

THE RELATIONSHIP BETWEEN UNIVERSITY STUDENTS' PERCEPTION OF HEALTHY LIFE AND HABITS AND OBESITY AWARENESS ⁽¹⁾

ÜNİVERSİTE ÖĞRENCİLERİNİN SAĞLIKLI YAŞAM ALGISI VE ALIŞKANLIKLARININ OBEZİTE FARKINDALIK DURUMU İLE İLİŞKİSİ

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Öz: Amaç: Öğrencilerin beslenme alışkanlığına bağlı obezite görülme sıklığının arttığı bilinmekle birlikte, inançlar, tutumlar ve algılar sağlık davranışlarını etkileyen faktörler olarak belirtilmektedir. Bu doğrultuda çalışma, üniversite öğrencilerinin sağlıklı yaşam alışkanlıkları ve algısı ve obezite farkındalık durumu ile ilişkisini belirlemek amacı ile tanımlayıcı olarak planlandı. **Yöntem:** Çalışmanın evreni, bir üniversitede öğrenim gören bireyler oluştururken, örneklemi çalışmaya katılmayı kabul eden ve araştırmacı tarafından ulaşılabilen 350 öğrenci oluşturmuştur. Çalışma öncesi etik kurul ve ilgili kurumdan izin alınmıştır. **Bulgular:** Öğrencilerin yaş ortalaması 20.79±1.96, %72.0'ı kadın, %9.4'ünün çalıştığı, %43.7'sinin Hukuk bölümünde eğitim gördüğü, eğitim süresince %36.4'ünün özel bir yurttan kaldığı belirlendi. Öğrencilerin %49.1'inin düzenli beslendiği ancak sadece %16.0'ının düzenli egzersiz yaptığı ve %12.9'unun ailesinde obez olduğu görüldü. Öğrencilerin OFÖ toplam puan ortalaması 67.34±11.06 ve SAÖ toplam puan ortalaması ise 42.63±6.85 idi. SAÖ alt puanları sağlığın önemi 7.07±2.35, kontrol merkezi 17.13±4.09, öz farkındalık 6.96±2.22 ve kesinlik 11.47±3.16 idi. OFÖ ile sağlığın önemi ($r=-.172; p=.001$) ve öz farkındalık ($r=-.203; p=.000$) arasında negatif yönde, düşük düzeyde ilişki ve anlamlı farklılık olduğu, diğer parametrelerde ise ilişki ve anlamlı farklılık olmadığı görüldü ($p>.005$). **Sonuç:** Çalışma sonucunda öğrencilerin OFÖ ve SAÖ puan ortalamalarının yüksek düzeyde olduğu belirlenmiş ve sağlık algısı ilişkisi gözlenmiştir.

Anahtar Kelimeler: Öğrenci, Sağlık Algısı, Sağlık Davranışı, Obezite Farkındalık

Abstract: Aim: Although it is known that the frequency of obesity due to eating habits of students is increasing, beliefs, attitudes and perceptions are stated as factors affecting health behaviors. In this direction, the study was planned descriptively in order to determine relationship between university students' healthy living habits and perception and obesity awareness. **Method:** The universe of study was composed of individuals who studied a university, while the sample was 350 students who agreed to participate in the study and could be reached by researcher. Permission was obtained from the ethics committee and the relevant institution before the study. **Results:** It was determined that the average age of students was 20.79 ± 1.96, 72.0% were women, 9.4% worked, 43.7% studied in Law department, 36.4% stayed in a private dormitory during the education period. It was seen that 49.1% of the students were fed regularly but only 16.0% of them exercised regularly and 12.9% of them were obese in their family. The mean score of the students' total score was 67.34 ± 11.06 and mean total score of OFÖ was 42.63 ± 6.85. The sub-scores of SAÖ were 7.07 ± 2.35, the control center was 17.13 ± 4.09, self-awareness was 6.96 ± 2.22, precision was 11.47 ± 3.16. There is a negative, low-level relationship and significant difference between the importance of healthcare and the importance of health ($r = -.172; p = .001$) and self-awareness ($r = -.203; p = .000$), the relationship and significant difference in other parameters was observed to be absent ($p>.005$). **Conclusion:** As a result of the study, it was determined that the mean scores of the students' VOC and SAI were high and the health perception relationship was observed.

Keywords: Student, Health Perception, Health Behavior, Obesity Awareness

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INTRODUCTION

Obesity is a significant public health problem affecting all systems of the body and leading to particularly cardiovascular diseases and mortality. The World Health Organization (WHO) defines obesity as “abnormal or excessive fat accumulation that presents a risk to health” (Canbay et al. 2016: 128-134; Dülger 2015: 54-60; WHO 2019: 10-12).

Although obesity is observed in every age group, it has been observed in 41% of the women and 20.5% of the men with a significant increase in 12 years in Turkey and it is stated that young population constitutes the majority of this increase. According to Diabetes, Hypertension, Obesity and Endocrine Diseases Prevalence Studies (TURDEP-1 and TURDEP-2), conducted in Turkey in the same center with the adult population with an interval of 12 years, the obesity prevalence has increased by 44% while the adult population forms the majority of this increase. It has been reported as 2/3 of the Turkish population is overweight or obese. Moreover, according to TURDEP-II data, while the obesity rate in the men aged between 20 and 24 is 7%, it is found to be 10% for the women. Similarly, the study of Dülger has found the obesity rate of university students as 5.8% in men and 4.2% in women (Dülger 2015: 54-60; Garipağaoğlu et al. 2012: 2-5; Turkey Nutrition and Health Survey-2010). Hence, it is important to raise

awareness for the young population aged between 18 and 24 for the prevention of obesity regarded as one of the significant causes of morbidity and mortality in our country as well as to protect and improve health and to prevent diseases and develop a healthy lifestyle. Fast-food becomes popular particularly for the students studying in the university away from their home and the physical activity decreases because of excessive academic workload. The sedentary life brought by the technology and unbalanced nutritional habits lead to the obesity. Balanced and adequate nutrition is very important to prevent these health problems (Turkish Public Health Institution, 2018; Mantzios and Wilson 2015:141-146); (Yılmaz, 2017: 1-2).

PURPOSE

Despite the existence of studies in the literature about the frequency of obesity and the factors affecting obesity, there are no studies directly investigating the relationship between the habits and perception of a healthy lifestyle. Hence, the aim of this study is to determine the frequency of obesity and the habits and perception of a lifestyle and to examine their effects on the awareness of obesity.

MATERIAL and METHOD

This study was designed as a descriptive and correlational in order to ascertain the healthy lifestyle habits, obesity awareness, and per-



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ception of students studying at the universities.

The universe of the study consisted of the students actively studying in different departments of the university in the 2016-2017 academic year and involved in social responsibility groups of the university. The sample size was not calculated in the study. All the social groups that agreed to participate in the study were included (n=350) in the study and the entire universe could not be reached since there are students not accepting to participate in the study and not filling in the survey completely.

Research Questions

The study has addressed the following specific research questions:

1. What is the level of university students' perception of healthy?
2. How are health habits of university student?
3. What is the level of university students' perception of healthy?obesity awareness

RESEARCH LIMITATIONS

The sample of the study was formed by the students of the selected university for the study. Hence, the results of the study cannot be generalized.

Data Collection Tools

Data were collected by applying the following forms in face-to-face interviews.

Information Form; The information form comprised of two sections. It consisted of 20 questions in total including 10 questions examining the socio-demographic characteristics of participants and 10 questions examining the healthy life habits of the participants and prepared by the researchers according to the literature (Avşar et al. 2013; Dülger 2015).

Obesity Awareness Scale (OAS); The scale developed by Allen in 2011 adapted into Turkish by Kafkas and Özen. The scale consisted of 20 items in 4 point likert type and had three sub-dimensions. The scale was developed for determining the obesity awareness, the opinions about nutrition habits and physical activity and the effects of the obesity training on the individuals. The Cronbach alpha coefficient was stated as 0.87 in the original study while the Cronbach alpha coefficient of our study was found to be 0.72 and reliable (Kafkas and Özen 2014).

Perception of Health Scale (PHS);

The scale developed by Diamond et al. in 2007 adapted into Turkish by Kadioğlu and Yıldız. The scale consisted of 15 items in total in 5 point Likert type and it had 4 sub-dimensions. The scale determined the perception of

the health of the individual and Cronbach's coefficient of the original study was found as 0.77 (Kadioğlu and Yıldız 2012). In this

study, the Cronbach coefficient was found as 0.68 (Table 1).

Table 1. Internal Reliability Coefficients (Cronbach Alfa) of the Scales

Scales	Subscales	Cronbach Alpha (α)
Obesity Awareness Scale	Awareness	0,68
	Nutrition	0.76
	Physical Activity	0.76
	Overall Score	0.72
Perception of Health Scale	Control Center	0.73
	Precision	0.77
	Importance of Health	0.80
	Self-awareness	0.78
	Overall Score	0.77

Statistical Analysis

IBM SPSS Statistics 21 software was used for the evaluation of the data. While the results obtained in the study were first evaluated using the Kolmogorov-Smirnov test for normality, the level of relationship between the dependent and independent variable in comparison of score data was expressed at a significance of $p < 0,05$ with Pearson's correlation, Mann-Whitney U test, Kruskal Wallis test in addition to descriptive statistical methods (Frequency, Percentage, Mean, Standard Deviation).

Ethical Permission

Before initiating the study, the written permis-

sion and the approval of the Ethics Committee were obtained (13.04.2017-74). The study was based on voluntariness and willingness by explaining the purpose of the study to the students forming the sample and what is expected from them. After getting the permissions of the authors of OAS and PHS, we began collecting the data between September 2017 and January 2018.

RESULTS

The mean age of the students was found to be 20.79 ± 1.96 , 72.0% ($n = 252$) of the participants were female, 42.3% ($n = 148$) were studying in the 2nd grade and 36.3% ($n = 127$) were staying in a private dormitory. When asked about the education level of the



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parents, it has been found out that 63.1% (n = 221) and 44.3 (n = 155) of the sample expressed that their parents as literate, only 9.4% (n = 33) of the participants worked after school, 61.7% (n = 216) were studying in the field of Social Science (Law, Theology, Social sciences), 17.1% (n = 60) of the participants were studying in the field of health sciences (Nursing, Midwifery) and 21.1% (n = 74) of the participants were studying in Numerical Science (Engineering, Physical Sciences).

In terms of the BMI of the students, it has been found that 12.3% (n = 43) of the participants were in the group of Slims with a value of 18.5 or lower, that 69.4% (n = 243) of the participants were in the Normal group with a value between 18.5 – 24.9, that 16.9 % (n = 59) were included in the overweight group with a value between 25-29.9 range and that

1.4% (n = 5) of the students were included in the obese group with a value of 30 and above. Regarding the smoking, 85.4% (n = 299) has declared that they do not smoke while only 16.0% (n = 56) of them are regularly exercising. Similarly 16.3% (n = 57) of them were acting in accordance with the healthy sleep pattern of 7-8 hours. It has been found out that 57.7% (n = 202) did not feel rested when they got up.

According to the departments, the total scores of OAS and PHS were found to be respectively 58.76 ± 9.24 and 50.01 ± 6.97 in the students studying in Social Science, 56.78 ± 10.43 and 51.10 ± 7.24 in Numerical Science and 59.45 ± 9.80 and 51.76 ± 7.52 in Health Science. The distribution of the overall and sub-dimensions of the scales according to the sections are presented in Table 2.

Table 2. Averages of the PHS and OAS Scores Based on the Department in Which the Students Study (N=350)

Statistics based on department of study	Groups	Scale	Min-Max	Mean± SD
		Social Sciences (n=216 %61.7)		
		OAS Awareness	13,00-57,00	25,91±5,06
		OAS Nutrition	8,00-24,00	18,20±3,13
		OAS Physical Activity	5,00-20,00	14,64±2,87
		OAS overall score	32,00-92,00	58,76±9,24
		PHS Control Center	5,00-25,00	16,87±3,86
		PHS Precision	4,00-20,00	11,38±3,02
		PHS Importance of Health	3,00-15,00	10,90±2,30
		PHS Self-awareness	4,00-15,00	10,88±2,23
		PHS overall score	29,00-70,00	50,01±6,97
	Numerical Sciences (n=74 %21.1)			
		OAS Awareness	9,00-48,00	25,17±5,98
		OAS Nutrition	6,00-24,00	17,37±3,82
		OAS Physical Activity	5,00-20,00	14,13±2,97
		OAS overall score	20,00-78,00	56,78±10,43
		PHS Control Center	8,00-44,00	17,72±4,86
		PHS Precision	4,00-20,00	11,16±3,51
		PHS Importance of Health	3,00-15,00	11,01±2,52
		PHS Self-awareness	3,00-15,00	11,20±2,34
		PHS overall score	36,00-77,00	51,10±7,24
	Health Sciences (n=60 %17.1)			
		OAS Awareness	14,00-35,00	26,08±4,71
		OAS Nutrition	6,00-24,00	18,61±3,56
		OAS Physical Activity	5,00-20,00	14,75±2,87
		OAS overall score	25,00-76,00	59,45±9,80
		PHS Control Center	7,00-25,00	17,31±3,83
		PHS Precision	5,00-20,00	12,18±3,14
		PHS Importance of Health	3,00-15,00	10,90±2,34
		PHS Self-awareness	7,00-14,00	11,36±2,02
		PHS overall score	38,00-66,00	51,76±7,52

When the relationship between health perception of the students and obesity awareness mean scores is examined, a positive and moderate significant relationship is found between the control center and physical activity ($r=-0.109$, $p=0.042$), precision and nutrition ($r=0.118$, $p=0.027$), importance of health, self-awareness and perception of health scale

overall score and nutrition ($r=0.136$, $p=0.011$; $r=0.178$, $p=0.001$; $r=0.208$, $p=0.000$), physical activity ($r=0.226$, $p=0.000$; $r=0.249$, $p=0.000$; $r=0.237$, $p=0.000$) and obesity awareness scale overall score ($r=0.171$, $p=0.001$; $r=0.198$, $p=0.000$; $r=0.176$, $p=0.001$) (Table 3).

Table 3. Relationship between Perception of Health Scale (PHS) and Obesity Awareness Scale (OAS) (N=350)

PHS		PHS Control Center		PHS Precision		PHS Importance of Health		PHS Self-awareness		PHS Overall score	
		r	p	r	p	r	p	r	p	r	p
OAS	OAS Awareness	-0.037	0.487	0.037	0.489	0.096	0.074	0.107	0.047	0.062	0.252
	OAS Nutrition	0.101	0.060	0.118	0.027	0.136	0.011	0.178	0.001	0.208	0.000
	OAS Physical Activity	0.109	0.042	0.058	0.278	0.226	0.000	0.249	0.000	0.237	0.000
	OAS overall score	0.043	0.420	0.076	0.156	0.171	0.001	0.198	0.000	0.176	0.001

r: Pearson correlation

According to the comparisons in terms of scale sub-dimensions and total scores of students based on some healthy habits of the students, it has been found out that the non-smoker individuals have a higher overall score and a higher score in nutritional sub-dimension

and there is a significant difference ($p: 0.040$; 0.027). Similarly, it has been observed that the students having regular nutritional habits achieved higher scores in nutritional sub-dimension of the obesity awareness scale and in the overall score and there is a significant difference ($p: 0.030$; 0.014) (Table 4).

Table 4. Relationship Between Healthy Living Habits of the Students and Obesity Awareness

Scale	BMI	Smoking			Physical Activity			Nutritional Habit			
		Slim	Normal	Overweight	Yes	No	Inactive	Daily Tasks	Regular exercise	Regular	Irregular
OAS	Awareness	26.18±3.76	25.63±5.47	26.11±5.01	25.86±7.74	25.77±4.65	24.57±4.92	25.81±4.66	26.21±7.39	26.10±5.01	25.48±5.38
	Test statistics		0.432*		0.340**			0.381*		0.203**	
	Nutrition	18.76±2.64	17.95±3.48	18.20±3.41	17.07±4.02	18.27±3.23	17.03±2.69	18.18±3.41	18.17±3.44	19.70±3.41	18.50±3.30
	Test statistics		0.597*		0.040**			0.149*		0.030**	
	Physical Activity	15.23±2.20	14.50±3.01	14.31±2.83	13.90±3.61	14.66±2.74	14.07±2.38	14.66±2.86	14.25±3.25	14.70±2.80	14.41±2.99
	Test statistics		0.160*		0.216**			0.694*		0.313**	
	Overall Score	60.18±6.91	58.09±10.01	58.74±9.60	56.84±12.59	58.74±9.00	55.69±8.33	58.70±9.33	58.64±11.31	59.36±9.50	57.60±9.66
	Test statistics		0.568*		0.027**			0.217*		0.014**	

*KW **MU

DISCUSSION

Health is one of the fundamental rights of every human being, and healthcare improvements are remarkable achievements discussed within the scope of individual responsibility. By acquiring knowledge, attitudes, and skills aiming the promotion of the health, healthy living habits are developed and consequently, health perception is created (Açıksöz et al. 2013: 184-185; Doğu et al. 2015: 53-55; Sheeran et al. 2017: 588-590;). Health perception refers to the inclusion of healthy behaviors in a person's life and ensures the continuity of these behaviors. In addition, health perception affects the health behavior of individuals and personal health responsibility. It is very essential to build a healthy lifestyle for individuals studying in universities since

the age of obesity decreases and obesity is a chronic disease (Çaka et al. 2017: 200-203; Avşar et al. 2013: 42-45).

In a study conducted on students studying in different departments at a public university, it has been found out that the majority of the students have a normal weight range (in terms of BMI) and only 5 out of 59 persons are obese. Our study has similar results with the studies of Avşar et al. (2013), Özdoğan et al. (2012) and Canbay et al. (2016). Contrary to our study, the study conducted by Al-Rethaiaa et al. (2010) in the Middle East indicates a high rate of obese people among young people. Although we expected to have a higher obesity prevalence since all people risk of being obese and the university students have unhealthy eating habits while staying away from their parents and living with their



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own means, the result that we obtained signified very good news.

When the scale scores of the students based on the departments were examined, it has been observed that there are similar results in OAS and PHS (Table 2). The results of our study were found to be similar compared to other relevant studies due to the age similarity of the individuals participated in the study (Tedik and Hacıoğlu 2017: 62-67; Al-Kandari et al. 2007: 115-119; Kasar and Akyol 2019: 82-86). In the study investigating the health promotion of the university students in the Health Department and other departments conducted by Zaybak and Fadiloğlu similarly indicated that the scores of the students in terms of health habits were higher in the university students studying nursing but there was no significant difference (Zaybak and Fadiloğlu 2004: 85-93).

It was found that there was a significant relationship between the sub-dimensions of OAS and PHS of the university students and the obesity awareness increased as the perception of health score increased in our study (Table 3). Due to the awareness and perception, it was possible to focus on the behavioral change (Doğu et al. 2015: 53-55). Thus, it contributes positively to the individual by granting a behavioral change in order to prevent obesity. For a permanent behavioral change, it is necessary to create awareness of

the individual by raising awareness (Mantzios and Wilson 2015:141-146; Doğu et al. 2015: 53-55). Furthermore, according to TURDEP 1 and 2 conducted in Turkey, although the prevalence of obesity is increasing every day in the world for every age group, the data of our study present us the good news. As obesity is a preventable social problem with regular exercise and nutrition and having the treatment makes it special. The results of the study were in consistency with the literature. It is known that as health perception increases, risky health behavior decrease, and there is a relation between these factors (Karabayır 2019:70-76; Glozah and Pevalin 2014: 458-460; Sheeran and et al. 2017: 588-598). Sheeran et al. highlighted that healthy behaviors were associated with attitudes, social norms, and self-efficacy in their meta-analysis collecting data from many studies, similar to the results of our study (Sheeran et al. 2016:220-230).

Smoking, regular diet, physical activity, and BMI can be commonly regarded as healthy behaviors. It has been found out that the students not smoking, exercising regularly and following a specific diet have higher obesity awareness score means and there is a significant relationship between smoking and nutritional habits (Table 4). There are similar results in the literature. Karabayır has stated in his study examining the health be-



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havior and health perception of high school students that as the perception increases, the risky behavior decreases (Karabayır 2019:70-76). On the other hand, a study conducted by Chin on 770 adolescents supports the results of our study and emphasizes the relationship between health perception and risky health behavior (Glozah and Pevalin 2014). Sheeran et al. highlighted the importance of attitude and perception in the development of healthy behavior expressed by “behavior patterns for the protection and improvement of health” and emphasized the importance of the issue as a personal responsibility (Sheeran and et al. 2017: 588-598).

CONCLUSION

It was observed that the mean scores of the students studying in social sciences, numerical sciences and health sciences department included in the study were close to each other and that there was a relationship between the total score and nutrition, physical activity sub-dimensions of the PHS scale and the healthy habits of the individual such as smoking and nutrition.

RECOMMENDATIONS

When the literature is reviewed, while there are several studies analyzing the health perceptions and health behavior levels of university students, there are not many studies related to obesity awareness. Conducting

similar studies will make a significant contribution in terms of reducing the obesity rate, particularly in the young population. It is believed that the results of the study allow us to evaluate the current situation and to identify the requirements.

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