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THE RELATIONSHIP BETWEEN STUDENTS' HEALTH BEHAVIORS AND HEALTH-RELATED QUALITY OF LIFE IN GÁL FERENC UNIVERSITY IN HUNGARY

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Abstract

University life can be stressful. Students try to balance work, family, community life and their studies. It is a critical period in young adulthood for an individual's mental and physical health. The aim of the research was to examine the health behaviors (HB) and health-related quality of life (HRQOL) of the students.

In the first phase, which covered the period from September to November 2021, 1,013 students (women 85.1%) at the Gál Ferenc University (Szeged, Hungary) responded to a WHOQOL-BREF questionnaire (WHOQOL, 1998) supplemented with questions about their studies. According to the WHOQOL-BREF questionnaire, 84.2% of the students rated their quality of life as good or very good, and 70% were satisfied or very satisfied with their health. Examined by domains, 67.26 ± 13.41 were the least satisfied with their quality of life in the field of environment and most satisfied 76.02 ± 22.22 in the field of physical health. There was no significant difference in the domains between the academic years.

In the upcoming period, the elaboration of a health behavior questionnaire will be a priority task as to follow the effects of the lifestyle change program.

Key words: students, health behavior, health-related quality of life, domains.

A HALLGATÓK EGÉSZSÉGMAGATARTÁSÁNAK ÉS EGÉSZSÉGGEL ÖSSZEFÜGGŐ ÉLETMINŐSÉGÉNEK KAPCSOLATA A GÁL FERENC EGYETEMEN MAGYARORSZÁGON

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Absztrakt

Az egyetemi időszak stresszes lehet. A hallgatók igyekeznek egyensúlyt teremteni a munka, a családi, a közösségi élet és a tanulmányaik között. A fiatal felnőttkor kritikus időszak az egyén mentális és fizikai egészsége szempontjából. Ezen kutatás célja a hallgatók egészségmagatartási szokásainak (HB) és egészséggel összefüggő életminőségének (HRQOL) vizsgálata volt,

Az első szakaszban, amely a 2021. szeptembertől novemberig tartó időszakot ölelte fel, a Gál Ferenc Egyetem (Szeged, Magyarország) 1013 hallgatója (85,1 %) válaszolt a WHOQOL-BREF kérdőívre (WHOQOL, 1998), amelyet tanulmányaikra vonatkozó válaszaikkal egészítettek ki. A WHOQOL-BREF kérdőív alapján a hallgatók 84,2%-a értékelte jónak vagy nagyon jónak az életminőségét, 70%-a elégedett vagy nagyon elégedett volt egészségével. Területenként vizsgálva legkevesbé voltak elégedettek ($67,26 \pm 13,41$) a környezetükkel, a legelégedettebbek pedig ($76,02 \pm 22,22$) a testi egészségükkel voltak. A területek között nem volt szignifikáns különbség az egyes évfolyamok között.

Az elkövetkező időszakban kiemelt feladat lesz az egészségmagatartási kérdőív kidolgozása és az életmódváltási program hatásainak követése.

Kulcsszavak: hallgatók, egészségmagatartás, egészséggel összefüggő életminőség, területek.

INTRODUCTION

University is a period of change as young people develop new skills, experiences, and gain knowledge (Alsubaie et al., 2019). The majority of students entering university are aged between 18 and 21, a transition age to adulthood characterized by dramatic changes in life. This period of youth is a time of contradictions when a person goes through many changes and experiences such as emotional, behavioral,

sexual, economic, academic, and social, and as well as efforts of discovering one's identity with psychosocial and sexual maturation (Arslan et al., 2009). On one hand, the university experience provides the young person with the opportunity to enhance knowledge and perspective, to develop and establish aspects of personal identity and to achieve personal growth. On the other hand, during that time many will encounter a number of academic as well as social, emotional and psychological difficulties, financial limitations, and a countless challenges (Sabbah et al., 2013). For many students, going to university can be a stressful life event as they negotiate changes in lifestyle, community and relationships (Arslan et al., 2009). Many stressors such as adaptation to university life, maintaining good grades, future planning, and attempting to live independently from their parents can often contribute to health problems for them (Seo et al., 2018). As such, university students are a special population group regarding health issues. Their concerns, burdens and worries differ from other population groups (Klemenc-Ketis et al., 2011). The literature is saturated with studies proclaiming that students adopt a range of unhealthy behaviors, such as poor resting and relaxation habits, irregular sleeping patterns, high stress levels, high consumption of fast food, inadequate nutritional intake, unprotected sex, sedentary lifestyles, smoking addiction, and physical inactivity. Such unhealthy behaviors have adverse impacts on the health and wellbeing of these students, leading to increased risk of coronary heart disease, diabetes, and obesity (Al-Qahtani, 2019). Therefore, this perceived stress may affect both physiological and psychological health negatively, and lead to decline in the quality of life of university students (Sabbah et al., 2013). World Health Organization (WHO) defines quality of life (QoL) as "an individuals' perception of their position in life in the context of culture and value system where they are inserted, which also involves their goals, perspectives, standards and concerns" (Seo et al., 2018). Quality of life can be defined instinctively and felt differently across varying environment, health status, and psychosocial situations (Cruz et al., 2018). In recent years, the assessment of QoL became useful to determine the impact of illnesses/diseases and many other interventions (Ribeiro et al., 2017). QoL has also different dimensions such as physical health, mental health, economic conditions, personal beliefs, and interaction with the environment (Ziapour & Kianipour, 2018). These dimensions are characterized by individual, bipolar and multi-dimensional aspects of the perception of well-being (Paro et al., 2010).

The term health-related quality of life (HRQOL) represents the influences of health status, medical treatment and health policies on these perceptions of well-being (Paro et al., 2010). HRQOL is a multidimensional concept that represents the self-perception of health (Ziapour & Kianipour, 2018), and, as such, the HRQOL reflects the health of people both physically and mentally (Ribeiro et al., 2017). The problems associated with a poor quality of life of the students include poor interpersonal relations, depression, and low self-esteem. Moreover, these psychological problems have a significant impact on students' achievement, performance, and enhanced productivity

(Ribeiro et al., 2017). Also, what particularly emphasizes the importance of examining HRQOL, and its correlates in the university student population, is the fact that transitional periods that students go through can also increase the chances of them engaging in risky behaviors or adopting unhealthy habits (Ziapour & Kianipour, 2018). Young people also seem not to be aware of the effects of unhealthy behaviors, so they are less likely to engage in health promoting activities. Several factors can negatively predict the health-related quality of life of youth such as gender, socio-economic and demographic status, parental socio-economic status, overweight and obesity, alcohol consumption, physical activity, etc. (Seo et al., 2018).

The aim of the transversal study was to have an information about healthy habits of students' of Gál Ferenc University for the further development of healthy programmes.

METHODS

A cross-sectional study was conducted in the autumn of 2021, as part of the Gál Ferenc University's (Szeged, Hungary) research program, entitled: "The relationship between students' health behavior and subjective quality of life". The questionnaire was used to examine students' subjective quality of life in relation to their health and other areas of life.

1013 respondents (women 85.1%) from 4 faculties participated in this research. Data were collected using an online Google questionnaire format. 76 % of the total number of students completed the questionnaire.

Instruments

The instrument, which was used for data collection, is the WHOQOL-BREF questionnaire (WHOQOL, 1996, 1998) supplemented with questions about their studies. The WHOQOL-BREF is an international cross-culturally comparable quality of life assessment instrument (WHOQOL, 1996, 1998). It is developed by the World Health Organization. It is a self-report 5-point Likert type scale that includes 26 items which measure four dimensions: Physical Health, Psychological Health, Social Relations, and Environment. Besides, two items give out quality of life (overall) and general health score. This scale could be used both in healthy and sick populations (Malkoc, 2011). It was adapted to Hungary by Kullman & Harangozó (1999).

The answering options range from 1 (very poor) to 5 (very good) and these responses are subjective. The raw scores are transformed into a scale between 0 and 100, with 0 being the least favorable and 100 being the most favorable.

Statistics

We recoded the gathered data and sorted it into four domains as described earlier.

A Shapiro-Wilk test was used to test the normality of the distribution. In variables Gender, Age category and Study mode, there was a statistically significant devi-

ation from the normal distribution. In variables, where were two groups, we used the non-parametric Mann-Whitney U test and in variables where were more than two groups we used the Kruskal-Wallis test to determine statistically significant differences between the groups. Data processing was done by using an SPSS 20.0 statistical package. A p-value of <0.05 was considered to be statistically significant.

RESULTS

The average age of students across the entire study group was 32.49 ± 10.77 years (Table 1.).

1. Table 1. Distribution of students by age, gender and study mode on faculties

Variables	N=1013	Faculty of Pedagogy (n=534)	Health and Social Sciences Faculty (n=178)	Faculty of Economics (n=161)	Theological Faculty (n=140)
	n (%)	n (%)	n (%)	n (%)	n (%)
Gender					
Male	151(14.9)	25(4.7)	18(10.1)	45(28)	63(45)
Female	862(85.1)	509(95.3)	160(89.9)	116(72)	77(55)
Age groups					
1. 18-25y	374(36.9)	176(33)	46(25.8)	119(73.9)	33(23.6)
2. 26-35y	248(24.5)	151(28.3)	37(20.08)	31(19.3)	29(20.7)
3. 36-45y	251(24.8)	146(27.3)	55(30.9)	8(5)	42(30)
4. 46-55y	124(12.2)	58(10.9)	39(21.9)	3(1.9)	24(17.1)
5. 56+y	16(1.6)	3(0.6)	1(0.6)	/	12(8.6)
Study mode (students)					
Correspondence	757(74.7)	447(83.7)	145(81.5)	68(42.2)	97(69.3)
Full time	256(25.3)	87(16.3)	33(18.5)	93(57.8)	43(30.7)

According to the obtained results, 84.2% of students rated their quality of life as good or very good, and 70% were satisfied or very satisfied with their health. Examined by domains, 67.26 ± 13.41 were the least satisfied with their quality of life in the field of environment and most satisfied 76.02 ± 22.22 in the field of physical health. There was no significant difference in the domains between the academic years.

HRQOL according to gender

We found statistically significant differences according to gender (Male/ Female) in the domains Physical health ($z = -2.84$, $p = 0.01$), Psychological health ($z = -4.61$, $p = 0.00$) and Environment ($z = -3.87$, $p = 0.00$) in favor of males.

HRQOL according to Study mode

In the Study mode variable (correspondence student/full-time student), we also found statistically significant differences, but only in the Social relations domain ($z = -3.70$, $p = 0.00$). This difference was in favor of full-time students.

HRQOL according to Age category

The Age Category variable has also shown statistically significant differences in the domains Psychological health ($H^2 = 13.29$, $p = 0.01$) and in the Social relations ($H^2 = 36.9$, $p = 0.00$). In the Psychological health variable, the 2nd age category (26-35) had the highest mean rank (542.13) and the 5. Category (56+) had the lowest mean rank (382.84). The order by category, ranked from highest to lowest, looked like this: 2, 3, 4, 1, 5.

In the Social relations variable, the 1st age category (18-25) had the highest mean rank (557.21) and the 5th category (56+) had the lowest mean rank (181.56). The order by category, ranked from highest to lowest, looked like this: 1, 2, 3, 4, 5.

DISCUSSION

University life is a dynamic process in which biological, psychological and social changes that direct the lives of young people are experienced intensely (Al-Qahtani, 2019). It has been reported that in the youth period, which coincides with the time that one attends university, information is more internalized and can be transformed into a lifestyle. However, around the globe, the young generation shows a low tendency toward participating in health promotion activities, as they believe that they are in a healthy stage of life (Al-Qahtani, 2019). Therefore, it is very important to improve the perception of health in young people to have them acquire healthy lifestyle behaviors (Citak Tunc et al., 2021).

The study findings revealed no significant differences in the scores of the mean total QOL and its aspects. According to the results we obtained, 84.2% of respondents rated their quality of life as good and very good, and 70% of them were satisfied or very satisfied with their health in general. The same findings were also reported in a cross-sectional study conducted with medical students in Serbia (Ilić et al., 2019) and

in Saudi Arabia (Malibary et al., 2019), with the overall WHOQOL-BREF score and its domains.

As for our study, examined by domains, the highest scores were in the Physical health field, and as for the lowest scores, most of them were the least satisfied with their quality of life in the field of Environment. According to the quality of life related to gender, as the results say, we found a statistically significant difference in the field of Physical, Psychological health, and Environment domains, in favor of men (Haluk et al., 2004). As far as QOL according to Study mode, in that field we also found statistically significant differences, but only in the Social relations domain, and this difference was in favor of full time students Study mode. As for these results, it is more than logical that we found a statistically significant difference in the domain related to social interaction, precisely because full-time students could have real social interaction with other students, in terms of socializing, information exchange, helping each other etc., in relation to other students who are attending correspondence student Study mode, who could not have this type of interaction with other students.

As for the QOL according to age, a statistically significant difference was found in the variable of Social relations and the Psychological health variable. In the Psychological health domain, the 2nd age category (26-35) had the highest mean rank, precisely because most new acquaintances are created in those years, also, people are more active, both physically and otherwise, they encounter new situations and problems in their lives from which they come out full of new experiences and learned behaviors that can be applied later in their lives.

And the lowest mean rank, according to the results we got, which are in Social relations domain, belong to the respondents in 5th age category (56+), which can be logical, precisely because, as people get older, they become more withdrawn, and have less social interactions with other people. Also, according to a study conducted to assess the impact on the quality of life of older people, it has been established that is difficult to organize spaces where the elderly can practice citizenship and interaction, encouraging their social participation with others (Borsoi Tamai et al., 2011). As far as the highest mean rank in the Social relations variable, the 1st age category (18-25) had the highest mean rank as the results show.

A healthy lifestyle is a major determinant of individuals health status. We came to the conclusion that students may face difficulties in maintaining healthy lifestyle due to exposure to higher levels of stress on college and later on, in the working field (Assaf et al., 2019). Changes also occur in dietary behaviors, since eating habits developed and maintained in childhood and adolescence tend to change as the person enters university and is challenged to manage healthy weight and lifestyle. However, some studies report that many university students do not follow healthy diets, which causes an increase in weight, fat and body mass index, and it is also one of the possible health and psychological problems for students (Schnettler et al., 2017). In the second

phase of our study, we will investigate how regular meals, regular exercise, adequate rest / sleep, faith impact on students' HRQOL.

The limitations of this study were the following. First, all students were from one university and the results might not pertain to other parts of Hungary. Second, the 74.4% of them were correspondence students, 63.1% of them were older than 25 years so lot of them are working somewhere and have family activities. Third, in the profiles of GFU the accent is on the female students because of their overwhelming in the humanities area..

It is important that university students develop healthy habits because they will have healthier lifestyle. They will deal later with children and will also be role models.

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