

Study of Health-promoting behaviors of male and female students. Yasuj University of Medical Sciences, Yasuj 2012

Mohamd Taher Rezanejad¹, Nazanin Ghafarian Shirazi², Marziyeh Hosseini¹, Mohammad Hossein Bahadornejad¹,
Hamid Reza Ghaffarian Shirazi^{1,3*}

¹Social Determinants of Health Research Center, Yasuj University of Medical Sciences. Yasuj, I.R.Iran

²PhD Student, English literature, Yerevan linguistic University von after Brusov, Yerevan.

³School of Public Health, Tehran University of Medical Sciences. Tehran, I.R.Iran.

*Corresponding Author: gshr3@yahoo.com

Abstract: this study was conducted with the purpose of studying health promoting behaviors in male and female students of Medical Sciences University in Yasouj, considering the importance of health promoting behaviors in students. **Materials and methods:** this study was implemented for a year on students of medical sciences university in Yasuj. Data were gathered using HPLP II questionnaire. Data were analyzed using SPSS software Ver.20 and descriptive statistics like mean, cumulative and absolute frequencies and inferential statistics chi-square considering $\alpha=0.05$. **Findings:** total score of health promoting behaviors was desirable in 51.2% of students. In feed element students had the highest score (49.6%). Results showed significant relationship between variables faculty, major and education of father with health promoting behaviors. **Conclusion:** scores for half of students were desirable which seems that this is not suitable for students of medical sciences university which must promote healthy behaviors in society. Therefore, there is a need to required trainings and resolving barriers of health promoting behavior in students. **Conclusion:** Health promoting and maintain must be considered in all life stages and there should be attempts to guarantee health and longevity with suitable education. It seems that the score of health promoting behaviors in students of Yasuj University of Medical Sciences is lower than score obtained in similar studies. Therefore it is necessary that university authorities pay attention to it and provide facilities and resolve problems to create a healthy lifestyle between students which results in students who will promote healthy lifestyle.

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1.Introduction

Health promoting behaviors and healthy lifestyle are valuable approaches which can be used in maintaining health. Health promotion must be considered in all stages of life and we must try to guarantee health and longevity by suitable trainings. One of the important and effective stages of life is when an individual is student. In this stage young people gradually accept their health responsibility with physical, mental, social and sexual development. This is a time for shaping healthy behaviors and patterns. Results of studies show that many students involve in high risk behaviors like drinking alcohol, lack of physical activity, unhealthy diet and etc which not only influences their health in present but also has long term effects on their health [1]. In a study which was conducted by Rozmus et.al (2005) in Alabama and Birminham universities to study health promotion and high risk behaviors in male students, it was shown that 32% cases are overweighted, 25% had intoxication during driving, 12% smoking, 27% consuming marijuana and 34% are sexually active. Therefore; students must be aware of correct healthy

behaviors to exploit them in promoting health and quality of their life [2]. Health is a definite right of human. No one can be deprived of it by any cause but people should try to reach its acceptable level. Health is not static but it is a dynamic phenomena and process which is evolving. What is nowadays considered as health may be least health at future i.e. individual can be in best health today and its health level decreases the next day [3]. Health promoting behaviors increase quality of life. Life quality is a set of physical, mental and social welfare which a person or a group understands it (e.g. happiness, satisfaction and honor, health and economic success, education opportunities and creativity) [4]. World health organization defines health as growth, power, reaching maximum abilities, totality, welfare, independence, autonomy and playing social life [5]. A combination of interpersonal, within persona and behavioral factors, motivation and attitude is necessary for promoting health. Attitude factors are effective factors which have direct effect on achieving and maintaining healthy behaviors [3]. Every person is influenced by his attitude i.e. ideas

and personal values about health and disease [3]. By promoting health we mean all behaviors and activities promoting health of students through informed participation in regular and planned behaviors and activities to reach health in physical, mental, social and cultural aspects. By lifestyle we mean all behaviors for maintaining health in all aspects of life which is measured through health promoting questionnaire in 6 dimensions nutrition, exercise, health responsibility, stress management, mental growth and interpersonal relationships. Because of importance of student's health especially students of medical sciences university in promoting health of society this study was designed and implemented by studying health promoting behaviors in male and female students of Yasuj medical sciences university.

2. Materials and methods:

This study is a cross-sectional cluster study done in 2010 and each faculty was considered as a cluster and samples were selected randomly from male and female students from each faculty. 250 students of Yasuj University of medical sciences were selected as study sample in one year. Participation in a study was with the consent of research departments and awareness of method and purpose. Sampling was cluster sampling as from each faculty samples were selected from male and female students (medical university, nursing and obstetrics, paramedics, hygiene and health). Research instrument is HPLP II questionnaire which is prepared based on Pender health promotion. Health promoting lifecycle questionnaire has 6 aspects including nutrition, exercise, health responsibility, stress management, mental development and interpersonal relationships. This questionnaire has 52 questions which have 4 answers for each question which is scored as never 1, sometimes 2, usually 3, always 4. In order to reduce error and facilitate analysis and consulting with statistics expert total score and score of each category was calculated from 100. Research instrument is standard HPLP II questionnaire. Cronbach alpha was calculated for scale and subscales (74-94%) [19]. After approving the study researcher has referred to university and campus, distributed questionnaires and explained purpose of the study. Questionnaires were gathered. Sampling continued until it reached required size (252). Obtained data were analyzed by SPSS software and descriptive tests in frequency distribution tables and chi-square test. Significance level of tests was considered as 0.05.

3. Findings

Most participants were 21-22 years old which are 20 years old (16.7%), 21 years old (26.2%), 22 years old (19.8%) and the least age range was those higher than 24 (5.2%). 53.6% of students were female and rest were male. 59.5% were resident in their homes and 31.7% had rent a room (80). 64.7% describe their health condition good and 19.4% evaluated their health poor than few years before. 57.9% believe their health problem is not a barrier for their works and 7.5% believe that health problem is not a major barrier for them. 14.3% know their health as good as their peers. 10.3% believe that their health is much poor than their peers. 48.8% had undesired promoting behavior. Only 9.9% of students reported every unusual symptom or sign of their bodies to health personnel. 24.6% never talk about their health problems with health personnel which had a significant relationship with gender ($P < 0.05$). 34.1% never examined their body for physical changes or dangerous symptoms. 40.1% sometimes do this and only 9.1% always evaluate their bodies. Only 10.7% exercise 20 minutes or more three times a week. 30.2% always ate breakfast. Eating breakfast has significant relationship with gender ($P < 0.05$). 20% believed that there are developing in positive direction and 34.5% believe that their life has a goal. 44/4% are fully hopeful for future. 17.9% are satisfied. Findings indicated that 48.8% have undesired promoting behavior. In subscales their undesired behaviors were as this: 39.9% in nutrition; 46.6% in exercise; 50.4% in health responsibility; 47.6% in stress management; 46.6% in interpersonal support and 48.8% in self-flourishing.

Table 1: Scores of students in the Health-promoting behaviors and its entire gamut's, Yasuj, 2012

| Score | below average | Above average |
|---|---------------|---------------|
| Health Promoting Behavior | *123(48.8%) | 129(51.2%) |
| Nutrition Gamut | 99(39.3%) | 153(60.7%) |
| sports Gamut | 117(46.4) | 135(53.6) |
| responsibility of health Gamut | 127(50.4) | 125(49.6) |
| students in stress management Gamut | 120(47.6) | 132(52.4) |
| students in interpersonal support Gamut | 117(46.4) | 135(53.6) |
| students in self-actualization Gamut | 123(48.8) | 129(51.2) |

*Numbers (Percent)

Results of analysis showed that faculty has significant relationship with exercise, health responsibility, stress management and total score ($P < 0.05$). Education had significant relationship with stress management, self-flourishing and health

promoting behaviors ($P < 0.05$). Age had significant relationship with exercise and stress management ($P < 0.05$). Entry year had significant relationship with nutrition and exercise ($p < 0.05$). Results showed that there is a significant relationship between fathers' education and interpersonal support, self-flourishing and health promoting behaviors' score ($p < 0.05$). Mother's education had significant relationship with health responsibility, interpersonal support and self-flourishing ($p < 0.05$). Father's occupation had significant relationship with exercise and interpersonal support ($p < 0.05$). Findings showed that residence type had a significant relationship with exercise and health responsibility ($p < 0.05$). Disease history showed a significant relationship with nutrition ($p < 0.05$).

4. Discussion

Health promoting and maintain must be considered in all life stages and there should be attempts to guarantee health and longevity with suitable education. Half of our population is youths and adolescents. Young population is very important in shaping future generation and promoting health of society, because they are in healthy stage of life. Most participants were in 21-22 years old range which was 20 years old (16.7%), 21 years old (26.2%), 22 years old (19.8%) and the least age range was those higher than 24 years old (5.2%). This age range was consistent with Mazlumi et.al study [19]. 53.6% of students (135) were female and rest of them was male. 59.9% (150) were resident in their homes, 31.7% in university campus and others had rent a room. In Motlaq et.al research 55.5% of students were in campus and others lived with their families [19]. Results show that 54.7% of males and 48.1% of females had desired health promoting behaviors. 51.2% had desired health promoting behaviors and these behaviors were undesired in other samples. Results of Mazlumi et.al study are reverse. In their study health promoting behavior in females was higher than males [20]. In study samples the highest score was in nutrition subgroup (60.7%) and he least score in health responsibility group (49.6%). But in Pour Vakhsori et.al study highest score was in physical activity and least score in interpersonal relationship [21] which was different from our results. In other study the highest score was related to mental growth and least score for exercise [19]. Results of Tal et.al study were different. In their study mental growth and health responsibility showed highest and lowest scores, respectively [22] which was in odds with our results.

Results showed that there is a significant relationship between gender and heavy exercise for 20 minutes three times a week and males had more

exercise activity. Results of Motlaq et.al study were slightly different. In their study less than 20% of students check their body once in a month for physical changes and risk symptoms and talk about their concerns with health personnel. 38% reported every sign or unusual symptom in their body to doctor or health personnel. Only 8.2% of females and 38.8% of males had heavy exercise for 20 minutes three times a week [19]. But it was consistent with our results that boys have more exercise than girls. 30.2% always eat breakfast. Eating breakfast had a significant relationship with gender ($p = 0.002$) and girls (32.6%) eat breakfast more than boys (27%), which was lower than Motlaq et.al results. In their study 70% of students eat breakfast. But in their study there was a statistical difference between males and females and females eat more breakfast [19]. 20% of students believe that they are in positive direction and 34.5% argued that their life has a goal and girls more believe this ($p < 0.05$). 44.4% has hopes in future. 17.9% were satisfied. In a study similar to our study half of the students felt that they are in positive direction, their life has a goal and were hopeful [19]. Results showed significant relationship between age, gender, father's education, residence and faculty with 6 items of health promoting behaviors. The study in Shahid Sadooqi University in Yazd showed a significant relationship between fathers' education, age and gender with health promoting behaviors [20]. Ghafarinejad showed significant relationship between age and health promoting behaviors ($p < 0.05$) but there was not significant relationship between education and health promoting behaviors [23]. Tal et.al showed a significant relationship between genders, age, and education with some health promoting behaviors [22].

5. Conclusion

It seems that the score of health promoting behaviors in students of Yasuj University of Medical Sciences is lower than score obtained in similar studies. Therefore it is necessary that university authorities pay attention to it and provide facilities and resolve problems to create a healthy lifestyle between students which results in students who will promote healthy lifestyle.

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