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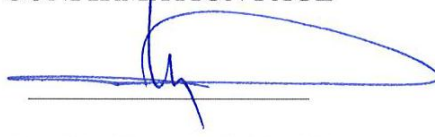
EXAMINATION OF HEALTHY
LIFESTYLE BEHAVIORS OF AMATEUR
FOOTBALLERS IN ELAZIĞ

MASTER'S THESIS

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2018

CONFIRMATION PAGE



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ETHICAL DECLARATION

I have found that all the information and data in this thesis are obtained in the academic and ethical rules that I have realized with my studies and that I have done this thesis study and that I have not behaved against the ethics at all stages from the planning of the studies to the obtaining of the findings and the writing phase and that this thesis study I declare that I refer to sources, information and interpretations that are not included in the findings.

Wrya Abubakr AHMED

23/01/2018

A handwritten signature in blue ink, appearing to be "Wrya Abubakr AHMED".

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ELAZIĞ

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January 2018

Wrya Abubakr AHMED

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LIST OF ABBREVIATIONS AND SYMBOLS

HLSBS : Healthy Lifestyle Behaviors Scale

WHO : World Health Organization



1. ABSTRACT

This study was conducted in order to analyze Healthy Lifestyle Behaviors of Amateur Footballers in Elazığ.

The population of the study was constituted by 1080 footballers in total from 30 clubs under Elazığ Federation of Amateur Sport Clubs whereas the sample was represented by 432 footballers of ages of 16-30 from different clubs. In order to determine Healthy Lifestyle Behaviors of footballers, Healthy Lifestyle Behaviors Scale II was used. Mean, standard deviation analysis techniques were employed for data analysis. Kruskal-Wallis H, Mann-Whitney U test was applied for determining differences. The data obtained was evaluated statistically at the level of $p < 0.05$. For analysis of the data, SPSS 17.0 was used.

It was found that total HLSBS score of the footballers was $(141,9 \pm 14,85)$ within the scope of findings, while maximum score to be achieved was 208. When average scores of HLSBS sub-dimensions of participants were considered, they were found to be $24,98 \pm 4,36$ for responsibility for health, $22,31 \pm 3,76$ for physical activity, $23,79 \pm 3,77$ for nutrition, $25,03 \pm 4,49$ for spiritual development, $24,53 \pm 4,09$ for interpersonal relations, $21,31 \pm 3,40$ for stress management.

As a result, HLSB of footballers in amateur clubs were found to be of medium level.

Key Words: Health, Amateur, Football

2. ÖZET

Bu çalışma, Elazığ'daki Amatör Futbolcuların Sağlıklı Yaşam Biçim Davranışlarını analiz etmek amacıyla yürütülmüştür.

Araştırmanın evrenini Elazığ Amatör Spor Kulüpleri Federasyonu bünyesindeki 30 kulüpten toplam 1080 futbolcu oluştururken, numune farklı kulüplerden 16-30 yaş 432 futbolcudan oluşuyordu. Futbolcuların Sağlıklı Yaşam Biçimi Davranışlarını belirlemek için Sağlıklı Yaşam Biçimi Davranış Ölçeği II kullanılmıştır. Veri analizi için ortalama, standart sapma analizi teknikleri kullanıldı. Farklılıkların belirlenmesi için Kruskal-Wallis H, Mann-Whitney U testi uygulanmıştır. Elde edilen veriler istatistiksel olarak $p < 0.05$ seviyesinde değerlendirildi. Verilerin analizi için SPSS 17.0 kullanılmıştır.

Bulgular kapsamında futbolcuların toplam HLSBS puanı ($141,9 \pm 14,85$), en yüksek puanı ise 208 puandı. Katılımcıların HLSBS alt boyutlarının ortalama puanı dikkate alındığında, sağlık için $24,98 \pm 4,36$, fiziksel aktivite için $22,31 \pm 3,76$, beslenme için $23,79 \pm 3,77$, manevi gelişme için $25,03 \pm 4,49$, 24,53 Kişilerarası ilişkilerde $\pm 4,09$, stres yönetimi için $21,31 \pm 3,40$.

Sonuç olarak, amatör kulüplerdeki futbolcuların HLSB'lerinin orta düzeyde olduğu tespit edildi.

Anahtar Kelimeler: Sağlık, Amatör, Futbol

3. INTRODUCTION

3.1. Concept of Health

In Turkish, the notion of health stems from the root “be alive, live”. In English language, the word health finds its roots in “wholeness”, meaning integrity and robustness. Several definitions have been made for the concept of health. Until recently, health was defined in a plain expression as “absence of disease or injury”. According to this definition, health is limited to symptom dimension and human is not considered as a whole with his psychological and social aspects.

Yet, health is effected by cultural, economical, social, biological and physical factors. World Health Organization (WHO) defines health as “not only absence of a disease or injury but also a complete state of wellbeing in physical, spiritual and social terms (1,2).

Health understanding is variable, varying from person to person, from society to society over time. Today, health is shown interest instead of illness; because people prefer a high wellbeing state, love life and wish to join the life actively (3).

In the course of time, relationship of health with the characteristics of the society in which a person exists and grows up has been understood, states of health and illness have been perceived differently. Upon recognizing that a special factor such as bacteria, virus etc. had impact on forming of diseases, diagnosing attempts started. In the beginning of 20th century, health and illness were accepted as a process and the approach that “if one of them exists, the other does not” was considered two extreme concepts. There is illness on one end and high level of

wellness on the other. Health is a dynamic and changeable state. Health can be measured as it is quantitative (blood pressure, body temperature...) and it is also qualitative as it is effected by personal values and beliefs (4).

Health is perceived with its subjective and objective dimensions, as well. Subjective health state of a person is how he/she perceives his/her own health. Objective state of health, on the other hand, means situations where absence of illness or deficiency is proven as a result of various tests and examinations (3,4).

In today's world, definitions of health have focused on protecting and improving health (5). Theorists focusing on protecting and improving health, define health with its various dimensions.

Betty Neuman considers health as the state of being well, state of wellness and indicate that balance of sub-systems being physical, spiritual and socio-cultural and harmonization of a human with these effect health status positively (6-8).

Halbert Dunn defines health as a situation a person can perform by oneself and reaching the highest potential against this situation. One must be free and able to use creative power in order to reach this high level of state of wellbeing (9).

Hoyman defines health as high level of state of wellbeing of an individual in an efficient, productive and creative environment. Health is a moving process and may be effected by conditions such as genetics, environment, behavior (10).

In a number of publications, it is mentioned that definition made by WHO has limited aspects and that health must be redefined so as to include notions such as spiritualism, quality and quantity (11).

It is stated that health is a positive concept having social and personal bases as well as physical capacity and that it must be among the most important values or responsibilities of people. Influence of importance attached to health on individuals is quite clear. If a person does not discern that he/she has a health problem, he/she would not make necessary efforts to improve his/her health, since there is no problem. Considering that there is no health problem, he/she would not ask assistance from professionals to improve health, either. Therefore, health perception is very important (12,13).

3.2. General Overview on the Concept of Health

One of the subjects highlighted mostly in the lives of people is health. Health may be considered as a process that includes different levels between a state of well-being at the optimum level and the end of life (14).

Health and illness are inseparable elements of lives of people. Being healthy is required for maintaining daily life and meeting its requirements. It is mentioned that the concept of health which includes social and personal dimensions in addition to physical capacity, must be among the highest priority responsibilities of people (15,16).

It is stated that development level of the country has the same level of influence together with social structure on people with regard to having health problems (17).

Understanding of health today, grounds on an approach by which public health is also protected and improved, putting the individual in the center. According to this approach, issues of acquiring behaviors of protecting,

maintaining and improving state of wellbeing of the individual, protecting the body and taking the right decisions regarding health are focused on (18-20).

3.3. Protecting Health

H.R. Leawell and E.G. Clark defined protecting health in 1953. Protecting health means not executing the behavior or avoiding the behavior which deteriorates the state of health. It includes preventive activities for not entering illness period through early diagnosis and activities that will increase the existing capacity to the highest level through early treatment in cases of deficiency. Breast self-examination, fastening seat belt, not smoking and not taking alcohol may be given as examples of health protective behaviors. Gerald Coplan describes three levels in protecting health in 1960 (21).

Leavel and Clark (1965) classifies health protection levels in three categories as primary protection, secondary protection and tertiary protection (22-25).

3.3.1. Primary Protection:

Covers implementations and protective precautions aiming at health promotion. It includes activities for people, families and the public to develop behaviors which reduce the risk of illness, to develop healthy lifestyle and to benefit from protective services. Implementations such as immunization, vector control, preventing genetic diseases from being handed down from generation to generation, improving socio-economic conditions that effect health negatively are included under primary protection.

3.3.2. Secondary Protection:

Limits development of diseases by providing protection for individuals, families and the public at the highest health level and includes early diagnosis and treatment of diseases during controls and checkups made at the presymptomatic phase. Secondary protection includes screening activities which ensure early diagnosis of diseases and prevents them from becoming chronic.

3.3.3. Tertiary Protection:

Covers services aimed at protecting people against repeating and complications of diseases and injuries. It helps people with disability or handicap which occurred due to diseases and trauma which could not be precluded make themselves sufficient and productive by overcoming these handicaps and also improve their social adaptation. Tertiary protection focuses on rehabilitation and helps people function at the highest level within their deficiencies.

3.4. Health Promotion

Understanding in health concept and health care system go through changes continuously in line with environmental and cultural influences in the light of scientific developments and technological improvements. This change has been from treatment towards protecting, maintaining and promoting health (26).

From seventeenth century to nineteenth century, epidemics such as plague, cholera, variola had been fought against. Together with industrialization and rapid urbanization, the concept of health gained a wide vision with all its aspects such as environment sanitation, creating safe and healthy living areas in the 19th century (26).

Number of deaths arising from epidemics was reduced thanks to implementations such as vaccination, clean potable water etc. In the end of 20th century, new infectious diseases such as HIV/AIDS, bird flu, MRSA had occurred, chronic diseases such as obesity, cardiovascular diseases, DM etc. had increased, drawing the attention of health sector to promotion of health (27).

Having the opportunity to utilize one's potential and energy, to maintain a satisfactory life, to be productive and to make the best of one's abilities for health lie at the basis of health promotion (9).

Health improvement aims at acquiring competency in self recuperation and self health control and in reaching a complete health potential. It will be possible for people to perform health protecting and improving behaviors by avoiding risky behaviors as a result of their perception of raising consciousness on healthy life, improving lifestyle and protecting health as their own duty (28).

The purpose of health promotion is to ensure spread of correct health behaviors to large mass of people. Within this context, it is pointed out with health promotion implementations the process which will help people improve their health by improving their personal choices and social responsibilities (29,30).

Health promotion is defined in various ways. Lalonde (1974), defines promotion of health as "the strategy which aims at informing, influencing and assisting people on issues that effect physical and spiritual health so as to ensure people and organizations to take roles and responsibilities more actively" (31,32).

Green, in 1980, defines it as "all kinds of combinations of health education and related organizational, political and economical attempts which facilitate behavioral and environmental changes oriented to health improvement" (31,32).

Pender defines health promotion in 1987 as “increasing direct wellness level and raising health potential of the individual, family and the society to a high level” (33).

Kar, in 1989, defines the concept as “Prevention of health risks and improvement of state of wellbeing, by keeping behavioral, social, environmental and biomedical indicators of health at the optimum level” (31,32).

According to definition by WHO, health promotion is a process which targets increasing individual controls of people, developing their individual and social responsibilities (34,35).

Beginning of first approaches on health promotion dates back to 1974. The First International Conference on Health Promotion held in Ottawa in 1986 raised the interest on the subject and led to commencing health promotion activities all over the world. Multi-national conferences were organized within this period by various organizations in different places of the world; many declarations on the subject were put out (36,29).

With the Ottawa Charter in 1986, it was accepted that the burden of health services could not be laid solely on health sector and that other sectors were also liable for the needs on the subject.

In 1988 in Adelaide Recommendations, building strategies for healthy public and society was adopted.

In Amsterdam Declaration of 1994, principles such as patients’ rights, importance and values of human rights in health care, importance of informing, establishing respect for privacy and private life were adopted.

In Copenhagen Declaration of 1994, shaping the future of health services was highlighted.

In Jakarta Declaration of 1997, Action Plans for Health Promotion in 21st Century were developed and health priorities were included within this scope.

In 2000, Mexico Ministerial Statement for the Promotion of Health: From Ideas to Action was published.

In 2005, The Bangkok Charter for Health Promotion in a Globalized World was published.

A number of models have been developed for implementation of health promotion programs. One of the most important ones of these models is Pender's Health Promotion Model (33,37).

3.5. Areas of Work for Health Promotion

There are four areas in health promotion works being protection from diseases, health education, dissemination of public health services and development of the society. They are presented below:

3.5.1. Protection from Diseases:

It refers to regular examination of people by doctors, informing them on risks to cause diseases and directing them to take necessary precautions. The purpose hereby is to protect from diseases and especially early diagnosis (mammography, cholesterol level etc.) is very important.

3.5.2. Health Knowledge and Health Education:

These are studies which aim to get people to protect from diseases and to exhibit positive health behaviors through education. Education activities may be performed on almost all subjects related to health (health education programs in

schools, smoking cessation sessions etc.).

3.5.3. Dissemination of Public Health Services:

It refers to bringing health services to people from every walk of life and promote utilization of these health services. High quality in health services, diversity of services, easy application and reaching take important role in dissemination of health services.

3.5.4. Development of the Society:

To enhance talents, knowledge, social environment of people through systematic social efforts. To enable health promotion by establishing strong relations between those rendering health services and those receiving these services (to generate demand for the service to be rendered by means of publications and brochures, International Standards Organization applications, total quality studies, performance management and increasing service quality) (38).

3.6. Healthy Lifestyle Behaviors

Doctors, nurses and hospitals which firstly come to mind when it comes to health protection and promotion, in short the health sector, have observed how much health of people depends on lifestyle.

Today, it is known that lifestyle factors such as physical activity, diet, smoking and stress change health and the risk of cardiovascular diseases and that morbidity and mortality associated with chronic diseases such as cancer, heart disease, high tension and diabetes can be substantially reduced by lifestyle changes. Research has revealed that state of health is closely related to lifestyle, utilization of health services, health management (39).

According to Koal and Cobb, health behaviors are actions done for the purpose of living healthy by people who have never been ill and who always believe they are fine. Gochman (1988), on the other hand, indicates that health behavior covers also religious belief, expectations, values and judgements, perceptions, personal attitudes, emotional, spiritual characteristics and habits of a person (40).

Health behavior is defined on the basis of two main principles. Positive health behavior refers to conscious efforts of people aimed at protecting and improving personal health and health of others. Taking sufficient food and drink, regular sleep, physical activity and exercise, going through a medical checkup at least once every year are examples for positive health behaviors (41).

In order for people to acquire positive health behavior, they need to have information on the whole of these behaviors and use the information they obtain for differentiating their behavior patterns. Otherwise, people may exhibit negative health behaviors. Negative health behavior refers to people's performance of actions that create shyness for their health. Smoking, taking alcohol, irregular eating habit may be given as examples for negative health behaviors (24).

Lifestyle has an important influence on life quality and time. According to records of WHO, reasons for 70-80% of deaths in developed countries and for 40-50% of deaths in less developed countries are preventable diseases which occur depending on lifestyle (43). It is seen that deaths due to diseases related to chronic diseases rank first among causes of death today (44,45).

Every year roughly 12 million people catch sexually transmitted diseases and 80 % of these diseases are incident to people of ages of 15 to 29 (44).

It is necessary, for protecting people against diseases, to get people to be used to various implementations such as proper diet, nonconsumption of tobacco and alcohol, avoiding pain, weakness and stress, sleeping at least 7-8 hours a day and making the environment suitable for health. Acquiring and maintaining positive health behavior is necessary for health promotion. Therefore, people must be endeavoring to reach a better level of health (46,47).

Health behavior is a whole of behaviors aimed at health protection and health promotion and reducing or preventing diseases (48).

When we look at previous health services, we find that priority of societies is healing patients through treatment and then they put emphasis on methods of protecting from diseases. For this reason, several studies have been prepared for people which protect them from being ill and for them not to experience any diseases during their lives. These studies are called “Healthy Life Style” (9).

The scale requires 4-point Likert type response for each item. 1 point is awarded for “Never”, 2 points for “Sometimes”, 3 points for “Often” and 4 points for “Regularly”. Minimum score for the whole scale is 48, and maximum score is 192; being Self Realization (13-52 points), responsibility for health (10-40 points), exercise (5-20 points), nutrition (6-24 points), interpersonal support (7-28 points) and stress management (7-28 points). The higher the score the higher the level of positive health behavior (49).

Pender (1992) emphasizes that main factor for developing a healthy life style is improving health. According to Pender, healthy life style behaviors include self realization, responsibility for health, physical activity, nutrition, interpersonal support and stress management (1).

3.6.1. Responsibility for Health

It is reported that information of people on health and their healthy life style behaviors are directly associated with diseases and deaths (50).

People's taking on "self-responsibility" for their health was first defined in Declaration of Alma-Ata (51).

"Health for all" was accepted as the main social goal in 1977 by all member states and WHO, common views and common goals were set forth for health protection and promotion (13).

Responsibility for health effects a person in terms of starting and continuing health promotion behavior. Internal control of a person's health reflects his/her level of responsibility on his/her health. With the Ottawa Charter, it was accepted that the burden of health services could not be laid solely on health sector and that other sectors were also liable for the needs on the subject. Health reforms must consider the needs of citizens, taking into account their expectations from health and health services, within the democratic procedure. These regulations must absolutely ensure the voice and choice of citizens to steer services planned and being run. Citizens must also share responsibilities for their health. Governments are responsible for the health of their public and they fulfill these responsibilities only by taking appropriate and sufficient health and social precautions. In health services, responsibility felt with regard to health promotion is shared by individuals, social groups, health professionals, health care institutions and governments. Working together must be promoted in order to reach a health care system which contributes to follow-up of health. Citizens must also share tasks and responsibilities for their health (52,53).

The level of responsibility a person can take on for his/her health is determined by his/her;

- Recognizing his/her body and himself/herself,
- Consulting a doctor or applying to a medical institution in case of changes or deviations related to health,
- Taking medical examinations at regular intervals,
- Paying attention to frequency and regularity of periodical controls,
- Renewing himself/herself on health issues,
- Joining discussions on health,
- Following publications on health,
- Taking necessary precautions in case of changes related to health,
- Following up his/her health, feeling his/her wellbeing (54).

Responsibility for health means a persons's exhibiting of attitudinal and behavioral changes regarding his/her own health with regard to protective behaviors, preventive behaviors and health improving behaviors. Health responsibility effects a person's own health care quality and determines the extent to which the person participates in his/her health.

These responsibilities are determined by a person's taking necessary precautions even in case of simple deviations (changes in the state of health). Performance of these attitudes and behaviors demonstrate that the person attaches importance to health and makes personal efforts (55).

3.6.2. Physical Activity and Exercise

Physical activity and exercise have an important place in the lives of different civilizations and communities in the history. It is found that there is a

positive relationship between exercise and health. Doctrines such as Tai Chi Chuan in China and Yoga in India date back to before common era. Historians state that relationship of exercise and health dates back to times of Herodotus, Hippocrates and Galen (56).

Human body is designed highly suitable for physical exercise. Recent experimental research reveals that inactivity triggers diseases and early death, causes loss of job, health concerns and high costs. It is indicated that, in the USA, inactivity of people increased the risk and cost of heart disease respectively by 18% and 24 billion dollars, whereas it increased the risk and cost of colon cancer by 22% and 2 billion dollars. On the other hand, it is stated that health cost for active people is 30% less, compared to inactive people. The cost of obesity which is incident to 20% of the population in England is said to be 500 million dollars (57).

Therefore, the number of publications on the role of exercise for human health increases every passing day and the role it takes in prevention of certain diseases, in treatment of cardiovascular diseases, osteoporosis, certain types of cancer and mental disorders and even in slowing down aging has become more distinct (58,59).

Physical inactivity causes 334.144 deaths in a year in the USA, and more than 2 million throughout the world. Physical inactivity, which caused a direct cost of 77 billion \$ and an indirect cost of 150 billion \$ to the USA in 1986, is considered to be one of the 10 global reasons which cause death and health problems. Epidemiologic data reveals that frequency of incidence of one of 25 tested chronic diseases in a physically inactive person has increased. While

chronic diseases are perceived as medical factors for death and economical costs; centers for disease control regard physical inactivity as the real cause of death (60).

60% of the world's population and particularly adults in developing countries do not perform physical activities at a sufficient rate. Periods of childhood and young adulthood are considered to be the most appropriate times in terms of getting into the habit of physical activity and of maintaining this during the lifetime. It is not so easy to change inactive life and improper eating habits acquired at early ages, at later ages (57).

It is mentioned that 30 minutes in a day would be enough for a mid-level exercise for adults. However, young people are recommended to perform longer and heavier exercises for healthier bones and muscles. For children, walking to school or in a park, using stairs, getting off public transportation vehicles a few stops earlier and walking are considered exercises (57).

Physical exercise regulates hormonal metabolism, reduces the risk of breast cancer, is effective in reducing musculoskeletal pains, back pains, osteoporosis, stress and depression and anxiety disorders. Physical exercise strengthens social relations and decreases tendency to violence. In addition, environmental modifications aimed at physical activities reduce traffic density and environmental pollution (57).

In a research in Thailand, it was found that physical exercises reduced depression at a significant level (61).

Today, stress and depression experienced by youngsters with regard to their ages may drive them suicide. In a study in which suicide attempts of

youngsters doing sports within a club every day, of adolescents doing sports 2-3 times a week and of adolescents doing sports once a week or never are compared (62), it is found that suicide attempt is seen less often in those doing sports every day or 2-3 times a week compared to those doing sports rarely or never. Regular physical exercises may reduce health risks such as coronary cardiovascular diseases, certain types of cancer, type 2 diabetes, colon cancer, obesity, osteoporosis, depression and stress (63).

In today's world, basic ways of getting old in a healthy way and reducing health risks are balanced nutrition and sufficient physical exercise (57).

Regular physical exercise can make substantial contributions to children and youngsters in terms of healthy growing and development, character development, protection from bad habits, socializing; to protection of adults from chronic diseases or supporting treatments, and to old people in terms of living an active old age (64,65).

On the other hand, it is a known fact that lives of people are getting more and more inactive due to technology (66).

3.6.3. Nutrition

Nutrition is sufficient and balanced intake of nutrients which are necessary for a person to grow up, develop, live in a healthy and productive way for a long time and utilization of these nutrients within the body. Nutrition determines values of a person in choosing and arranging meals, and choosing food (67).

Nutrition is compulsory for growing up, maintaining life and protecting health. Foods taken daily consist of 6 main food groups. These are groups are, water, carbohydrates, proteins, fats, vitamins and minerals. Main nutrients which

are necessary for the body to grow up, renew its cells, continue its functions must be taken sufficiently and in a balanced way. Taking these nutrients less than the body needs causes poor nutrition problem, while nutrition with a single type of nutrient leads to malnutrition. Sufficient and balanced nutrition and making this a habit is required for maintaining and improving health (64,67).

Correct nourishment is one of the prerequisites of protecting from metabolic diseases and healthy life. It is proven by research that Type 2 diabetes can be prevented by 30-50% by increasing physical activity and changing eating habits (68).

3.6.4. Stress Management

Rapid development and change in today's world have brought a great mobility and impetus to the business life and social life, as well. Due to rapidly developing and changing living conditions, it is inevitable for a human, a social being, to give different reactions as his/her physical and spiritual limits are pushed and threatened and to try to adapt to these changes. The change is so rapid that people push their own limits in great part of their lives, regardless of their social environment or their businesses. Therefore, the concept of stress has become a frequently encountered and used concept (69).

Another known way of overcoming stress individually is CALM model which includes life style change. In the model developed by Braham, the acronym CALM refers to C; change, A: accept, L: let go, M: manage your life style. Change: This step refers to changing the current negative situation, if possible. If the negative situation changes, stress caused by this situation may be eliminated. Accept: It is based on accepting circumstances which are not possible to change.

Let go: To make a fresh and different interpretation for events with an emotionally and mentally different comprehension. Manage your life style: At this stage, it is possible to get rid of elements which may cause stress in the future, through methods such as exercise, diet, relaxation and emotional support (70).

Deterioration occurs in organs, systems and functions as a result of lengthening of state of stress (71).

3.6.5. Spiritual Development

Spiritual development is defined as the unifying power beyond the person himself/herself and existence of the person, which effects the body and the spirit and nevertheless is effected by the body and the spirit. Spiritual development of a person is effected by familial relations, friendly relations, social environment. It is the spiritual area where a person catches the meaning and the purpose of life (43).

Spiritual area of a person is of importance in situations of health and illness. It supports and relieves the person whenever a physical or psychosocial threat occurs on the integrity and continuity of the body. Spiritual dimension in health explains the meaning of life, acceptance of death and relationship of the person with a superior power (72).

3.6.6. Interpersonal Relations

Personality, in the most general sense, is the sum of all factors which make an individual human both an individual and a human. The most important factor which makes humans completely different from others is personality. All unchanging, distinct, consistent characteristics of an individual are called personality. Personality development is defined at the end of adolescent period and is effected by inheritance elements, familial factors, education and social

environment factors. Although a great part of personality is completed within the adolescent period, experiences in the rest of the life and relations effect personality formation (73).

According to Turkish Language Association, the concept of relation is defined as mutual interest, tie, communication, contact and connection between two things (74).

The concept of interpersonal relations, on the other hand, is defined as a psychosocial-process by which at least two persons mutually share their knowledge, feelings, ideas and lives in certain ways. To make it more concrete, it is in the form of interaction of a married couple, interaction of a person with his/her environment (relatives, friends, colleagues).

Chen considers interpersonal relation support as spending time with close friends, building meaningful and satisfactory relationships with others, expressing interest and love for others and being sincere to them, loving to touch people close to himself/herself and to be touched by them, sharing personal problems with friends and family members (75).

A person's communication with himself/herself and his/her environment throughout lifetime is inevitable. All relations feature an experience in a person's life and a guide in terms of precautions to be taken for the future (76,77).

Stages of development for interpersonal relation (78).

1. Contact: Building a perceptive or interactive connection with the other person. It is divided into two as perceptive and interactive contact. Perceptive contact is related to how the other person looks. Interactive contact is a whole of verbal or non-verbal messages.

2. Involvement: Trying to obtain more information about the other side. The other side is tested in the beginning and then the person starts to talk about himself/herself.

3. Intimacy: This is the stage where the other person is your best friend, darling or business partner.

4. Breakdown: Breakdown of interpersonal tie due to reasons such as dissatisfaction, loss of trust.

5. Fixing: Attempts for the purpose of saving the relation, upon having problems.

6. Dissociation: These are the stages where ties with the other person are broken. This means breaking up (78).

4. MATERIAL AND METHOD

This study was conducted for the purpose of analyzing Healthy Life Style Behaviors of Amateur Footballers in Elazığ, using survey method between 01.09.2017 and 01.12.2017.

4.1. Population and Sample of the Research

The population of the study was constituted by 1080 footballers in total from 30 clubs under Elazığ Federation of Amateur Sport Clubs whereas the sample was represented by 432 footballers of ages of 16-30 from different clubs. Before filling out the questionnaire, the participants were given all necessary information regarding the research and also volunteering consent of the participants was received for participating in the research.

4.1.1. Data Collection Techniques

4.1.1.1. Data Collection Tool

In this study, “Healthy Life Style Behavior Scale-II” developed by Walker et al. (79) and adapted to Turkish by Bahar et al. (80) in 2008 was used. The scale consists of 52 items and six factors. These are; spiritual development, interpersonal relations, nutrition, physical activity, responsibility for health and stress management. Cronbach Alpha value, the reliability coefficient of the scale, was .94 for the total of scale and it varied between .79-.87 for the six sub-factors. Sub-scales were determined by items responsibility for health (3,9,15,21,27,33,39,45,51), physical activity (4,10,16,22,28,34,40,46), nutrition (2,8,14,20,26,32,38,44,50), spiritual development (6,12,18,24,30,36,42,48,52), interpersonal relations (1,7,13,19,25,31,37,43,49) and stress management (5,11,17,23,29,35,41,47).

Responsibility for health is a person's feeling actively responsible for self state of well-being. It means paying attention to health, being informed about health, being able to apply for assistance when necessary.

Physical activity includes practice of light, medium and heavy exercises regularly. It is performed in a planned way as part of daily life.

Nutrition determines the value of the person in choosing and arranging meals, and in choosing food.

Spiritual development focuses on development of internal sources. Development can be realized through building relationship and hanging. Hanging ensures inner peace, creates possibility of providing opportunities for new experiences apart from who we are and what we are doing. Building relationship is being in relation with the universe and feeling of being in harmony. Development refers to working for the goals in life, raising the power of the person towards state of well-being to the highest level.

Interpersonal relations are relations with others and require utilization of communication in order to establish a meaningful relationship except for causal requirements. Communication includes sharing ideas, feelings through verbal and non-verbal messages.

Stress management is the ability of a person to determine physiological and psychological sources and activate them in order to reduce or effectively control stress (80).

4.1.1.2. Analysis of data

Mean, standard deviation and variance analysis were used for analysis of data. Kruskal-Wallis H, Mann-Whitney U test was applied to determine

differences. The findings obtained were tested statistically at the significance level of $p < 0.05$. SPSS 17.0 was used in the analysis of data.



5. FINDINGS

Table 1. Distribution of Participants with regard to Age

Age	N	%
Ages of 14-18	171	39,6
Ages of 19-24	161	37,3
Ages of 25 and over	100	23,1
Total	432	100,0

Findings with regard to Ages of Footballers who participated in the study are given in Table 1. 171 people between ages of 14-18 (39,6%), 161 people between ages of 19-24 (37,3%), 100 people at the age of 25 and over (23,1%); 432 people in total participated in the study.

Table 2. Distribution of Participants with regard to their Tasks

Task	n	%
Student	243	56,3
Employee	189	43,8
Total	432	100,0

Findings with regard to Tasks of Footballers who participated in the study are given in Table 2. 243 Students (56,3%), 189 Employees (43,8%) participated in the study.

Table 3. Distribution of Participants with Regard to State of Smoking

Do You Smoke	N	%
Yes	202	46,8
No	230	53,2
Total	432	100,0

Findings with regard to States of Smoking of Footballers who participated in the study are given in Table 3. 202 smokers (46,8%), 230 non-smokers (53,2%), 432 people in total participated in the study.

Table 4. Distribution of Participants With Regard to Frequency of Doing Sports

How often do you do sports	N	%
Never	34	7,9
Sometimes	117	27,1
Regularly	281	65,0
Total	432	100,0

Findings with regard to Frequency of Doing Sports of Footballers who participated in the study are given in Table 4. 34 people doing sports never (7,9%), 117 people doing sports sometimes (27,1%), 281 people doing sports regularly, 432 people in total participated in the study.

Table 5. Distribution of Participants With Regard to Length of Time Doing Sports

For how long have you been doing sports	N	%
1-4 years	208	48,1
5-9 years	98	22,7
10-14 years	116	26,9
15-19 years	10	2,3
Total	432	100,0

Findings with regard to Length of Time Doing Sports of Footballers who participated in the study are given in Table 5. 208 people having been doing sports between 1-4 years (48,1%), 98 people between 5-9 years (22,7%), 116 people between 10-14 years (26,9%), 10 people between 15-19 years (2,3%), 432 people in total participated in the study.

Table 6. HLSBS II and Distribution of Sub-Dimensions

Sub-dimensions	Mean	Standard deviation	Minimum	Maximum
Responsibility for health	24,9	4,36	13	36
Physical activity	22,3	3,76	11	32
Nutrition	23,7	3,77	12	36
Spiritual development	25	4,49	15	36
Interpersonal relations	24,5	4,09	11	36
Stress management	21,3	3,4	9	32
HLSBS II	141,9	14,8	109	184

Findings for Footballers who participated in the study with regard to HLSBS II and its sub-dimensions are shown in Table 6. Average score of responsibility for health for the participating footballers is $24,9 \pm 4,36$; while average score for physical activity is $22,3 \pm 3,76$; average score for nutrition is $23,7 \pm 3,77$; average score for spiritual development is $25,0 \pm 4,49$; average score for interpersonal relations is $24,5 \pm 4,09$; average score for stress management is $21,3 \pm 3,4$. Total average score for the participants is $141,9 \pm 14,8$.

Tablo 7. Distribution of HLSBS Sub-Dimensions With Regard to Ages of Participants

Hls Sub-Dimensions With Regard To Age	N	Mean	Standard deviation	P	
Responsibility for health	25-37	100	223,60	4,36	0,79
	19-24	161	215,70		
	14-18	171	213,00		
	Total	432			
Physical activity	25-37	100	223,90	3,76	0,72
	19-24	161	211,20		
	14-18	171	217,00		
	Total	432			
Nutrition	25-37	100	229,70	3,77	0,44
	19-24	161	209,90		
	14-18	171	214,90		
	Total	432			
Spiritual development	25-37	100	205,70	4,49	0,57
	19-24	161	216,90		
	14-18	171	222,30		
	Total	432			
Interpersonal relations	25-37	100	210,50	4,09	0,84
	19-24	161	219,60		
	14-18	171	216,90		
	Total	432			
Stress management	25-37	100	207,40	3,40	0,20
	19-24	161	230,20		
	14-18	171	208,80		
	Total	432			

Findings on HLSBS sub-dimensions with regard to Ages of Footballers who participated in the study are shown in Table 7. Any significant results with regard to HLSBS sub-dimensions were not found ($p>0,05$).

Table 8. Distribution of HLSB Sub-Dimensions With Regard to Tasks of Participants

Hls Sub-Dimensions With Regard To Task		N	Mean	Standard deviation	P
Responsibility for health	Student	243	217,76	4,36	0,81
	Employee	189	214,88		
Physical activity	Student	243	216,73	3,76	0,96
	Employee	189	216,20		
Nutrition	Student	243	222,15	3,77	0,28
	Employee	189	209,24		
Spiritual development	Student	243	218,38	4,49	0,72
	Employee	189	214,08		
Interpersonal relations	Student	243	215,43	4,09	0,83
	Employee	189	217,88		
Stress management	Student	243	218,76	3,40	0,66
	Employee	189	213,59		

Findings on HLSBS sub-dimensions with regard to employment status of Footballers who participated in the study are given in Table 8. Any significant results with regard to HLSBS sub-dimensions were not found ($p>0,05$).

Table 9. Distribution of HLSB Sub-Dimensions With Regard to the Length of Time Doing Sports

Hls Sub-Dimensions With Regard To The Length Of Time Doing Sports		N	Mean	Standard deviation	P
Responsibility for health	1-4 years	208	220,0	4,52	0,04
	5-9 years	98	235,8	4,12	
	10-14 years	116	200,0	4,13	
	15-19 years	10	144,3	4,88	
Physical activity	1-4 years	208	224,1	3,94	0,00
	5-9 years	98	235,2	3,55	
	10-14 years	116	196,0	3,42	
	15-19 years	10	110,0	3,54	
Nutrition	1-4 years	208	222,3	3,82	0,74
	5-9 years	98	205,5	3,93	
	10-14 years	116	214,8	3,61	
	15-19 years	10	222,1	3,1	
Spiritual development	1-4 years	208	216,5	4,48	0,00
	5-9 years	98	181,2	4,15	
	10-14 years	116	243,3	4,64	
	15-19 years	10	248,1	3,46	
Interpersonal relations	1-4 years	208	220,2	4,07	0,02
	5-9 years	98	184,5	3,77	
	10-14 years	116	235,6	4,29	
	15-19 years	10	229,2	3,92	
Stress management	1-4 years	208	217,3	3,15	0,03
	5-9 years	98	231,9	3,06	
	10-14 years	116	204,2	3,98	
	15-19 years	10	190,0	4,24	

Findings for HLSBS sub-dimensions with regard to the time for how long the Footballers who participated in the study have been doing sports are given in Table 9. As per HLSB sub-dimension responsibility for health, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension physical activity, average of those who have been doing sports for 1 to 4 years was found to be higher than that of people who have been doing sports for other number of

years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension spiritual development, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension interpersonal relations, average of those who have been doing sports for 1 to 4 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension stress management, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). No significant result was found with regard to HLSB sub-dimension nutrition ($p > 0,05$).

Table 10. Distribution of HLSB Sub-Dimensions With Regard To Smoking Status of Participants

Hls Sub-Dimensions With Regard To Smoking Status		N	Mean	Standard deviation	P																																										
Responsibility for health	No	230	220,05	4,36	0,52																																										
	Yes	202	212,46			Physical activity	No	230	217,77	3,76	0,82	Yes	202	215,05	Nutrition	No	230	218,98	3,77	0,65	Yes	202	213,67	Spiritual development	No	230	213,13	4,49	0,54	Yes	202	220,34	Interpersonal relations	No	230	216,66	4,09	0,97	Yes	202	216,32	Stress management	No	230	220,33	3,40	0,49
Physical activity	No	230	217,77	3,76	0,82																																										
	Yes	202	215,05			Nutrition	No	230	218,98	3,77	0,65	Yes	202	213,67	Spiritual development	No	230	213,13	4,49	0,54	Yes	202	220,34	Interpersonal relations	No	230	216,66	4,09	0,97	Yes	202	216,32	Stress management	No	230	220,33	3,40	0,49	Yes	202	212,14						
Nutrition	No	230	218,98	3,77	0,65																																										
	Yes	202	213,67			Spiritual development	No	230	213,13	4,49	0,54	Yes	202	220,34	Interpersonal relations	No	230	216,66	4,09	0,97	Yes	202	216,32	Stress management	No	230	220,33	3,40	0,49	Yes	202	212,14															
Spiritual development	No	230	213,13	4,49	0,54																																										
	Yes	202	220,34			Interpersonal relations	No	230	216,66	4,09	0,97	Yes	202	216,32	Stress management	No	230	220,33	3,40	0,49	Yes	202	212,14																								
Interpersonal relations	No	230	216,66	4,09	0,97																																										
	Yes	202	216,32			Stress management	No	230	220,33	3,40	0,49	Yes	202	212,14																																	
Stress management	No	230	220,33	3,40	0,49																																										
	Yes	202	212,14																																												

Findings for HLSBS sub-dimensions with regard to smoking status of Footballers who participated in the study are given in Table 10. No significant result was found with regard to HLSB sub-dimension ($p>0,05$).

Table 11. Distribution of HLSB Sub-Dimensions With Regard to Frequency of Doing Sports

Hls Sub-Dimensions With Regard To Frequency Of Doing Sports		N	Mean	Standard deviation	P
Responsibility for health	Never	34	269,6	4,55	0,00
	Sometimes	117	243,2	4,12	
	Regularly	281	198,9	4,32	
Physical activity	Never	34	242,3	4,17	0,00
	Sometimes	117	270,1	3,78	
	Regularly	281	199,2	3,59	
Nutrition	Never	34	247,2	4,52	0,08
	Sometimes	117	229,5	3,91	
	Regularly	281	207,3	3,61	
Spiritual development	Never	34	158,2	4,25	0,00
	Sometimes	117	191,1	3,89	
	Regularly	281	234	4,60	
Interpersonal relations	Never	34	223,1	4,54	0,21
	Sometimes	117	199,2	3,5	
	Regularly	281	222,9	4,25	
Stress management	Never	34	189,3	3,66	0,04
	Sometimes	117	221,4	2,82	
	Regularly	281	217,7	3,59	

Findings for HLSB sub-dimensions with regard to frequency of doing sports of Footballers who participated in the study are shown in Table 11. As per HLSB sub-dimension responsibility for health, average of those who do sports at no time was found to be higher than that of others, which meant to be a statistically significant result ($p<0,05$). As per HLSB sub-dimension physical activity, average of those who do sports sometimes was found to be higher than that of others, which meant to be a statistically significant result ($p<0,05$). As per HLSB sub-dimension spiritual development, averages of those who do sports

sometimes regularly were found to be higher than those of others, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimensions nutrition and interpersonal relations, no significant result was found ($p > 0,05$).



6. DISCUSSION

This study comprised of 432 athletes in total from Amateur Sports Clubs in Elazığ Province and was conducted to investigate the level of healthy life style behaviors.

In terms of HLSB Scale average scores, total HLSBS average score was found to be $141,9 \pm 14,85$ for the footballers who participated in the study. Minimum score to be awarded by the scale is 48 while the maximum score is 192 (30). Therefore, it was found that our research score was at the medium level.

Kocaman finds HLSBS total average score as $125,75 \pm 20,59$ in his/her study of 2014 on obese people regarding healthy life style behaviors and assessing quality of life with regard to health (30).

Küçükberber et al. find total HLSB average score for cardiac patients as 127,5 in their study on cardiac patients (81).

Savaşan et al. find total HLSB average score as $128,00 \pm 22,00$ in their study on patients with coronary artery disease (82).

In a thesis study by Berçin (2010) with high school students, total HLSBS average score is found as $120,88 \pm 16,70$ and in the same study HLSBS average score for students of 9th Grade is found to be $122,08 \pm 16,6$ (83).

İlhan et al. find HLSB average score as $126,44 \pm 18,49$ in their study on university students (10).

In the study of Güsel in 2015 on Examination of Healthy Life Style Behaviors and Quality of Life of Instructors, HLSBS II total average score is found to be $(131,10 \pm 19,97)$ (84).

When we look at average HLSBS sub-dimension scores of participants, it is seen that average score for responsibility for health is found to be $24,98\pm4,36$ whereas it is found $22,31\pm3,76$ for physical activity, $23,79\pm3,77$ for nutrition, $25,03\pm4,49$ for spiritual development, $24,53\pm4,09$ for interpersonal relations and $21,31\pm3,40$ for stress management.

In the studies conducted by Lee et al. (2005) with students studying in different departments of the university in Hong Kong, scale score average is found to be 119.78 (85).

Ünalın et al. (2007) find HLSB Scale II average score (118.46) for students studying at health programs at vocational schools lower than scale average score (125.34) for students studying at social programs (86).

In the study of Karadeniz et al. (2008) with students of faculty of education, scale average score of students is found 125.9 (87).

Yalçınkaya et al. (2007) find HLSB Scale II average score for nurses working at the university and state hospital as 122.4 (88).

Pasinliođlu and Gözüm find, in their study with health personnel working for primary healthcare services, scale average score for nurses as 117.5 (89).

Scale average score for nurses is found to be 125.9 in the study of Özkan and Yılmaz (2008) on nurses working at the hospital (90).

When similar studies on the subject are considered, it is found, in the study of Bozlar in 2016 themed Determining Healthy Life Style Behaviors of Students in the School of Physical Education and Sports, that the highest average score belongs to self-realization sub-dimension ($37,25\pm6,02$), which is followed respectively by responsibility for health ($23,57\pm5,56$), interpersonal support

(20,25±3,82), stress management (18,70±3,67), nutrition (15,51±3,40), and finally by average score (13,45±3,06) for exercise (20).

In other similar studies; Altun (2002) finds average score of 122.1±19.8, while Bahtiyar (2017) finds 128,51±26,30, Pasinlioğlu and Gözüm (1998) find 117,5±17,1, Tokuç and Berberoğlu (2007) find 134.5±17.9 (89,91,92,93).

In another study on Examination of Healthy Life Style Behaviors of Nursing Students, average score for sub-scale of responsibility for health is found 20.70±4,20 while it is found 17.09±4,63 for physical activity, 19.62±4,02 for nutrition, 25.30±4,75 for spiritual development, 24.50±4,45 for interpersonal relations, 19.14±3,67 for stress management (94).

No significant result was found for HLSBS sub-dimensions with regard to Age ($p>0,05$).

When similar studies on the subject are considered, no statistically significant result in terms of sub-scales Interpersonal Support, Self-Realization, Stress Management is found in the study of Bozlar in 2016 whereas mean rank for Exercise scale for students of ages of 16-17 and mean rank for Nutrition and Responsibility for Health sub-scales for students at the age of 25 and over are found to be the highest (20).

In the study of Cihangiroğlu in 2011, difference comes to the fore in scores of responsibility for health and interpersonal support in favour of people at higher ages (95).

In a study conducted at a nursing school in Istanbul, average scores of students of age group 22-25 in terms of sub-scales of self-realization, responsibility for health and interpersonal support are found to be higher compared to those of students of age group 17-21 (96).

Besides all these, there are some studies in which responsibility for health, in particular, is found to be increasing depending on age (20).

In a study in Mexico, it is found, in parallel to our findings, that students of age group 17-24 show higher average scores in sub-scales stress management and interpersonal support as well as physical activity sub-scale compared to students at the age of 25 and over (97).

In another study in America, elderly students are found to have higher scores in terms of total scale score and responsibility for health sub-scale (98).

On the other hand, in the study of Koçoğlu and Akın (2009) this increase is observed in total average scores received from HLSBS as the age increases (99).

According to other findings of our study any significant results were not found for HLSBS sub-dimensions with regard to Smoking Status ($p>0,05$). While no significant result was found, it was found that 40,8% of smokers were smoking.

When we look at similar studies;

Rahimi does not encounter a significant difference between smokers and non-smokers in his/her study in 2012 on Relation of Habit of Physical Activity and Healthy Life Style Behaviors with Academic Success for Students of School of Physical Education and Sports (100).

In his/her study of 2015 themed Examination of Healthy Life Style Behaviors of University Students, in the analysis of average scores of HLSB scale and its sub-groups with regard to smoking status, Kuşdemir does not find a statistical difference in averages of behaviors of responsibility for health, physical activity behaviors, interpersonal relation behaviors, stress management behaviors with regard to smoking status, however he/she finds a statistically significant

difference in averages of spiritual development behaviors, nutrition behaviors with regard to smoking status (101).

Also in Bostan's study, in the analysis of average scores of HLSB scale and its sub-groups for nurses, statistically significant difference is found between smoking status and average scores of nutrition sub-group (102).

HLSB scale and eating habit average scores of smoking students are found lower than non-smoking students within the scope of the study by Cihangirođlu and Deveci (95).

In the study of Özkan and Yılmaz on healthy life style behaviors of nurses working at the hospital, average scores of nurses regarding nutrition are reported to be low (90).

In the study of Zuhail in 2010, 15,8% state that they smoke (95). Rate of smokers is found to be 17,5% in the study of Ayaz et al. conducted among nursing students (103). Rate of smokers is 16.6% in the study of Herken et al. on smoking among young people (104). Özkan and Yılmaz report in their study with nurses working at the hospital that 46,6% of nurses smoke (90).

No significant result was found for HLSBS sub-dimensions with regard to Employment Status which is another finding of our study ($p>0,05$).

According to relevant studies, Rahimi does not find any significant differences between working people and those not working in his/her study of 2012 (100).

Çalmaz finds in 2011 that HLSBS, exercise habit and stress management scores of working women are higher compared to those not working (105). Altıparmak and Kutlu find in their study that scores of exercise habit and stress

management of nonworking women are lower (106). Gök finds in his/her study that employment status of women effect self realization, interpersonal support and stress management and nonworking women get higher scores compared to those working (107).

According to the question of “for how long have you been doing sports” which is another finding of the study, considering HLSB sub-dimensions, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension physical activity, average of those who have been doing sports for 1 to 4 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension spiritual development, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension interpersonal relations, average of those who have been doing sports for 1 to 4 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension stress management, average of those who have been doing sports for 5 to 9 years was found to be higher than that of people who have been doing sports for other number of years, which meant to be a statistically significant result ($p < 0,05$). No significant result was found with regard to HLSB sub-dimension nutrition ($p > 0,05$).

In similar studies on the subject, it is found that there is a statistically significant difference in the negative direction between working year and both HLSBS II total score and out of the sub-dimensions, responsibility for health, physical activity and nutrition scores (108). In Esin's study of 1997, it is reported that health improving behaviors increase as the number of working years increases (10). In the study of Yalçinkaya et al. in 2007, it is found that health workers pay more attention to exercising and proper eating as the number of working years increases (88). Özkan et al. find in their study of 2008 that working time of nurses on yearly basis is not significant with health behavior scores but scores of responsibility for health and stress management of the group with fewer weekly working hours are higher (90).

According to the question of "How Often Do You Do Sports" which leads us to another finding of the study, as per HLSB sub-dimension, average of those who do sports at no time was found to be higher than that of others, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension physical activity, average of those who do sports sometimes was found to be higher than that of others, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimension spiritual development, averages of those who do sports sometimes regularly were found to be higher than those of others, which meant to be a statistically significant result ($p < 0,05$). As per HLSB sub-dimensions nutrition and interpersonal relations, no significant result was found ($p > 0,05$).

In similar studies on the subject; according to study of Sevindik in 2011, the fact that 77,5% of students regard themselves highly and intermediate active show their sensitivity to physical activity. Whereas 15,7% of our students state

they practice very light activities, 6,85 of them state that they have a sedentary life (109).

It is seen in the study by Savcı et al. (2006) on university students, named “Physical Activity Levels of University Students” that 15,0% of students are not physically active, physical activity level of 68% of them is low, 18% of them perform a sufficient level of physical activity (110).

In the study of Vaizoğlu et al (2004) named “Determining physical activity level of young adults”, 26% of the participants are found to be “sedentary” (111).

In conclusion; while maximum score to be received from the Scale was 208, total HLSBS score of footballers was found to be (141,9±14,85). As per average scores of the participants with regard to HLSBS sub-dimensions, they were found 24,98±4,36 for responsibility for health, 22,31±3,76 for physical activity, 23,79±3,77 for nutrition, 25,03±4,49 for spiritual development, 24,53±4,09 for interpersonal relations and 21,31±3,40 for stress management.

According to results of the study, footballers must be promoted with respect to characteristics which were found to be lacking in HLSB sub-dimensions and they must be encouraged to adopt the habits of beneficial life style.

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8. ATTACHMENTS

Annex A

Personal information form

Distinguished Professors were asked personal questions about graduation thesis and Healthy Tacit Behavior Scale-II. It is made entirely for scientific purposes. You do not need to write your name. Thank you for your contributions.

Wrya Abubakir AHMED

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Tel No: 0770145013 Asiye Cell 07510405408 Korak Telkom

1-Your age

2-Your position: Student Employee

3-How long have you been doing sports (years)

4-Do you smoke Yes No

5-How often do you sport? Never Sometimes Regularly

EK-B

HEALTHY PATIENT DIAGNOSTICS DIALOGUE -II

		Never	Sometimes	Often	Regularly
1	Discuss my concerns and problems with those close to me				
2	I prefer a diet low in liquid and solid fat, low in cholesterol				
3	Tell a doctor or a health professional about the unusual signs and symptoms of my body				
4	I do a regular exercise program				
5	Enough stool				
6	I feel positively changed and improved				
7	I appreciate people for success				
8	Sugar and sweetness constraints				
9	Watch the health promotion programs on TV and read the books on these topics				
10	Exercise at least three times a week for 20 minutes and / or such as fast walking, cycling, aerobics, dancing)				
11	Make time to relax every day				
12	I believe that my life is an aim				
13	Keeping meaningful and satisfying relationships with				
14	Eat 6-11 meals per day, cereal, rice and pasta				
15	Ask questions to the health staff to understand their recommendations				
16	Do mild to moderate exercise (eg 5 times a week or more)				
17	Accepting things I can not change in my life				
18	Looking forward to the future				
19	Close friends time break				
20	I eat 2-4 meals every day				
21	Whenever I have questions about the recommendation of the health personnel that I am going to, I consult with				
22	Doing funny physical activities like swimming, dancing,				
23	I think nice things before I sleep				
24	I am self-sufficient and self-sufficient				
25	It is easy for me to show interest, love and affinity to				
26	I eat 3-5 meals every day				
27	Consult health care providers about health problems				
28	Do muscle strengthening exercises at least three times a				

29	Use appropriate methods to control stress				
30	I work for long-term goals in my life				
31	Embrace the people I love				
32	Eat milk, yogurt or cheese 3-4 times daily				
33	I control my body at least once a month for physical changes, dangerous findings				
34	Exercise during daily work (for example, go to lunch, use ladder instead of elevator)				
35	I balance work and leisure time				
36	I find interesting and interesting things to do every day				
37	Make a lot of effort to get close friends				
38	3-4 servings of whole meats, chicken, fish, dry pulses,				
39	Consult health personnel about how to look after myself				
40	I control my heart rate and pulse rate while exercising				
41	15-20 minutes a day to relax, do applications to relax				
42	I am aware of what is important to me in my life				
43	Get support from people with similar issues				
44	Read labels identifying food, fat and sodium contents on food packages				
45	Participation in training programs related to individual health care				
46	Exercise until heart rate is accelerated				
47	Torture yourself				
48	I believe in the presence of a divine power				
49	I resolve conflicts by talking and compromising				
50	I do breakfast				
51	I receive advice and guidance from others when I need				
52	I am open to new experiences and situations				

9. CV

Curriculum Vitae - CV

1. Personal Data:

- **Name:** Wrya Abubakr Ahmed
- **Birth:** 27 / 10 /1986 Al Sulaymaneyah
- **Address:** Al Sulaymaneyah - Raniyah –Bnar –Stadium Kewarash
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2. Higher Education and Scientific Title:

- University of Sulaimani _ Physical Education Department 2013-2014 _ BS.C (Bachelor)
- M.Sc. Student at Department of Physical Education. College of Sport Science- Firat University Elazig-Turkey "Unemployment Anxieties of Students Taking Sports Education in Firat University " (2015-2018).

3. Language:

- Fluent spoken and written (Kurdish).
- Median spoken and \written (English).
- Median spoken and written (Arabic).
- Median spoken and written (Turkish)