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EVALUATION OF HEALTH PROMOTING BEHAVIORS AND AFFECTING FACTORS IN HIGH SCHOOL STUDENTS

LİSE ÖĞRENCİLERİNDE SAĞLIĞI GELİŞTİRİCİ DAVRANIŞLAR VE ETKİLEYEN FAKTÖRLERİN DEĞERLENDİRİLMESİ

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ABSTRACT

In this study, it was aimed to evaluate health-promoting behaviors and affecting factors in high school students. The sample of this descriptive study consisted of 112 students who met the inclusion criteria of a Municipality Youth Center and Information House in Istanbul and volunteered to participate in the study. The data were collected with an information form containing the socio-demographic characteristics of the students and a healthy lifestyle behaviors (SYBD) scale. The data obtained in the research were evaluated in a computer environment by means of SPSS 22.0 statistical program. Data analysis was performed using t-test and one-way analysis of variance. Behaviors of high school students regarding responsibility for health, and the rate of participation in trainings on this subject were found to be moderate. One of the remarkable results is that adolescents' behaviors related to physical activity, nutrition score averages and spiritual development sub-dimension scores are at a moderate level. High school students' healthy lifestyle behaviors were found to be moderate. Students need education about the importance of healthy lifestyle behaviors. Education on healthy lifestyle behaviors should be given to students both in youth centers and in information centers and high schools.

Keywords: High school students, Health promotion, Influencing factors anxiety.

ÖZET

Bu çalışmada lise öğrencilerinde sağlığı geliştirici davranışlar ve etkileyen faktörlerin değerlendirilmesi amaçlanmıştır. Tanımlayıcı tipteki bu araştırmanın örneklemini İstanbul'da bulunan bir Belediye Gençlik Merkezi ve Bilgi Evi'nin dâhil edilme kriterlerini karşılayan ve araştırmaya katılmaya gönüllü olan 112 öğrenci oluşturmuştur. Veriler, öğrencilerin sosyodemografik özelliklerini içeren bilgi formu ve sağlıklı yaşam biçimi davranışları (SYBD) ölçeği ile toplanmıştır. Araştırmada elde edilen veriler bilgisayar ortamında SPSS 22.0 istatistik programı ile değerlendirilmiştir. Veri analizi, t-testi ve tek yönlü varyans analizi kullanılarak yapıldı. Lise öğrencilerinin sağlık sorumluluğuna ilişkin davranışları ve bu konudaki eğitimlere katılım oranları orta düzeyde bulunmuştur. Dikkat çeken sonuçlardan biri de ergenlerin fiziksel aktivite ile ilgili davranışları, beslenme puan ortalamaları ve ruhsal gelişim alt boyut puanlarının orta düzeyde olmasıdır. Lise öğrencilerinin sağlıklı yaşam biçimi davranışları orta düzeyde bulunmuştur. Öğrencilerin sağlıklı yaşam biçimi davranışlarının önemi konusunda eğitime ihtiyaçları vardır. Hem gençlik merkezlerinde hem de bilgi merkezlerinde ve liselerde öğrencilere sağlıklı yaşam biçimi davranışları konusunda eğitim verilmelidir.

Anahtar kelimeler: Lise öğrencileri, Sağlığın teşviki ve geliştirilmesi, Etkileyen faktörler

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INTRODUCTION

Healthy lifestyle behaviors (SYBD) are the whole behaviors that an individual believes and practices to stay healthy and protect against diseases (Sisman, 2021). The World Health Organization (WHO) defined health as "not just the absence of disease or infirmity, but a state of complete physical, mental and social well-being" and emphasized the importance of healthy lifestyle behaviors. The goal is to gradually increase the number of healthy people. It is reported that 70-80% of deaths in developed countries and 40-50% of deaths in developing countries are caused by unhealthy lifestyles. This situation reveals the importance of developing a healthy lifestyle. Changes in technology and lifestyle also change the definitions of health. Health is defined not only as the absence of disease or disability but also as a state of complete physical, mental and social well-being (World Health Organisation, 2022; Persson, 2017; Elsenburg, 2022).

Today's understanding of health aims to protect, maintain and improve the health of the society. A healthy society can only be created with healthy individuals. For this reason, individuals should be helped to acquire positive behaviors that will protect, maintain and improve their health and well-being and make the right decisions regarding their own health (Sisman, 2021; Persson, 2017; Elsenburg, 2022).

Positive health behavior consists of conscious efforts made to effectively protect the health of individuals and their environment (World Health Organisation, 2022; Persson, 2017; Elsenburg, 2022). Health promotion is not only based on the prevention of diseases but also includes the protection, maintenance, and improvement of the individual's well-being and taking responsibility for decisions about his health.

Behaviors that improve health include behaviors that increase the level of well-being of the individual and provide self-development. Healthy lifestyle behaviors include adequate and regular exercise, a balanced diet, not smoking, health responsibility, stress management, and hygienic measures.

Health promotion; is the process of helping individuals make conscious decisions to optimize their physical and mental health and improve their physical and social environment (Persson, 2017). Health promotion can be achieved by improving and controlling people's health and achieving full health potential. The individual who transforms these behaviors into an attitude can maintain the state of being healthy as well as bring the state of health to a better level. Health behavior is the whole of the behaviors that the individual believes and practices to stay healthy and to be protected from diseases (Elsenburg, 2022). Health promotion efforts are important for people to maximize their health behaviors. The health level of societies is measured by the majority of healthy individuals. Being healthy, and protecting and maintaining health, which is one of the fundamental rights of every human being, constitutes the basis of the development of health. Individuals should take their responsibilities in developing healthy behaviors and transform healthy lifestyle behaviors into daily life habits.

The first steps to develop healthy lifestyle behaviors are taken in the society and family, and then it develops and changes with education (Alkır, 2021; Ethington, 2015; Hosseini, 2017). Giving health-promoting information at every stage of education, which constitutes an important part of individuals' life processes, is very effective in permanent behavior change. In the literature, there are many studies conducted using the HLBD scale. These studies were carried out in different groups such as nurses, lecturers, teachers, university students, health workers, and housewives. It is noteworthy that studies on how healthy lifestyle behaviors are affected in high school students are limited. Based on this, the research was planned to determine the health, lifestyle behaviors, and influencing factors of high school students.

Scope

Determining the health-promoting behavior levels of students and educating them on the subject will contribute to the protection and development of health. In addition, the results obtained will increase the awareness of the students.

Research Questions

The research sought answers to the following questions:

1. What is the knowledge level of high school students in the information house where the research was conducted on health promoting behaviors?
2. What are the factors affecting the health-promoting behaviors of students?

3. What is the relationship between health-promoting behaviors and socio-demographic characteristics?

4. What is the relationship between students' health-promoting behaviors and their characteristics of life at school?

5. What are the students' levels of using health-promoting behaviors?

MATERIALS AND METHODS

Design and Participants of the Study

In this study, it was aimed to evaluate health-promoting behaviors and affecting factors in high school students. This research is a descriptive-cross-sectional research, which is one of the non-experimental research methods. The universe of the research; was created by all students in the Youth Center and Information House of a Municipality. The sample size was found by the formula determined by Salant and Dilman (Salant, 1994). The minimum sample size was calculated as 100 with a 95% confidence interval and ± 5% sampling error. Inclusion criteria for the study; were determined as young people who were studying in high school, who agreed to participate in the study, and whose consent was obtained. The study was completed with 112 high school students at the Municipal Youth Center and Information House who met the inclusion criteria.

Data Collection Tools

The information form containing the socio-demographic characteristics of the students and the healthy lifestyle behaviors (SYBD) scale were collected.

Information Form: With this form developed by the researcher, students evaluate gender, age, education type, health insurance and leisure time, family structure, place of residence, number of individuals in the family, education level of parents, income level, occupation, general health status, continuous Socio-demographic characteristics such as a disease for which he was treated, and the presence of a family member receiving constant treatment are questioned.

Healthy Lifestyle Behaviors Scale (SYBDS): It was developed by Walker, Sechrist, and Pender in 1987, and it is a scale that measures health-promoting behaviors related to an individual's healthy lifestyle. The validity and reliability study of the scale in Turkey was carried out by Esin in 1997, and the adapted scale consists of 48 items (Ilhan, 2018). The scale consists of six subscales: self-actualization, health responsibility, exercise habits, nutrition habits, interpersonal support, and stress management. All subscales can be used independently. The score of the whole scale gives the score of healthy lifestyle behaviors. Self-actualization subscale; It determines the individual's life goals, his ability to develop himself individually, and to what extent he knows and is able to please himself. The health responsibility subscale; determines the level of responsibility of the individual for his own health and the level of participation in his health. Exercise subscale; It shows the level of exercise practices, which are an invariable element of a healthy life, by the individual. Nutrition subscale; choosing and arranging the individual's meals determines their value in food selection. The interpersonal support subscale; determines the level of communication and continuity of the individual with his immediate environment. The stress management subscale, on the other hand, determines the level of recognition of stress sources and stress control mechanisms of the individual (Ilhan,2018). All items of the scale are scored straight, and the scale is a four-point Likert scale. Each item is given 1 (never), 2 (sometimes), 3 (often), and 4 (regularly) points, respectively. The alpha reliability coefficient of the scale varies between 0.79-0.94. The lowest score is 48, the highest score is 192. An increase in the scores obtained from the scale indicates that the individual applies the specified health behaviors at a high level of (Ilhan, 2018). In this study, the alpha reliability coefficient of the scale was found to be 0.90.

Statistical analysis

The data obtained in the research were evaluated in a computer environment by means of the SPSS 22.0 statistical program. Frequency and percentage analyzes were used to determine the descriptive characteristics of the nurses participating in the study, and mean and standard deviation statistics were used to analyze the scale. Kurtosis (Kurtosis: -0.163) and Skewness (Skewness: -0.194) values were analyzed to determine whether the research variables showed a normal distribution. T-test, one-way

analysis of variance (ANOVA), and post hoc (Tukey, LSD) analyzes were used to examine the difference in knowledge test levels according to nurses' descriptive characteristics.

Ethical Aspect of Research

Permission for the study was obtained from the Scientific Research Ethics Committee of the University (55/26). Informed consent was obtained from the students by explaining the purpose and method of the study.

RESULTS

When the distribution of the students participating in the study according to their general health status was examined, it was determined that 52.6% had a moderate health status, 5.4% had a disease for which they were constantly treated, and 21.1% had a family member who was constantly receiving treatment.

According to the results of the item-total score correlation analysis of the Healthy Lifestyle Behaviors Scale (SYBD), it was determined that the item-total score correlations of the scale ranged between 0.026 and 0.610, and were statistically significant except for Items 8, 14 and 17 ($p<0.05$). The Cronbach Alpha value of the internal consistency reliability coefficient of the scale was found to be 0.916.

The item with the lowest average score in terms of the Healthy Lifestyle Behaviors Scale sub-dimensions of the high school students participating in the research is the "45th. I attend training programs related to individual health care" (1.54 ± 0.747). The item with the highest average score is "48th. I believe in the existence of a divine power" (3.61 ± 0.727) (Table 1).

Table 1. Healthy Lifestyle Behaviors Scale Sub-Dimension and Scale Total Scores

Score	Potential Distribution	$\bar{x}$	±ss	Min	Maks
F1. Health Responsibility	9-36	18,01	5,547	9	33
F2. Physical Activity	8-32	16,71	4,872	8	30
F3. Nutrition	9-36	19,26	3,729	11	30
F4. Spiritual Development	9-36	19,26	3,729	11	30
F5. Interpersonal Relations	9-36	25,18	4,460	14	36
F6. Stress Management	8-32	19,45	4,133	10	31
Total Points	52-208	125,65	20,59	84	181

When the Physical Activity and Nutrition sub-dimension scores of the Healthy Lifestyle Behaviors Scale were compared according to the gender of the students, a significant difference was found. It was found to be statistically significantly higher than the Activity and Nutrition sub-dimension scores (15.76 ± 4.226, 18.90 ± 3.720, respectively) ($p<0.05$) (Table 2).

Table 2. Comparison of Healthy Lifestyle Behaviors Scale Scores by Gender of Students (N=112)

	Gender	N	$\bar{x}$	±ss	Z_{mwu}	p
F1. Health Responsibility	Boy	26	18,19	6,413	-0,010	0,992
	Woman	86	17,95	5,298		
F2. Physical Activity	Boy	26	19,88	5,574	-3,323	**0,001**
	Woman	86	15,76	4,226		
F3. Nutrition	Boy	26	20,46	3,569	-2,051	**0,040**
	Woman	86	18,90	3,720		
F4. Spiritual Development	Boy	26	28,00	5,052	-1,285	0,199
	Woman	86	26,76	4,365		
F5. Interpersonal Relations	Boy	26	24,54	5,109	-0,598	0,550
	Woman	86	25,37	4,259		
F6. Stress Management	Boy	26	20,65	5,649	-1,310	0,190
	Woman	86	19,08	3,512		
Total Points	Boy	26	131,73	25,778	-1,616	0,106
	Woman	86	123,81	18,533		

Z_{mwu}: Mann-Whitney U Test

When the Healthy Lifestyle Behaviors Scale scores were compared according to the father's employment status of the students, only the difference between the scale total scores was found to be statistically significant (p<0.05). According to the evaluation results, the Healthy Lifestyle Behaviors Scale total scores of the students whose fathers were employed were found to be statistically significantly higher (138.40 ± 17,373) compared to the scores of the students whose fathers did not work (124.61 ± 20,734) (Table 3).

Table 3. Comparison of the Healthy Lifestyle Behaviors Scale Scores According to the Father's Working Status of the Students (N=112)

	Father Working	**N**	$\bar{x}$	**±ss**	Z_{mwu}	**p**
F1. Health Responsibility	Yes	13	17,71	5,603	-1,710	0,087
	No	99	20,30	4,620		
F2. Physical Activity	Yes	13	16,58	4,953	-1,936	0,053
	No	99	19,10	3,414		
F3. Nutrition	Yes	13	19,14	3,847	-1,412	0,158
	No	99	20,80	2,530		
F4. Spiritual Development	Yes	13	26,93	4,603	-1,357	0,175
	No	99	29,00	3,590		
F5. Interpersonal Relations	Yes	13	24,91	4,502	-1,901	0,057
	No	99	27,80	3,676		
F6. Stress Management	Yes	13	19,34	4,126	-1,411	0,158
	No	99	21,40	4,195		
Total Points	Yes	13	124,61	20,734	-2,147	**0,032**
	No	99	138,40	17,373		

Z_{mwu}: Mann-Whitney U Test

When the Healthy Lifestyle Behaviors Scale scores were compared according to the general health status of the students, only the difference between the Spiritual Development sub-dimension scores was found to be statistically significant (p<0.05). According to the evaluation results, the Healthy Lifestyle Behaviors Scale Spiritual Development sub-dimension scores of the students who described their health status as excellent (29.63 ± 5.084) were found to be statistically significantly higher than the scores of the students who described their health status as good (25.97 ± 4.134) (Table. 4).

Table 4. Comparison of Healthy Lifestyle Behaviors Scale Scores According to Students' General Health Status (N=112)

	Health situation	**N**	$\bar{x}$	**±ss**	$X^2_{kw\,u}$	**p**
F1. Health Responsibility	Middle	14	19,07	6,082	1,020	0,796
	Good	58	17,57	4,995		
	Very good	22	17,68	5,481		
	Excellent	18	19,00	7,448		
F2. Physical Activity	Middle	14	16,86	4,452	1,608	0,658
	Good	58	16,05	4,161		
	Very good	22	17,50	5,012		
	Excellent	18	17,94	7,298		
F3. Nutrition	Middle	14	20,00	3,162	7,597	0,055
	Good	58	18,47	3,826		
	Very good	22	19,82	3,699		
	Excellent	18	20,44	3,614		
F4. Spiritual Development	Middle	14	26,36	5,813	9,098	**0,028**
	Good	58	25,97	4,134		
	Very good	22	28,14	3,413		
	Excellent	18	29,63 (b)	5,084		
F5. Interpersonal Relations	Middle	14	25,36	4,940	6,724	0,081
	Good	58	24,50	4,215		
	Very good	22	24,86	4,246		
	Excellent	18	28,25	4,420		
F6. Stress Management	Middle	14	19,64	4,308	7,009	0,072
	Good	58	18,93	3,627		

	Very good	22	18,50	4,480		
	Excellent	18	21,75	4,091		
Total Points	Middle	14	127,29	23,457	6,270	0,099
	Good	58	121,48	17,637		
	Very good	22	126,50	19,987		
	Excellent	18	137,00	25,946		

X^2_{kw}: Kruskal-Wallis Tes

When the Healthy Lifestyle Behaviors Scale scores were compared according to the status of being a family member receiving constant treatment, the difference between the Spiritual Development and Interpersonal Relations sub-dimension scores was found to be statistically significant ($p<0.05$). According to the evaluation results, the Spiritual Development and Interpersonal Relations sub-dimension scores of the students who are constantly receiving treatment in the family of the students (29.08 ± 3.844, 27.00 ± 3.526, respectively), are the Spiritual Development and Interpersonal Relations sub-dimension scores of the students who are not a family member who is constantly receiving treatment. dimension scores (26.51 ± 4.600, 24.69 ± 4.601, respectively) were found to be statistically significantly higher (Table 5).

Table 5. Comparison of the Healthy Lifestyle Behaviors Scale Scores according to the Status of Being a Person in the Family of the Students Receiving Continuous Treatment (N=112)

	Individual in the Family Receiving Continuous Treatment	**N**	$\bar{x}$	**±ss**	Z_{mwu}	**p**
F1. Health Responsibility	Yes	25	18,88	5,937	-0,650	0,516
	No	87	17,84	5,443		
F2. Physical Activity	Yes	25	17,38	5,648	-0,643	0,520
	No	87	16,57	4,670		
F3. Nutrition	Yes	25	19,92	4,587	-0,978	0,328
	No	87	19,10	3,481		
F4. Spiritual Development	Yes	25	29,08	3,844	-2,470	**0,014**
	No	87	26,51	4,600		
F5. Interpersonal Relations	Yes	25	27,00	3,526	-2,536	**0,011**
	No	87	24,69	4,601		
F6. Stress Management	Yes	25	20,29	4,258	-1,107	0,268
	No	87	19,20	4,111		
Total Points	Yes	25	132,54	21,639	-1,806	0,071
	No	87	123,91	20,087		

Z_{mwu}: Mann-Whitney U Test

DISCUSSION

Adolescence is the transition period from childhood to adulthood, in which a series of physical and mental changes occur (Ergun, 2019). Although this period seems to be the healthiest period among all age groups, it is a period in which the tendency for behaviors that negatively affect health status is high (Akmese, 2021; CDC, 2017; Dil, 2015). Health behavior in adolescents is multidimensional and some health behaviors are affected by many important factors. Age, gender, family structure, socioeconomic status, parent-peer relationship, personal knowledge and value, academic achievement, perspective on health, and perception of health control are among these factors (Salari, 2017). Therefore, it is important to determine the factors affecting the healthy lifestyle behaviors of high school students and to make appropriate interventions.

Healthy lifestyle behaviors have an important place among the determinants of health. Lifestyle is all behavior that is under the control of individuals and affects their health risks of individuals. According to the holistic health approach, health protection (risk reduction and prevention) and health promotion behaviors are an integral part of a healthy lifestyle. Health promotion and development are important strategies for improving the general health status of the society and providing basic care services (Çicek, 2017). Healthy Lifestyle Behavior (HIBD) is all behavior that can be controlled against factors that affect a person's health and have a significant impact on his health. Behaviors that protect and improve the health of individuals can have an impact on possible future diseases, disabilities, or

premature deaths. For this reason, people need to acquire healthy lifestyle habits, especially at school age. This is possible with the comprehensive training that will be given in this acquisition.

One of the important results that should be emphasized in this research is that the behaviors of high school students regarding health responsibility and the rate of participation in the training to be organized on this subject are at a moderate level. This situation can be interpreted as an expected result of the adolescence period. Because the risk-taking behaviors of adolescents are high and the belief that nothing will happen to me, I am younger, can be effective in this. Adolescents are not conscious of taking responsibility for their health, and they do not notice or ignore the signs of illness (Atac, 2016). In general, it has been reported that the main reasons for adolescents not using health services include not believing that they can be treated, fear of treatment, and high treatment costs (Karaaslan, 2018). The fact that there are very few health problems during this period and their attention is completely focused on the changes in their bodies and friendships, their lack of control over their health, taking care responsibilities, and the unawareness of their potential in developing and maintaining health can be attributed to the lack of adequate information and programs related to adolescents. Studies have shown that participating in social activities, doing sports, having social security, a mother's education and family relations affect students' health responsibility the most (Table 3). It is an expected result that social, cultural, and sportive activities affect healthy lifestyle behaviors positively. The existence of health insurance enables people to easily benefit from health-related services. Individuals' easy access to health services prevents the progression of diseases and ensures that the general health indicators of the society are good (Costa-Tutusaus, 2016). It makes us think that the fact that adolescents do not know how to benefit from health care resources affects their healthy lifestyle behaviors negatively. In addition, it is seen how important it is to consider the family as a whole since it has been revealed that the education status of the mother and family relations are effective in taking responsibility for health. It is a remarkable result in terms of showing that the high level of education of women affects both themselves and their children.

One of the striking results of the studies is that adolescents' behaviors related to physical activity are at a moderate or higher level (Table 2). Studies have found that students' physical activity sub-dimension is affected the most by gender, participation in social activities, general health perception, parent education, class, number of siblings, doing sports, and family relationships (Table 3). While the majority of students who say they do not exercise at all are girls, those who exercise regularly are mostly boys (Altunkürek, 2020). It is thought that as the education level of the mother increases, accessing and using health information, recognizing health problems, seeking help, and increasing the importance given to health affect the positive lifestyles of adolescents. Regular and adequate physical activity reduces the risk of coronary heart disease, hypertension, stroke, diabetes, breast and colon cancer, depression, improves bone health, and provides energy balance and weight control (Uneri, 2017). For this reason, it is important to make encouraging approaches besides the dissemination of environments that allow adolescents to do physical activity and exercise. In studies, the decrease in exercise scores as the grade level increases may be the reason why students focus on the higher education exam, which is the turning point in their lives, as they reach the final year, and they cannot allocate enough time for physical activities. In addition, in studies conducted, the habit of doing sports is higher in boys than in girls at (Ardic, 2015). The inadequacy of role models that adolescents can take as an example because families do not encourage their children to participate in sports activities with the idea that this will negatively affect their children's lessons, and that they do not have regular exercise and sports habits, can be explained by the lack of places to do sports in schools and their surroundings.

The fact that the students' nutritional scores are above the middle in the study is an important result in terms of showing that the body shape has changed and physical appearance is important and that the behavioral changes in adolescence reflect negatively on the individual's diet and habits. Today, the fast-paced diet (ready-to-eat meals) due to living conditions has become a habit, especially among adolescents. This situation causes obesity problems resulting from excessive and unbalanced nutrition, especially in children and young people (Karadamar, 2014; Egerli, 2020). Studies have shown that students' nutrition is affected by gender, general health perception, smoking and alcohol use, family type, and mother's education (Table 3). Considering that eating habits are a behavior that is acquired from childhood, on the one hand, the nutritional habits of adolescents in the family are not as desired, on the other hand, the lack of dining halls for regular meals in schools may have caused this. It is seen

that the income level is related to healthy lifestyle behaviors such as nutrition and diet, and the level of accessibility and benefit increases as the economic level rises.

The fact that the scores they got from the spiritual development sub-dimension of the scale in the study were generally at a moderate level (Table 2) indicates that adolescents should be supported in examining their health and illness behaviors, adapting to changes, gaining the ability to cope with problems, and finding the strength and hope for recovery. In the results of the study, the spiritual development sub-dimension of the students was found to be the highest level of mother and father education, good general health perception, being male, participating in social activities, not smoking and drinking alcohol, having a high income, having social security, having a nuclear family and having a nuclear family. good family relations were found to be affected (Table 3). The first encounter with addictive or addictive substances (cigarettes, alcohol, drugs, etc.) that are considered enjoyable is usually in adolescence (Ardic, 2015; Karadamar, 2014; Egerli, 2020). This causes adolescents not to have a good developmental period and not to gain positive health behaviors. Adolescents who perceive their socioeconomic level to be low as a result of low income and the decrease in access to and benefit from opportunities also affect their perspectives on life. It shows that having regular social security and a certain income level for the family creates a sense of confidence in the future of children. It can be thought that if the parents are alive, sharing within the family and family ties will be stronger and this may be effective in the adolescents to look at the environment, life, and the future more confidently. It is thought that as the education level of parents increases, high school students are more sensitive to their own needs, and education contributes to the adoption and development of health-promoting behaviors, as in every field. It shows that mothers and fathers, who can evaluate their behaviors and express their thoughts and feelings, have an important place in adolescents' healthy emotional development in family relations. The high spiritual development of people with good general health perception shows that people who perceive their health as good have a more positive and hopeful outlook on life.

Limitations

The fact that the research was conducted in a district in Istanbul is one of the limitations of the research.

CONCLUSION

When the studies made using SYBDO are evaluated in general; It was found that the scale scores of high school students were generally at a moderate level. It turns out that more comprehensive and experimental studies are needed on this subject. A healthy lifestyle of those who are male, living in a village for a long time, have a good general health perception, have a high level of education, have a good income, have a good family relationship, have a nuclear family, have social security, whose parents work, do sports, and participate in social activities have been found to have a positive effect on their behavior. Therefore, in the planning of health promotion programs, it is important to create intervention programs by paying attention to the factors affecting HLFS. If Public Health Nurses know the factors affecting the healthy lifestyle behaviors of adolescents; Using them in roles such as education, research, consultancy, and guidance, they plan their studies, cooperate with families, and try to maximize the health of students.

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Conflict of Interest

The authors report no actual or potential conflicts of interest.

Author Contributions

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REFERENCES

Akmese, NB, Guclu, S.(2021). Investigation of Health Promoting and Protective Behaviors of Secondary and High School Students. Journal of Adnan Menderes University Health Sciences Faculty, 5(2), 220-229. https://doi.org/10.46237/amusbfd.767655

Alkır, YK, Ilhan, N. (2021). The relationship between health locus of control and health behaviors in adolescents: A cross-sectional study. TJFMPC, 15(4),784-792. https://doi.org/10.21763/tjfmpc.949155

Altunkürek, SZ; Ozcoban, K. (2020). Internet Addiction and Healthy Life-Style Behaviors of High School Students. Journal of Dependence, 21(4), 275-284.

Ardic, A, Esin, MN. (2015). The adolescent lifestyle profile scale: reliability and validity of the turkish version of the ınstrument. Journal of Nursing Research, 23(1), 33–40. doi: 10.1097/jnr.0000000000000052

Ataç, M, Aktaş, Ö. A, Atabek, Aştı, T, Mercan, K. (2016). Do Senior High School Students Have Health-Promoting Lifestyles? Florence Nightingale Journal of Nursing, 24(1), 16-23.

Centers for Disease Control and Prevention (CDC). (2017). Adolescent and School Health. Date of Access: August. 2020. https://www.cdc.gov/healthyyouth/.

Çicek, E, Cetinkaya, F. (2017). Healthy lıfestyle behavıours of hıgh school students ın selected county town. Journal of Health Scıences, 26(1), 29-38

Costa-Tutusaus, L, Guerra-Balic, M. (2016). Relationship between healthy lifestyle and sociodemographic factors in adolescentsin catalonia: application of visa-teen questionnaire. Plos One, 11(9),1-19. Doi:10.1371/Journal. Pone.0163381.

Dil, S, Sentürk, SG, Gırgın, BA. (2015). Relationship between risky health behaviors and some demographic characteristics of adolescents' self-esteem and healthy lifestyle behaviors in Çankırı. Anatolian Journal of Psychiatry, 16(1), 51-59. doi:10.5455/apd.151320

Egerli, H, Yigit, A. (2020). Determınatıon of the healthy lıfestyle behavıor level of ındıvıduals ın health protectıon and health promotıon. Süleyman Demirel University Visionary Journal, 11(27), 573-586.

Elsenburg, LK, Abrahamse, ME, Harting J. (2022). Implementation of a dutch school-based integrated approach targeting education, health and poverty-a process evaluation. Health Promot Int.17, 37(1), 2-11. doi: 10.1093/heapro/daab028

Ergun, S, Suruculer, HK, Işık ,R.(2019). E-Health literacy and healthy lifestyle behaviors in adolescents: the case of Balıkesir. JAREN, 5(3),194-203. doi:10.5222/jaren.2019.65002

Ethington, MD, Gallagher, MR, Wilson D. (2015). Health promotion of the Adolescent and Family. In: Hockenberry, MJ, Wilson, D, editors. Wong's Nursing Care of Infants and Children. 10 th ed. Missouri, Elsevier. 651-686.

Hosseini, Z, Aghamolaei, T, Ghanbarnejad, A. (2017). Prediction of health promoting behaviors through the health locus of control in a sample of adolescents in Iran. Health Scope , 6(2), e39432. https://doi.org/10.5812/jhealthscope.39432.

Ilhan, N, Yıldız, A. (2018). Psychometric characteristics of the Turkish version of Adolescent Lifestyle Profile R2. Journal of Nursing Measurement, 2, 249-263. doi: http://dx.doi.org/10.1891/0000-000Y.26.2

Karaaslan, M, Çelebıoglu, A. (2018). Determination of healthy lifestyle behaviors of high school students Journal of Human Sciences, 15(2),1355-1361.

Karadamar, M, Yigit, R, Sungur, MA. (2014). Evaluation of healthy lifestyle behaviours in adolescents. Journal of Anatolia Nursing and Health Sciences, 17(3).

Persson, L, Haraldsson, K. (2017). Health promotion in swedish schools: Shool managers' views. Health Promot Int, 32(2), 231-40. DOI: 10.1093/heapro/dat073

Salant, P, Dillman, DA. (1994). How to conduct your own survey. Newyork: John Wiley & Sons, Inc; 55.

Salari, S, Pilevarzadeh, M, Daneshi, F, Ahmadidarrehsima, S. (2017). Examining the health promoting lifestyle and its related factors among the nursing students of jiroft university of medical sciences. Executive Editor. 8.1:342-346.

Sisman, NY, Cakır, GA. (2021). The relationship between self-care agency and health promotion in adolescents and factors affecting self-care agency. HUHEMFAD-JOHUFON,8(1), 29-34. https://doi.org/10.31125/hunhemsire.906938.

Uneri, OS, Tanıdır, C. (2017). Evaluation of internet addiction in a group of high school students: a cross-sectional study. The Journal of Psychiatry and Neurological Sciences, 24, 265-272. doi: 10.5350/DAJPN2011240402

World Health Organisation. Adolescents: health risks and solutions. Date of Access: 22. 04.2022. http://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions