INTRODUCTION

Today, health is considered to be a biopsychosocial, that is to say, a complete good of individuals, which also means an increase in quality of life and satisfaction. Healthy living behavior is the control of all behaviors that are applied to protect against diseases affecting individual health and the individual choosing behaviors that are appropriate to his/her health conditions in regulating daily activities. In this review, it is aimed to present healthy living behavior, importance of healthy living behavior, research results on healthy living behavior and related factors and make suggestions about healthy living behavior.

Healthy living behavior is the control of all behaviors that are applied to protect against diseases affecting individual health and the individual choosing behaviors that are appropriate to his/her health conditions in regulating daily activities. Behaviors that affect health in a positive way are behaviors that increase the level of well-being of individual and promote self-improvement. Within the context of healthy living behaviors, there are adequate and regular exercise, adequate and balanced nutrition, non-smoking, health responsibility, stress management and hygienic measures.

It is very important that students have healthy lifestyle in university period due to it has critical importance for their professional lifetime and general health. In this review, it is aimed to present healthy living behavior, importance of healthy living behavior, research results on healthy living behavior and related factors and present related research results.

METHOD

In this review, detailed literature search was conducted at Google Academic with the keywords of “health, life, wellness, behavior, student, university”. This study focuses on the results
of research on university students' living behaviors and related factors.

Investigations on Healthy Living Behaviors and Related Factors

In this chapter, the results of national research on university students’ healthy living behaviors and related factors will be explained. One of the studies related to healthy living behaviors and the related factors of university students was conducted with the first grade students of a Medical Faculty. As a result of the study with the aim of determining the factors affecting the healthy living behaviors of the students, students who live with their family made more physical activities than students living in dormitory; and students who have a fragmented family made more physical activities than students who have an unfragmented family; and students having an average perception of health made more physical activities than students having a high perception of health. It was determined that spiritual improvements of students have bad-the worst economic condition perception than students have the average best-good perception and their interpersonal relationships were worse than students have the best-good perception. In conclusion, it was found that those living together with their families, those with fragmented families, those with an average sense of health, those with higher economic sense have healthy living behaviors, and the economic condition is related with health perception and healthy living behavior of place.[3]

When the relationship between health perception and health promotion behaviors of 361 nursing students in a High School of Nursing in Ankara and the results of a study conducted to examine the effect of education on health promotion behavior and health perception are examined, the behaviors that contribute to the health promotion in the subscales of healthy living behaviors scale (HLBS) mean score of self-actualization subscale was 35.8±7.3, the mean score of health subscale was 26.2±6.5, the mean score of interpersonal support subscale was 20.3±3.5, the mean of stress management subscale was 18.2±3.4, the mean of nutrition subscale was 17.2±3.3, and the mean score of the exercise subscale was 12.2±4.0. It was determined that 74.2% of the students perceived their health as "good" and 62.0% of them had a belief in their ability to control their health in the future as "too much". It was found that the students with high total score of HLSBS, perceive their health status as very good (F=20.134, p<0.001).[4]

Another study was conducted as a descriptive-relationship seeker in order to determine the effect of education on health behaviors by revealing the change in healthy living behaviors of the first and the fourth-year students of High School of Nursing in Istanbul (n=506). It was determined that 40% of the students spent a large part of their lives in the metropolitans and 83.4% of them perceived their health as good. It was found that age, working status, friendship relations and health perception affected healthy living behaviors.[5]

As a result of a research carried out as a descriptive study aiming to determine the healthy living behaviors of 268 students who are studying in a foundation university in Istanbul in the department of High School of Nursing, Faculty of Arts and Sciences, Conservatory, Faculty of Architecture, Faculty of Business Administration and Computer Engineering; the average score of subgroup of HLBS health responsibility of female students was statistically significant than males; the average score of subgroup of health responsibility and nutrition health group of Nursing department students was statistically significant than other students; the average HLBS score of 4th grade students was statistically significant than other grades' average score of the self-actualization and nutrition subgroup was statistically significant than bachelors; HLBS score averages of those have the best economical conditions, were statistically significant than others have average and good economical conditions. (p<0.05). As a result of the research; economic status, duration of education, and marital status were found to have a positive effect on the healthy living behaviors of university students.[5]

In another study conducted to determine the healthy living behaviors of students in the health care vocational school of higher education (n=128) and the demographic factors affecting these behaviors, the students had the highest score in the self-actualization subscale of HLBS and the lowest score in the physical activity subscale. In the study, it was observed that the HLSBS scores were changed according to the program type, high school graduated, having a chronic illness and the average daily sleep duration (p<0.05). There was no difference between the students according to gender, grade level, health level and working variables (p>0.05). Healthy living behaviors scores of students were found to be moderate in this study.[6]

In another study conducted with the aim of determining the effect of socio-demographic characteristics and education processes of healthy students on the behaviors of healthy living behaviors of 132 students studying in the Department of Midwifery of Health College, the scores gained by students on healthy living behaviors examined according to variables as of married students, their fathers who had secondary school or above educational background, those with high monthly income, those whose monthly ne-
cessities are met in adequate and those participate sport activities, have higher scores than the others and difference between them was statistically significant (p<0.05). It was found that the highest average score was in self-actualization, interpersonal support and nutrition subgroups, marital status, parental educational background, monthly income level and participation in sports activities affected healthy living behaviors while the students' average score of HLSBS which was determined as moderate.[7]

In order to determine healthy living behaviors of health school students and factors affecting these, result of the study conducted with 688 students, it was determined that among the behaviors that contribute the health promotion, dimensions of self-actualization, health responsibility and interpersonal support has the highest average of scores and exercise has the lowest score average. The average score of the HLSBS is higher in those who are students in upper grades, perceived socio-economical levels as the moderate and high, non smokers, stated that they do exercises, those who assessed their health status as moderate and good (p<0.05). Healthy living behaviors scores of students were found to be moderate.[8]

In another study conducted to determine healthy living behaviors and affecting factors of students of Health College at Nursing Department (n=197), nutrition and health responsibility subscale scores of female students were found to be higher and more important than males’ (p<0.05). For male students, the average score of the exercise subscale was found to be higher and more important than the female students (p<0.05). As a result, healthy living behaviors scores of students were found to be moderate.[9]

As a result of another descriptive study to determine the healthy living behaviors and affecting demographic factors of 336 students in Health College, student nurses had the highest score from health responsibility and the lowest score from physical activity. In total score, female students have a higher average score than male students. It was determined that the income levels of the students affected the feeding behavior. As a result, healthy living behaviors scores of students were found to be moderate in this study.[9]

In a research conducted on 159 students with the aim of determining and correlating the physical activity levels and healthy living behaviors of the students in the School of Physical Education and Sports (SPES), “International Physical Activity Evaluation Questionnaire” (determined as inactive, minimum active and HEPA active groups by MET method) short form and “Healthy Living Behaviors Scale” were used to determine the physical activity levels of students. While SPES students were included in the HEPA active group in terms of their total level of physical activity, it was found that they had a high score that could be considered as high in terms of their total living score. As a result of the Pearson Product Moment Correlation analysis, it was found that there is a significant positive relation between physical activity level (r=0.223; p<0.01), health responsibility (r=0.236; p<0.01), stress management (r=0.192; p<0.05), self-actualization (r=0.173, p<0.05) and healthy living behavior (r=0.279; p<0.01) of the students who participated in the research. As a result, findings in the study can be put in the words that healthy living behaviors of students are effective in determining the level of physical activity.[10]

As a result of another study conducted to determine healthy living behaviors of nursing students in Health College students (n=234), the lowest score was obtained from exercise and the highest score was obtained from interpersonal support and self-actualization when the average score taken from the subdimensions of the HLSBS was examined. There is no significant difference between the total scores of female and male that they took from the HLSBS. Exercise and stress management scores were higher in male and the difference between the groups was significant (p<0.05). It was determined that the students who evaluated the general health perception as "good" had a higher average score of self-actualization and nutrition subgroups.[11]

As a result of a descriptive study to determine healthy living behaviors and affecting factors of nursing school (n=158) and classroom teachers school students (n=180); HLSBS score averages of female students were detected as higher than male students; were higher in the students who state their health status as good, than those who stated their health status as moderate and bad; also were higher in the students who stated their success status as good, than those who stated their success status moderate and bad; higher in those who stopped smoking than smokers and non smokers; and were higher in students who do sports than those who do not do sports (p<0.05). It has been determined that students' gender, department, health status, level of success, taking education related to health promotion, smoking and sporting activities affect healthy living behaviors.[11] In a descriptive study to determine the healthy life behaviors of the students in the first year of Health Care Vocational School of higher educa-
### CONCLUSION

In the light of the results of current research on healthy living behaviors and related factors, efforts directed to increase awareness about healthy living behaviors and related factors, to comprehend the importance of healthy living behaviors and to make these behaviors into living should be supported. Considering priority groups that can be intervened in terms of healthy living behaviors, students who live in a dormitory should be encouraged in terms of physical activity because they have less physical activity. In terms of spiritual improvement and interpersonal relationships of the students, those who have the risky low socioeconomic status should be supported by the participation in social programs. Life experience, socioeconomic status and self-efficiency-sufficiency have a significant impact on the acquisition of healthy living behaviors. It is thought that the improvement of self-efficiency-sufficiency and
programs that strengthen healthy living behaviors will have an important influence on students' lives.\[17]\n
It is important that educational programs should be created with taking into account the factors that affect healthy living behaviors; and these programs should be made a part of the curriculum to be disseminated to all the educational years. It is important to increase the number of courses related to health protection and promotion in the education programs; and to educate the students in this regard; and also to educate the students who will take parts in the health services to comprehend the importance of health promotion behaviors and to transform their knowledge into behavior. It is important that plans and projects should be conducted by the students for the improvement of healthy living behaviors. More research should be conducted on students’ health behaviors (exercise, nutrition, stress management, interpersonal support) and the results should be emphasized in the relevant places in the curriculum in the faculties where medical and health sciences are taught and the targets in the curriculum on this subject should be evaluated.

Disclosures

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Conflict of Interest: None declared.

REFERENCES