

A Study on The Examination of University Students' Cultures Of Being
Healthy

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ORIGINAL ARTICLE

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Abstract

Our current study was conducted to determine the healthy culture behaviors of University students. In our study, the Healthy Being Culture (Healthism) Behaviors Scale, which was created by Alfrey et al. (2019) and adapted to Turkish by Uğraş et al. (2021), consisting of 2 sub-dimensions and a total of 14 items, was used. Before the study, the necessary permissions from the relevant institution were accustomed and the necessary information was provided to the students who participated in our research. In the evaluation of the findings obtained, SPSS 22 statistical program developed for social and health sciences was used. One-way analysis of variance (ANOVA) in the comparison of the mean of more than two variables in our study; In the comparison of the mean of less than two variables, independent sample t test was used. The mean age in the study was: 21.57±1.9 years; female (n=243, 51.1%); A total of 476 male (n=233, 48.9%) university students participated voluntarily. At the end of the research, according to the faculty variable, it was found that the criticism of individual actions and the Judgment sub-dimension were significant at the level of p<0.05; According to the gender variable, the criticism of individual actions was found to be a significant differentiation.

Keywords: Healthism, Physical Activity, Obesity.

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**Üniversite Öğrencilerinin Sağlıklı Olma Kültürü
Davranışlarının Araştırılması**

Öz

Mevcut çalışmamız üniversitesi öğrencilerinin sağlıklı olmak kültürü davranışlarını tespiti için yapılmıştır. Sunulan çalışmamızda 2 alt boyut toplam 14 maddeden oluşan Alfrey ve ark. (2019) tarafından oluşturulmuş ve Türkçe uyarlaması Uğraş ve Ark. (2021) yapılmış olan Sağlıklı Olma Kültürü (Healthism) Davranışları Ölçeği kullanılmıştır. Çalışma öncesi ilgili kurumdan gerekli izinler alınmış olup araştırmamıza katılan öğrencilere gerekli bilgilendirme yapılmıştır. Elde edilen bulguların değerlendirilmesinde sosyal ve sağlık bilimleri için geliştirilen SPSS 22 istatistik programı kullanılmıştır. Çalışmamızda ikiden fazla değişkenlerin verdikleri cevapların ortalamalarının karşılaştırılmasında tek yönlü varyans analizi (ANOVA); ikiden az değişkenin ortalamalarının karşılaştırılmasında ise bağımsız örneklem t test kullanılmıştır. Araştırmada yaş ortalaması: 21,57±1,9 olan; kız (n=243, %51,1); erkek (n=233, %48,9) toplam 476 üniversitesi öğrencisi gönüllü olarak katılmıştır. Araştırma sonunda fakülte değişkenine göre Bireysel eylemlerin eleştirisi ve Yargı alt boyutunda p<0,05 düzeyinde anlamlı olduğu bulgusuna; cinsiyet değişkenine göre ise Bireysel eylemlerin eleştirisi anlamlı farklılaşma olduğu bulgusuna ulaşılmıştır.

Anahtar Kelimeler: Sağlıklı Olma Kültürü, Fiziksel Aktivite, Obezite.

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Introduction

Being healthy is the state of mental and physical well-being of the individual. Healthiness or illness may vary from person to person and from society to society. Being healthy is also related to the socio-cultural structure of the country and the economic income level of that society (Kurtdaş, 2010). It is stated that health is linked to the age of the person, the environment in which she/he lives and individual responsibility (Bircher, 2005). According to Bolsoy and Sevil (2006), being healthy is considered in two options. These are; Subjective Health: It is the evaluation of oneself as a state of being or not being diseased. This is when people feel physically and mentally uncomfortable even if they are not sick. Objective Health: The health status of individuals in this type is revealed as a result of health workers or some tests. However, the accuracy of the health status of the individual is possible with the validity of these two options (Öztürk and Kıracı, 2019). Healthy lifestyle behavior; It is defined as staying away from negative behaviors that may affect one's health, participation in exercise, living away from anxiety and stress and acting accordingly (Esin, 1997). Adequate and healthy food consumption is an important factor for people's health status. Adequate nutrition and access to healthy food reduce people's risk factor for disease; the reverse situation affects diseases such as infection and chronic disease. 4 main headings are specified for healthy eating. These are; balanced and adequate nutrition, food diversity, avoidance of harmful foods (Kavas, 2003). Body weight above the risk level leads to diseases such as diabetes, cardiovascular diseases, high cholesterol levels in the blood. In the same way, it can reduce the body resistance of people in the face of discomfort that may occur in extremely thin individuals (Bozhüyük et al.2012).

Aim of this practice; detect of behaviour of healtism for university students. This study was applied only University of students where is middle of Anatolia. All of results commented on that sample group.

Material and Method

Survey Group

This study was conducted to determine the healthy cultural behaviors of University students studying in the 2021-22 academic year. The research was conducted at average age of 21.5 ± 1.9 years; It is limited to a total of 476 university students, 243 which is female and 233 male students.

Data Collection Tools

In the study, the 'Healthism Culture (Healthism) Behaviors Scale', which was created by Alfrey et al. (2019) consisting of 2 sub-dimensions and a total of 14 items, and adapted in Turkish by Uğraş et al. (2021), was used. The necessary permissions were obtained before the study, information

about the research was conveyed to the students and the students were included in the study on a voluntary basis. While creating the scale, the Turkish adaptation was taken into consideration and the reverse scoring was taken as the basis.

Analysis of Data

SPSS 22 statistical program was used to analyze the obtained data. First, the cronbach alpha values of the data were examined. It has been determined that the scales have sufficient confidence intervals. It was seen that the data showed normal distribution by looking at the skewness and kurtosis values. Independent sample t-test was used for two-group variables. Anova test was used for variables with more than two groups.

Ethics of Research

The study was conducted by Munzur University Non-Interventional Research Ethics Committee on 26.01.2023; It was decided by a majority of votes that it was in compliance with the ethical rules. Resolution number: 2023/01-03.

Findings

Table 1

Normality Test of Scale Items

Sub-dimension	Statistics	df	Skewness	Kurtosis	p
Critique of Individual Actions	270	476	1,237±112	1,513±223	0,00
Judgment	233	476	-,414±112	,589±233	0,00

When the normality analysis of the findings was examined, it was concluded that the highest value ($1,237 < X < 1,513$) was determined in the 7th question in the critique of individual action sub-dimension, while this value ($-,414 < X < ,589$) was determined in the 14th question in the judgment sub-dimension. According to Tabachnick and Fidel (2013), this value is a sufficient range for parametric tests.

Table 2

Validity Reliability Values of Scale Items (Alpha)

Sub-dimension	# of items	Alpha
Critique of Individual Actions	8	,704
Judgment	6	,776

From the findings obtained, the reliability coefficient according to the sub-dimensions of the scale is item:8, Alpha: ,704 in the critique of individual actions; In the sub-dimension of the judgment, it was found that it was Item:6, Alpha:776. These values indicate that the value between 0.60-0.79 is quite high according to Alpar (2018).

Table 3
Identifying Information of Participants

	Variable	N	%
Gender	Female	243	51,1
	Male	233	48,9
Faculty	Faculty of Sport Sciences	101	21,2
	Faculty of Health Sciences	147	30,9
	Faculty of Economics and Administrative Sciences	123	25,8
	Faculty of Literature	105	22,1

The participants are comprised of the n=243, %51,1 female and, n=233, %48,9 male. When examined according to the faculty variable where the research group is studying; Faculty of Sports Sciences (n=101, 21.2%), Faculty of Health Sciences (n=147, 30.9%), Faculty of Economics and Administrative Sciences (n=123, 25.8%), Faculty of Letters (n=105, 22.1%).

Table 4
Income Levels of Participants (Turkish Lira)

Variable	N	Min.	Maks.	\bar{x}	Std.
Female	243	100	7000	1047,5	733,7
Male	233	100	5000	1089,5	737,2
Total	476	100	7000	1068,1	766,5

When the income levels of the participants according to the gender variable are examined; in girls (n=243, min:100, max:7000, mean:1047.5±733.7tl); In male participants, it was found that (n=243, min:100, max:5000, mean: 1089.5±737.2tl). The average income level of the participants was determined as 1068.1±766.5 TL.

Table 5
Averages of Responses to Scale Items

QUESTIONS	\bar{x}	Std.
1. 1. Physical education should be more geared towards meeting physical activity goals.	2,14	1,090
2. People who do sports are healthier than those who do not.	1,80	1,133
3. Nowadays, most of the young people are obese.	2,81	1,055
4. Everyone can be healthy with hard and regular work.	1,93	,986
5. Obesity is mostly associated with individuals' wrong dietary and exercise choices.	1,77	,893
6. Physical fitness tests are necessary to motivate individuals to be healthy.	1,92	,926
7. Obesity is the most important health problem faced by young people today.	2,28	1,125
8. During school hours, young people should be given more opportunities to achieve their physical activity goals.	1,50	,837
9. Unhealthy people exercise less than healthy people.	2,45	1,200
10. Overweight people are lazy.	2,98	1,289
11. Healthy people are more successful in life.	2,42	1,231
12. Individuals with physical fitness are more interesting.	2,20	1,141
13. Healthy people have higher self-control.	2,11	1,228
14. People who can control their level of physical fitness can achieve more.	2,02	1,049

When the table is examined, the average of the responses to the scale items is the lowest (S3, $\bar{x} = 2.81 \pm 1.055$); the highest is (S.8, $\bar{x} = 1.50 \pm .837$).

Table 6
Sub-Dimensions of 'Critique of Individual Actions' According to the Faculty Variable of the Participants ANOVA Findings

Faculty	N	\bar{x}	F	p
Faculty of Sport Sciences	101	1,8±,547	2,782	,041
Faculty of Health Sciences	147	2±,594		
Faculty of Economic and Administrative Sciences	123	2±,647		
Faculty of Literature	105	2±,512		
Total	476	2,1±,519		

When the table was examined, it was found that the answers given by the participants to the questions of the critique of individual actions were significant at the level of ($p < 0.05$) according to the variable of the faculty they studied.

Table 7

'Judgment' Sub-Dimensions of Participants According to Faculty Variable ANOVA Findings

Faculty	N	\bar{X}	F	p
Faculty of Sport Sciences	101	2,1±,655		
Faculty of Health Sciences	147	2,3±,776		
Faculty of Economic and Administrative Sciences	123	2,3±,811	4,855	,002
Faculty of Literature	105	2,3±,798		
Total	476	2,3±,774		

When the table was examined, it was found that the answers given by the participants to the questions of the 'Judiciary' sub-dimension were significant at the level of ($p < 0.05$) according to the variable of the faculty they studied.

Table 8

Findings of T-test analysis of participants' responses to 'Critique of Individual Actions and Judgment' Sub-Dimensions by Gender Variable

Sub-dimension	Variable	n	\bar{X}	t	p
Critique of individual actions	Female	243	2±,616	1,472	,005
	Male	233	1,9±,554		
Judgment	Female	243	2,4±,462	1,316	,188
	Male	233	2,3±,731		

When the table was examined, it was found that the significance analysis findings of the student's responses to the gender variable to the sub-dimensions of the scale items were at the level of critique of individual actions ($p < 0.05$) and the sub-dimension of judgment was at the level of ($p > 0.05$).

Discussion and Conclusion, Suggestion

Governments aim to protect and develop public health and implement projects for the development of this health factor. Habits that will improve our health individually should be adopted and these behaviors should be maintained (Kong, 1995). According to the World Health Organization (WHO) data; Between 2000 and 2016, 81% of mortality rates were due to non-communicable diseases. The biggest causes of this condition are chronic obstructive pulmonary disease; stroke and

ischemic heart diseases are reported (WHO, 2021). It is observed that the answers given to the health-related questions (q2, q4, q5, q7, q11, q13) in the scale are high and the health-related behavior is high (Table.5). In our study (n=476), the mean of the responses to the sub-dimensions of the scale items according to the gender variable was not determined at a significant level ($p>0.05$). In the study conducted with the participation of Firat University students (n=712), a positive ($p>0.05$) relationship was not detected (Cihangiroğlu and Deveci, 2011). Pasinlioğlu and Gözüm (1998), Kaya et al. (2008) reached similar results with our study presented in their study. In our study, when the answers given to the sub-dimensions of the scale items according to the faculty variable were compared, it was found that it was significant at the $p<0.05$ level. In their study, Aksoy and Uçar (2014) state that it is effective in the attitudes of students who study or take courses related to health. In the study conducted with the participation of high school students (n=1023), it was found that healthy living status differed according to school type (Dağvire and Şimşek, 2013).

The fact that people pay attention to the physical appearance of young individuals can give an idea about the thoughts of the person, it is preferred that women are thin and men have a fit body, and millions of people spend time and money for this appearance (Cusumano and Thompson, 1997). In our presented study, it was found that the average of the 'Critique of Individual Actions' responses according to the gender variable was significant at the level of $p<0.05$. In the study where the physical activity levels of university students were investigated (n=719), similar findings were found with our study. It was found that the average income of University students was 1068.1 ± 766.5 Turkish Liras per person. The highest rate of income inequality nationally income (Tsi-2021) is stated as the with the least income inequality. The hunger limit in Turkey is stated as 6,017 Turkish Liras for a family of 4 (Turkish-Business, 2022). This situation shows us that an individual should be at least 2000 Turkish Liras income level.

As a result; In the study in which we examined the healthism behaviors of students, it was found that the critique of individual actions and the Judgment sub-dimension were significant at the level of $p<0.05$ according to the faculty variable; According to the gender variable, the critique of individual actions was found to be $p<0.05$ with significant differentiation There are studies that reach similar and different results when the literature is reviewed. It is thought that this differentiation is due to the sample group of the researches, and that factors such as age group, region and city where they live, and income level of individuals are effective. It is thought that the insufficient income level of university students may adversely affect their health.

Suggestions

1. It is thought that the findings from this study can give information about the general situation of the students.
2. This work can be diversified by adding scale on other similar students.

It is recommended that University conduct appropriate work for the development or continuation of healthism behaviors.

Ethics Committee Permission Information

Ethics review board: Munzur University Non-Invasive Studies Ethics Committee

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Statement of Researchers' Contribution Rates

Both authors contributed equally at all stages of the research.

Conflict of Interest

The authors cannot make a statement of conflict regarding the research.

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