

AN INVESTIGATION OF HEALTHY LIFE STYLE BEHAVIORS OF
TURKISH WRESTLING FEDERATION COACHES ¹TÜRKİYE GÜREŞ FEDERASYONU'NDAKİ ANTRENÖRLERİN
SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ İNCELENMESİ

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Öz: Bu çalışmanın amacı; Türkiye Güreş Federasyonunda görev yapan antrenörlerin sağlıklı yaşam biçimi davranışlarının incelenmesidir. Araştırmanın evrenini Türkiye Güreş Federasyonunda görev yapan antrenörler oluştururken; örneklemini Nisan 2015 yılında Elazığ ve Sivas ilinde yapılan Yıldızlar Türkiye şampiyonası (Serbest-Grekoromen)'nda görevli olan toplamda 100 Erkek Antrenör oluşturmuştur. Araştırmada, Sağlıklı Yaşam Biçimi Davranışlarının incelenmesine yönelik "Sağlıklı Yaşam Biçimi Davranışları Ölçeği II" kullanılmıştır. Araştırmada elde edilmiş olan veriler SPSS 17 paket programı ile analizleri yapılmıştır. Farklılıkları belirlemek için One Way Anova ve Independent t testi yapılmıştır. Araştırmada yer alan antrenörlerin SYBD ölçeği genel ortalaması 142.36±16.0 puan (min:98, max:169) olarak tespit edilmiştir. Sağlık durumunun iyileştirilmesine katkı sağlayan davranışlar içerisinde en yüksek puan ortalamaları sırasıyla manevi gelişim, kişilerarası iletişim, , en düşük ortalama ise sağlık sorumluluğu, stres yönetimi ve destek, egzersiz ve beslenme alışkanlığına aittir. Sigara kullanmayanların sigara kullananlara göre, düzenli spor yapanların spor yapmayanlara göre ortalamalarının daha yüksek olduğu tespit edilmiş olup istatistiksel olarak anlamlı bir sonuç görülmüştür. Yaş, kademe, görev süresi, bakımından SYBD'da istatistiksel olarak anlamlı bir farklılık bulunmadığı tespit edilirken; bunun yanında, düzenli olarak spor yapanların spor yapmayanlara göre beslenme düzeylerinin yüksek olduğu tespit edilmiştir. Sonuç olarak; Güreş Federasyonunda görev yapan antrenörlerin SYBD orta seviyede olduğu görülmüştür. SYBD'nin kavranması ve günlük hayatta uygulanabilmesi için konu ile ilgili düzenlenecek sempozyumlar ve eğitim seminerlerinin antrenörlere faydalı olacağı söylenebilir.

Anahtar Kelimeler: Sağlıklı Yaşam Biçimi, Güreş, Antrenör

Abstract: The purpose of this study is to investigate the healthy life style behaviors of coaches who working in Turkey Wrestling Federation. While the population of the research was Turkey Wrestling Federation Coaches and the samples of research created from 100 male coaches who participated in Turkey Championship Stars Categories in 2015 April. In this study "Healthy Lifestyle Behaviors Scale II (HLBS)" was used. The obtained data from the survey results were analyzed with SPSS 17 software package. One Way Anova and Independent Samples t tests were used to analyze the data to determine the differences between the groups. The coaches Healthy Lifestyle Behaviors Scale score means are determined as: 142.36±16.0 points. To contribute behaviors for development of health the highest mean scores, self-actualization, health responsibility, which found support in stress management and interpersonal dimension respectively, and the lowest average exercise and eating habits. As a result, there was a significant relationship between healthy life style behaviors and smoking, age, occupation time. Coaches who are nonsmokers have higher interpersonal communication, health responsibility and spiritual development than smokers. Old coaches give more importance to physical activities. Coaches who do regular exercise have higher healthy life style behaviors than don't exercise. Consequently: It can be said that; Symposiums and educational seminars that made could be beneficial for their Healthy Lifestyle Behaviors and their application in daily life.

Key Words: Healthy Lifestyle, Wrestling, Coach

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INTRODUCTION

Healthy life style is defined as to control all attitudes affecting individual's health and to choose appropriate behaviors for their health condition in order to organize their daily activities. Behaviors which improve the health condition include behaviors that increase the level of well-being and promote self-improvement. Healthy lifestyle behaviors include enough and regular exercise, proper nutrition, non-smoking, health responsibility, stress management and hygienic measures (Esin, 1998 87-95).

In 1974, the World Health Organization defined health as "not just lack of illness or disability but state of complete physical, mental, social well-being". Today the point of view of health; centered care approach that emphasizes the importance of protecting the health of the individual, the family and the community and ensures, sustains its continuity. This approach based on that to ensure the person maintains well-being, acquires behaviors that will ensure and maintain continuity, and ensures that he or she makes the right decisions about his or her health (Tashiro, 2002: 59-70).

The conditions of life in the age that we are living in create inactive individuals. According to the World Health Organization (WHO) 2002 report, a less active life leads 1.9 million people to losing their lives per year world-

wide. In a large part of society, physical activity is perceived as synonymous with "sports". However, physical activity is defined as the result of energy expenditure in daily life by using muscles and joints and activities that cause an increase in heart and respiratory rate and result in fatigue at different rates. In this direction, exercise together with sports activities, games and various activities performed during the day are accepted as physical activities. There are 4 main areas where people can be physically active during the day. These are the working environment, transportation (walking, cycling, etc.), home work, leisure time activities (sports and recreational activities). (Akyol et al, 2008: 7, Ozer and Baltaci 2008: 14-23).

In the Ottawa Charter for Health Promotion, published after the International Health Promotion Conference (1986), held in Ottawa, Canada on November 17-21, 1986, it is determined by supporting the first objective health of the improvement of health situation, political, economic, social, attitudes and biological factors to be beneficial to the health status of individuals. Another goal is to remove the existing health condition differentiations and provide similar opportunities and resources for people. Another goal of Ottawa Charter is to bring state governments, health and other socio-economic sectors, non-governmental organizations and media to a common point



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for bring health to better condition (Bahar, 2006: 1131-1186).

A person who makes healthy lifestyle behaviors an indispensable part of his or her life can maintain a healthy condition and can bring it to a good level. For this reason, improving and sustaining healthy lifestyle behaviors is the basis of being healthy and protecting from diseases. At the same time, this situation emphasizes the importance of activities to improve lifestyles, which are the most important factor in the prevention of diseases and improvement of health status (Zaybak and Fadiloglu, 2004: 77-95). It is known that; HLBS total scores and subscale scores of students who do regular exercise have higher score means than other students who do not do regular exercise (Vural and Bakir, 2015: 41).

Healthy life style is defined as to control all attitudes affecting individual's health and to choose appropriate behaviors for their health condition in order to organize their daily activities. Behaviors that improve the health condition include behaviors that increase

the level of well-being and promote self-improvement. Healthy lifestyle behaviors include enough and regular exercise, proper nutrition, non-smoking, health responsibility, stress management and hygienic measures (Walker et al., 1987: 76-81; Bahar et al., 2008: 1-12).

METHOD

Population of the study is Coaches working in the Turkey Wrestling Federation and the sample is 100 male coaches in the Stars Turkey Championship (Fr-Gr) held in Elazig and Sivas provinces in April 2015. In statistical analysis (SPSS 17.0) program was used. For binary group Independent t-test and for multiple group One way anova test were used.

“Healthy Life Style Behaviors Scale II” with six subscales (health responsibility, physical activity, nutrition, spiritual development, interpersonal relations and stress management) which is developed by Walker et al. (1987: 76-81) and customized to Turkish by Bahar et al. (2008: 1-12), was used in the study.



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FINDINGS

Table 1. Demographic Variables of Coaches

VARIABLES	N	%
AGE	20-24	3,0
	25-29	18,0
	30-34	23,0
	35-39	22,0
	40-44	14,0
	45-49	10,0
	50-54	6,0
	55-59	2,0
	60 +	2,0
	TOTAL	100
SENIORITY	1.STAGE	11,0
	2. STAGE	47,0
	3. STAGE	34,0
	5. STAGE	8,0
	TOTAL	100
PERIOD OF OFFICE	0-4 years	23,0
	5-9 years	40,0
	10-14 years	14,0
	15-19 years	12,0
	20-24 years	6,0
	25-29 years	1,0
	30-34 years	1,0
	35 +	3,0
TOTAL	100	100,0
SMOKING	YES	36,0
	NO	64,0
	TOTAL	100
HOW OFTEN DO YOU EXERCISE	NEVER	3,0
	RARELY	33,0
	REGULARLY	64,0
	TOTAL	100



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As is seen in the Table 1 according to coaches' age variable %3,0 is 20-24 years, %18,0 is 25-29 years, %23,0 is 30-34 years, 22,0% is 35-39 years, %14,0 is 40-44 years, %10,0 is 45-49 years, %6,0 is 50-54 years , %2.0 is 55-59 years, and %2,0 of the sample is 60 + years. According to seniority variable it is seen relatively;11.0% in the first stage, 47.0% in the second stage, 34.0% in the third stage and 8.0% in the fifth stage. According period of office variable it is seen relatively;

%23,0 is 0-4 years, %40,0 is 5-9 years, %14,0 is 10-14 years, %12,0 is 15-19 years, %6,0 is 20-24 years, %1.0 is 25-29 years %1.0 is 30-34 years, and %3,0 of the sample has 35+ years of period of office scores. According to smoking variable; 36,0% were smoking and 64,0% were not smoking and according to the frequency of exercise; %3,0 is never, %33,0 is rarely,64,0% seems to regularly do exercise.

Table 2. Healthy Lifestyle Behaviors Independent Samples t and ANOVA Test Values of Coaches

HEALTHY LIFESTYLE BEHAVIORS		N	HealthyLifestyle (Mean±Sd)		p
SMOKING	YES	36	136,4	15,4	0,00
	NO	64	145,6	15,5	
AGE	20-24	3	135	14,1	0,07
	25-29	18	145,6	19	
	30-34	23	145,4	14,3	
	35-39	22	138,7	15,3	
	40-44	14	134,6	8,76	
	45-49	10	144,7	18,3	
	50-54	6	144,6	16,6	
	55-59	2	134,5	17,6	
	60 +	2	172	11,3	
Total	100	142,3	16		



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SENIORITY	1.STAGE	11	146,6	15,5	0,34
	2.STAGE	47	142,6	16	
	3.STAGE	34	142,7	16,7	
	5.STAGE	8	133,2	13,2	
	Total	100	142,3	16	
PERIOD OF OFFICE	0-4	23	145,9	14,4	0,22
	5-9	40	138,4	15,8	
	10-14	14	147,4	17,6	
	15-19	12	140,4	14	
	20-24	6	142,5	18,7	
	25-30	1	149	0	
	30-34	1	120	0	
	35 +	3	156,3	20,6	
Total	100	142,3	16		
HOW OFTEN DO YOU EXERCISE	NEVER	3	130,6	13	0,01
	RARELY	33	137	13,3	
	REGULARLY	64	145,6	16,6	
	Total	100	142,3	16	

In Table 2, the average of the non-smokers ($145,6 \pm 15,5$) was higher than the smokers ($136,4 \pm 15,4$) in the coaches, and a statistically significant difference was found ($p < 0,05$). According to age and When the coaches fre-

quency of exercise variables were examined it was seen that; Never is $130,6 \pm 13$, Sometimes is $137 \pm 13,3$ and Regularly is $145,6 \pm 16,6$ and there was a significant differences ($p < 0,05$).



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Table 3. Healthy Lifestyle Behaviors According to Age Groups ANOVA Test Values of Coaches

	AGE	N	Healthy Lifestyle		p
			Behaviors (Mean±Sd)		
HEALTH RESPONSIBILITY	20-24	3	20,33	4,72	0,57
	25-29	18	22,16	4,14	
	30-34	23	22,21	2,67	
	35-39	22	20,81	3,14	
	40-44	14	19,85	3,39	
	45-49	10	21,8	4,82	
	50-54	6	20,66	5,95	
	55-59	2	21	2,82	
	60 +	2	24,5	6,36	
PHYSICAL ACTIVITY	20-24	3	19,66	1,15	0,01
	25-29	18	21,16	3,34	
	30-34	23	20,78	2,81	
	35-39	22	19,54	4,09	
	40-44	14	18,28	1,43	
	45-49	10	23,3	4	
	50-54	6	20,5	4,03	
	55-59	2	20	0,00	
	60 +	2	24,5	0,7	
NUTRITION	20-24	3	22,33	0,57	0,68
	25-29	18	21,88	3	
	30-34	23	22,52	3,08	
	35-39	22	22,22	2,95	
	40-44	14	21,57	2,34	
	45-49	10	22,3	2,83	
	50-54	6	22,66	3,77	
	55-59	2	21,5	2,12	
	60 +	2	26,5	3,53	



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SPIRITUAL DEVELOPMENT	20-24	3	27,33	3,05	0,47
	25-29	18	28,88	5,25	
	30-34	23	30	3,68	
	35-39	22	28,81	3,81	
	40-44	14	28,35	3,02	
	45-49	10	28,5	5,42	
	50-54	6	30	4,09	
	55-59	2	26	7,07	
	60 +	2	35	1,41	
INTERPERSONAL SUPPORT	20-24	3	25,66	3,51	0,24
	25-29	18	28,66	4,75	
	30-34	23	27,52	4,48	
	35-39	22	26,77	4,27	
	40-44	14	26,21	3,49	
	45-49	10	26	5,27	
	50-54	6	27,83	3,76	
	55-59	2	23,5	12	
	60 +	2	34,5	0,7	
STRESS MANAGEMENT	20-24	3	19,66	2,3	0,23
	25-29	18	22,83	4,28	
	30-34	23	22,39	4,55	
	35-39	22	20,54	4,63	
	40-44	14	20,35	2,06	
	45-49	10	22,8	3,82	
	50-54	6	23	4,47	
	55-59	2	22,5	0,7	
	60 +	2	27	1,41	

Table 3 gives a comparison of the scores obtained by the participant coaches from the subscales of healthy lifestyle behaviors ac-

cording to age status. In table 3, there is a significant difference in physical activity subscale scores ($p < 0,05$).



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Table 4. Healthy Lifestyle Behaviors According to Seniority ANOVA Test Values of Coaches

SENIORITY	N	Healthy Lifestyle Behaviors (Mean±Sd)		p	
HEALTH RESPONSIBILITY	1.Stage	11	23,45	2,97	0,13
	2.Stage	47	21,38	3,6	
	3.Stage	34	21,2	3,92	
	5.Stage	8	19,5	4	
	Total	100	21,4	3,73	
PHYSICAL ACTIVITY	1.Stage	11	20,81	2,22	0,71
	2.Stage	47	20,06	3,4	
	3.Stage	34	20,82	3,82	
	5.Stage	8	21,12	3,79	
	Total	100	20,49	3,45	
NUTRITION	1.Stage	11	22,27	1,95	0,78
	2.Stage	47	22,27	3,16	
	3.Stage	34	22,44	2,92	
	5.Stage	8	21,25	2,37	
	Total	100	22,25	2,89	
SPIRITUAL DEVELOPMENT	1.Stage	11	29,27	4,22	0,20
	2.Stage	47	29,19	4,03	
	3.Stage	34	29,61	4,24	
	5.Stage	8	26,12	4,58	
	Total	100	29,1	4,2	
INTERPERSONAL SUPPORT	1.Stage	11	27,45	5,95	0,04
	2.Stage	47	28,08	3,75	
	3.Stage	34	27	4,2	
	5.Stage	8	23,12	6,7	
	Total	100	27,25	4,57	



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STRESS MANAGEMENT	1.Stage	11	23,36	3,35	0,64
	2.Stage	47	21,65	4,67	
	3.Stage	34	21,61	3,68	
	5.Stage	8	22,12	3,79	
	Total	100	21,87	4,14	

Table 4 compares the scores obtained from subscales of healthy lifestyle behaviors in terms of coaching level variables. According to this, a significant difference was found in

favor of those who have 2nd stage coaching certificate in interpersonal support subscale scores ($p < 0,05$).

Table 5. Healthy Lifestyle Behaviors According to Period of Office ANOVA Test Values of Coaches

	PERIOD OF OFFICE	N	Healthy Lifestyle Behaviors (Mean±Sd)		P
HEALTH RESPONSIBILTY	0-4	23	22,60	3,46	0,31
	5-9	40	21,11	3,14	
	10-14	14	22,07	4,51	
	15-19	12	20,00	4,19	
	20-24	6	20,83	2,40	
	25-30	1	16,00	0	
	30-34	1	25,00	0	
	60 +	3	20,33	8,08	
Total	100	21,40	3,73		



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PHYSICAL ACTIVITY	0-4	23	21,30	2,75	0,09
	5-9	40	19,55	3,30	
	10-14	14	20,42	3,50	
	15-19	12	20,83	4,66	
	20-24	6	20,83	2,04	
	25-30	1	27,00	0	
	30-34	1	17,00	0	
	60 +	3	24,00	3,60	
	Total	100	20,49	3,45	
NUTRITION	0-4	23	22,04	2,24	0,44
	5-9	40	22,05	3,02	
	10-14	14	22,64	3,34	
	15-19	12	22,41	2,87	
	20-24	6	22,16	3,06	
	25-30	1	22,00	0	
	30-34	1	18,00	0	
	60 +	3	25,66	3,05	
	Total	100	22,25	2,89	
SPIRITUAL DEVELOPMENT	0-4	23	29,13	4,40	0,34
	5-9	40	28,37	4,02	
	10-14	14	31,07	4,04	
	15-19	12	29,25	3,44	
	20-24	6	28,33	5,88	
	25-30	1	31,00	0	
	30-34	1	23,00	0	
	60 +	3	31,66	4,04	
	Total	100	29,10	4,20	



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INTERPERSONAL SUPPORT	0-4	23	27,86	4,58	0,45
	5-9	40	26,70	4,38	
	10-14	14	28,14	3,61	
	15-19	12	26,66	3,17	
	20-24	6	26,16	9,10	
	25-30	1	29,00	0	
	30-34	1	21,00	0	
	60 +	3	31,66	3,51	
	Total	100	27,25	4,57	
STRESS MANAGEMENT	0-4	23	22,95	3,39	0,14
	5-9	40	20,67	4,95	
	10-14	14	23,07	3,36	
	15-19	12	21,25	3,04	
	20-24	6	24,16	2,78	
	25-30	1	24,00	0	
	30-34	1	16,00	0	
	60 +	3	23,00	2,64	
	Total	100	21,87	4,14	

Table 5 gives the comparison of the scores obtained by the coaches participating in the study from the subscales of healthy lifestyle

behaviors according to their period of office. According to this, no significant difference was found in any subscale scores ($p>0.05$).



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Table 6. Healthy Lifestyle Behaviors According to Smoking Independent Sample t Test Values of Coaches

SMOKING STATUS	N	Healthy Lifestyle		p	
		Behaviors (Mean±Sd)			
HEALTH RESPONSIBILITY	YES	36	20,41	3,43	0,04
	NO	64	21,95	3,81	
PHYSICAL ACTIVITY	YES	36	20,05	3,13	0,34
	NO	64	20,73	3,62	
NUTRITION	YES	36	21,86	3,21	0,31
	NO	64	22,46	2,69	
SPIRITUAL DEVELOPMENT	YES	36	27,69	4,40	0,01
	NO	64	29,89	3,89	
INTERPERSONAL SUPPORT	YES	36	25,44	4,81	0,01
	NO	64	28,26	4,14	
STRESS MANAGEMENT	YES	36	20,97	3,59	0,10
	NO	64	22,37	4,36	

Table 6 compares the scores obtained by the research group from the subscales of the scale of healthy lifestyle behaviors in terms of smoking variables. Accordingly, a significant difference was found in the subscale scores

of health responsibility in favor of the non-smokers ($p < 0.05$). Significant differences were found in favor of non-smokers' spiritual development and interpersonal support subscale scores ($p < 0.05$).



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Table 7. Healthy Lifestyle Behaviors According To Frequency of Exercise ANOVA Test Values of Coaches

HOW OFTEN DO YOU EXERCISE		N	Healthy Lifestyle		p
			Behaviors (Mean±Sd)		
HEALTH RESPONSIBILITY	NEVER	3	20,00	1,73	0,08
	RARLEY	33	20,33	4,03	
	REGULARLY	64	22,01	3,53	
	Total	100	21,40	3,73	
PHYSICAL ACTIVITY	NEVER	3	19,66	0,57	0,12
	RARLEY	33	19,54	4,09	
	REGULARLY	64	21,01	3,07	
	Total	100	20,49	3,45	
NUTRITION	NEVER	3	17,66	1,15	0,00
	RARLEY	33	21,87	2,57	
	REGULARLY	64	22,65	2,91	
	Total	100	22,25	2,89	
SPIRITUAL DEVELOPMENT	NEVER	3	26,33	5,03	0,36
	RARLEY	33	28,69	3,09	
	REGULARLY	64	29,43	4,63	
	Total	100	29,10	4,20	
INTERPERSONAL SUPPORT	NEVER	3	24,66	2,08	0,04
	RARLEY	33	25,84	3,28	
	REGULARLY	64	28,09	5,02	
	Total	100	27,25	4,57	
STRESS MANAGEMENT	NEVER	3	22,33	6,11	0,13
	RARLEY	33	20,69	3,81	
	REGULARLY	64	22,45	4,15	
	Total	100	21,87	4,14	

Table 7 gives a comparison of the scores that the research group obtained from the sub-scales of the scale of healthy lifestyle behaviors in terms of how often they do sports.



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According to this, there is a significant difference in the level of interpersonal support subscale scores for those who regularly do sports. This differentiation is in favor of who do regularly exercise ($p < 0.05$). There is a significant difference in nutrition subscale score means. This differentiation is in favor of who do regularly exercise ($p < 0.05$).

DISCUSSION

In terms of the findings, the mean Score of Healthy Lifestyle Behaviors (HLBS) of the coaches that constituting the research group was determined as 142.36 ± 16.0 points. It can be said that the HLBS scores of the coaches are in the middle level when it is thought that maximum 192 points can be taken from the scale (Karadeniz et al., 2008: 497-502). Zaybak and Fadiloglu (2004: 77-95) point out that the scores determined in the studies conducted with HLBS in our country have changed between 122.5 and 104.6 on average. The same researcher conducted a survey on university students and found that the students had a HLBS score of 121.2139. (Zaybak and Fadiloglu, 2004: 77-95). In studies designed in the same direction; Karadeniz et al. (2008) HLBS score was $125,9 \pm 17,4$, Cihangiroglu and Deveci (2011), $121,75 \pm 18,86$ in Health College students, Ayaz et al. (2005) was $122.0 \pm 17,2$ and Ilhan et al. (2010) were $126,44 \pm 18,49$ and Pasinlioglu and Gozum (1998) were $117,5 \pm 17,1$ respec-

tively determined the scores as shown (Ayaz et al., 2005: 26-34; Karadeniz et al., 2008: 497-502; Cihangiroglu and Deveci, 2011: 77-83: 35-43; Ilhan, 2010: 35-43; Pasinlioglu and Gozum, 1998: 60-68). Ozkan and Yilmaz (2008) (8.18 ± 2.77), Cihangiroglu and Deveci (2011) (8.89 ± 3.33) found the lowest subscale score as exercise in the study with nurses.

The highest score means obtained from the attitudes that contribute to the improvement of the health status are, respectively, the dimensions of self-fulfillment, health responsibility, stress management and interpersonal support, while the lowest mean is in exercise and nutrition habits. When studies related to the topic in the literature are examined, it appears that they are supportive to our study (Walker et al., 1987: 76-81; Nesime et al., 2012: 3-4; Pasinlioglu and Gozum, 1998: 60-68; Kefeli, 2010: 58-59; Akgul, 2008: 59.). It can be said that in accordance with the results of our study and the similar studies in the literature, the education in the field of health affects the display of healthy lifestyle behaviors in the expected direction.

In our study it is found that smokers had lower total HLBS scores and nutritional habit scores than non-smokers ($p < 0.05$). Ozkan and Yilmaz (2008: 90-105) reported that the average nutrition scores of smokers were lower in their study about healthy lifestyle behaviors of nurses working at the hospital. Ayaz



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et al. stated that the nutrition subscale scores of students who never smoked or gave up, were higher than smokers (Ayaz et al., 2005: 26-34). In the study conducted by Karadeniz et al. (2008: 497-502) to university students, there was no statistical difference between the students' HLBS and smoking habit score means.

It was determined that the HLBS score means of coaches who do exercise regularly were higher than those who did not exercise regularly ($p < 0.05$). Cihangiroglu and Deveci (2011: 78-83) found that, nurses who regularly exercise were found to have a higher total score of HLBS than those who did not exercise regularly. In the study of Ozkan and Yilmaz (2008: 90-105), nurses who stated that they regularly exercise, were found to have a higher total score of HLBS than those who did not exercise regularly. It is known that regular exercise have a positive effect on health. Similar study results which are related to the topic also support this effect.

CONCLUSION

As a result; it is seen that the coaches who work in the Turkish Wrestling Federation have the HLBS general scores at the middle level. According to the study results; the coaches were given the highest scores from self-realization, health responsibility, stress management and interpersonal support sub-

scale, the lowest scores were taken from total HLBS scores of exercise and nutrition habits. A statistically relationship seen with HLBS total score, smoking and frequency of exercise, but there were no statistically significant relationship between age, seniority and period of office variables.

In this direction it is suggested that; The Wrestling Federation could include seminars on improving health behavior, to determine by scientific researches whether the given seminars have been transformed into correct health attitudes, and to make the necessary improvements, by paying attention to the points they have low scored (training, nutrition) giving education with this direction and work to support the health status of the workplace (reproduction of sports activity fields, exercise programs, keeping healthy food options in cafeterias and canteens, etc.) in which coaches work.

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