strolling and energetic physical action decrease the occurrence of coronary occasions (58). Lively strolling for 3 hours or all the more every week decreased the danger of coronary sickness by 30–40%, and expanding the time or force of the physical movement created significantly more prominent diminishments in hazard (58). A few clinical trials propose that direct physical movement can create a comparable, or significantly bigger, lessening in circulatory strain than vivacious action does. Albeit fiery physical action once in a while is related with myocardial dead tissue

or sudden cardiovascular passing, a few dangers exist. Indeed, even people who practice routinely have a transient increment in the danger of sudden cardiovascular demise amid and quickly after fiery physical movement (59).

More than 20 forthcoming reviews have tended to segments of eating regimen and danger of coronary illness. Explore in people and research center creatures demonstrates that eating regimens low in soaked unsaturated fats and cholesterol are related with low dangers and rates of coronary illness (43). In spite of the fact that utilization of trans-unsaturated fats builds the danger of coronary illness, eating sustenance higher in polyunsaturated fat and monounsaturated fat reductions the danger of coronary illness. Also, fiber admission is firmly defensive against coronary illness. Rising proof proposes that low folate and high flowing groupings of homocysteine are significant benefactors to danger of coronary illness and stroke (60). Vitamin E seems to lessen the danger of coronary illness.

### **1.22 Assessment of obesity**

Stomach stoutness (WC) was utilized as a surrogate of stomach heftiness. WC was estimated at the halfway between the most reduced rib and iliac peak after a typical termination. (12, 61) The fleeting dependability coefficient for rehashed estimations was  $r=0.95$  and the unwavering quality between two estimations with a half year's interim was  $r=0.90$ . The relationship between estimations made by various examination focuses differed amongst  $r=0.94$  and  $0.99$ . WC was trichotomized as indicated by WHO (12) rules. Reasonably

substantial WC was characterized as WC 94– 101cm in men and 80– 87cm in ladies, and huge WC as WC X102cm in men and X88cm in ladies. The typical midsection gathering (men o94cm, ladies o80cm) was picked as the reference class.

BMI (general corpulence, BMI) was characterized as weight (kg) partitioned by the square of tallness (m<sup>2</sup>). Weight and stature were estimated with light attire and without shoes, weight to the closest 100g on a spring scale and standing tallness to the closest 0.5cm. BMI was trichotomized into the accompanying classes: ordinary weight p24.9, overweight 25.0– 29.9 and corpulence X30.0. (12 ) so as to yield similar models with WC, underweight members (BMI o18.5, n¼67 or 1.0% of the aggregate example) were incorporated into the typical weight gathering. The typical weight gathering (counting those with underweight) was picked as the reference class for multivariable investigations.

### **1.23 Sleep-related assessments**

Rest term. Self-announced rest term per 24h was utilized for the grouping of the short and long sleepers. Subjects were asked, 'How long do you rest in 24h?' Responses were recorded in entire hours.

As indicated by past examinations, (62, 63, 64) wellbeing dangers are expanded among short (resting p6h) and furthermore among long sleepers (dozing X9h). (65, 66 )

Along these lines, rest term was named 'short sleepers' (p6h), 'midrange sleepers' (7– 8h) and 'long sleepers' (X9h).

A sleeping disorder, other rest unsettling influences and daytime tiredness. A sleeping disorder and other dozing unsettling influences were questioned as 'Have you had resting scatters or a sleeping disorder amid the first month (30 days)?' The appropriate response was given by picking one of the five choices: 'no'<sup>1</sup>/<sub>4</sub>; 'exceptionally rarely'<sup>1</sup>/<sub>4</sub>; 'each now and then'<sup>1</sup>/<sub>4</sub>; 'very often'<sup>1</sup>/<sub>4</sub>; 'extremely often'<sup>1</sup>/<sub>4</sub>. Daytime tiredness was questioned when 'Contrasted with other individuals of your age, are you typically more worn out amid the daytime?' and the appropriate response was coded as: 'no'<sup>1</sup>/<sub>4</sub>; 'can't say'<sup>1</sup>/<sub>4</sub>; 'yes, regularly (at any rate once a week)'<sup>1</sup>/<sub>4</sub>; 'yes, nearly always'<sup>1</sup>/<sub>4</sub>. The scores of the two inquiries were summed and the whole score was trichotomized in the accompanying way: 'neither rest unsettling influences nor daytime tiredness' (scores 2– 3); 'mellow rest aggravation or daytime tiredness or both' (scores 4– 6) and 'serious rest aggravation attending with daytime tiredness' (scores 7– 9).

Rest apnea. The accompanying inquiries and rationale were utilized as a part of request to operationalize the event of plausible rest apnea. On the off chance that the response to the inquiry 'Do you wheeze when dozing? (Inquire as to whether you don't know)' was 'no', rest apnea was thought to be far-fetched. On the off chance that the appropriate response was 'yes' at that point the accompanying extra inquiries were tended to: (12 ) 'How frequently do you wheeze?'; (67) 'How does your wheezing sound like? (Inquire as to whether required)' and (68) 'Have you seen ( or have others seen) respiratory stops when you rest?'. Rest apnea was thought about very plausible, if wheezing was visit (in



any event amid 3– 5 evenings week after week) and both of the accompanying things was certain: (12 ) wheezing is uproarious and unpredictable, with intermittent respiratory delays or potentially stertorous breathing; (67)respiratory stops with a recurrence of no less than 1– 2 evenings week by week. In every other case, rest apnea was thought to be improbable.

#### **1.24 Socio demographic factors**

Essential socio statistic information – age, sexual orientation, conjugal status, instruction and current work status – were gathered in the home meeting.

#### **1.25 Mental health**

The CIDI meet. A PC supported emotional wellness meet was performed toward the finish of the exhaustive wellbeing examination. (69) The meeting was performed to decide, in addition to other things, the event of significant depressive scenes and confusion, and liquor manhandle and reliance as indicated by demonstrative and measurable manual of mental issue (DSM-IV) criteria. Depressive issue included determinations of real depressive issue or dysthymia amid the former a year. Members with drinking issues were the individuals who satisfied the symptomatic criteria of liquor reliance or liquor mishandle amid the most recent a year, and they were prohibited from the present examination test.

## 1.26 Musculoskeletal Health

Physical action adds to the difference in bone mass amidst youth and energy and to the upkeep of skeletal mass amidst adulthood. Broadened bone mineral thickness is emphatically connected with high-influence work out through its store bearing impact on the skeleton, physical movement impacts bone thickness and bone arrangement—the higher the heap, the more critical the bone mass. Obviously, if the skeleton is cleansed, in light of slowness or settled status, bone mass decays.

Calcium certification is key for the strategy and upkeep of bones (43). Higher calcium usage has been related with expanded bone thickness in right away mulls over, however high protein affirmation and high dairy calcium confirmation are both identified with broadened danger of parts in entire arrangement quick moving toward examinations of men and ladies (70, 71). Since glorify calcium affirmation for progress of peak bone mass has not been settled, it has not been created to what degree expanded calcium confirmation will speculate osteoporosis.

Be that as it may, most enthusiastic young people meet the dietary necessities for calcium, the affirmation of calcium lessens distinctly with age (43). To some degree because of lacking calcium in the eating plan, osteoporosis is typical, affecting more than 25 million individuals in the United States alone. It is the focal fundamental reason behind bone breaks in postmenopausal ladies and the elderly (72) Physical movement can offer assistance. Quality preparing has been appeared to help post-menopausal ladies guarantee bone thickness (73, 74).

Despite fortifying bone, physical activity diminishes the peril of splits in the elderly by extending muscle quality and change, in this way reducing the risk of falling. Muscle quality has been seemed to diminish with age, and studies have recorded a connection between muscle quality and physical limit (43). In any case, age-related loss of value can be reduced with fortifying exercises and this can enable the more prepared masses to keep up an edge of value imperative to perform principal weight-bearing activities, for instance, walking. Appropriately, typical physical activity can keep up the handy opportunity of the elderly people.

Osteoarthritis, the most surely understood sort of joint agony, increases with age, and it is the principle wellspring of development control among more prepared individuals. But some forceful athletic activities, (for instance, running, soccer, football, and weight-lifting) are connected with extended risk of osteoarthritis specifically joints (75), ordinary noncompetitive physical development isn't pernicious to joints and may truly.

Mollify signs and upgrade working among individuals who starting at now have osteoarthritis or rheumatoid joint torment (76, 77).Physical action represents some potential dangers. Musculoskeletal damage is the most well-known. Expanded dangers of roadway mishaps likewise could be related with running or bicycling on streets, and different games are related with particular risks, for example, downhill skiing at high speeds and impacts with different players in football and hockey.

### **1.27 Socioeconomic Factors**

Examines led in 1994–1996 demonstrated that individuals of both genders and all races and ethnic gatherings—except for Hispanic ladies—showed a solid reverse relationship amongst instruction and substantial liquor utilization (78). By and large, substantial drinking tends to diminish with instruction, and direct liquor utilize increments with training (78, 79). In 1994–1996, African American men and ladies with not as much as a secondary school training were twice as liable to report overwhelming liquor use similar to the individuals who had more than a secondary school instruction (78). White men with secondary school confirmations were 20% more prone to report substantial liquor use than were those with more instruction. White ladies with not as much as a secondary school recognition were 40% more prone to report overwhelming drinking than were ladies with more training.

### **1.28 Negative Health Effects**

As ideal on time as 1926, a U-shaped relationship was depicted among mortality and usage of alcohol (80). The broad assortment of alcohol incited ailments and wounds is fundamentally inferable from contrasts in the entirety, term, and cases of alcohol use and notwithstanding contrasts in inherited shortcoming to particular alcohol related results. Whole deal over the best drinking extends chance for hypertension, irregularities of heart musicality (i.e., arrhythmias), issue of the heart muscle (i.e., cardiomyopathy), and stroke (43). Whole deal, overpowering drinking moreover assembles the threat of making

illness of the throat, mouth, throat, and voice box and of the colon and rectum (81). Alcohol use appears to manufacture the risk of chest development in women; usage of no less than two refreshments for consistently has been appeared to imperceptibly extend women's peril of making chest threat (82, 43). 4 A drink is characterized as 0.54 ounces of ethanol, which is the roughly the measure of liquor in 12 ounces of normal lager, 5 ounces of wine, or 1.5 ounces of 80'proof refined spirits. The Dietary Guidelines for Americans, urges women to eat up near 1 drink for every day; while men are urged to use near two consistently. Since men and women have less body water as they age, more settled individuals can cut down their peril of alcohol issues by drinking near one drink for consistently (43). Overpowering and wearisome alcohol use is a purpose behind poor pregnancy comes about, including fetal alcohol issue, a vital nongenetic explanation behind mental obstruction (83) and extends the peril for cirrhosis and other liver issue. Cirrhosis, on a very basic level inferable from overpowering drinking, is one of the 10 driving purposes behind death in the United States (84, 85).

Progress has been made in diminishing the rate of alcohol related driving fatalities, be that as it may it is as yet a noteworthy issue. Overall, the rate of alcohol related driving fatalities declined from 9.8 passings for each 100,000 people in 1987 to 6.5 for each 100,000 of every 1996. It is surveyed that even at current rates, 3 out of every 10 Americans will be incorporated into an alcohol related crash sooner or later in the midst of their lives. The masses of most essential sensitivity toward alcohol related driving fatalities join Native Americans and those between the ages of 15 and 24. In 1994, the alcohol

affiliation rate in deadly auto collisions for American Indian and Alaska Native folks was 4 times higher (28 for each 100,000 masses) than for the comprehensive group, and, for 15-to 24-year olds, the rate was practically 13 for each 100,000 people (43).

The consequences of pointless alcohol usage extend past death rates. Alcohol use also adds to peril of harm. Despite wounds and passings from auto accidents, a basic degree of wounds and passings from falls, fires, and suffocating has been associated with usage of alcohol (43). Alcohol usage adds to destruction of individual and social associations; it is a figure wrongdoing, suicide, marital mercilessness, and child misuse (86, 43); and it adds to high-risk sexual lead (87, 43).

### **1.29 Positive Health Effects**

Interestingly with those hurtful impacts, nonetheless, proof is overpowering of a useful impact of direct utilization of liquor (1–2 beverages for each day) on decreasing danger of coronary illness and thrombotic stroke. Light-to-direct drinking can effect sly affect the heart, particularly among individuals at most serious hazard for heart assaults, including men over age 45 and ladies after menopause (43, 88). Direct liquor drinking diminishes the danger of death from those cardiovascular causes, on the normal, by around 20–40%. A decrease in cardiovascular ailment mortality will convert into a lessening in all out mortality in numerous populaces in light of the fact that cardiovascular sickness is by a long shot the main source of death in center and seniority. The opposite relationship between liquor utilization and cardiovascular illness hazard is causal: ethanol has been appeared in here and now exploratory reviews to expand the serum

convergence of high-thickness lipoprotein cholesterol (46), and it additionally seems to influence platelet work and different parts of coagulating and fibrinolysis.

### **1.30 Lifestyle, responsibility and justice**

Unfortunate way of life contributes fundamentally to the weight of infection. Rare therapeutic assets that could on the other hand be spent on mediations to avert or cure sufferings for which nobody is to be faulted, are spent on counteractive action or treatment of (the danger of) ailment that could be stayed away from through individual way of life changes. This may energize arrangement producers and social insurance experts to select a basis of individual duty regarding restorative enduring when setting needs. The accompanying article asks whether obligation based thinking ought to be acknowledged as applicable for reasonable and true blue social insurance proportioning. The good fortune populist contention that imbalances in wellbeing hopes that get from unchosen components of individuals' conditions are out of line and ought to be adjusted, while disparities that reflect individual decisions of way of life may not, is talked about. It appears that while a regressive looking understanding of individual duty can't be important as a foundation of need setting, a forward-looking origination of obligation might be affirmed.

Inside all cutting edge social orders human services experts are confronting troublesome need setting issues. Different criteria for proportioning

restorative mediation have been proposed because of shortage of assets. As of recently, individual obligation regarding restorative enduring has been given little consideration in the general population or in scholastic verbal confrontation. This is going to change. As Alexander Cappelen and Ole Norheim have called attention to in a current article in this diary, unfortunate way of life contributes progressively to the weight of sickness. A superior comprehension of the duty contention is vital for the appraisal of approaches gone for meeting this challenge.<sup>1</sup> In this article the accompanying inquiry is tended to: ought to obligation based contentions be acknowledged as significant to meeting medicinal services proportioning reasonably and really? I will contend that while a regressive looking origination of individual duty ought not to be supported, a forward-looking idea of obligation might be affirmed (89).



## **2. MATERIALS AND METHODS**

### **2.1 Research Model**

This examination is an expressive engaging investigation to assess the sound way of life practices of Elaziğ Firat University Sports Science Faculty understudies.

In this examination, initially writing was sought and the acquired sources were accumulated to get hypothetical structure data. The poll (survey) strategy was utilized as the fundamental contrast gathering technique (90). Study technique is a strategy for gathering information through polls (information accumulation device comprising of different inquiries) identified with any exploration point (91). For this, an organized overview demonstrate was set up before the information gathering stage. The poll comprises of two sections. The primary area contains statistic data comprising of 15 questions. In the second part, there is a scale II of sound living practices comprising of 52 questions. The review strategy was executed by imparting the online poll to the point of achieving an expansive number of members as quickly as time permits.

Factual examination technique was utilized as a part of the investigation of information gathered amid the information accumulation stage. The tests utilized as a part of this stage are T-TEST one-way ANOVA H contrast examination with recurrence investigation.

As Child, in the revealing stage, the outcomes got are introduced in detail in the discoveries area with the assistance of tables and diagrams, and these are given in the conclusion segment of the dialog and the aftereffects of the exploration.

## **2.2 Research Hypotheses**

Theory 1: There is a defirent between participants according to the gender

Theory 2: There is a defirent between participants according to the income.

Theory 3: There is a defirent between participants according to the age.

Speculation 4: There is a defirent between participants according to the weight.

Speculation 5: There is a defirent between participants according to the height .

Speculation 6: There is a defirent between participants according to the class.

## **2.3 Evolution And Sampling**

Understudies' resources of game sciences are the universe of this examination went for evaluating sound way of life practices; 2017-2018 Students of staff of game sciences constitute around 1000 understudies.

The example of the examination; 2017-2018 Students of workforce of game sciences constitute around 300 understudies.

Basic arbitrary inspecting strategy, one of the irregular examining techniques, has been utilized as a part of the determination of the example. The choice of the units in the basic arbitrary examining is done completely haphazardly inside the entire mass and the likelihood of choice in every unit is equivalent. The basic arbitrary examining strategy is a case in which the fundamental mass is first partitioned into gatherings, and after that the choice of the units inside them is again irregular. (91)

- Year of employment
- Weekly working hours,
- Education status,
- Having average monthly income,
- Whether or not there is a continuous illness diagnosed by the doctor,
- Whether or not active sports are being held,
- At least once a year taste, with the exit status,

An organized poll comprising of two sections was utilized as information gathering technique in the investigation. In the initial segment of the survey; socioeconomics of members were incorporated. The statistic highlights included here are:

- Gender,
- Matral status,
- Age,
- Size,

In the second piece of the poll, a 52-thing Healthy Lifestyle Behavior Scale was utilized to evaluate solid way of life practices of understudies. In the examination, statistic attributes were autonomous factors; scale things were acknowledged as needy factors and the connection between them was broke down.

The Healthy Lifestyle Behavior Scale was amended in 1996 and is known as the 'Sound Lifestyle Behavior Scale II. (92) In 2008, legitimacy and dependability examines were led by Bahar et al. (93)

Scale is a Likert compose scale scored between 1-4. The scoring of the scale was never utilized 1, once in a while 2, frequently 3 and consistently 4. For the whole scale, the most reduced score is 52 and the most noteworthy score is 208. What's more, the scale comprises of 52 things and sub-factors. These; otherworldly advancement, wellbeing obligation, physical action and exercise, sustenance, relational connections and stress administration. Factors and question numbers in the survey and the implications they express are as per the following. Profound improvement (6,12,18,24,30,36,42,48,52), wellbeing obligation (3,9,15,21,27,33,39,45,51), physical action and exercise (4,10,16,22,28,34,40,46), sustenance (2,8,14,20,26,32,38,44,50), relational connections (1,7,13,19,25,31,37,43,49) and push administration (5,11,17,23,29,35,41,47).

Otherworldly Development Lower Dimension; plans to decide the person's life objectives, singular self-advancement capacity, and how well he can perceive and fulfill himself/herself.

Wellbeing Responsibility; Lower Dimension; the level of duty of the person on his or her wellbeing, and the degree to which he takes part in his/her wellbeing (94).

Physical Activity and Exercise Lower Dimension; means to gauge the degree to which practice rehearses, which are a steady component of solid life, are practiced by the person.

Nourishment Lower Dimension; choosing and organizing singular suppers decides the adjustments in sustenance decision.

Relational Communication Lower Dimension; to speak with the quick surroundings of the individual and to gauge the level of congruity in these connections.

Stress Management Lower Dimension; the level of acknowledgment of the person's pressure sources and the pressure control systems. (95)

## **2.4 Data Analysis**

Investigation of gathered information was finished utilizing SPSS 24.0 bundle program. Illustrative and spellbinding measurable strategies have been connected for these breaks down. Tests utilized; recurrence examination to discover socioeconomics, VOLE ordinariness H tests for the assurance of typicality status, tests for contrast investigation. The utilization of Wallis-H tests uncovered that the causal information were not regularly disseminated (nonparametric). The Mann-Whitney U and Kruskal Wallis-H tests are factual tests to test contrasts between subgroups of non-typical appropriations, (96).

## **2.5 Sample and Selection**

A total of 300 university students of 1 university located at Firat University. The overall response rate was 100%.

All understudies to be incorporated into the examination were educated about the target of the exploration before the use of structures, composed educated assent was gotten from the understudies, classification rule was watched, and every respondent was allowed to suspend investment whenever.

## **2.6 Questionnaire**

It included 52 things, which were divided into 8 estimations: hone direct, standard lead, sustenance lead, prosperity danger direct, prosperity commitment, and social help, extend organization, and life appreciation. The repeat of uncovered practices was gotten using a self-reporting Likert scale with a four-point response compose, "never, all over, oftentimes, and reliably," with the rating score stretching out from 1 to 4.

HLSUS is a self-controlled instrument that takes around 10 minutes to wrap up. The total score got from the scale demonstrates the level of strong lifestyle hones. A higher score exhibits that the subject plays out a more raised measure of the indicated hones.

## **2.7 Fieldwork**

Since the review was proposed to recognize the standard example of college understudies' wellbeing rehearses and to dodge the puzzling impacts of occasional occasions and the unpleasant examination time frame, the study was led in the midsemester. To amplify the reaction rate and keep away from analysts' impact on the respondents, all polls were conveyed and gathered eye to eye by understudies whom the scientists had prepared as questioners. The respondents finished the polls exclusively, and the questioners were nearby to clarify any vague things without actuation.

### 3. RESULT

#### 3.1 Gender

There were no significant differences ( $P > 0.05$ ) between gender, Spiritual Development and Individual relations. There were significant differences ( $P < 0.05$ ) between gender health responsibilities, physical activity, and nutrition and Stress management.

**Table 1** demographic statistics regarding to participant according to t-test

|                       | gender | n   | %    | Mean squer | s.d     | d.f     | f     | p    | T     | s.g   |
|-----------------------|--------|-----|------|------------|---------|---------|-------|------|-------|-------|
| Spiritual Development | male   | 200 | 66.4 | 23.7700    | 4.09524 | 298     | .008  | .929 | .808  | .420  |
|                       | female | 100 | 33.2 | 23.3600    | 4.23673 | 192.232 |       |      | .799  |       |
| Health Responsibility | male   | 200 | 66.4 | 19.9650    | 4.90142 | 298     | 1.432 | .232 | 2.019 | .044* |
|                       | female | 100 | 33.2 | 18.7800    | 4.56508 | 211.122 |       |      | 2.067 |       |
| Physical Activity     | male   | 200 | 66.4 | 19.1200    | 5.17392 | 298     | 2.118 | .147 | 3.380 | .001* |
|                       | female | 100 | 33.2 | 17.0300    | 4.78519 | 212.451 |       |      | 3.470 |       |
| Nutrition             | male   | 200 | 66.4 | 21.2150    | 4.40178 | 298     | 1.328 | .250 | 2.625 | .009* |
|                       | female | 100 | 33.2 | 19.8400    | 4.01190 | 215.248 |       |      | 2.708 |       |
| Individual relations  | male   | 200 | 66.4 | 25.0650    | 4.62794 | 298     | .448  | .504 | -.310 | .757  |
|                       | female | 100 | 33.2 | 25.2400    | 4.55742 | 200.844 |       |      | -.312 |       |
| Stress Management     | male   | 200 | 66.4 | 20.4750    | 3.95825 | 298     | 1.161 | .282 | 2.003 | .046* |
|                       | female | 100 | 33.2 | 19.4600    | 4.47534 | 178.039 |       |      | 1.923 |       |



### **3.2 Socio-demographic characteristics and healthy lifestyles of the participants**

The statistic data of the members was gathered from the socio-statistic part of the survey. 300 understudies who finished the poll, 200 (66.4%) were guys and 100 (33.2%) were females. The subjects in this investigation were 18– 26 years (mean, 22 years) of age.



**Table 2** Socio-demographic characteristics and healthy lifestyles of the participants

| <b>Demographic Feature</b> | <b>Variable</b>          | <b>N</b>   | <b>%</b>     |
|----------------------------|--------------------------|------------|--------------|
| Gender                     | Male                     | 200        | 66.6         |
|                            | Female                   | 100        | 33.4         |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>100.0</b> |
| Income                     | 0-1000 TL                | 81         | 26.9         |
|                            | 1001-3000                | 180        | 59.8         |
|                            | 3001-up                  | 39         | 13.0         |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>100.0</b> |
| Age                        | 18 below years           | 5          | 1.7          |
|                            | 19 and 25 years          | 275        | 91.4         |
|                            | 26 and up                | 20         | 6.6          |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>100.0</b> |
| Weight (Cm)                | 40 to 55                 | 38         | 12.6         |
|                            | 56 to 70                 | 153        | 50.8         |
|                            | 71 to 85                 | 91         | 30.2         |
|                            | 86 to 100 and above      | 18         | 6.0          |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>100.0</b> |
| Height                     | 150 to 161               | 39         | 13.0         |
|                            | 162 to 170               | 87         | 28.9         |
|                            | 171 to 180               | 123        | 40.9         |
|                            | 181 to 190 and above     | 51         | 16.9         |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>300</b>   |
| Class                      | Freshmen                 | 114        | 37.9         |
|                            | Sophomores               | 86         | 28.6         |
|                            | Junior Student and above | 100        | 33.2         |
|                            | Total                    | 300        | 99.7         |
|                            | System                   | 1          | .3           |
|                            | <b>Total</b>             | <b>301</b> | <b>100.0</b> |

### 3.3 Students' ages.

There were no significant differences between ages in spiritual development ( $P > 0.05$ ). There were no significant differences between ages in health responsibility ( $P > 0.05$ ). There were no significant differences between ages in physical activity ( $P > 0.05$ ). There were no significant differences between ages in nutrition ( $P > 0.05$ ). There were no significant differences between ages in Individual relations ( $P > 0.05$ ). There were no significant differences between ages in stress management ( $P > 0.05$ ).

**Tablo 3** according to one-way ANOVA Students' ages.

| <b>Dependent Variables</b> | <b>Groups</b>   | <b>n</b>   | <b>Mean</b>    | <b>Std. Deviation</b> | <b>Sig.</b> |
|----------------------------|-----------------|------------|----------------|-----------------------|-------------|
| Spiritual Development      | 18 below years  | 5          | 23.8000        | 5.21536               | .231        |
|                            | 19 and 25 years | 275        | 23.7418        | 4.14811               |             |
|                            | 26 and up       | 20         | 22.1000        | 3.64042               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>23.6333</b> | <b>4.14037</b>        |             |
| Health Responsibility      | 18 below years  | 5          | 18.4000        | 2.88097               | .474        |
|                            | 19 and 25 years | 275        | 19.6727        | 4.88650               |             |
|                            | 26 and up       | 20         | 18.4500        | 4.14824               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>19.5700</b> | <b>4.81689</b>        |             |
| Physical Activity          | 18 below years  | 5          | 19.2000        | 3.11448               | .547        |
|                            | 19 and 25 years | 275        | 18.4945        | 5.19149               |             |
|                            | 26 and up       | 20         | 17.2500        | 4.75588               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>18.4233</b> | <b>5.13537</b>        |             |
| Nutrition                  | 18 below years  | 5          | 21.0000        | 2.44949               | .885        |
|                            | 19 and 25 years | 275        | 20.7200        | 4.35280               |             |
|                            | 26 and up       | 20         | 21.2000        | 4.32374               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>20.7567</b> | <b>4.31813</b>        |             |
| Individual relations       | 18 below years  | 5          | 22.2000        | 4.43847               | .147        |
|                            | 19 and 25 years | 275        | 25.2691        | 4.57623               |             |
|                            | 26 and up       | 20         | 23.8500        | 4.71587               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>25.1233</b> | <b>4.59767</b>        |             |
| Stress Management          | 18 below years  | 5          | 18.4000        | 5.45894               | .115        |
|                            | 19 and 25 years | 275        | 20.2873        | 4.18125               |             |
|                            | 26 and up       | 20         | 18.5000        | 3.12039               |             |
|                            | <b>Total</b>    | <b>300</b> | <b>20.1367</b> | <b>4.15800</b>        |             |

### **3.4 Students' class**

There were no significant differences between freshmen, sophomores and junior student and above in spiritual development ( $P > 0.05$ ). There were no significant differences between freshmen, sophomores and junior student and above in health responsibility ( $P > 0.05$ ). There were no significant differences between freshmen, sophomores and junior student and above in physical activity ( $P > 0.05$ ). There were no significant differences between freshmen, sophomores and junior student and above in nutrition ( $P > 0.05$ ). There were no significant differences between freshmen, sophomores and junior student and above in Individual relations ( $P > 0.05$ ). There were no significant differences between freshmen, sophomores and junior student and above in stress management ( $P > 0.05$ ).

**Tablo 4** Students' class

| <b>Dependent Variables</b> | <b>Groups</b>            | <b>n</b>   | <b>Mean</b>    | <b>Std. Deviation</b> | <b>Sig.</b> |
|----------------------------|--------------------------|------------|----------------|-----------------------|-------------|
| Spiritual Development      | Freshmen                 | 114        | 37.9           | .744                  | .476        |
|                            | Sophomores               | 86         | 23.4825        | 4.30935               |             |
|                            | Junior Student and above | 100        | 23.3605        | 4.11857               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>24.0400</b> | <b>3.96938</b>        |             |
| Health Responsibility      | Freshmen                 | 114        | 23.6333        | 4.14037               | .233        |
|                            | Sophomores               | 86         | 19.0175        | 4.77824               |             |
|                            | Junior Student and above | 100        | 19.6395        | 5.01507               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>20.1400</b> | <b>4.66238</b>        |             |
| Physical Activity          | Freshmen                 | 114        | 19.5700        | 4.81689               | .075        |
|                            | Sophomores               | 86         | 17.8596        | 4.99713               |             |
|                            | Junior Student and above | 100        | 18.0698        | 5.04985               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>19.3700</b> | <b>5.27938</b>        |             |
| Nutrition                  | Freshmen                 | 114        | 18.4233        | 5.13537               | .053        |
|                            | Sophomores               | 86         | 20.4298        | 4.16256               |             |
|                            | Junior Student and above | 100        | 20.2093        | 4.21514               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>21.6000</b> | <b>4.49242</b>        |             |
| Individual relations       | Freshmen                 | 114        | 20.7567        | 4.31813               | .149        |
|                            | Sophomores               | 86         | 25.1754        | 4.53745               |             |
|                            | Junior Student and above | 100        | 24.3837        | 4.50403               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>25.7000</b> | <b>4.70225</b>        |             |
| Stress Management          | Freshmen                 | 114        | 25.1233        | 4.59767               | .055        |
|                            | Sophomores               | 86         | 19.7895        | 4.26236               |             |
|                            | Junior Student and above | 100        | 19.6512        | 4.52384               |             |
|                            | <b>Total</b>             | <b>300</b> | <b>20.9500</b> | <b>3.59116</b>        |             |

### 3.5 Students' weight

There were no significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in spiritual development ( $P > 0.05$ ). There were no significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in health responsibility ( $P > 0.05$ ). There were significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in physical activity ( $P < 0.05$ ). There were no significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in nutrition ( $P > 0.05$ ). There were no significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190

and above in Individual relations ( $P > 0.05$ ). There were no significant differences between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in stress management ( $P > 0.05$ ).

**Tablo 5** Students' weight

| <b>Dependent Variables</b> | <b>Groups</b>        | <b>n</b>   | <b>Mean</b>    | <b>Std. Deviation</b> | <b>Sig.</b> |
|----------------------------|----------------------|------------|----------------|-----------------------|-------------|
| Spiritual Development      | 150 to 161           | 39         | 13.0           | .970                  | .407        |
|                            | 162 to 170           | 87         | 22.6154        | 3.88394               |             |
|                            | 171 to 180           | 123        | 23.7931        | 4.37790               |             |
|                            | 181 to 190 and above | 51         | 23.6911        | 4.20213               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>24.0000</b> | <b>3.74166</b>        |             |
| Health Responsibility      | 150 to 161           | 39         | 23.6333        | 4.14037               | .622        |
|                            | 162 to 170           | 87         | 18.6667        | 3.86845               |             |
|                            | 171 to 180           | 123        | 19.5632        | 4.45573               |             |
|                            | 181 to 190 and above | 51         | 19.8455        | 5.39890               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>19.6078</b> | <b>4.61337</b>        |             |
| Physical Activity          | 150 to 161           | 39         | 19.5700        | 4.81689               | .025        |
|                            | 162 to 170           | 87         | 16.1282        | 4.46731               |             |
|                            | 171 to 180           | 123        | 18.5287        | 4.75404               |             |
|                            | 181 to 190 and above | 51         | 18.8537        | 5.37707               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>18.9608</b> | <b>5.31398</b>        |             |
| Nutrition                  | 150 to 161           | 39         | 18.4233        | 5.13537               | .245        |
|                            | 162 to 170           | 87         | 19.9231        | 2.87809               |             |
|                            | 171 to 180           | 123        | 20.2874        | 4.39055               |             |
|                            | 181 to 190 and above | 51         | 21.1463        | 4.77302               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>21.2549</b> | <b>3.86183</b>        |             |
| Individual relations       | 150 to 161           | 39         | 20.7567        | 4.31813               | .884        |
|                            | 162 to 170           | 87         | 25.2308        | 4.25170               |             |
|                            | 171 to 180           | 123        | 25.3908        | 4.65647               |             |
|                            | 181 to 190 and above | 51         | 25.0488        | 4.73538               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>24.7647</b> | <b>4.51481</b>        |             |
| Stress Management          | 150 to 161           | 39         | 25.1233        | 4.59767               | .052        |
|                            | 162 to 170           | 87         | 18.4615        | 4.03176               |             |
|                            | 171 to 180           | 123        | 20.5977        | 4.34944               |             |
|                            | 181 to 190 and above | 51         | 20.2195        | 4.16373               |             |
|                            |                      |            | 20.4314        | 3.67834               |             |
|                            | <b>Total</b>         | <b>300</b> | <b>20.1367</b> | <b>4.15800</b>        |             |

### 3.6 Students' height

There were no significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in spiritual development ( $P > 0.05$ ). There were no

significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in health responsibility ( $P > 0.05$ ). There were significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in physical activity ( $P < 0.05$ ). There were significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in nutrition ( $P < 0.05$ ). There were no significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in Individual relations ( $P > 0.05$ ). There were no significant differences between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in stress management ( $P > 0.05$ ).

**Tablo 6** Students' height

| <b>Dependent Variables</b> | <b>Groups</b>       | <b>n</b>   | <b>Mean</b>    | <b>Std. Deviation</b> | <b>Sig.</b> |
|----------------------------|---------------------|------------|----------------|-----------------------|-------------|
| Spiritual Development      | 40 to 55            | 38         | 12.6           | .327                  | .806        |
|                            | 56 to 70            | 153        | 23.3158        | 4.38736               |             |
|                            | 71 to 85            | 91         | 23.5686        | 4.22363               |             |
|                            | 86 to 100 and above | 18         | 23.7143        | 4.04224               |             |
|                            | <b>Total</b>        | <b>300</b> | <b>24.4444</b> | <b>3.55167</b>        |             |
| Health Responsibility      | 40 to 55            | 38         | 23.6333        | 4.14037               | .427        |
|                            | 56 to 70            | 153        | 19.2895        | 5.27056               |             |
|                            | 71 to 85            | 91         | 19.2026        | 4.72028               |             |
|                            | 86 to 100 and above | 18         | 20.1868        | 4.57022               |             |
|                            | <b>Total</b>        | <b>300</b> | <b>20.1667</b> | <b>5.83347</b>        |             |
| Physical Activity          | 40 to 55            | 38         | 19.5700        | 4.81689               | .022        |
|                            | 56 to 70            | 153        | 16.9737        | 5.23237               |             |
|                            | 71 to 85            | 91         | 17.9739        | 4.87872               |             |
|                            | 86 to 100 and above | 18         | 19.5604        | 5.35041               |             |
|                            | <b>Total</b>        | <b>300</b> | <b>19.5556</b> | <b>5.00849</b>        |             |
| Nutrition                  | 40 to 55            | 38         | 18.4233        | 5.13537               | .024        |
|                            | 56 to 70            | 153        | 20.1842        | 4.24172               |             |
|                            | 71 to 85            | 91         | 20.2288        | 4.27585               |             |
|                            | 86 to 100 and above | 18         | 21.4945        | 4.15364               |             |
|                            | <b>Total</b>        | <b>300</b> | <b>22.7222</b> | <b>4.87256</b>        |             |
| Individual relations       | 40 to 55            | 38         | 20.7567        | 4.31813               | .308        |
|                            | 56 to 70            | 153        | 25.4211        | 5.05981               |             |
|                            | 71 to 85            | 91         | 24.7386        | 4.62654               |             |
|                            | 86 to 100 and above | 18         | 25.7912        | 4.41592               |             |
|                            | <b>Total</b>        | <b>300</b> | <b>24.3889</b> | <b>4.11795</b>        |             |
| Stress                     | 40 to 55            | 38         | 25.1233        | 4.59767               | .095        |
|                            | 56 to 70            | 153        | 18.9737        | 3.98976               |             |

|            |                     |            |                |                |  |
|------------|---------------------|------------|----------------|----------------|--|
| Management | 71 to 85            | 91         | 20.0196        | 4.47283        |  |
|            | 86 to 100 and above | 18         | 20.9011        | 3.53728        |  |
|            | <b>Total</b>        | <b>300</b> | <b>19.7222</b> | <b>4.22605</b> |  |

### 3.7 Students' income

There were no significant differences between 0-1000 TL, 1001-3000 and 3001-up in spiritual development ( $P > 0.05$ ). There were no significant differences between 0-1000 TL, 1001-3000 and 3001-up in health responsibility ( $P > 0.05$ ). There were no significant differences between 0-1000 TL, 1001-3000 and 3001-up in physical activity ( $P > 0.05$ ). There were significant differences between 0-1000 TL, 1001-3000 and 3001-up in nutrition ( $P < 0.05$ ). There were no significant differences between 0-1000 TL, 1001-3000 and 3001-up in Individual relations ( $P > 0.05$ ). There were no significant differences between 0-1000 TL, 1001-3000 and 3001-up in stress management ( $P > 0.05$ ).

**Tablo 7** Students' income

| <b>Dependent Variables</b> | <b>Group</b> | <b>n</b>   | <b>Mean</b>    | <b>Std. Deviation</b> | <b>Sig.</b> |
|----------------------------|--------------|------------|----------------|-----------------------|-------------|
| Spiritual Development      | 0-1000 TL    | 81         | 26.9           | 2.259                 | .106        |
|                            | 1001-3000    | 180        | 23.6543        | 4.07480               |             |
|                            | 3001-up      | 39         | 23.3500        | 4.15546               |             |
|                            | <b>Total</b> | <b>300</b> | <b>24.8974</b> | <b>4.07040</b>        |             |
| Health Responsibility      | 0-1000 TL    | 81         | 23.6333        | 4.14037               | .392        |
|                            | 1001-3000    | 180        | 19.2099        | 4.07651               |             |
|                            | 3001-up      | 39         | 19.5333        | 4.99765               |             |
|                            | <b>Total</b> | <b>300</b> | <b>20.4872</b> | <b>5.36495</b>        |             |
| Physical Activity          | 0-1000 TL    | 81         | 19.5700        | 4.81689               | .102        |
|                            | 1001-3000    | 180        | 18.2963        | 5.10746               |             |
|                            | 3001-up      | 39         | 18.1278        | 5.04176               |             |
|                            | <b>Total</b> | <b>300</b> | <b>20.0513</b> | <b>5.44807</b>        |             |
| Nutrition                  | 0-1000 TL    | 81         | 18.4233        | 5.13537               | .003        |
|                            | 1001-3000    | 180        | 19.9259        | 4.28304               |             |
|                            | 3001-up      | 39         | 20.6889        | 4.17801               |             |
|                            | <b>Total</b> | <b>300</b> | <b>22.7949</b> | <b>4.48494</b>        |             |
| Individual relations       | 0-1000 TL    | 81         | 20.7567        | 4.31813               | .509        |
|                            | 1001-3000    | 180        | 24.7037        | 4.37734               |             |



|                      |              |            |                |                |      |
|----------------------|--------------|------------|----------------|----------------|------|
|                      | 3001-up      | 39         | 25.1833        | 4.67667        |      |
|                      | <b>Total</b> | <b>300</b> | <b>25.7179</b> | <b>4.71252</b> |      |
| Stress<br>Management | 0-1000 TL    | 81         | 25.1233        | 4.59767        | .988 |
|                      | 1001-3000    | 180        | 20.0864        | 3.42855        |      |
|                      | 3001-up      | 39         | 20.1667        | 4.33061        |      |
|                      | <b>Total</b> | <b>300</b> | <b>20.1026</b> | <b>4.78921</b> |      |



#### **4. DISCUSSION**

The point of this investigation are to recognize the Healthy Lifestyles of Firat University Students and the variables that influence it. An inactive way of life is a typical and significant issue among college understudies. Contrasted with youthful populace, the exhaust is such a great amount for college understudies that quite a bit of their opportunity and vitality is probably going to be involved with their examinations. Therewithal, utilizing of PCs and the mechanical improvements may give more decisions of amusement and decrease enthusiasm for exercises. Absence of exercises (like exercise and games) is additionally a major issue why college understudies don't take part effectively in work out. This conclusion is like those acquired in different looks into (97, 98, 99).

The motivation behind this examination was to analyze the wellbeing advancing practices, and particularly the physical movement levels, practice phases of progress levels, and exercise inclinations of Firat University Students don workforce as for sexual orientation. In this part, discoveries for each examination question are talked about.

The discoveries demonstrated that female understudies' wellbeing obligation, life thankfulness, and social help conduct were superior to those of guys. Male understudies' activity conduct score was higher than those of female understudies. There were no noteworthy distinction in stretch administration and sustenance conduct of female and male understudies. Notwithstanding sex

contrasts, the outcomes demonstrated that activity and wellbeing duty practices were the poorest wellbeing practices of understudies at change to college.

The discoveries showed that male understudies' in profound improvement, wellbeing obligation, physical movement, nourishment, individuals space contacts, stretch administration were superior to those of females.

There were no significant differences between freshmen, sophomores and junior student and above in spiritual development, health responsibility, physical activity, nutrition, Individual relations, stress management ( $P > 0.05$ ).

According to the results, there were no significant differences between ages in spiritual development, physical activity, nutrition, Individual relations and stress management ( $P > 0.05$ ).

There were no significant differences between freshmen, sophomores and junior student and above in spiritual development, health responsibility, physical activity, nutrition, Individual relations, stress management ( $P > 0.05$ ).

There were no significant differences in weight values between 150 to 161, 162 to 170, 171 to 180, 181 to 190 and above in spiritual development, health responsibility, physical activity, nutrition, Individual relations, stress management ( $P > 0.05$ ).

There were no significant differences in height values between 40 to 55 , 56 to 70 , 71 to 85 and 86 to 100 and above in spiritual development, health responsibility, physical activity, nutrition, Individual relations, stress management ( $P > 0.05$ ).

There were no significant differences in level of income between 0-1000 TL, 1001-3000 and 3001-up in spiritual development, health responsibility, physical activity, nutrition, Individual relations, stress management ( $P > 0.05$ ). We saw to have expanded as their level of high wage, while consistent conduct and wellbeing hazard conduct score midpoints of understudies and their families were seen to have diminished as their level of high wage. Can et al. (100) announced those understudies' aggregate score normal of solid way of life practices and score midpoints of subscales of physical action, and sustenance expanded with the expansion in their level of salary. When we explored that different investigates understudies' solid way of life conduct score normal expanded together with the expansion in their family salary (101, 102).

## **5. CONCLUSION**

Our examination uncovered that a high level of college understudies have not a solid way of life, and these can be appeared to some degree by social attributes. These outcomes acquired here give applicable data to future activities. To all the more viably diminish incessant sickness and create human wellbeing, wellbeing training projects ought to be wanted to empower the interests of various understudies as indicated by their sociodemographic qualities.

As a result, we can say that healthy life style behaviors of students should be encouraged and various activities should be arranged in universities. It is important to participate to students in activities for preventing health risks.

## 6. REFERENCES

1. E. Leslie, N. Owen, J. Salmon, A. Bauman, J. F. Sallis, and S. K. Lo, "Insufficiently active Australian college students: perceived personal, social, and environmental influences," *Preventive Medicine*, vol. 28, no. 1, pp. 20–27, 1999.
2. D. Wang, X. H. Xing, and X. B. Wu, "The healthy lifestyle scale for university students: development and psychometric testing," *Australian Journal of Primary Health*, vol. 18, pp. 339–345, 2012.
3. IPAQ, Guidelines for data processing and analysis of the International Physical Activity Questionnaire, short and long form (online), November 2005.
4. Caspersen CJ, Stephens T 1994 The demography of physical activity. In: Physical activity, fitness and health. Bouchard C, Shepard R, Stephens T, eds. Human Kinetics, Champaign, IL.
5. Blair SN, Jackson AS 2001 Physical fitness and activity as separate heart disease risk factors: a meta-analysis. *Medicine and Science in Sports and Exercise*, 33:762–764.
6. Blair SN, Kohl HW, Paffenbarger RS Jr, Clark DG, Cooper KH, Gibbons LW 1989 Physical fitness and all-cause mortality. A prospective study of healthy men and women. *Journal of American Medical Association*, 262:2395–2401.
7. Blair SN, Kohl HW, Gordon NF, Paffenbarger RS Jr 1992 How much physical activity is good for health? *Annual Review of Public Health*, 13:99–126
8. U.S. Department of Health and Human Services 1996 Physical activity and health: a report of the Surgeon General. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, The Presidents' Council on Physical Fitness and Sports, Atlanta, GA.
9. IARC (International Agency for Research on Cancer) 2002 IARC Handbooks for Cancer Prevention, Volume 6: Weight Control and Physical Activity. IARC Press: Lyon.
10. Hardman AE and Stensel DJ 2003 Physical Activity and Health: The Evidence Explained. Routledge: Abingdon.
11. Fahey, T.D., Insel, P.M. and Walton, T.R. 2007. Fit and Well. 7<sup>th</sup> edition, McGraw Hill, New York.

12. World Health Organisation, 2003 Diet, nutrition and the prevention of chronic diseases, World Health Organization, Geneva, Switzerland.
13. Chen, M-Y., Wang, E.K., Yang, R.J., and Liou, Y.M. 2003. Adolescent health promotion scale: Development and psychometric testing. *Public Health Nursing*, 20(2), 104-110.
14. Belloc, N.B. and Breslow, L. 1972. Relationship of physical health status and health practice. *Preventive Medicine*, 1(3), 409-421.
15. Walker, S.N., Sechrist, K.R., and Pender, N.J. 1987. The health promotion lifestyle profile: Development and psychometric characteristics. *Nursing Research*, 36(2), 76-81.
16. Westerterp KR and Plasqui G 2004 Physical activity and human energy expenditure. *Current Opinion in Clinical Nutrition and Metabolic Care* 7: 607-13.
17. Smith, B. et al. 1999, "Lay Beliefs About the Preventability of Major Health Conditions", *Health Education Research*, Vol. 14.3, pp. 315-325.
18. Mota, J. and Esculas, C. 2002. Leisure-time physical activity behavior: Structured and unstructured choices according to sex, age, and level of physical activity. *International Journal of Behavioral Medicine*, 9(2), 111-121.
19. Growdon, J. H., and Wurtman, R. J. 1980. Contemporary nutrition: nutrients and neurotransmitters. *New York State Journal of Medicine*. September.
20. Colby-Morley, E. 1981. Neurotransmitters and nutrition. *Orthomolecular Psychiatry*, 12, 38- 43.
21. Wood, M. 2001. Studies probe role of minerals in brain function. *Agriculture Research*, 49.10.
22. Erikson, J. 2006. Brain food: the real dish on nutrition and brain function. *WisKids Journal*, November/December.
23. Wolpert, S., Wheeler, M. 2008. Food as brain medicine. *UCLA Magazine Online*. Retrieved ,[magazine.ucla.edu](http://magazine.ucla.edu).
24. Abate, N. Obesity and cardiovascular disease. Pathogenetic role of the metabolic syndrome and therapeutic implications. *J. Diabetes Complicat.* 2000, 14, 154-174
25. Rosenstock, I.M. 1974, "Historical Origins of the Health Belief Model", *Health Education Monographs*, Vol. 2.4, pp. 329-335
26. Stretcher, V. and I.M. Rosenstock 1997, "The Health Belief Model", in K. Glanz, F.M. Lewis and B.K. Rimer (eds.), *Health Behavior and Health Education: Theory, Research and Practice*, Jossey-Bass, San Francisco, CA.

27. Evans, M., H. Stoddart, L. Condon, E. Freeman, M. Grizzell and R. Mullen 2001, "Parents' Perspectives on the Mmr Immunisation: A Focus Group Study", *Br J Gen Pract* 51, pp. 904-910
28. Bogart, L.M. et al. 2004, "Association of Stereotypes About Physicians to Health Care Satisfaction, Help-Seeking Behavior, and Adherence to Treatment", *Social Science and Medicine*, Vol. 58, pp. 1049-58.
29. Mirowsky, J. and C. Ross 2002, "Depression, Parenthood, and Age at First Birth", *Social Science and Medicine*, Vol. 54, pp. 1281-1298.
30. Borg, V. and. Kristensen T.S 2000, "Social Class and Self-Rated Health: Can the Gradient Be Explained by Differences in Life Style or Work Environment?", *Social Science and Medicine*, Vol. 51, pp. 1019-1030.
31. Burström, B. and Fredlund P. 2001, "Self Rated Health: Is It as Good a Predictor of Subsequent Mortality among Adults in Lower as Well as in Higher Social Classes?", *Journal of Epidemiology and Community Health*, Vol. 55, pp. 836-840.
32. van Doorslaer, E., Jones A.M. and. Koolman X 2002, "Explaining Income-Related Inequalities in Doctor Utilisation in Europe: A Decomposition Approach", *ECuity II Project Working Paper No. 5*.
33. van Doorslaer, E., Wagstaff A., van der Burg, H Christiansen, T., De Graeve, D Duchesne, I. Gerdtham, U.-G. Gerfin, M. Geurts, J. Gross, L. Häkkinen, U. John, J. Klavus, J. Leu, R.E. Nolan, B. O'Donnell, O. Propper, C. Puffer, F. Schellhorn, M. Sundberg G. and Winkelhake O. 2000, "Equity in the Delivery of Health Care in Europe and the US".
34. Bonnet, M.H., Berry, R.B. and Arand, D.L. 1991 Metabolism during normal fragmented and recovery sleep. *Journal of Applied Physiology*, 76, 309–317.
35. Dinges, D.F., Pack, F., Williams, K. et al. 1997 Cumulative sleepiness, mood disturbance, and psychomotorvigilance performance decrements during a week of sleep restricted to 4–5 hours per night. *Sleep*, 20, 267–267.
36. Brunner, D.P., Dijk, D.J. and Borbely, A.A. 1993 Repeated sleep deprivation progressively changes the EEG during sleep and wakefulness. *Sleep*, 16, 100–113.
37. Spiegel, K., Leproult, R. and Cauter, E.V. 1999 Impact of sleep debt on metabolic and endocrine function. *Lancet*, 354, 1435–39.
38. Sheen, A.J., Byrne, M.M., Plat, L., Leproult, R. and Cauter, E.V. 1996 Relationship between sleep quality and glucose regulation in normal humans. *American Journal of Physiology*, 271, E261–E270.
39. Collip, P.J., Thomas, J., Curti, V., Sharma, R.K., Madaiah, V.T. and Cohn, S.E. 1973 Body composition changes in children receiving human growth hormone. *Metabolism*, 22, 589–595.



- 40.** Reaven, G.H., Lithell, H. & Landsberg, L. 1996 Hyper-tension and associated metabolic abnormalities: the role of insulin resistance and the sympathoadrenal system. *New England Journal of Medicine*, 334,374–381.
- 41.** McGinnis JM, Foege WH. Actual causes of death in the United States. *Journal of the American Medical Association*. 1993;270:2207–2212.
- 42.** CDC (Centers for Disease Control and Prevention) Monthly Vital Statistics Report. Supplement 2. Vol. 45. Atlanta: National Center for Health Statistics; 1997c. Report of Final Mortality Statistics, 1995.
- 43.** USDHHS (U.S. Department of Health and Human Services) Healthy People 2010: Understanding and improving health. Washington, DC: U.S. Department of Health and Human Services; 2000.
- 44.** McCrory, M. A., Nommsen-Rivers, L. A., Mole, P. A., Lonnerdal, B., Dewey, K. G., Randomized trial of the short-term effects of dieting compared with dieting plus aerobic exercise on lactation performance, *Am. J. Clin. Nutr.*, 69, 959, 1999.
- 45.** Hahn R, Teutsch S, Rothenberg R, Marks J. Excess deaths from nine chronic diseases in the United States, 1986. *Journal of the American Medical Association*. 1990;264:2654–2659.
- 46.** Rimm E, Williams P, Fosher K, Criqui M, Stampfer M. A biological basis for moderate alcohol consumption and lower coronary heart disease risk: A meta-analysis of effects on lipids and hemostatic factors. *British Medical Journal*. 1999;319:1523–1528.
- 47.** Kawachi I, Troisi R, Rotnitzky A, Coakley E, Colditz G. Can physical activity minimize weight gain in women after smoking cessation? *American Journal of Public Health*. 1996;86:999–1004.
- 48.** NIH (National Institutes of Health) Methods for voluntary weight loss and control. *Annals of Internal Medicine*. 1993;119:764–770.
- 49.** Mertens IL, Van Gaal LF. Overweight, obesity, and blood pressure: The effects of modest weight reduction. *Obesity Research*. 2000;8:270–278.
- 50.** Oster G, Thompson D, Edelsberg J, Bird AP, Colditz GA. Lifetime health and economic benefits of weight loss among obese persons. *American Journal of Public Health*. 1999 ;89 :1536–1542.
- 51.** Allison DB, Fontaine KR, Manson JE, Steverns J, VanItallie TB. Annual deaths attributable to obesity in the United States. *Journal of the American Medical Association*. 1999;282:1530–1538.
- 52.** Calle EE, Thun MJ, Petrelli JM, Rodriguez C, Heath CW. Body-mass index and mortality in a prospective cohort of U.S. adults. *The New England Journal of Medicine*. 1999;341:1097–1105.

53. Lee I-M, Paffenbarger RS. Change in body weight and longevity. *The Journal of the American Medical Association*. 1992;268:2045–2049.
54. Rimm EB, Stampfer MJ, Giovannucci E, Ascherio A, Spiegelman D, Colditz GA, Willett WC. Body size and fat distribution as predictors of coronary heart disease among middle-aged and older US men. *American Journal of Epidemiology*. 1995;141:1117–1127.
55. Willett WC, Manson JE, Stampfer MJ, Colditz GA, Rosner B, Speizer FE, Hennekens CH. Weight, weight change, and coronary heart disease in women: Risk within the 'normal' weight range. *The Journal of the American Medical Association*. 1995;273:461–465.
56. USDA (U.S. Department of Agriculture), USDHHS (U. S. Department of Health and Human Services) Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans. Beltsville, MD: U.S. Department of Agriculture, Agricultural Research Service; 1995a.
57. Kopelman PG. Obesity as a medical problem. *Nature*. 2000;404:635–643.
58. Manson JE, Hu FB, Rich-Edwards JW, Colditz GA, Stampfer MJ, Willett WC, Speizer FE, Hennekens CH. A prospective study of walking compared with vigorous exercise in the prevention of coronary heart disease in women. *The New England Journal of Medicine*. 1999;341:650–658.
59. Kohl HI, Powell K, Gordon N, Blair S, Paffenbarger RJ. Physical activity, physical fitness, and sudden cardiac death. *Epidemiologic Reviews*. 1992;14:37–58.
60. Boushey CJ, Beresford SAA, Omenn GS, Motulsky AG. A quantitative assessment of plasma homocysteine as a risk factor for vascular disease: probable benefits of increasing folic acid intakes. *Journal of the American Medical Association*. 1995;274:1049–1057.
61. Seidell JC, Kahns HS, Williamson DF, Lissner L, Valdez R. Report from a Centers for Disease Control and Prevention workshop on use of adult anthropometry for public health and primary health care. *Am J Clin Nutr* 2001; 73: 123–126.
62. Kripke DF, Garfinkel L, Wingard DL, Klauber MR, Marler MR. Mortality associated with sleep duration and insomnia. *Arch Gen Psychiatry* 2002; 59: 131–136.
63. Hublin C, Kaprio J, Partinen M, Koskenvuo M. Insufficient sleep – a population-based study in adults. *Sleep* 2001; 24: 392–400.
64. Breslow L, Enstrom JE. Persistence of health habits and their relationship to mortality. *Prev Med* 1980; 9: 469–483.
65. Youngstedt SD, Kripke DF. Long sleep and mortality: rationale for sleep restriction. *Sleep Med Rev* 2004; 8: 159–174.
66. Cizza G, Skarulis M, Mignot E. A link between short sleep and obesity: building the evidence for causation. *Sleep* 2005; 28: 1217–1220.

67. Fogelholm M, Mañnnisto S, Vartiainen E, Pietinen P. Determinants of energy balance and overweight in Finland 1982 and 1992. *Int J Obes* 1996; 20: 1097–1104.
68. Petersen L, Schnohr P, Sorensen TI. Longitudinal study of the long-term relation between physical activity and obesity in adults. *Int J Obes* 2004; 28: 105–112.
69. Pirkola SP, Isometsa E, Suvisaari J, Aro H, Joukamaa M, Poikolainen K et al. DSM-IV mood-, anxiety- and alcohol use disorders and their comorbidity in the Finnish general population - Results from the Health 2000 Study. *Soc Psychiatry Psychiatr Epidemiol* 2005; 40: 1–10.
70. Feskanich D, Willett WC, Stampfer MJ, Colditz GA. Milk, dietary calcium, bone fractures in women: A 12-year prospective study. *American Journal of Public Health*. 1997;87:992–997.
71. Owusu W, Willett WC, Ascherio A, Spiegelman D, Rimm EB, Feskanich D, Colditz G. Body anthropometry and the risk of hip and wrist fractures in men: results from a prospective study. *Obesity Research*. 1998;6:12–19.
72. NIH (National Institutes of Health) Optimal Calcium Intake. NIH Consensus Statement. 1994;12:1–31.
73. Nelson ME, Fiatarone MA, Morganti CM, Trice I, Greenberg RA, Evans WJ. Effects of high-intensity strength training on multiple risk factors for osteoporotic fractures. *Journal of the American Medical Association*. 1994;272:1909–1914.
74. USDHHS (U.S. Department of Health and Human Services) Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 1996.
75. Ettinger WJ Jr, Burns R, Messier SP, Applegate W, Rejeski WJ, Morgan T, Shumaker S, Berry MJ, O'Toole M, Monu J, Craven T. A randomized trial comparing aerobic exercise and resistance exercise with a health education program in older adults with knee osteoarthritis. The Fitness Arthritis and Seniors Trial. *Journal of the American Medical Association*. 1997;277:25–31.
76. Fisher N, Pendergast D. Effects of a muscle exercise program on exercise capacity in subjects with osteoarthritis. *Archives of Physical Medicine and Rehabilitation*. 1994;75:792–797.
77. NCHS (National Center for Health Statistics) Health, United States, 1998: With Socioeconomic Status and Health Chartbook. Hyattsville, MD: U.S. Dept. of Health and Human Services; 1998a.
78. Substance Abuse and Mental Health Services Administration. Race/ethnicity, socioeconomic status, and drug abuse (No. (SMA) 93-2062) Washington, DC: U.S. Department of Health and Human Services; 1993.

- 79.** Pearl R. Alcohol and Longevity. New York: Alfred A.Knopf; 1926.
- 80.** NIAAA (National Institute on Alcohol Abuse and Alcoholism) Alcohol and cancer, (Alcohol Alert no. 21-1993) Bethesda, MD: U.S. Department of Health and Human Services; 1993.
- 81.** Reichman ME. Alcohol and breast cancer. Alcohol Health and Research World. 1994;18:182–184.
- 82.** American Academy of Pediatrics Committee on Substance Abuse and Committee on Children with Disabilities. Fetal alcohol syndrome and fetal alcohol effects. Pediatrics. 1993;91:1004–1006.
- 83.** Bagheri MM, Burd L, Martsolf JT, Klug MG. Fetal alcohol syndrome: Maternal and neonatal characteristics. Journal of Perinatal Medicine. 1998;26:263–269.
- 84.** Bureau of the Census. Statistical Abstract of the United States: 1997. 117th. Washington, DC: Department of Commerce; 1997.
- 85.** Saadatmand F, Stinson FS, Grant BF, Dufour MC. Surveillance Report #45: Liver Cirrhosis Mortality in the United States: 1970–1994. Rockville, MD: NIAAA Division of Biometry and Epidemiology, Alcohol Epidemiological Data System; 1997.
- 86.** Roizen J. Issues in the epidemiology of alcohol and violence. In: Martin S, editor. Alcohol and Interpersonal Violence: Fostering Multi-Disciplinary Perspectives, (NIH publication no. 93-3496) U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; 1993.
- 87.** Strunin L, Hingson R. Alcohol, drugs, and adolescent sexual behavior. International Journal of the Addictions. 1992;27:129–146.
- 88.** Zakhari S. Alcohol and the cardiovascular system: Molecular mechanisms for beneficial and harmful action. Alcohol Health and Research World. 1997;21:21–29.
- 89.** Cappelen A, Norheim OF. Responsibility in health care - a liberal egalitarian approach. J Med Ethics 2005;31:476–80.
- 90.** Pi-Sunyer FX. Medical hazards of obesity. Annals of Internal Medicine. 1993;119:655–660.
- 91.** Hill JO, Peters JC. Environmental contributions to the obesity epidemic. Science. 1998;280:1371–1374.
- 92.** Taubes G. As obesity rates rise, experts struggle to explain why. Science. 1998;280:1367–1368.
- 93.** Chasan-Taber L, Selhub J, Rosenberg IH, Malinow MR, Terry P, Tishler PV, Willett W, Hennekens CH, Stampfer MJ. A prospective study of folate and vitamin B<sub>6</sub> and risk of myocardial infarction in US physicians. Journal of the American College of Nutrition. 1996;15:136–143.

- 94.** NCHS (National Center for Health Statistics) Health, United States, 1998: With Socioeconomic Status and Health Chartbook. Hyattsville, MD: U.S. Dept. of Health and Human Services; 1998a.
- 95.** <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=21527> (date of access : 17.03.2017)3.
- 96.** Zuhall B, Beşer, A. Gördes, N. Ersin, V. Aygöl Kıssal The validity and reliability study of the scale II of healthy lifestyle behaviors. Republican University Nursing School Magazine 2008 12 (1): 1-13.
- 97.** Tuna, F. Sosyal Bilimler için İstatistik Pegem Akademi Yayıncılık Ankara, 2016, s.11-12.
- 98.** Susan Noble Walker, Karen Richert Sechrist, Nola J. Pender The health-promoting lifestyle profile: development and psychometric characteristics. Nurs Res. 1987 Mar-Apr;36(2):s.76-81.
- 99.** M. Emin Kafkas, Armağan Şahin Kafkas, Mehmet Acet. Beden Eğitimi Öğretmenlerinin Sağlıklı Yaşam Biçimi Davranış Düzeylerinin İncelenmesi. 2012 s.47
- 100.** Hacıhasanoğlu, R. Yıldırım, A. Karakurt, P. and Sağlam, R. "Healthy lifestyle behaviour in university students and influential factors in eastern Turkey," International Journal of Nursing Practice, vol. 17, no. 1, pp. 43–51, 2011;
- 101.** S.Ayaz, S. Tezcan, and F. Akıncı, "Health promotion behavior of students at the Nursing College," Cumhuriyet University Journal of Nursing School, vol. 9, pp. 26–34, 2005;
- 102.** G. Karadeniz, E. Y. Uçum, Ö. Dedeli, and Ö. Karaağac., "Healthy life style behaviors of University Students," TAF Preventive Medicine Bulletin, vol. 7, pp. 497–502, 2008.

## 7. Questionnaire

### Healthy Lifestyle Behavior Scale

1- Gender: Male ( ) Female ( ) 2- Age: below 18 years ( ) between 19 and 25 years ( )  
 26 and up ( )  
 3- Grade: Freshmen ( ) sophomores ( ) Junior Student and above ( ) 4- Height:  
 .....  
 5- Weight: ..... 6- Family in monthly income: 0-1000 TL ( ) 1001-3000 ( ) 3001-up ( )

|    |                                                                                                                             | Never | Sometimes | Often | Regularly |
|----|-----------------------------------------------------------------------------------------------------------------------------|-------|-----------|-------|-----------|
| 1  | I would discuss my concerns and my problems with people close to me                                                         |       |           |       |           |
| 2  | I prefer liquid and solid fats and low cholesterol diet                                                                     |       |           |       |           |
| 3  | I tell the unusual signs and symptoms of my body to a doctor or a medical personnel                                         |       |           |       |           |
| 4  | I do a regular exercise program                                                                                             |       |           |       |           |
| 5  | I sleep enough                                                                                                              |       |           |       |           |
| 6  | I feel that the change and improve in the direction positive                                                                |       |           |       |           |
| 7  | I appreciate the people for those success                                                                                   |       |           |       |           |
| 8  | I restrict sugar and sweet                                                                                                  |       |           |       |           |
| 9  | I watch the health promotion programs in television and I read the books on these topics                                    |       |           |       |           |
| 10 | I exercise at least three times a week for 20 minutes and / or more prolonged (fast walking, cycling, aerobics, dance etc.) |       |           |       |           |
| 11 | Every day I take a time to relaxation                                                                                       |       |           |       |           |
| 12 | I believe that my life has a purpose                                                                                        |       |           |       |           |
| 13 | I maintain meaningful and satisfying relationship with people                                                               |       |           |       |           |

|    |                                                                                                          |  |  |  |  |
|----|----------------------------------------------------------------------------------------------------------|--|--|--|--|
| 14 | I eat 6-11 breads per day, cereal, rice and pasta                                                        |  |  |  |  |
| 15 | I ask questions to medical personnel to understand the those suggestions                                 |  |  |  |  |
| 16 | I exercise light and moderate levels (e.g. walking 5 times a week or more)                               |  |  |  |  |
| 17 | I accept the things I cannot change in my life                                                           |  |  |  |  |
| 18 | I look forward to the future                                                                             |  |  |  |  |
| 19 | I allow time for my close friends                                                                        |  |  |  |  |
| 20 | I eat 2-4 servings of fruits every day                                                                   |  |  |  |  |
| 21 | I consult other medical staff if I have questions regarding with medical staff proposals who I always go |  |  |  |  |
| 22 | I do entertaining activities such as swimming, dancing, cycling in my free time                          |  |  |  |  |
| 23 | Before sleeping I think about beautiful things                                                           |  |  |  |  |
| 24 | I feel myself at peace and adequate                                                                      |  |  |  |  |
| 25 | It is easy for me to show attention, love and closeness to others                                        |  |  |  |  |
| 26 | I eat 3-5 servings of vegetables every day                                                               |  |  |  |  |
| 27 | I consult the my health problems to medical staff                                                        |  |  |  |  |
| 28 | I do muscle strengthening exercises at least three times a week                                          |  |  |  |  |
| 29 | I use appropriate methods to control my stress                                                           |  |  |  |  |
| 30 | I work for long-term goals in my life                                                                    |  |  |  |  |
| 31 | I embrace with people I like                                                                             |  |  |  |  |
| 32 | I eat 3-4 servings of milk, yogurt or cheese every day                                                   |  |  |  |  |
| 33 | I check my body at least once a month with regard to dangerous symptoms physically changes               |  |  |  |  |

|    |                                                                                                                          |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 34 | I exercise during daily work (e.g. I go to walk to eat, I prefer the stairs instead of the elevator, I park my car away) |  |  |  |  |
| 35 | I balance my work and my entertainment time                                                                              |  |  |  |  |
| 36 | I find to make different and interesting things every day                                                                |  |  |  |  |
| 37 | I effort to make close friends                                                                                           |  |  |  |  |
| 38 | I eat 3-4 servings of meat, chicken, fish, dry beans, eggs, cookies every day                                            |  |  |  |  |
| 39 | I consult with medical personnel how can I look better about myself                                                      |  |  |  |  |
| 40 | I control my heartbeat and pulse during exercise                                                                         |  |  |  |  |
| 41 | I do activities 15-20 minutes a day to relaxation and relief                                                             |  |  |  |  |
| 42 | I am aware of things that are important to me in my life                                                                 |  |  |  |  |
| 43 | I get support from people who have similar problems                                                                      |  |  |  |  |
| 44 | I read labels determine the food, fat and sodium contents on the food packages                                           |  |  |  |  |
| 45 | I participate the individual health care and related to education programs                                               |  |  |  |  |
| 46 | I exercise until my heartbeat accelerating                                                                               |  |  |  |  |
| 47 | I protect myself from tired                                                                                              |  |  |  |  |
| 48 | I believe in the existence of god                                                                                        |  |  |  |  |
| 49 | I solve conflict by talking and compromising                                                                             |  |  |  |  |
| 50 | I make a breakfast                                                                                                       |  |  |  |  |
| 51 | I get advice and guidance from others when I need them                                                                   |  |  |  |  |
| 52 | I am open to new experiences and situations                                                                              |  |  |  |  |