

Evaluation of University Students' Healthy Lifestyle Behaviors: Afyon Example

Yeşim Ceylantekin and Dilek Öcalan *

Afyon Kocatepe University, Afyon School of Health Nursing Department, Ali
Çetinkaya Kampüsü
İzmir Karayolu Üzeri 7. Km. 03200, Afyonkarahisar Turkey

* Corresponding author

Copyright © 2018 Yeşim Ceylantekin and Dilek Öcalan. This article is distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Objective: The study was planned to determine university students' healthy lifestyle behaviors and the factors affecting these behaviors.

Method: In the descriptive study, it was aimed to reach the entire population without sample selection. The study was conducted with a total of 1110 students from Afyon Health College of Afyon Kocatepe University between January and May 2016. Data were gathered with face-to-face interview technique using "Data Collection Form" and "Healthy Lifestyle Behavior Scale II (HLBS) developed by the researchers. Percentage, mean, standard deviation, ANOVA test, Independent t test, Multiple Regression Analysis were used in the analysis of the data. In the study, the HLBS Cronbach's alpha value was calculated as 0.88.

Results: The average age of the students participating in the study was 20.22±1.85 and 70.8% were female. 28.8% are studying in nursing, 20.1% in physiotherapy and rehabilitation, 17.9% in nutrition and 33.2% in healthcare administration. It was determined that the average HLBS score of the students was 128.63±18.41. It was found that the average HLBS and exercise behaviors scores were higher in males than females. Also, female students' average scores of health responsibility, nutrition and interpersonal support behaviors were higher than males ($p < 0.05$). The average scores of the students from nutrition department were higher than other students in nutrition, exercise and total HLBS. It was determined that PTR department students' average scores in health responsibility and the total HLBS and also the nursing department students' average score in interpersonal support were lower than the others ($p < 0.05$). The

average score in health responsibility behaviors of students staying in a dormitory or living alone or living with friends was higher than students living with their families ($p < 0.05$). As the healthy lifestyle behaviors of the students increased, probability of them getting sick decreased and the frequency of going to the doctor's control decreased. It was determined that students who perceived their health very well showed more healthy lifestyle behaviors ($p < 0.05$).

Conclusion: Some sociodemographic and health characteristics that students have are affecting healthy lifestyle behaviors. For this reason, it is considered that the development of educational programs for a healthy life has positive effects.

Keywords: Healthy Life Style Behavior Scale, University Student, Health Behavior

Introduction

The concept of health is defined by the World Health Organization as having a physical, mental and spiritual well-being and not having any disability (Kurt, 2015). All of the behaviors that the individual believes and practices to maintain their health and protect them from diseases are healthy lifestyle behaviors (Cihangiroğlu, 2011). People need protective health measures throughout their lifetimes and develop healthy lifestyle behaviors (Kurt, 2015). Because the health condition of the individual affects his attitude to life, quality of life and self-realization (Cihangiroğlu, 2011).

Today, health care models focus on attitude that improves, protects, sustains and enhances the health of individuals, families and the community. This approach is based on the individual's self-improvement, gaining control over his or her health, and making the right decisions (Bahar, 2008). Healthy lifestyle can be provided by maintaining healthy behaviors, balanced nutrition, regular exercise, not smoking and not drinking alcohol, hygienic measures, positive interpersonal relationships and stress management (Güzel et al., 2012).

Acquisition of healthy lifestyle behaviors is possible by changing individuals' knowledge, thoughts and values. For this reason, it is necessary to place the importance on health education (Yalçınkaya et al., 2007, Maville, 2008).

Health professionals need to develop their beliefs, attitudes and approaches in order to be able to fulfill their professional responsibilities, to protect the health of the individual and to improve the quality of life. It is important for health personnel to be able to inform and educate the individual about healthy behaviors, by being a role model with his/her healthy behaviors (Haddad, 2004, Rozmus, 2005, Tambağ, 2011).

Health care workers have an effective role as a health education guide for the patient/healthy group that they are providing service. The students in this field are effective in the development of community health for reasons of being a role model for the patients they are constantly communicating within the hospitals where they are practicing (Güzel et al, 2012, Kocaakman et al., 2010). Therefore,

health college students who are trained to provide health care, education and counseling services to individuals should have adequate knowledge and practice on healthy lifestyle behaviors and they are expected to acquire these behaviors as well.

This study was planned to determine the healthy lifestyle behaviors of the students from Afyon Health College and the factors affecting these behaviors.

Method

The universe of the exploratory research consisted of all volunteer students studying in the Department of Nursing, Nutrition and Dietetics, Physical Therapy and Rehabilitation, Health Administration in Afyon Health College in 2015-2016 academic year. It was aimed to reach all of the universe without sample selection in the research. 180 students who did not want to participate in the survey or were missing data forms were excluded from the study. The study was conducted with 1110 students between January-May 2016. The participation rate was determined as 85.3%.

"Data Collection Form" was used as research data gathering tool, consisting of 32 questions and developed by the researchers after the literature review. In this form, participants' sociodemographic characteristics and some health characteristics (medication use, disease status, smoking, perspective on their body, doctor control, health perception) were questioned. In addition, the Healthy Lifestyle Behavior Scale (HLBS) was used to assess students' health behaviors.

The Healthy Lifestyle Behaviors Scale (HLBS), has been developed by Walker et al (1987), have been revised again in 1996. The scale measures health-promoting behaviors associated with the individual's healthy lifestyle. The scale which Bahar et al. (2008) conducted validity and reliability study in Turkey consists of 52 items and has 6 sub-dimensions. These dimensions are self-realizing (9 items), health responsibility (9 items), exercise (8 items), nutrition (9 items), interpersonal support (9 items) and stress management (8 items). The overall score of the scale is the score of healthy lifestyle behaviors. All figures of this scale, which is a quadrivalent type, are affirmative. Scores of the scale are never (1), sometimes (2), often (3), regularly (4). The lowest score to be taken from the scale is 52 and the highest score is 208. A high score on the scale indicates that the individual has better healthy lifestyle behaviors.

Ethics committee approval for the study was taken by Afyonkarahisar Clinical Investigation Ethics Committee, the Board of Medicine Ethics Committee with the decision no. 2015/04-127 and dated 05.03.2015. Oral and written consent was obtained from the students who participated in the study. Statistical Package for Social Sciences (SPSS) 22.0 package program was used to analyze the data. Percentage, average, standard deviation, ANOVA test, Independent t test, Multiple regression analysis were used in the analysis of the data. The data were statistically evaluated at 95% confidence interval, $p < 0.05$ significance level. In the study, the HLBS Cronbach's alpha value was calculated as 0.88.

Results

The average age of the participants was 20.22 ± 1.85 , 70.8% were female, 29.2% were male, 98.5% were single, 1.5% were married. As social security, 45.1% of the students have state retirement fund, 34.8% have private health insurance, 20.1% have no health insurance. 61.5% of the participants had a moderate economic status, 33.9% were good, 1.3% were very good, 3.3% were poor. 52.9% of the students were staying in a dormitory, 28.7% living alone or with friends, 18.4% living with their families. 28.8% of the participants were in nursing, 20.1% in physiotherapy and rehabilitation, 17.9% in nutrition and 33.2% in administration of health institutions, 26.1% in first-grade, 27.3% in second-grade, 31.2% the third-grade, 15.4% is the fourth-grade.

It was found that 90.8% of the students did not take any medication, 83.6% had no illness, 71.5% did not smoke, 50.9% had positive perspective on their bodies, 44.9% went to doctor control in the last year and 53.4% had good health perception (Table 1).

The average of the total HLBS score of the students was 128.63 ± 18.41 and the average scores of the subscales was; self-realization was 19.87 ± 53.74 , health responsibility was 20.92 ± 4.51 , exercise was 16.74 ± 4.47 , nutrition was 20.10 ± 3.82 , interpersonal support was 25.30 ± 4.41 and stress management was 19.40 ± 4.13 (Table 2).

When the average HLBS score and the scale subscale scores were examined according to the students' gender; health responsibility ($p: 0.000$), exercise ($p: 0.000$), nutrition ($p: 0.000$) and interpersonal support ($p: 0.000$) subscales were significantly different from the average of the total HLBS score ($p: 0.013$). It was found that the average score of the total HLBS score and exercise behaviors were higher in males than females. Also, female students' average scores in health responsibility, nutrition and interpersonal support behaviors was higher than male students' (Table 3).

When the average scores of the total HLBS and the subscales were examined, self-realizing ($p: 0.002$), health responsibility ($p: 0.000$), nutrition ($p: 0.000$) and interpersonal support ($p: 0.000$) subscales were significantly different from the average total score of HLBS ($p: 0.000$). Comparing to others, the students of nutrition department got higher average scores in nutrition, exercise and total HLBS (Table 4).

There was no significant difference in the mean total score of the HLBS ($p < 0.05$) according to the classes the students are in. There was no statistically significant difference between the averages of the total scores and subscales of the HLBS according to the economic status of the students ($p: 0.262$), however, there was statistically significant difference according to the place they live ($p: 0.019$). It was found that the health status ($p: 0.006$), interpersonal support ($p: 0.000$) and stress management ($p: 0.016$) of the students staying in a dormitory or living alone or with their friends at home were higher than the students living with their parents. The average scores of exercise behaviors of the students living alone or with their friends were found to be higher than the other students ($p: 0.007$). There

was no significant difference between the self-realizing and nutritional behavior score averages ($p > 0.05$) (Table 4).

Multiple regression analysis was performed among health perception, perspective on body, illness status, smoking, and physician control variables with the HLBS total score. Analysis results showed that the variables of health perception, illness status, smoking and physician control had a significant effect on healthy lifestyle behaviors ($p < 0.05$). It was found that there was no significant effect of the perspective on body on the behaviors of healthy lifestyle ($p > 0.05$) (Table 5).

As the healthy lifestyle behaviors of the students increased, it became clear that the illness status decreased and the frequency of going to the doctor's control decreased. In addition, as the healthy lifestyle behaviors of the students increased, it became clear that smoking decreased and health perceptions were increased. It was determined that students who perceived their health very well displayed more healthy lifestyle behaviors (Table 5).

Discussion

In current health education, it is emphasized that the inclusion of programs based on the protection and development of individual centered health will bring about the development of healthy behaviors in the society (Kocaakman et al., 2010). It is very important to examine healthy lifestyle behaviors of college students who will provide health care, education and counseling services to individuals and become role models in the development of healthy behaviors in the society and to determine the factors that affect these behaviors.

The average total HLBS score of the participants in the study was 128.63 ± 18.41 (Table 2). The average total score of HLBS was 124.11 ± 22.21 in the study conducted on health college students by Kocaakman et al. (2010), 126.55 ± 18.76 in the study conducted on students in nursing and classroom teaching by Kostak et al. (2014), 121.92 ± 16.36 in the study conducted on health college students by Özbaşaran et al. (2004), 122.0 ± 17.2 in the study conducted on nursing students by Ayaz et al. (2005), 128.97 ± 16.40 in the study conducted by Özyazıcıoğlu et al. (2011).

The averages of total HLBS scores in the studies are close to each other. The high scores indicate that the individual has more positive health behaviors related to the healthy lifestyle. The low scores indicate that the individuals participating in the study cannot apply the knowledge and experience they have of their health and wellness lifestyle in their own lives. Taking into consideration that the highest score that can be taken on the scale was 208, it can be said that the general average of the students participating in the survey was low.

When the subscales of HLBS were examined in this study; it was determined that the highest average score was in the subscale of personal support (25.30 ± 4.41) and health responsibility (20.92 ± 4.51), and the lowest average was in the subscale of exercise (16.74 ± 4.47). Also in Özyazıcıoğlu et al. (2011)'s study, the students got the lowest score in the field of exercise and the highest

score in the field of health responsibility (Özyazıcıoğlu, 2011). In the study conducted by Kostak et al. (2014) on university students, the highest mean score was found to be self-realization (27.01 ± 4.66) and interpersonal support subscale (25.86 ± 4.48), while the lowest mean was the exercise subscale (15.31 ± 4.22). In different studies, it is reported that the highest average score is related to self-realizing and health responsibility, while the lowest score average is related to exercise sub-dimension (Ayaz, 2005; Kocaakman, 2010, Cihangiroğlu and Deveci, 2011).

It is seen that the lowest score in the studies is in the field of exercise. In this respect, it is thought that the majority of university students live a sedentary life and regular physical activity habits do not develop. For this reason, it is important to improve the environment and infrastructure facilities in which students can perform physical activities on a regular basis at universities.

In the study, it was determined that the mean score of the total HLBS and exercise behaviors were significantly higher in male students than female students in the study. It was determined that female students' average scores of health responsibility, nutrition and interpersonal support behaviors were higher than male students'. Also in the study of Kostak et al. (2014), female students had higher scores in health responsibility, nutrition and interpersonal support areas than male students (Kostak, 2014). Similarly, in two different studies, it was stated that girls had higher scores on health responsibility and nutrition areas than boys (Yalçınkaya, 2007; Tambağ, 2011).

These results show that female students have more health responsibilities personally than boys, that they are more successful in social relationships and have more healthy eating habits.

In the study conducted by Al-Kandari and Vidal (2007), it was found that the scores of male students were higher than the female students in physical activity, interpersonal support and stress management areas of the total HLBS score (Al-Kandari and Vidal, 2007). Unlike these results, Özbaşaran et al. (2004), Kocaakman et al (2010) and İlhan (2010) found that girls had a higher total score of HLBS than boys (Özbaşaran, 2004, Kocaakman, 2010, İlhan, 2010). In the study conducted by Cihangiroğlu and Deveci (2011), there was no significant relationship between gender and healthy lifestyle behaviors.

There was no statistically significant difference in the mean total score of HLBS in terms of economic status and class grade ($p > 0.05$), while there was significant difference between the students in terms of their department and places they live ($p < 0.05$). Scores of students in the nutrition department were higher in nutrition, exercise and total score of HLBS. It is observed that the students of the nutrition department have exhibited healthy lifestyle behaviors more successfully by applying their theoretical knowledge.

It has been determined that the average scores of the health responsibility ($p: 0.006$), the interpersonal support ($p: 0.000$) and the stress management ($p: 0.016$) of the students staying at home alone or with their friends are higher than those of staying with their family. This result shows that the students who stay alone, or with the friend at home or in dormitory have more autonomy about their

health status, and their interpersonal and social support mechanisms are stronger, and the ways of coping with stress are improved more.

When the literature is examined; it has been pointed out that some sociodemographic and health status characteristics of students affect healthy lifestyle behaviors. In the study conducted by Ünalın et al. (2007), there was significant difference between the mean scores of exercising level and healthy lifestyle behaviors according to the places the students live (Ünalın et al., 2007).

Lee and Loke (2005) point out that economic and cultural factors affect healthy lifestyle behaviors (Lee and Loke, 2005). Similarly, it was found that sociodemographic variables such as age, nationality and marital status were associated with healthy lifestyle behaviours in Al-Kandari and Vidal (2007)'s study on nursing students. In another study, there was a significant relationship between the total HLBS score average and sociodemographic variables, perceived health status, relationships with family and friends, and perceived academic performance (Can, 2008). Hidalgo et al. (2000) reported that the health status of students who regularly participate in exercises is better (Hidalgo et al., 2000).

In the study of Cihangirođlu and Deveci, the mean scores of the HLBS and eating habits were found to be lower in smokers than in the non-smokers (Cihangirođlu and Deveci, 2011). In another study, the average of nutrition subscale scores of non-smokers was high and the average score of interpersonal support subscale scores was low (Tambađ, 2011).

In this study, it was determined that as the healthy lifestyle behaviors of the students increased, sickness level became lower, and the frequency of going to doctor control decreased, smoking status decreased and health perceptions increased. It was determined that students who perceived their health very well showed more healthy lifestyle behaviors.

Conclusion

In conclusion, it was found that the sociodemographic variables such as gender, license department, where they stayed, affected healthy lifestyle behaviors in this study. In addition, some health features such as health perception, illness status, going to doctor's control and smoking status affects students' lifestyle behaviors. This is why it is vital for Health College students to develop healthy lifestyle behaviors in their personal lives by improving the knowledge they have about health care, development, disease prevention, and identifying community risk factors.

References

- [1] A.S. Kurt, The relationship between healthy lifestyle behaviors and health locus of control among nursing and midwifery students, *American Journal of Nursing Research*, **3** (2015), 36-40. <http://pubs.sciepub.com/ajnr/3/2/2>

- [2] Z. Cihangiroğlu, S. Deveci, Healthy lifestyle behaviors and affecting factors of Elazığ Health College students in Fırat University, *Fırat Medicine Journal*, **16** (2011), 78-83.
- [3] Z. Bahar, A. Beşer, N. Gördes, F. Ersin, A. Kıssal, The validity and reliability study of Healthy Lifestyle Behavior Scale II, *C.U. Nursing College Journal*, **12** (2008), 1-13.
- [4] EN. Güzel, A. Yılmaz, Y. Erdem, Healthy lifestyles of university students, *K.U. Medical Faculty Journal*, **14** (2012), 1-7.
- [5] M. Yalçınkaya, F.G. Özer, A.Y. Karamanoğlu, Evaluation of healthy lifestyle behaviors in health workers, *TAF Preventive Medicine Bulletin*, **6** (2007), 409-420.
- [6] C.G. Maville, Health promotion: past, present, and future, in *Health Promotion in Nursing*, Australia, R. J.A. Maville, C.G. Huerta (Eds.), Delmar Publishers, Second Edition, 2008.
- [7] L. Haddad, D. Kane, D. Rajacich, S. Cameron, R. Al-Ma'aitah, A comparison of health practices of Canadian and Jordanian nursing students, *Public Health Nurs.*, **21** (2004), 85-90.
<https://doi.org/10.1111/j.1525-1446.2004.21112.x>
- [8] C.L. Rozmus, R. Evans, M. Wysochansky, D. Mixon, An analysis of health promotion and risk behaviours of freshman college students in a rural southern setting, *J. Pediatr. Nurs.*, **20** (2005), 25-33.
<https://doi.org/10.1016/j.pedn.2004.12.004>
- [9] H. Tambağ, Hatay healthy lifestyle behaviors of health school students and affecting factors, *Health Sciences Faculty Nursing Journal*, (2011), 47-58.
- [10] M. Kocaakman, G. Aksoy, H.H. Eker, Healthy lifestyle behaviors of nursing school students in Istanbul province, *S.D.U. Journal of Medical Faculty*, **17** (2010), 19-24.
- [11] M.A. Kostak, S. Kurt, N. Süt, Ö. Akarsu, G.D. Ergül, Healthy lifestyle behaviors of nursing and classroom teaching students, *TAF Prev Med Bull.*, **13** (2014), 189-196. <https://doi.org/10.5455/pmb.1-1362174271>
- [12] F. Özbaşaran, A.Ç. Çetinkaya, N. Güngör, Health behaviors of Celal Bayar University Health College students, *Ataturk University Nursing Journal*, **7** (2004), 43-55.
- [13] S. Ayaz, S. Tezcan, F. Akıncı, Health improving behaviors of nursing

- college students, *Cumhuriyet University Nursing Journal*, **9** (2005), 26-34.
- [14] N. Özyazıcıoğlu, M. Kılıç, N. Erdem, C. Yavuz, S Afacan, Determination of healthy lifestyle behaviors of nursing students, *International Journal of Human Sciences*, **8** (2011), 278-331.
- [15] F. Al-Kandari, V. Vidal, Correlation of the health-promoting lifestyle, enrollment level, and academic performance of college of nursing students in Kuwait, *Nursing and Health Sciences*, **9** (2007), 112–119.
<https://doi.org/10.1111/j.1442-2018.2007.00311.x>
- [16] N. İlhan, M. Batmaz, L. Akhan, Healthy lifestyle behaviors of university students, *Maltepe University Journal of Nursing Science and Art*, **3** (2010), 34-44.
- [17] D. Ünalın, V. Şenol, A. Öztürk, Ü. Erkorkmaz, Investigation of the relationship between healthy lifestyle behaviors and self-care power levels of students in health and social programs of vocational schools, *Inonu University Medical Faculty Magazine*, **14** (2007), 101-109.
- [18] R.L.T Lee, Y.A.J. Loke, Health-promoting behaviors and psychosocial well-being of university students in Hong Kong, *Public Health Nursing*, **22** (2005), 209-220. <https://doi.org/10.1111/j.0737-1209.2005.220304.x>
- [19] G. Can, K. Ozdilli, O. Erol, S. Unsar, Z. Tulek, S. Savaser, S. Ozcan, Z. Durna, Comparison of the health-promoting lifestyles of nursing and non-nursing students in Istanbul, Turkey, *Nursing and Health Sciences*, **10** (2008), 273-280. <https://doi.org/10.1111/j.1442-2018.2008.00405.x>
- [20] I. Hidalgo, G. Garrido, M. Hernandez, Health status and risk behaviour of adolescents in the north of Madrid, Spain, *J. Adolesc. Health.*, **27** (2000), 351-360. [https://doi.org/10.1016/s1054-139x\(00\)00100-2](https://doi.org/10.1016/s1054-139x(00)00100-2)

Table 1. Some Health Features of Students (n=1110)

Features	n	%
On Medication		
Yes	102	9.2
No	1008	90.8
Sickness Status		
Yes	182	16.4
No	928	83.6
Perspective on body		
Positive	565	50.9
Negative	143	12.9
Varied	402	36.2
Smoking		
Yes	316	28.5
No	794	71.5
Doctor Control		
In the last year	498	44.9
More than a year ago	224	20.1
Never	388	35.0
Health Perception		
Very good	279	25.1
Good	593	53.4
Moderate	201	18.2
Poor	37	3.3

Table 2. Distribution of Student Average Scores Related to the HLBS and Sub-Dimensions

HLBS and sub-dimensions	Number of items	Min- max score	Average±standard deviation(X±SD)
Self-Realizing	9	7-28	19.87±53.74
Health Responsibility	9	9-40	20.92±4.51
Nutrition	9	10-44	20.10±3.82
Exercise	8	8-32	16.74±4.47
Interpersonal Support	9	11-58	25.30±4.41
Stress Management	8	8-52	19.40±4.13
Total	52	66-190	128.63±18.41

Table 3. Comparison of HLBS scores according to gender, department and grade variables of the students (n= 1110)

HLBS and sub-groups							
	Self-Realizing	Health Responsibility	Exercise	Nutrition	Interpersonal Support	Stress Management	HLBS Total Score
	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD
Gender							
Female (n=786)	19.90±3.60	21.35±4.42	16.40±4.12	20.34±3.63	25.65±4.23	19.51±4.06	129.50±17.53
Male (n=324)	19.81±4.06	19.90±4.59	17.56±5.14	19.52±4.20	24.45±4.72	19.14±4.29	190±20.28
Statistical Analysis	t: 0.336 p: 0.737	t: 5.075 p: 0.000	t: -3.754 p: 0.000	t: 3.950 p: 0.000	t: 4.493 p: 0.000	t: 1.592 p: 0.112	t: 2.488 p: 0.013
Department							
Nutrition (n=199)	20.14±3.67	21.60±4.20	17.18±4.27	21.33±3.72	25.85±3.85	19.59±4.96	132.40±16.97
PTR (n=223)	19.76±3.90	19.64±4.67	16.22±4.59	19.21±3.63	25.15±5.11	19.55±4.33	125.90±19.05
Nursing (n=320)	19.29±3.76	20.91±4.50	16.92±4.43	19.67±3.60	24.41±4.29	19.46±3.74	126.63±18.92
Health Management (n=368)	20.31±3.60	21.35±4.45	16.65±4.52	20.35±3.99	25.87±4.23	19.15±3.82	129.98±17.94
Statistical Analysis	F: 4.856 p: 0.002	F: 9.148 p: 0.000	F: 1.843 p: 0.138	F: 13.392 p: 0.000	F: 8.944 p: 0.000	F: 1.480 p: 0.218	F: 6.055 p: 0.000
Grade							
1st Grade (n=290)	20.16±3.76	20.55±4.51	16.68±4.73	19.72±4.27	25.73±4.97	19.71±4.72	129.15±18.70
2nd Grade (n=303)	19.80±3.67	20.72±4.31	16.44±4.26	19.82±3.21	25.35±3.93	18.89±3.81	127.45±16.71
3rd Grade (n=346)	19.82±3.79	21.25±4.45	17.00±4.49	21.06±3.93	25.46±4.42	19.47±3.84	130.42±18.95
4th Grade (n=171)	19.61±3.73	21.25±4.96	16.82±4.34	19.28±3.45	24.16±4.02	19.65±4.10	126.19±19.41
Statistical Analysis	F: 1.063 p: 0.364	F: 1.636 p: 0.179	F: 0.856 p: 0.463	F: 13.634 p: 0.000	F: 4.445 p: 0.004	F: 3.021 p: 0.029	F: 2.522 p: 0.065

T: Independent t Test, F: ANOVA Test

Table 4. Comparison of student average HLBS scores according to their economic status and living place variables (n = 1110)

HLBS and sub-dimensions							
	Self-Realizing	Health Responsibility	Exercise	Nutrition	Interpersonal Support	Stress Management	HLBS Total Score
	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD	X±SD
Economical Status							
Moderate (n=683)	19.74±3.64	20.85±4.54	16.51±4.21	20.08±3.70	25.04±4.31	19.32±4.04	127.78±17.80
Good (n=376)	20.10±3.83	21.27±4.38	17.12±4.93	20.05±3.61	25.65±4.45	19.47±3.86	130.01±18.95
Very Good (n=14)	20.14±3.79	20.14±2.28	18.14±3.48	20.57±2.84	25.57±6.29	18.21±4.50	127.78±21.14
Poor (n=37)	20.02±4.44	19.78±5.50	16.45±4.35	20.89±7.21	26.37±4.84	20.70±7.08	130.50±22.46
Statistical Analysis	F: 0.800 p: 0.494	F: 2.405 p: 0.087	F: 2.149 p: 0.092	F: 0.314 p: 0.815	F: 2.436 p: 0.063	F: 1.271 p: 0.283	F: 1.334 p: 0.262
The place they live							
Living alone or with friends in a house (n=319)	20.21±3.70	21.09±4.60	17.28±4.56	20.26±4.29	25.83±4.21	19.32±4.02	130.57±18.97
Living with parents (n=204)	19.44±3.74	20.04±4.62	16.88±4.93	20.46±3.57	23.87±4.49	18.69±3.61	125.65±19.88
Living in a dormitory (n=587)	19.84±3.75	21.14±4.40	16.39±4.22	19.89±3.63	25.51±4.40	19.69±4.33	128.61±17.44
Statistical Analysis	F: 2.773 p: 0.063	F: 5.209 p: 0.006	F: 5.029 p: 0.007	F: 1.800 p: 0.166	F: 14.604 p: 0.000	F: 4.126 p: 0.016	F: 4.003 p: 0.019

F: ANOVA Test

Table 5. Assessment of HLBS Total Scores by Regression Analysis

Features	B	SD	β	T	P
Sickness Status	-6.528	1.496	-0.132	-4.364	0.000
Perspective on body	-0.250	0.795	-0.009	-0.314	0.753
Doctor Control	-3.303	0.604	-0.160	-5.470	0.000
Smoking	-3.205	1.170	-0.079	-2.738	0.006
Health Perception	6.607	0.721	-0.271	-9.159	0.000

Received: November 28, 2017; Published: January 23, 2018