

## Health Beliefs on Sportive Recreational Activities of University Students

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### Abstract

*The aim of this study is to examine the health beliefs of university students regarding sportive recreational activities and the differentiation of these beliefs by various variables. 203 university students were included in the study, and the data were obtained by demographic questionnaire and "Health Beliefs Regarding Sportive Recreational Activities" scale which is developed by Ertüzün, Bodur & Karaküçük (2013). Descriptive statistics, independent sample t test and one-way analysis of variance ANOVA and post hoc tests were used to analyze the data. For this study, the internal consistency coefficient of HBSSRA was determined as .91. The participants' health belief scores regarding sportive recreational activities were above the average, the highest sub-dimension score was obtained in the perceived seriousness sub-dimension (3.91±0.93), and the lowest sub-dimension score was obtained in the self-efficacy sub-dimension (3.04±0.90). At the same time, it was determined that the participants' health beliefs about sportive recreational activities did not differ according to gender and perceptions of productive leisure, but their health beliefs about sportive recreational activities differed with income and daily leisure time duration. As a result, it was determined that the participants' health beliefs about sportive recreational activities were at an average level and differed according to certain variables. It is recommended that increasing the participation of students in sportive recreational activities and increasing the health gains they are likely to achieve in this way in parallel.*

**Keywords:** Student, Sportive, Recreational, Activity, Health, Belief

### INTRODUCTION

The movement of people who aim to survive in a healthy way by moving is restricted by the intensity of urban and business life and the effects of developing technology. In order to maintain the physical condition or to improve the existing physical and mental capacity, the benefit of sportive activities is an undeniable fact in many studies (Erllichman, Kerbey & James, 2002; Mensink, Loose & Oomen, 1997; Soyuer & Soyuer, 2008; ). Recreation activities, which have the biggest share in experiencing the feeling of renewal by getting away from all the tiredness and stress of the day, are recreation activities that are participated in with free choices (Karaküçük, 1995:45). Recreation activities have a wide range, and among these activities, sports remain the most interesting activity type in terms of both scope and diversity. Participation in sportive recreational activities is aimed at preventing diseases, treating an existing health problem or maintaining a state of health, in addition to having fun, resting and renewal (Peterson & Stumbo, 2000:17; Ceylan et al., 2021). Beliefs reflected in attitudes and behaviors are of great importance in participation in sportive recreational activities, which have important effects on both individual and community health in the long term (Bulut, 2013; Ertüzün & Karaküçük, 2014).

Belief is defined as a sense of belonging to an idea, a person, a religion, a doctrine to which one is attached wholeheartedly (Usó-Doménech & Nescolarde-Selva, 2016). Beliefs are a key concept in making sense of health-related conditions in cognitive and behavioral terms (Forgas, 2013). The perception of health in mental, emotional, physical and social relationships is related to quality of life as a whole. The Health Belief Model, which was started to be created in the 1950s in the United States to explain the attitudes and behaviors exhibited by individuals in order to live a healthy and quality life, is a guide for the continuation of the state of being healthy, the elimination and measurement of situations that will prevent this continuity (Gözüm & Çapık, 2014). According to Yılmaz (2019), the behaviors exhibited on behalf of being a healthy individual can be explained by the Health Belief Model. There are some concepts that the Health Belief Model has in order to understand what motivates individuals to these behaviors and how they take action to protect and improve health before

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they become ill. The concepts that make up the Health Belief Model are perceived seriousness, perceived vulnerability, perceived threat, perceived benefit, perceived barriers and self-efficacy (Champion, 1984). The table for the Health Belief Model is given below.

**Concepts of Health Belief Model**

<i>Perceived Seriousness</i>	It is the seriousness of the individual's perception of the treatment and possible consequences of a disease.
<i>Perceived Sensitivity</i>	It is the individual's attitude towards situations that threaten his/her health.
<i>Perceived Threat</i>	It is the perceived sensitivity and seriousness as well as the perceived threat.
<i>Perceived Benefit</i>	It is the individual's belief that suggestions that will improve the process or reduce the severity of the disease will work.
<i>Perceived Constraints</i>	They can be physiological and psychological, as well as money and time-related factors that prevent the behavior from occurring.
<i>Self-Efficacy</i>	Defined in 1977 by Albert Bandura, the concept was added to the model in 1988. It refers to the individual's belief that he/she can attempt a behavior and achieve success.

Bulduk et al., 2015; Champion,1984; Ertüzün ve Karaküçük, 2014; Gözüm ve Çapık, 2014

The human body is built on movement and is involved in many physical activities in the process of life struggle with nature (Demirkan et al., 2023). Just as individuals are affected by the social and cultural conditions of the society they live in, sports are also affected by the conditions of the environment in which they live. Interest in sports is seen as being healthy, gaining a new body consciousness and self-discovery (Karaküçük, 1999:244). Sportive recreational activities are recognized as a preventive health service as well as providing a quality standard of living when they are performed regularly and continuously. Sportive recreational activities, which are voluntarily participated in and enjoyed as a result, have a significant effect on protecting health and preventing diseases compared to physical activities performed for compulsory reasons (Ertüzün & Karaküçük, 2014). In this way, participants who aim to achieve positive health outcomes participate in recreational sports activities. Based on this idea, it is a matter of curiosity what are the health outcomes that university students think they have achieved especially through participation in sportive recreational activities. Since the studies conducted in this direction are relatively limited, the research gains importance. Accordingly, in the study conducted to examine the health beliefs of university students regarding recreational activities, it was aimed to investigate in which direction various variables differentiate the relevant belief.

## METHOD

The research, which was prepared with quantitative method, was designed with the survey model. While 203 university students were included in the study, the data were obtained with demographic questionnaire and "Health Beliefs Regarding Sportive Recreational Activities" scale.

### *Health Beliefs Regarding Sportive Recreational Activities*

HBSSRA developed by Ertüzün, Bodur and Karaküçük (2013) is a Likert-type scale consisting of 5 sub-dimensions (perceived seriousness, perceived barriers, physical benefit, psychosocial benefit, and self-efficacy) and 21 items. The internal consistency coefficient of the scale was determined as .91 for all items.

## FINDINGS

**Table 1. Frequency and Percentage Distributions of Demographic Variables of the Participants**

Variable	N=(203)		
	f	%	
Gender	Male	108	53,2
	Female	95	46,8
Income	Low	77	37,9
	Middle	98	48,3
	High	28	13,8
Daily leisure	Less than 1-2 hours	23	11,3
	1-2 hours	55	27,1
	3-4 hours	82	40,4
	5-6 hours and above	43	21,2
Efficiency leisure	Yes	86	42,4
	No	117	57,6

Most of the participants were male (53.2%), had a medium income level (48.3%), had a daily leisure time of 3 to 4 hours (40.4%) and thought that they did not utilize their leisure time efficiently (57.6%).

**Table 2. Arithmetic Mean, Standard Deviation and Normality Distributions for the HBSSRA**

	Min.	Max.	$\bar{X}$	sd	Skewness	Kurtosis
<b>HBSSRA</b>	1,52	5,00	3,50	0,67	-0,745	0,766
Perceived Seriousness	1,00	5,00	3,91	0,93	-1,176	1,051
Perceived Barriers	1,00	5,00	3,13	0,90	-0,167	-0,575
Physical Benefit	1,25	5,00	3,83	0,85	-0,875	0,416
Psychosocial Benefit	1,17	5,00	3,49	0,82	-0,422	0,100
Self Effectiveness	1,00	5,00	3,04	0,90	-0,089	-0,452

The participants' health belief scores regarding sportive recreational activities were above the average ( $3.50 \pm 0.67$ ), the highest sub-dimension score was obtained in the perceived seriousness sub-dimension ( $3.91 \pm 0.93$ ), and the lowest sub-dimension score was obtained in the self-efficacy sub-dimension ( $3.04 \pm 0.90$ ). The kurtosis and skewness values of the data showed that they were normally distributed (Tabachnick & Fidell, 2013). Therefore, since the data showed homogeneous distribution, they were analyzed with parametric tests.

**Table 3. Independent Sample T Test Results between HBSSRA and Gender Variables**

	Gender	n	$\bar{X}$	sd	t	p
<b>HBSSRA</b>	Male	108	3,48	0,64	-0,516	0,606
	Female	95	3,53	0,71		
Perceived Seriousness	Male	108	3,91	0,91	-0,109	0,941
	Female	95	3,92	0,95		
Perceived Barriers	Male	108	3,15	0,90	0,353	0,724
	Female	95	3,11	0,90		
Physical Benefit	Male	108	3,78	0,86	-0,866	0,388
	Female	95	3,88	0,84		
Psychosocial Benefit	Male	108	3,46	0,75	-0,553	0,581
	Female	95	3,53	0,89		
Self Effectiveness	Male	108	3,01	0,89	-0,610	0,543
	Female	95	3,08	0,92		

\*p<0,05

When the independent sample t-test findings between health beliefs related to sportive recreational activities and gender variable were examined, it was found that there was no statistically significant difference between gender and HBSSRA, but although it was not statistically significant, female participants had higher HBSSRA than male participants.

**Table 4. One-Way Analysis of Variance ANOVA Test Findings Between HBSSRA and Income Variables**

	Income	n	$\bar{X}$	sd	F	p
<b>HBSSRA</b>	Low	77	3,58	0,63	2,494	0,085
	Middle	98	3,51	0,65		
	High	28	3,25	0,80		
	Total	203	3,50	0,67		
Perceived Seriousness	Low	77	4,00 <sup>b</sup>	0,77	5,206	0,006*
	Middle	98	4,00 <sup>a</sup>	0,93		
	High	28	3,40 <sup>c</sup>	1,15		
	Total	203	3,91	0,93		
Perceived Barriers	Low	77	3,22	0,91	0,684	0,506
	Middle	98	3,06	0,84		
	High	28	3,16	1,07		
	Total	203	3,13	0,90		
Physical Benefit	Low	77	3,80	0,81	0,521	0,595
	Middle	98	3,88	0,84		
	High	28	3,70	1,01		
	Total	203	3,83	0,85		
Psychosocial Benefit	Low	77	3,62	0,81	2,890	0,058
	Middle	98	3,47	0,78		
	High	28	3,20	0,91		
	Total	203	3,49	0,82		

Self Effectiveness	Low	77	3,13	0,90	1,522	0,221
	Middle	98	3,05	0,90		
	High	28	2,78	0,90		
	Total	203	3,04	0,90		

\*p<0,05; a>b>c

According to the findings of the one-way analysis of variance Anova between the participants' health beliefs about sportive recreational activities and income levels, it was determined that there was a statistically significant difference between the participants' health beliefs about sportive recreational activities and perceived seriousness. Accordingly, it was determined that participants with a medium level of income revealed a higher HBSSRA than the other participants.

**Table 5. One-Way Analysis of Variance ANOVA Test Findings Between HBSSRA and Daily Leisure Duration Variable**

	Daily leisure	n	$\bar{X}$	sd	F	p
<b>HBSSRA</b>	Less than 1-2 hours	23	3,31	0,69	1,115	0,344
	1-2 hours	55	3,60	0,56		
	3-4 hours	82	3,51	0,73		
	5-6 hour and above	43	3,45	0,68		
	Total	203	3,50	0,67		
Perceived Seriousness	Less than 1-2 hours	23	3,82	0,92	0,182	0,909
	1-2 hours	55	3,98	0,76		
	3-4 hours	82	3,89	0,99		
	5-6 hour and above	43	3,91	1,01		
	Total	203	3,91	0,93		
Perceived Barriers	Less than 1-2 hours	23	3,15	0,93	0,204	0,894
	1-2 hours	55	3,13	0,90		
	3-4 hours	82	3,17	0,93		
	5-6 hour and above	43	3,04	0,86		
	Total	203	3,13	0,90		
Physical Benefit	Less than 1-2 hours	23	3,75	0,73	0,117	0,950
	1-2 hours	55	3,85	0,72		
	3-4 hours	82	3,85	0,91		
	5-6 hour and above	43	3,80	0,98		
	Total	203	3,83	0,85		
Psychosocial Benefit	Less than 1-2 hours	23	3,13	0,77	2,8073	0,105
	1-2 hours	55	3,61	0,75		
	3-4 hours	82	3,54	0,88		
	5-6 hour and above	43	3,45	0,76		
	Total	203	3,49	0,82		
Self Effectiveness Perceived	Less than 1-2 hours	23	2,73c	0,95	2,663	0,049*
	1-2 hours	55	3,30a	0,81		
	3-4 hours	82	3,02	0,87		
	5-6 hour and above	43	2,93b	0,98		
	Total	203	3,04	0,90		

\*p<0,05

It was determined that the participants' health beliefs related to sportive recreational activities differed in the self-efficacy sub-dimension according to their daily leisure time duration (F=2,663, p=0,049). Accordingly, it was determined that the participants who had leisure time between 1-2 hours showed a higher level of HBSSRA compared to other daily leisure durations.

**Table 6. Independent Sample T-test Results Between HBSSRA and Efficiency Leisure Variables**

	Efficiency leisure	n	$\bar{X}$	sd	t	p
<b>HBSSRA</b>	Yes	86	3,53	0,70	0,614	0,540
	No	117	3,47	0,66		
Perceived Seriousness	Yes	86	3,92	0,91	0,075	0,941
	No	117	3,91	0,94		
Perceived Barriers	Yes	86	3,12	0,96	-0,165	0,869
	No	117	3,14	0,86		
Physical Benefit	Yes	86	3,84	0,85	0,167	0,868
	No	117	3,82	0,86		
Psychosocial Benefit	Yes	86	3,55	0,86	0,901	0,369
	No	117	3,45	0,78		

Self Effectiveness	Yes	86	3,12	0,96	1,076	0,283
	No	117	2,98	0,86		

\*p<0,05

There is no statistically significant difference between the participants' having productive leisure time and their health beliefs about sportive recreational activities. However, although it was not statistically significant, it was determined that the participants who thought that they evaluated their leisure time efficiently had higher health beliefs about sportive recreational activities.

## **DISCUSSION AND CONCLUSION**

The findings of the study conducted to examine the health beliefs of university students regarding sportive recreational activities and the differentiation of these beliefs according to various variables reveal various outcomes. As a result of the research, it was determined that university students' health beliefs about sportive recreational activities were above the average values, their perceived seriousness levels were the highest and their self-efficacy levels were the lowest. At the same time, it was determined that the participants' health beliefs about sportive recreational activities did not differ according to gender and perceptions of productive leisure time, but their health beliefs about sportive recreational activities differed with income and daily leisure time duration. As a result, it was determined that the participants' health beliefs about sportive recreational activities were at an average level and differed according to certain variables.

There is a general belief that participation in sporting recreational activities increases health-related outcomes. This assumption is supported by many studies in the literature (Castagna, Krusturup & Póvoas 2020; Diaz et al., 2019; Eime et al., 2013; Hanani, 2017; Kayhan & Ustun, 2019; Krusturup & Bangsbo 2015; Murphy & Carbone, 2008; Peirce & Ranson, 2018; Quinton & Brunton, 2018; Quinton & Brunton, 2020; Ünlü et al., 2023). Therefore, it is possible to say that the belief in the health gains gained through recreational sports activities is at average and above values. From this point of view, rather than increasing this belief, it should be aimed to provide the maximum gain that can be obtained from recreational activities through participation. The belief that participation in recreational sports activities will increase health gains is characterized as a strong assumption and even a generally valid belief. However, clarifying the variables on which these gains will depend is among the issues that need to be examined in depth in future research.

In various studies, the relationship between participation in recreational sports activities and various parameters has been examined. For example, Scheffels (2016) examined the role of physical activity in the relationship between health beliefs and alcohol consumption. It was observed that women who were involved in moderate and high levels of physical activity tended to consume less alcohol and had higher health beliefs. The study specifically focused on the role of gender and physical activity and the results are in line with the current findings in terms of gender variable.

Another study in which women scored higher than men in the sub-dimensions of the health belief model scale was conducted by Vural and Çoruh (2017). In the study conducted with 150 people who regularly participate in sportive recreational activities offered to the public by Konya Metropolitan Municipality, the relationship between sports and health beliefs was examined with some demographic variables. Significant differences were found between male and female athletes in terms of perceived seriousness, perceived obstacle, physical benefits and psychological benefits. In addition, the results of the self-efficacy sub-dimension were found to be at a low level supporting the current study. Unlike the results of the current study, Yalçın and Arslan (2016) found high levels of self-efficacy and psychological benefits sub-dimensions in their study. In another study by Omar, Patterson, and Pegg (2013), a qualitative research was conducted with 30 people consisting of equal numbers of Indians, Chinese, and Malays in a study examining the walking behavior of three major ethnic groups and the effects of health beliefs on this behavior. Among the three ethnic groups, Indians (49.7%), Malays (37.9%) and Chinese (18.9%) were the most likely to achieve the recommended level of weekly walking to achieve the recommended health benefits. As in the current study, the perceived seriousness dimension was the sub-dimension with the highest score. In attitudes towards walking behavior, the positive health benefits seen as a result of participating in a sportive activity, recreational benefits, having a fit body appearance, and the motivating power to achieve the goal set in the first place were seen to stem from beliefs.

It is observed that the studies in the literature are studies that provide the belief that health benefits will be increased through participation in recreational sports activities from different perspectives. In this respect, it can be said that adopting an active leisure time evaluation process is parallel to the belief that health-related gains will increase positively. It is also revealed with the current research finding that various variables can differentiate this belief. In this context, it is recommended that descriptive studies to be conducted in different sample groups and different geographies should be combined with experimental studies. Accordingly, the effects of recreational sports practices on various physiological and physical parameters of individuals should be determined, as well as expanded studies should be presented by combining qualitative studies with views on health gains obtained through recreational sports. At the same time, standard practices at the international level should be structured and sedentary individuals should be provided to benefit from recreational sports in cooperation with local governments.

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