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## The health promoting behaviors of physical education and sports teachers candidates

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### Abstract

This research was carried out to determine the health-promoting behaviors of physical education and sports teaching candidates. At this study, the health-promoting behaviors scale II (HPLP II) has been applied to a total of 135 teacher candidates, of which 64 were females and 71 were males. After specifying the arithmetical averages and frequency distributions of the data, the independent samples t-test has been applied in order to determine whether there are any differences between the health-promoting behaviors (HPLP) II scale scores of the students from the gender variable. In order to test the relation between the students' income, sport level and grade with their HPLP II scale scores, the Pearson correlation analysis has been carried out. In the statistical comparisons meaningfulness at alpha 0.05 and 0.01 level has been searched. According to the results of the independent samples t-test, there was no statistically significant difference at the all health promoting behaviors of male and female students ( $p > 0.05$ ), but according to gender, there was statistically significant difference, at exercise behaviors subscale ( $p < 0.05$ ). In this study, in the medium level, there was positive correlation between health promoting behaviors level, income and level of participation in sports. The total health promoting behaviors among teacher candidates were at moderate level. In addition, of females sport participation than males was low ( $p < 0.05$ ). There were no differences in terms of class ( $p > 0.05$ ). In addition, the persons who regular engaged in sports and those with higher income levels were higher in the health-promoting behaviors ( $p < 0.05$ ).

**Keywords:** Healthy lifestyle behaviour, Improving health, Physical education, Teacher candidates

### Introduction

In describing health behaviors it is common to distinguish health enhancing from health impairing behaviors. Health impairing behaviors have harmful effects on health or otherwise predispose individuals to disease. Such behaviors include smoking, excessive alcohol consumption, and high dietary fat consumption. In contrast, engagement in health enhancing behaviors convey health benefits or otherwise protect individuals from disease. Such behaviors include exercise, fruit and vegetable consumption, and condom use in response to the threat of sexually transmitted diseases. The potential health benefits of engaging in regular exercise include reduced cardiovascular morbidity and mortality, lowered blood pressure, and the increased metabolism of carbohydrates and fats, as well as a range of psychological benefits such as improved self-esteem, positive mood states, reduced life stress and anxiety (Conner & Norman, 1998) [6]. Physical activity is well documented as a protective factor against many chronic diseases, such as coronary heart disease, hypertension, type II diabetes mellitus, colon cancer, obesity, osteoporosis, and depression (Fletcher *et al.*, 1996 [11]; Pate *et al.* 1995 [17]). It is widely believed that the combined influence of physical activity with other health promoting behaviors further reduces the likelihood of developing these chronic diseases (Wilson *et al.*, 2005) [23]. Leading organizations in the field of disease prevention and health promotion, such as the World Health Organization and the Centers for Disease Control [5], have since the early 1980s used healthy lifestyles as a label for a cluster of behaviours known to reduce the risk of injury, morbidity and mortality and increase the chances of good health and well-being. Health-related behaviours (health-enhancing or health-compromising) include eating habits, physical exercise, smoking, alcohol use, use of illegal addictive substances, sexual practices, risk-taking in traffic, work etc., use of safety devices (for instance wearing safety helmets when biking), sleeping habits, oral hygiene and personal hygiene (Aarø, 2007) [1].

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The aim of health promotion activities is to help individuals reach a high level of health self-improvement, control, and maximize health potential. The development in individuals of consciousness about healthy life, lifestyle improvement, and awareness of their own responsibility for protecting their health is the one aspect; and avoiding risky behaviors is also essential to protect and promote health (Ayaz *et al.*, 2005 [3]; Erdoğan *et al.*, 1994 [9]). Healthy lifestyle is defined as, to choosing and improving behaviors, according to one's own health status, to controlling all behaviors daily activities that affect health (Karadağ&Yıldırım, 2010) [13]. Health promotion, is not only disease prevention but also it aims at improving the general health of the individual (Dirican & Bilgel, 1993) [7]. It is difficult to imagine any activity or behaviour that does not affect health, directly or indirectly. Common health-related behaviours include diet, exercise, smoking, alcohol use, safety practices and participation in health screening examinations such as testing for cholesterol levels, breast and prostate cancer (Fishbein *et al.*, 2001) [10]. Health behaviors also impact upon individuals' quality of life, by delaying the onset of chronic disease and extending active lifespan. Smoking, alcohol consumption, diet, gaps in primary care services and low screening uptake are all significant determinants of poor health, and changing such behaviors should lead to improved health. (Conner & Norman, 1998) [6]. One of the health-promoting behaviors is the ability to cope appropriately with stress. Stress is a factor that affects individuals' health and stressors are perceived as threats that interfere with methods of coping with stress or adapting to difficulties. Adaptation is a process of change that occurs in the mind or in the entire body as a response to stressors from oneself, others, or the environment (Seydefatemi *et al.*, 2007) [20]. Regularly doing sports, in terms healthy lifestyle maintain is considered to be very important. Among the health-related behaviours most often encouraged in health promotion programmes is regular physical exercise because of its positive impact on health, disease prevention, psychological wellbeing and overall longevity (Johnson, 2003) [12]. Regular physical activity is associated with lower death rates for adults of any age, even when only moderate levels of physical activity are performed (Center for Disease Control and Prevention, 1999) [5].

That the university education of students conduces to alterations on their personality development, personal life and health behavior in addition to acquire the formation is apparent in the present day. This alteration is important especially for the attitude and behaviors in the field of health (Yardımcı *et al.*, 2012) [24]. Therefore, the aim of this research is to examine in terms of gender, class, exercise frequency and income level of physical education and sports teacher candidates to healthy lifestyle behaviors.

## 2. Method

### 2.1 Participants

The sample of the study comprises a total 135 students studying at the physical education (PE) department of Kahramanmaraş Sutcu Imam University. The number of students studying in the department of physical education and sport teacher in the spring semester of 2016-2017 academic year is 240. Sampling group has been selected 64 female and 71 male who accepted to take part in from the physical education and sport department. The age distribution of the participants is between ages 18 and 27, and the majority comprises the teacher candidates between ages 19- 24 (% 87,1).

### 2.2 Data Collection Tool

In this study, used the health-promoting behaviors scale II developed by Walker&Polerecky (1996) [21]. Turkish validity and reliability of the health-promoting behaviors scale II (HPLP), was made by the Bahar *et al.* (2008) [4]. The scale was 52-item questionnaire comprised in six subscales: spiritual growth, health responsibility, physical activity, nutrition, interpersonal relations, and stress management. The questionnaire asks respondents to indicate how often they adopt specific health-promoting behaviors or well-being habits on a 4-point Likert scale ranging from never (1), sometimes (2), often (3), and routinely (4) (Regina *et al.*, 2005) [13]. After obtaining official permissions for study, willing students took the questionnaire. Before conducting the questionnaire, students were given information about the correct way to fill in the questionnaire by the researcher. It took 15-20 minutes to fill in the questionnaire. At this study, the cronbach alpha internal consistency coefficient of the health-promoting behaviors scale(HPLP) II was calculated as 0.80 and when the cronbach alpha internal consistency coefficient set forth by Nunnaly (1978) [15] was taken 0.70 as the lowest criteria, it has been accepted that the scale reliability was sufficient.

### 2.3 Data Analysis

The data gathered has been analyzed using the SPSS 17 program. Normality of distribution was tested with kolmogrow simirnow test and distribution was observed normally distributed. Percentage distribution, mean values, one-way anova analysis, pearson correlation and t-test in independent groups were used in the analysis of research data. In the statistical comparisons meaningfulness at alpha 0.05 and 0.01 level has been searched.

## 3. Findings

This research was carried out to determine the health-promoting behaviors of physical education and sports teaching candidates, receiving education of Kahramanmaraş Sutcu Imam University. When we look at the demographic features of the students that took part in the study, (see *Table 1.*) total students were 135. Their ages were 22.68±2.53. 64 of the group were females and 71 of them were males.

**Table 1:** Categorizing teacher candidates by demographic features

	Value Label	N	%
Gender	Female	64	47.4
	Male	71	52.6
	Total	135	100
Income	Low	24	17.8
	Middle	90	66.7
	Excellent	21	15.6
	High	135	100
Level of participation in sports	Sometimes	74	54.8
	Regularly	61	45.2
	Total	135	100
Grade (year)	1	31	23
	2	29	21.5
	3	39	28.9
	4	36	26.7
	Total	135	100
Age (year)	1-19 age	8	5.9
	20-22 age	56	41.5
	23-25 age	53	39.3
	26 and upper	18	13.3
Total	135	100	

Table 1. When we look at the demographic features of the students that took part in the study,(see Table 2.) total

students were 135. Them ages were  $22.68 \pm 2.53$ . 64 of the group were females and 71 of them were males.

**Table 2:** T-test results of health promoting behaviors scores according to gender of teacher candidates

Variables	Gender	N	M	SD	t	p
Health responsibility	Female	64	22.2	4.05	.566	0.572
	Male	71	22.7	5.62		
Physical activity behavior	Female	64	19.7	3.79	2.227	0.028*
	Male	71	22.2	8.52		
Nutrition behavior	Female	64	21.9	4.56	.991	0.324
	Male	71	21.1	3.91		
Interpersonal relations	Female	64	26.9	3.83	.561	0.576
	Male	71	27.3	4.1		
Stress management	Female	64	21.91	3.00	.640	0.523
	Male	71	22.2	3.19		
Spiritual growth	Female	64	28.3	4.03	1.288	0.200
	Male	71	29.1	3.54		
<b>HPLP II Total</b>	Female	64	141.1	16.33	1.291	0.199
	Male	71	145.01	18,57		

\* $P < 0.05$

In Table 2, When, comparing, in terms of the gender the total health-promoting behaviors scores, there was no statistically

significant difference between Total HPLP II score and gender ( $p > .05$ ).

**Table 3:** The one way – Anova analysis results of according to income levels

Income	N	M	SD	F	t	p
Low	24	135.91	16.27	3.16	4.38	.046*
Middle	90	143.85	17.49			
High	21	148.47	17.69			
Total	135	143.16	17.59			

\* $P < 0.05$

In Table 3, When the “health-promoting behaviors” scores according to income levels of the teacher candidates taking part in the study are compared with one way anova test, a statistically meaningful difference has been found ( $F(134) = 3.16, p < 0.05$ ). According to this, health-promoting behaviors

scores, high income ( $\bar{x} = 148.47$ ) was higher, than the the Low income ( $\bar{x} = 135.91$ ).

As Table 4 shows, those who exercise regularly, were higher in health-promoting behavior ( $P < 0.05$ ).

**Table 4:** T test results of health-promoting behaviors, according to level of participation in sports.

Level of participation in sports	N	M	SD	t	p
Sometimes	74	138.48	14.47	-3.545	.001*
Regularly	61	148.83	19.41		

\* $P < 0.05$

**Table 5:** Pearson correlation analysis results, the health-promoting behaviors scores with grade, income, level of participation in sports

Variables	M	SD	1	2	3
1. Health-promoting behaviors	143.16	17.59	-		
2. Income Level	1.97	.579	.209(*)	-	
3. Grade	2.59	1.115	-.016	.101	-
4. Level of participation in sports	2.45	.499	.294(**)	.138	-.149

\*\*Correlation is significant at the 0.01 level (2-tailed). \*Correlation is significant at the 0.05 level (2-tailed).

In Table 5, The health-promoting behaviors scores of the teacher candidates taking part in the study have been compared with the parson correlation analyses test according to *class* and *income*, level of participation in sports. Medium positive relation was determined, between health-promoting behaviors income, level of participation in sports.

#### 4. Discussion

This research was carried out to determine the health-promoting behaviors of physical education and sports teaching candidates, receiving education of Kahramanmaraş Sutcu Imam University. When we look at the demographic features of the students that took part in the study,(see Table 2.) total students were 135. Them ages were  $22.68 \pm 2.53$ . 64 of the group were females and 71 of them were males. In this study, in terms of gender, total health-promoting behaviors

was not significant difference. But findings of the current study showed that than female students, in physical activity levels of the male students’, significantly were higher. This findings were similar to other studies performed (Regina *et al.*, 2005 [19]; Ebem, 2007 [8]; Arslan& Ceviz,2008 [2]; Yildirim, 2005 [25]; Wang *et al.*,2009 [22]; Karadeniz *et al.*, 2008 [14]; Peker & Bermek, 2011 [18]). This study, evaluated together with other studies, due to the masculinity nature of men, in physical sporting activities, of men’s more inclined can be said. however, females should be encouraged to participate in more physical activities. Because, physical activity is well documented as a protective factor against many chronic diseases, such as coronary heart disease, hypertension, type II diabetes mellitus, colon cancer, obesity, osteoporosis, and depression (Fletcher *et al.* 1996 [11]; Pate *et*

al., 1995<sup>[17]</sup>). It is widely believed that the combined influence of physical activity with other health promoting behaviors further reduces the likelihood of developing these chronic diseases (Wilson *et al.*, 2005)<sup>[23]</sup>. In this study, in terms of class total health-promoting behaviors was not significant difference. This finding is similar to other studies performed (Yıldırım, 2005<sup>[25]</sup>; Karadeniz *et al.*, 2008<sup>[14]</sup>). In terms of income level, in the health-promoting behavior of total were significant differences. This finding is similar to other studies performed (Özbaşaran *et al.* 2004<sup>[16]</sup>; Karadeniz *et al.*, 2008<sup>[14]</sup>). In the health-promoting behaviors scale the higher the score; an individual's, in terms of health more positively means acting. In this study, scores obtained from the total health-promoting behaviors (52 items); compared with the other studies (Regina *et al.*, 2005)<sup>[19]</sup> in both men and women (female: 145.01/male: 141.1) were higher. Accordingly, the physical education teacher candidates, of this issue more were aware. Starting from this point, the healthy life style behaviors, positive health behavior of individuals to protect their own health and others' health, active, conscious effort covers. For a healthy life, it is life-check and guiding skills (problem formulation, resolution, decision-making and implementation, etc.), the ability of resolving disputes, engage in effective communication is required (Ayaz *et al.*, 2005)<sup>[3]</sup>.

As a result of this study, in exercise behavior subscale, in terms of gender significant differences were found. There were no differences in terms of class. In addition, regular physical activity and income level increases, the healthy lifestyle behaviors increases.

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