Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI: 10.47750/jptcp.2023.30.11.034

Determination of University Students' Healthy Living Skills and Exercise Habits

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Submitted: 08 March 2023; Accepted: 16 April 2023; Published: 03 May 2023

ABSTRACT

This research was conducted to determine the healthy living skills and exercise habits of university students. The research group consisted of 206 (122 male, 84 female) volunteer students studying at the university and continuing actively in a sports branch. In the research, "Personal Information Form" was used as data collection tool, and "Healthy Living Skills Scale" was used to determine the healthy life levels of students. The data were analyzed using the SPSS statistical package program. Significance level was accepted as $p<0.05$. In line with the findings obtained from the research; it was seen that there was no statistically significant difference between the gender, height and body weight variables of the students and healthy living skills ($p>0.05$). It was observed that the students with good perceived income in the research group had higher mean scores on the healthy living skills scale than the students in the other groups. It has been determined that the students who exercise three days a week in the research group have a higher healthy life skills average score than the students in the other groups, and the students who do individual sports are higher than the students who do team sports. As a result, students; it was determined that healthy life skills were at a moderate level, and there was a low negative correlation with healthy living skills. It was determined that male students in the research group had higher healthy living skills average scores than female students.

Keywords: *Healthy life, Exercise, Student*

INTRODUCTION

Healthy life is one of the basic concepts of human rights that has been researched for centuries and is still up-to-date. One of the basic responsibilities of societies and individuals is to be protected against diseases by developing healthy lifestyle behaviors by gaining healthy behaviors. Healthy lifestyles are to choose behaviors and activities to protect the health of individuals within their living conditions and to increase their healthy living standards (Karaca and Aslan, 2019). In this context, it is extremely important for people to acquire healthy life skills in order to continue their lives.

Healthy lifestyle behaviors are expressed as being effective in living a healthy life, taking all behaviors under control in order to protect against diseases, as well as being able to do daily work in existing health conditions. These behaviors are; Although there are behaviors that increase the health level of the person and have a positive effect on his development, regular exercises, adequate and balanced nutrition, avoiding bad habits, psychological stress, etc. Coping with problems in situations is expressed as behaviors that will play a role in improving health (Özsoy & Şentürk, 2021).

Regular physical activity and exercise, which are among the health promoting behaviors, are extremely important for the continuation of a healthy life (Yüce et al., 2020).

Physical activity and exercise concepts; Today, as a result of sedentary life, it has begun to take its place as concepts whose importance is increasing. The concepts of physical activity and exercise are intertwined but different from each other. While physical activity is all bodily movements that require energy expenditure of the organism, exercise is planned, programmed bodily movements that aim to develop physical fitness elements of the individual at the same time (Yaman and Sarı, 2019). In this context, university years are seen as a critical period for the health of individuals.

University period is one of the periods in which people experience changes in health, social and environmental aspects, and it is seen as a period during which individuals experience physical inactivity, psychological stress and problems, inadequate and unbalanced nutrition and unhealthy living habits are likely to be acquired (Almutairi et al. , 2018).

In general, although it is known how important a healthy lifestyle is for maintaining life in terms of health, it is known that students are not physically active enough (Demirel Bozkurt and Yağız Altıntaş, 2021). It is seen that the students who are especially involved in sports activities, know the negative effects of an unhealthy and sedentary life on the lives of individuals in the following years, but in general, the students adopt an unhealthy lifestyle. In line with this information, university years are extremely important for individuals to gain healthy lifestyles and regular exercise habits. This study was conducted to determine the healthy living skills and exercise habits of university students.

METHOD

The research group consisted of 206 (122 male, 84 female) volunteer students studying at the university and continuing actively in a sports branch. While the scale was preferred in data collection, descriptive survey model was used to determine "Healthy Living Skills". The scale used in the research consists of two parts. In the first part, the "Personal Information Form" was used to determine the demographic information of the students, and in the second part, the "Healthy Life Skills Scale" developed by Genç and Karaman (2019) was used to determine the healthy life levels of the students.

"Healthy Living Skills Scale"

It is a four-point Likert type scale with "Strongly Agree: 4; I strongly disagree: 1" statements, and the highest score that can be obtained from the scale is calculated as 84 and the lowest score is 21.

The validity and reliability study of the Healthy Living Skills Scale was carried out by the researchers, and the KMO (Kaiser-Meyer-Olkin Measure of Sampling Adequacy) value was 0.91, the Bartlett Test 4011.35 and (Cronbach Alpha) $\alpha = 0.90$.

Sub-Dimension Point limits

Emphasis on Health: lowest score: 8 highest score: 32

Healthy Eating: lowest score: 5 highest score: 20

Access to Health-Related Resources: lowest score: 5 highest score: 20

Health Priority: lowest score: 3 highest score: 12 calculated as

Analysis of Data

SPSS statistical program was used in the analysis of the data. Demographic information and healthy living skills levels of the research group were summarized by using percentage, frequency, arithmetic mean and standard deviation techniques as descriptive statistics. After it was determined that the data showed normal distribution, Independent Samples t and One-Way ANOVA tests were applied for in-group comparisons. Significance $p< 0.05$ was accepted.

FINDINGS

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TABLE 1: Demographic Information of the Research Group

		Frequency	Percent (%)
Gender	Erkek	122	59,2
	Kadın	84	40,8
Height	150-160 cm	20	9,7
	161-170 cm	118	57,3
	171-180 cm	40	19,4
	181 cm and above	28	13,6
Body Weight	61-70 kg	45	21,8
	71-80 kg	133	64,6
	81 kg and above	28	13,6
Perceived income status	Low	56	27,2
	Middle	127	61,7
	Good	23	11,2
Your Type of Sport	Individual sports	100	48,5
	Team sports	106	51,5
Weekly Exercise Status	1 day	28	13,6
	2 days	39	18,9
	3 days	66	32,0
	4 days	73	35,4

When Table 1 is examined, it is seen that 59.2% of the research group is male, 40.8% is female, 57.3% is 161-170 cm, 19.4% is 171-180 cm, 13.6% 181 cm and above, 9.7% of them have 150-160 cm lengths, 64.6% of them are 71-80 kg, 21.8% of them are 61.70 kg and 13.6% of them are 81. kg or more in body weight. It was determined that 61.7% of the participants were in the middle income level, 27.2% in the low income level and 11.2% in the high income level. It was determined that 51.5% of the students did team sports and 48.5% did individual sports. It was observed that 35.4% of the research group exercised for 4 days or more, 32% exercised 3 days, 18.9% exercised 2 days and 13.6% exercised 1 day.

TABLE 2: Attitude Scale Towards Healthy Eating Item Averages of the Research Group

	X	sd
Being healthy is one of my priorities.	3,85	,50
I prefer materials (food, clothing, toys, etc.) that I know to be healthy, even if they are expensive.	2,89	1,06
My biggest wish in this life is to be healthy, health is the first thing.	3,75	,66
The greatest gift God has given me is to be healthy.	3,81	,54
I take care of my health.	3,59	,70
I choose the foods I eat to take care of my health.	3,01	,83
I eat a balanced diet for my health.	2,99	,96
I buy organic nutrients because they are more expensive, but because they are healthy.	2,77	1,03
I watch TV programs about healthy eating.	2,23	1,14
I read resources about healthy eating.	2,39	1,14
As long as I take care of my health, my life will be of better quality.	3,66	,62
I stay away from negative behaviors that put my health at risk.	3,35	,81

I try to acquire behaviors that will positively affect my health.	3,40	,80
I care about my mental health as much as my physical health.	3,44	,79
If I don't take care of my health, I get sick more easily.	3,49	,88
If I exercise regularly, I will be healthy.	3,59	,72
I avoid negative behaviors that threaten my health.	3,32	,99
I try to reach resources about what I need to do for my health.	2,90	1,05
I would like to know what I should do to improve my health.	3,19	,95
I follow health programs.	2,33	1,10
For my health, I avoid bad choices that will ruin my health.	3,26	,95
Importance of health sub-dimension mean score	27,53	4,57
Healthy eating sub-dimension mean score	15,27	3,00
Access to health-related resources sub-dimension mean score	13,07	3,95
Health priority sub-dimension mean score	11,42	1,27
Healthy living skills scale total score average	67,31	10,25

When Table 2 is evaluated, the research group; The statement “Being healthy is among my priorities” has an average of 3.85±.50 items, the statement “The greatest gift God has given me is being healthy” has an average of 3.81±.54 items, my wish is to be healthy, health comes first”. The research group's statement "I watch TV programs about healthy eating" has an average of 2.23±1.14 items, the statement "I read the sources about healthy nutrition" has an average of 2.39±1.14 items, Although it is expensive, I buy it because it is healthy.” It was seen that the expression had a mean of 2.77±1.03 items and generally agreed at a low level. The healthy living skills scale mean score of the research group was moderate with 67.31±9.83, the mean score of the importance given to health sub-dimension was 27.53±4.57, and the mean score of the healthy nutrition sub-dimension was 15.27±3.00. It was determined that the sub-dimension score average of accessing health-related resources was 13.07±3.95, and the mean score of health priority sub-dimension was 11.42±1.27.

TABLE 3: T-Test Analysis of the Research Group by Gender Variable

		Gender		t	p
		$\overline{X}$	sd		
The importance given to health	Male	27,90	3,94	1,375	0,17
	Female	27,01	5,34		
Healthy eating	Male	15,50	3,10	1,364	0,16
	Female	14,92	2,83		
Access to health-related resources	Male	13,22	4,12	,684	0,49
	Female	12,84	3,70		
Health priority	Male	11,43	1,27	,098	0,92
	Female	11,41	1,29		
Healthy living skills scale total	Male	68,07	9,79	1,289	0,19
	Female	66,20	10,84		

*p<0,05

According to Table 3, there was no statistically significant difference between the gender variable of the research group and the total healthy living skills scale and the mean scores of all sub-dimensions of the scale (p>0.05).

TABLE 4: T-Test Analysis of the Research Group by Sport Type Variable

		Sport Type		t	p
		$\overline{X}$	sd		
Importance of health	Individual sports	28,11	3,61	1,749	0,08
	Team Sports	27,00	5,28		
Healthy eating	Individual sports	15,82	2,49	2,579	0,01*
	Team Sports	14,75	3,34		
Access to health-related resources	Individual sports	13,36	3,23	1,012	0,30
	Team Sports	12,80	4,53		
Health priority	Individual sports	11,54	1,29	1,233	0,21
	Team Sports	11,32	1,26		
Healthy living skills scale total	Individual sports	68,83	8,23	2,082	0,03*
	Team Sports	65,87	11,70		

*p<0,05

When Table 4 is evaluated, it is seen that there is a statistically significant difference between the sport type of the research group and the healthy living skills scale total and healthy nutrition score averages from the scale sub-dimensions (p<0.05), while the importance given to health, access to health-related resources and health priority sub-dimension score It was determined that there was no statistically significant difference between the mean scores (p>0.05).

TABLE 5: Analysis of Variance by Height Variable of the Research Group

		Height		F	Sig
		$\overline{X}$	sd		
Importance of health	150-160 cm	27,40	4,59	,652	0,58
	161-170 cm	27,71	4,47		
	171-180 cm	26,70	5,53		
	181 cm and above	28,10	3,35		
Healthy eating	150-160 cm	16,35	2,43	1,292	0,27
	161-170 cm	14,99	2,77		
	171-180 cm	15,50	3,74		
	181 cm and above	15,35	3,06		
Access to health-related resources	150-160 cm	12,90	3,53	1,378	0,25
	161-170 cm	12,65	3,74		
	171-180 cm	13,97	4,12		
	181 cm and above	13,67	4,69		
Health priority	150-160 cm	11,50	1,00	,546	0,65
	161-170 cm	11,50	1,08		
	171-180 cm	11,27	1,88		
	181 cm and above	11,25	1,17		

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Healthy living skills scale total	150-160 cm	68,15	8,59	,223	0,88
	161-170 cm	66,86	9,79		
	171-180 cm	67,45	13,15		
	181 cm and above	68,39	8,84		

*p<0,05

According to Table 5, it was determined that there was no statistically significant difference between the height variable of the research group and the healthy living skills scale total and all sub-dimensions score averages of the scale (p>0.05).

TABLE 6: Analysis of Variance by Body Weight Variable of the Research Group

		Body Weight		F	Sig
		$\overline{X}$	ss		
Importance of health	61-70 kg	27,37	4,99	,256	0,77
	71-80 kg	27,47	4,66		
	81 kg and above	28,10	3,35		
Healthy eating	61-70 kg	15,93	3,46	1,542	0,21
	71-80 kg	15,03	2,80		
	81 kg and above	15,35	3,06		
Access to health-related resources	61-70 kg	13,60	3,98	1,128	0,32
	71-80 kg	12,76	3,76		
	81 kg and above	13,67	4,69		
Health priority	61-70 kg	11,46	1,19	,312	0,73
	71-80 kg	11,45	1,32		
	81 kg and above	11,25	1,17		
Healthy living skills scale total	61-70 kg	68,37	11,53	,617	0,54
	71-80 kg	66,72	10,09		
	81 kg and above	68,39	8,84		

*p<0,05

When Table 6 was evaluated, it was determined that there was no significant difference between the body weight variable of the research group and the mean scores of the healthy living skills scale total and all sub-dimensions of the scale (p>0.05).

TABLE 7: Analysis of Variance by Perceived Economic Status of the Research Group

		Perceived Economic Situation		F	Sig
		$\overline{X}$	sd		
Importance of health	Low	26,51	5,18	2,017	0,13
	Middle	27,98	4,20		
	Good	27,56	4,76		
Healthy eating	Low	14,26	2,84	6,539	0,00*
	Middle	15,85	2,93		
	Good	14,52	3,04		
	Low	12,37	3,73		

Access to health-related resources	Middle	13,29	4,02	1,247	0,29
	Good	13,56	4,06		
Health priority	Low	11,35	1,72	,442	0,64
	Middle	11,41	1,13		
	Good	11,65	,52		
Healthy living skills scale total	Low	64,51	9,83	3,055	0,04*
	Middle	68,54	10,26		
	Good	67,30	10,25		

*p<0,05

When Table 7 is examined, it is seen that there is a significant difference between the economic situation perceived by the research group and the healthy living skills scale total and healthy nutrition score averages from the scale sub-dimensions (p<0.05). no significant difference was found (p>0.05).

It was determined that there was a significant difference between the healthy living skills scale sub-dimension of the research group and the perceived economic status [F=6.539, p<0.05]. According to the results of the analysis made to determine which groups these differences originate from, there is a significant difference between the mean scores of students with medium income ($\bar{X}$=15.85), good ($\bar{X}$ =14.52), low ($\bar{X}$=14.26) students with low income levels. It has been determined that there is a statistical difference in favor of students with a medium income level.

It was determined that there was a significant difference between the healthy living skills scale and the perceived economic status of the research group [F=3.055, p<0.05]. According to the results of the analysis carried out to determine which groups these differences originate from, there is a significant difference between the mean scores of students with medium income ($\bar{X}$=68.54), good ($\bar{X}$ =67.30), and low ($\bar{X}$ =64.51) students. It has been determined that there is a statistical difference in favor of students with a medium income level.

TABLE 8: Analysis of Variance by Weekly Exercise Status of the Research Group

		Weekly Exercise Status		F	Sig
		$\overline{X}$	sd		
Importance of health	1 day	24,92	4,97	5,428	0,01*
	2 days	28,61	4,52		
	3 days	28,54	3,09		
	4 days	27,05	5,13		
Healthy eating	1 day	13,50	3,13	6,943	0,00*
	2 days	16,28	2,80		
	3 days	15,93	2,19		
	4 days	14,80	3,32		
Access to health-related resources	1 day	12,50	4,17	,691	0,55
	2 days	13,05	3,95		
	3 days	13,60	3,52		
	4 days	12,82	4,24		
Health priority	1 day	10,85	1,77	3,188	0,02*
	2 days	11,58	1,48		
	3 days	11,68	,87		
	4 days	11,32	1,17		

Healthy living skills scale total	1 day	61,78	10,45	5,293	0,02*
	2 days	69,53	10,09		
	3 days	69,77	7,53		
	4 days	66,01	11,47		

*p<0,05

When Table 8 is evaluated, it has been determined that there is a significant difference between the weekly exercise status of the research group and the total and scale sub-dimensions of the importance given to health and healthy nutrition health priority score averages (p<0.05). no significant difference was found (p>0.05).

It was determined that there was a significant difference between the importance given to health in the sub-dimension of the healthy living skills scale of the research group and the weekly exercise status [F=5.428, p<0.05]. According to the results of the analysis made to determine which groups these differences originate from, the average scores of the students who exercise two days a week ($\bar{X}$=28.61), three days ($\bar{X}$ =28.54), four days ($\bar{X}$ =27.05), one day ($\bar{X}$ =24.92), it was determined that there is a statistical difference in favor of the students who exercise twice a week between the average scores of the students who exercise weekly.

It was determined that there was a significant difference between the healthy living skills scale sub-dimension of the research group, healthy diet and weekly exercise [F=6,943, p<0.05]. According to the results of the analysis made to determine which groups these differences originate from, the average scores of the students who exercise two days a week ($\bar{X}$=16.28), three days ($\bar{X}$ =15.93), four days ($\bar{X}$ =15.27), one day ($\bar{X}$=16.28) $\bar{X}$ =13.50), it was determined that there was a statistical difference in favor of the students who exercised twice a week between the mean scores of the students who exercised weekly.

It was determined that there was a significant difference between the healthy living skills scale sub-dimension health priority and weekly exercise status of the research group [F=3,188, p<0.05]. According to the results of the analysis carried out to determine which groups these differences originate from, the average scores of the students who exercise three days a week ($\bar{X}$=11.68), two days ($\bar{X}$=11.58), four days ($\bar{X}$=11.32), one day ($\bar{X}$=11.32) $\bar{X}$ =10.85), it was found that there was a difference in favor of the students who exercised three days a week between the mean scores of the students who exercised weekly.

It was determined that there was a significant difference between the healthy living skills scale and weekly exercise status of the research group [F=5.293, p<0.05]. According to the results of the analysis made to determine which groups these differences originate from, the average scores of the students who exercise three days a week ($\bar{X}$=69.77), two days ($\bar{X}$ =69.53), four days ($\bar{X}$ =66.01), one day ($\bar{X}$ =61.78), it was found that there was a difference in favor of the students who exercised three days a week between the mean scores of the students who exercised weekly.

TABLE 9: Pearson Correlation Analysis of the Scales

Ölçekler (n:406)		Importance of health	Healthy eating	Access to health-related resources	Health priority	Healthy living skills scale total
Importance of health	r	1	,560**	,534**	,536**	,883**
	p		,000	,000	,000	,000
Healthy eating	r	,560**	1	,469**	,412**	,775**
	p	,000		,000	,000	,000
Access to health-related resources	r	,534**	,469**	1	,264**	,794**

	p	,000	,000		,000	,000
Health priority	r	,536**	,412**	,264**	1	,586**
	p	,000	,000	,000		,000
Healthy living skills scale total	r	,883**	,775**	,794**	,586**	1
	p	,000	,000	,000	,000	
	N	206	206	206	206	206

When Table 9 was evaluated, it was determined that there was a positive and highly significant relationship between the scale of healthy living skills and the sub-dimensions of the scale.

TABLE 10: Pearson Correlation Analysis between Sport Type and Healthy Living Skills of the Research Group

		Healthy Living Skills			
Sport Type	r	-,144*			
	p	,039			
	n	206			

*p<0,05

When Table 10 is examined, it has been determined that there is a significant and negative relationship between the type of sport and healthy living skills, according to the results of the correlation analysis. r = -,144, p>0,05.

TABLE 11: Regression Analysis of the Research Group's Prediction of Sport Type and Healthy Living Skills

Independent variable	The dependent variable	B	Std. Error	β	t	p	R	R2	F	P
Sport Type	Healthy Living Skills	1,989	,230	-,144	8,631	0,00	,144	,021	4,336	0,039

*p<0,05

When Table 11 is examined, it has been determined that the research group has a negative and low-level significant effect between sports type and healthy living skills (R=-,144;R2=,021; p>0,05).

DISCUSSION AND CONCLUSION

The research group consisted of 206 (122 male, 84 female) volunteer students studying at the university and continuing actively in a sports branch. In the study, it was aimed to determine the healthy life skills habits of university students.

It was observed that there was no statistically significant difference between the gender, height and body weight variable of the research group, the sum of the healthy living skills scale and the mean scores of all sub-dimensions (p>0.05) and the healthy life skills of the participants were at a moderate level. It was observed that there was a significant difference between the participants' perceived economic status and their healthy

living skills ($p<0.05$), and students with good perceived income had higher healthy living skills scale mean scores than students in other groups. When the studies were examined, Zorba et al. (2022) stated in their study that there is a positive relationship between healthy living skills and life satisfaction in university students who do and do not do sports. Anbari et al., (2022) examined the health promoting behaviors of young people between the ages of 18-29 and the factors affecting them. They stated that there was a significant difference between gender, marital status, educational status, occupation and the total score of health promoting behaviors, and that health promoting behaviors were at a moderate level. Akyavuz and Karakuş (2020) stated in their study that teacher candidates have high levels of life skills and that their university education contributes positively to the life skills of the participants. In their study, Erzincanlı et al., (2015) determined that the healthy lifestyle behaviors and time management skills of the nursing department students are moderate, there is a relationship between time management and healthy lifestyle behaviors, and as healthy lifestyle behaviors increase, their time management skills also increase. In the study conducted by Erdoğan et al., (2023), it was determined that the students' exercise status was insufficient and their healthy life skills were moderate. Pakseresht et al., (2017) in their study in which they determined health-promoting lifestyles among Guilan University of Medical Sciences students, stated that the students' health-promoting lifestyle scores were not at the desired level in general, and that the physical activity levels of male students were higher than female students. Ergün et al., (2019) found that there was no significant difference between gender, age, class, chronic disease status, healthy lifestyle behaviors and e-health literacy mean scores of the participants, and that healthy lifestyle behaviors and e-health literacy mean scores were high. They stated that it was not at the level. Beydağ et al., (2014) examined the healthy lifestyle behaviors of students before and after an elective healthy lifestyle course at a foundation university, and it was found that there was a statistically significant difference between the students' sports status and the mean scores of healthy lifestyle behaviors before and after the lesson. reported that students' healthy lifestyle behaviors before and after the lesson positively affected their scores. In their study, Tambağ and Turan (2012) reported that healthy lifestyle behaviors and exercise scores of nursing department students improved positively after taking the public health course. In the study conducted by Eroymak et al., (2018), it was determined that the healthy lifestyle behaviors of the students of the health management department were at a moderate level and that there was a significant difference between the descriptive characteristics and lifestyle variables of the students and the healthy lifestyle behaviors sub-dimensions. In the study conducted by Kaçan and Örsal (2019), it was found that students' healthy lifestyle behaviors average score was high, third-year students had a higher average score than students from other classes, and there was no significant difference between gender, graduated high school and scale score averages. they have detected.

It was observed that there was a statistically significant difference in the weekly exercise status of the research group and the healthy living skills scale and all its sub-dimensions ($p<0.05$), and the healthy living skills mean scores of the students who exercised three days a week were higher than the students in the other groups. It has been observed that there is a significant difference between the type of sport the participants do and the healthy life skills scale ($p<0.05$), and the healthy life skills scale mean scores of the students who do individual sports are higher than the students who do team sports.

When the studies were examined, Erdoğan et al. (2023) determined in their study that female students had a higher healthy life skills average score than male students, and students who had exercise frequency of four days or more had a higher healthy life skills average score than students in other groups. In addition, they found that students' exercise addiction and healthy life skills were at a good level, and there was a positive and high level of relationship between healthy living skills and exercise addiction. In a study examining the relationship between physical activity level, depression and anxiety levels of university students, Measurecu et al.,

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(2015) reported that physical activity levels of students were low and that as physical activity scores of female students increased, their depression scores also increased. In the study of Mutlu Bozkurt et al. (2022), in which they examined the relationship between healthy living skills and physical characteristics of secondary and high school students, there was a significant difference between weekly exercise status, school type, family income and healthy living skills. They stated that there was no significant difference between healthy living skills and that as body weight increased, the importance given to health-related concepts and health decreased. In the study conducted by Güven and Solmaz (2022), they found that the physical activity levels of the participants were high and they had a positive body image, and there was no significant difference between gender, age, class levels, and physical activity and body image levels. In the study conducted by Alzamil et al., (2019), 50% of the participants stated that they were insufficient in terms of physical activity, and they generally did their physical activities at home or alone at certain times of the day. Bozkurt et al., (2021), in their study examining the health perception and healthy lifestyles of education faculty students, stated that the physical activity level of the students was insufficient, and the health perception levels of male students were higher than female students. In the study conducted by Dabrowska-Galas et al., (2013), it was reported that although students knew the benefits of physical activity for the health of the individual, their level of participation in physical activity was insufficient. Kasırga et al., (2021), in their study examining the physical activity levels of university students and the perceived benefits and barriers of exercise, found that the physical activity levels of the students were insufficient in general, the level of physical activity of female students was lower than that of male students, and the students' perception of exercise benefit and obstacle. They found that their level of participation in physical activity and sports activities is a factor. Carballo-Fazanes et al., (2020) determined the physical activity habits, sedentary behaviors and lifestyles of university students in their study, and they determined that 70% of the students do physical activity, and in general, the reasons for doing physical activity are to protect their health and fitness. In a study where they evaluated the relationship between physical activity level and some variables in university students, Pirinççi et al., (2020) found that the physical activity levels of the participants were not at the expected level, and although the lack of physical activity did not make any difference in terms of smoking status, chronic diseases, and anthropological characteristics, it also determined the quality of life of the university students. reported that it had a negative impact. Geok et al., (2015) in their study in which they examined physical activity and healthy lifestyles of nursing students in Malaysia, stated that the physical activity levels of the students were insufficient and they should be encouraged to be more active in terms of physical activity. In the study conducted by Erdoğan and Revan (2019), they stated that the level of physical activity varies according to the departments, and that the physical activity levels of male students are higher than female students.

As a result, students; it was determined that healthy life skills were at a moderate level, and there was a low negative correlation with healthy living skills. It has been observed that male students in the research group have higher healthy life skills average scores than female students, and students who do individual sports have higher healthy life skills scale mean scores than students who do team sports. In line with this information, we believe that encouraging students to engage in healthy living skills and physical activity will be important for maintaining a healthy life.

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