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INVESTIGATION OF UNIVERSITY STUDENTS FATPHOBIA LEVELS, SOCIAL APPEARANCE ANXIETIES AND HEALTHY LIFESTYLE BEHAVIORS ACCORDING TO DIFFERENT VARIABLES

Beyza ÖĞE

Res. Assist., Van Yüzüncü Yıl University, Van, Turkey, beyzaoge@yyu.edu.tr
ORCID: 0000-0001-7202-5555

Fatih ERİŞ

Assist. Prof. Dr., Van Yüzüncü Yıl University, Van, Turkey, fatihervis@yyu.edu.tr
ORCID: 0000-0002-2301-6801

Yıldırım Gökhan GENCER

Assoc. Prof. Dr., Mersin University, Mersin, Turkey, ygokhangencer@mersin.edu.tr
ORCID: 0000-0001-5511-2374

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ABSTRACT

In this study, it was examined the social appearance anxiety of university students and attitudes towards overweight individuals and the relationship between healthy lifestyle behaviors and social appearance anxieties, attitudes towards overweight individuals and healthy lifestyle behaviors according to different variables. 462 randomly selected students studying at Van Yüzüncü Yıl University participated in the study. The research data were collected on the internet via Google forms. Personal information form, "Fatphobia Scale", "Social Appearance Anxiety Scale" and "Healthy Lifestyle Behaviors Scale" were applied to the participants in the study. The Social Appearance Anxiety Scale (SAAS) was developed by Hart et al. (2008) to measure the anxiety that individuals experience towards being negatively evaluated by others regarding their general appearance. It was translated into Turkish by Doğan in 2010 (Doğan, 2010). The Fatphobia Scale (FS) was developed by Bacon et al. (2001) to measure negative attitudes and stereotypes towards overweight individuals. It was translated into Turkish by Koçak et al. (2005). The Healthy Lifestyle Behaviors Scale (HLBS) was developed by Walker et al. (1987) to measure health-promoting behaviors. Later, it was renewed by Walker et al. (1996) and named as the HLB-II scale. It was translated into Turkish by Esin (1999). Data analysis was made by using the SPSS package program. Significance levels were evaluated according to $p < 0.05$. As a result of the analysis, a significant difference was found between students' social appearance anxiety level and age, marital status and exercise habits; between students' fatphobia levels and definition of gender, age, BMI, marital status, department and weight; between students' healthy lifestyle behaviors and gender, age, BMI, marital status, department, weight definition and exercise habits ($p < 0.05$). In addition, it was determined that there was a significant negative relationship between healthy lifestyle behaviors and social appearance anxiety level $p < 0.01$. As a result, it was found that the healthy lifestyle behaviors of the university students who make up the research group were moderate, and their social appearance anxiety levels decreased as the healthy lifestyle behaviors increased. In order to reduce the social appearance anxiety, which is important on the social, psychological and spiritual dimensions of students in developing healthy lifestyle behaviors, students in the other department should be encouraged to do physical activity and studies are recommended by determining different independent variables that may be associated with healthy living behaviors.

Keywords: Fatphobia, social appearance anxiety, healthy life behaviors, university students.

INTRODUCTION

A healthy lifestyle is defined as controlling all behaviors that affect an individual's health, and choosing behaviors appropriate to his or her health status in regulating daily activities. The healthy lifestyle behaviors of people at different socio-economic levels and with different status and professions will differ. Healthy lifestyle behaviors include adequate and regular exercise, balanced diet, not smoking, health responsibility, stress management and hygienic measures (Karabulut and Altun, 2018). Healthy lifestyle behaviors is the set of behaviors that a person exhibits to stay healthy and protect health. It is a positive health behavior that protects one's own health and that of other individuals and acts consciously. Healthy lifestyle behaviors includes adequate and regular exercise, proper nutrition, not smoking, health responsibility, stress management and hygienic measures (Çınar et al., 2016). These positive behaviors positively affect the well-being of the person and help the person improve and be better (Murathan, 2013; Vural and Bakır, 2015). Leading a healthy life is the fundamental right of all individuals. It is the responsibility of people to continue their lives in a healthy way. It is possible for people to lead a healthy life by taking their own behaviors and movements under control and adopting developmental behaviors that benefit them. Maintaining a life-long health can only be achieved by making these behaviors permanent in life. Therefore, it is necessary to instill healthy lifestyle behaviors in all segments of the society in order to improve and develop public health (İlhan et al., 2010; Hekim, 2015).

There are many factors such as gender, age, income level, place of residence, environment, social security, presence of social activities, smoking and alcohol consumption affecting the behavior in question (Çepni, 2010). Regular health checks, adequate and balanced nutrition, physical activity or exercise, quality sleep, positive interpersonal attitudes can be counted among positive health behaviors. Smoking, alcohol habits, consumption of fatty foods are behaviors that negatively affect health (Murathan, 2013). These behavior patterns are divided into sub-dimensions. These are self-actualization, nutrition, physical activity, interpersonal support and relationships, health responsibility and stress management (Çepni, 2010; Kara, 2018; Pender et al., 1992; Tambağ, 2010). In addition to these behaviors, positive perspective on life and spiritual health concepts have been added to these behaviors in recent years (Kara, 2018; Pender et al., 2001). Social appearance anxiety was defined as the fear of negative evaluation of the society's judgments about general physical appearance and attractiveness by others in terms of appearance, embarrassment, and exclusion. Depending on this anxiety, it has been stated that individuals are afraid of social interaction, feel uncomfortable in places that allow everyone to see while eating or performing in front of everyone (Dilbaz, 1997; Hart et al., 2008). It was revealed that the anxiety experienced by individuals towards being negatively evaluated by others in terms of their general appearance, including their body shape, was associated with body weight and shape, eating anxiety, body mass index, etc. and it was emphasized that this anxiety was caused by being overweight, which is a factor on body shape (Hart et al., 2008; Koskina et al., 2011).

With the developing technology, people's and society's thoughts on the concept of beauty and health have also changed. Fashion, cosmetics and medical science society; made people believe that a certain physical shape, body and face ratio is good and beautiful. When the socially accepted body structure is reviewed; It has been

noted that a thin physique structure is important in women and a muscular and fit body structure is important in men. In fact, physical appearance and beauty often come before the thoughts, behaviors and achievements of the individual. As a matter of fact, it is accepted that people who do not have the mentioned body shape and proportion are excluded from the rest of the society (Ahiska and Yenil, 2006). It is observed that negative attitudes and behaviors are exhibited especially towards obese and overweight individuals in the family, school life and work environment (Uluöz, 2016). As a result of these effects, individuals in all age groups, especially those belonging to the age group called the young generation, have begun to care more about what other individuals around them think and how they are seen by others. As a result, the thoughts of others caused the individual to experience anxiety about their social appearance (Trekels and Eggermont, 2017).

Fatphobia has been defined as negative attitudes towards overweight individuals and having stereotypes about overweight individuals (Robinson et al., 1993). Kilophobic attitudes and behaviors in all segments of the society have been revealed in many studies (Bacon et al., 2001).

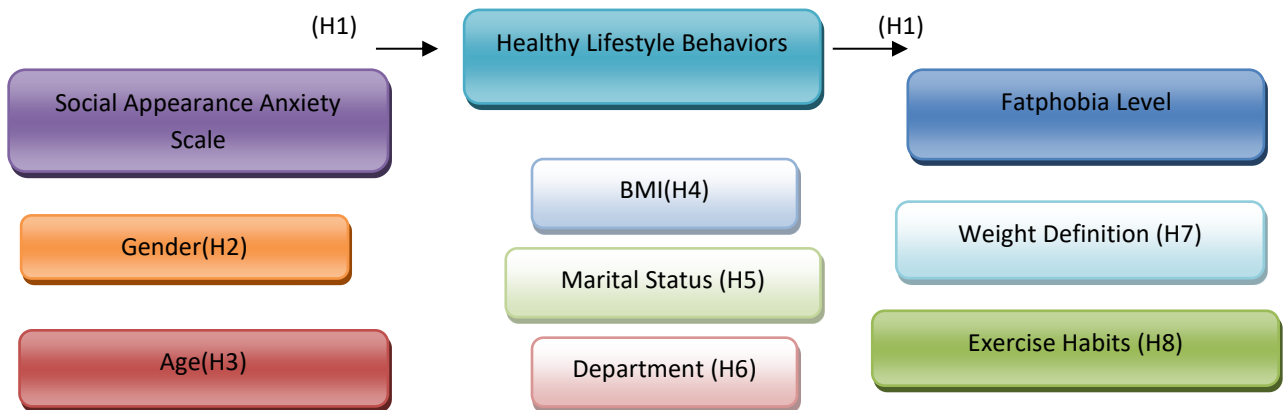
The individual making healthy lifestyle behaviors a part of life, can maintain his/her health as well as bringing his/her health status to a better level. Therefore, developing and maintaining healthy lifestyle behaviors is the foundation of health and disease prevention. In line with this basis, the study will reveal the importance of practices by raising awareness for the development of lifestyles, which is the most important factor in preventing diseases and improving health. It is thought that the data obtained from this study will shed light on the relationship between students' social appearance anxiety, weightphobia and healthy lifestyle behaviors, as well as contribute to the relevant literature and guide the presentation of healthy lifestyle counseling services to students.

In this context; the aim of the study is to examine the relationship between social appearance anxiety, attitudes towards overweight individuals and healthy lifestyle behaviors of university students, and social appearance anxiety, attitudes towards overweight individuals and healthy lifestyle behaviors according to different variables

METHOD

Research Model

The study is a descriptive research model, and it was conducted with the relational survey method. Although the relational screening model does not give a real cause-effect relationship, it allows the estimation of the other if the situation in one variable is known (Karasar, 2013). The model of the research is schematized as follows.



The research model shown in the figure consists of seven basic variables and the relationships between variables are determined.

Research Hypotheses

Eight hypotheses have been developed in line with the general purpose of the research and the relationships in the model.

H1: There is a relationship between individuals' healthy lifestyle behaviors and their social appearance anxiety and fatphobia levels.

H2: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to gender.

H3: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to age.

H4: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to BMI.

H5: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to marital status.

H6: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to the department.

H7: There is a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors according to the definition of weight.

H8: Exercise habits make a difference in social appearance anxiety, fatphobia and healthy lifestyle behaviors.

Study Universe and Sample

Before starting the study, approval was obtained from the Ethics Committee of Van Yüzüncü Yıl University. The study adhered to the Declaration of Helsinki and written informed consent was obtained from all participants prior to participation.

The universe of the research is composed of university students enrolled in Van Yüzüncü Yıl University in the 2019-2020 academic year, and the sample consists of 462 university students selected through random sampling. The scales were applied to the sample group in June 2020 by the researcher, explaining the purpose and scope of the research. Those who gave incomplete answers to the scales were excluded from the sample group.

Table 1. Some Anthropometric Measurements of the Participants

Variables	n	Mean ± Sd
Age (years)	462	24.95 ± 4.80
Height (cm)	462	169.31 ± 9.11
Body Weight (kg)	462	65.38 ± 12.97
BMI (kg / m ²)	462	22.69 ± 3.31

Data Collection Method and Tool

Data collection consists of 4 stages. In the first stage, "Personal Information Form" was applied to determine the demographic information of the participants. In the second stage, the participants were asked to fill in the "Social Appearance Anxiety Scale", in the third stage the "Fatphobia Scale" and in the last stage, the Healthy Lifestyle Behaviors Scale.

Personal Information Form

The personal information form included questions to determine the participants' gender, age, height, body weight, marital status, department, weight and whether they have regular exercise habits or not.

Social Appearance Anxiety Scale

The Social Appearance Anxiety Scale (SAAS) was developed by Hart et al. (2008) to measure the anxiety that individuals experience towards being negatively evaluated by others regarding their general appearance. It was translated into Turkish by Doğan in 2010 (Doğan, 2010). SAAS is prepared in 5-Likert type (1 = Not suitable at all, 5 = Completely suitable) and it is one-dimensional. The scale consists of 16 questions and only the 1st item of the scale is coded in reverse. In the calculation of the scale, the scores given to 16 items are added up and divided by the number of items. Participants score between 1-5, and high scores indicate that the individual has high social appearance anxiety, and low scores indicate low. The Cronbach Alpha coefficient calculated for SSI was .93, the test-retest reliability coefficient was .85, and the reliability coefficient calculated by the test split method was .88. The Cronbach Alpha value calculated within the scope of this study was calculated as .85. The Cronbach Alpha value shows that the measurement tool can be used in this sample group.

Fatphobia Scale

The Fatphobia Scale (FS) was developed by Bacon et al. (2001) to measure negative attitudes and stereotypes towards overweight individuals. It was translated into Turkish by Koçak et al. (2005). FS consists of 14 pairs of

adjectives, one positive and the other negative, that characterize overweight individuals, and the participants score overweight individuals between these adjectives 1-5 according to the degree of qualification. The scoring of FS is calculated by dividing the total score obtained from 14 items by the number of items. High scores between 1 and 5 indicate that individuals are more kilophobic and lower scores are less kilophobic. As a result of the validity and reliability study of the Turkish version of the scale, the Cronbach's Alpha coefficient was found to be 0.82. In this study, the Cronbach's Alpha coefficient of the scale was found to be 0.79.

Healthy Lifestyle Behaviors Scale

The Healthy Lifestyle Behaviors Scale (HLBS) was developed by Walker et al. (1987) to measure health-promoting behaviors. Later, it was renewed by Walker et al. (1996) and named as the HLB-II scale. It was translated into Turkish by Esin (1999). The scale was developed by Walker et al. (1987) to measure health-promoting behaviors. Later, it was renewed by Walker et al. (1996) and named as the HLB-II (Healthy Lifestyle Behaviors-II) scale. HLB-II scale consists of 52 items, all of which are positive in the form of a 4-point Likert. The high scores on the scale with the lowest 52 and the highest 208 points indicate that the individual has a high level of health behaviors. The scale has six sub-dimensions (Bahar et al., 2008):

Spirituality; shows the life goals of a person, the ability to develop himself/herself, how much he/she knows himself/herself and how much he/she can realize his/her desires.

Nutrition; shows the values of the person in determining the meals and choosing the food.

Physical activity; shows the level of exercise, which is one of the most important elements of a healthy life.

Health responsibility; determines the level of importance and responsibility given to one's own health.

Interpersonal relationship; shows the communication and continuity level of the person with his/her social environment.

Stress management; indicates the person's level of recognition of the causes of stress and control mechanisms (Bahar et al., 2008).

As a result of the validity and reliability study of the Turkish version of the scale, the Cronbach's Alpha coefficient was found to be 0.92. In this study, the Cronbach's Alpha coefficient of the scale was found to be 0.81.

Scope and Limitations of the Research

This research involves university students registered to Van Yüzüncü Yıl University in 2019-2020 academic in Turkey and the data obtained through the survey application were collected on the internet via Google forms. Because of the limitations of quantitative research, it is limited to people who use social networks and agree to participate in the research.

Data Analysis

The data obtained with the SPSS package program were analyzed. The distribution of the data was examined using the Kolmogorov-Smirnov test. As a result of the test, it was determined that the data did not show a normal distribution, and the data were analyzed with non-parametric tests. Descriptive statistics, Mann Whitney U-Test, Kruskal-Wallis Test and Spearman correlation coefficient were used in the analyzes. Significance levels were evaluated according to $p < 0.05$.

FINDINGS

The results obtained from the study and the statistical analysis of these results are presented in the tables below.

Table 2. Social Appearance Anxiety, Fatphobia and Healthy Lifestyle Behaviors Scale Normality Test Result

Variables	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Social Appearance Anxiety	.125	462	.000	.980	462	.000
Fatphobia	.079	462	.000	.983	462	.000
HLB Scale	.080	462	.000	.906	462	.000

As seen in the table above, it was determined that the data did not show a normal distribution ($p < 0.05$).

Table 3. Some Descriptive Characteristics of the Participants

Variables	F	%
Gender		
Women	283	61.3
Male	179	38.7
Age		
18-22	154	33.3
23-26	169	36.6
26 andover	139	30.1
BMI		
>18.5	29	6.3
18.5-24.9	356	77.1
25-29.9	59	12.8
≥30	18	3.9
Marital Status		
Single	407	88.1
Married	55	11.9
Department		
Sports Sciences	216	46.8
Other	246	53.2
Weight Definition		
Slim	56	12.1
Normal	321	69.5
Owerweight	75	16.2

Obese	10	2.2
Exercise Status		
Yes	159	34.4
No	303	65.6
Reason for Exercising		
Live Healthy	67	14.5
Lose Weight	32	6.9
Maintaining the Weight	10	2.2
Habit	9	1.9
It makes me feel better	32	6.9
I do it because I have to	5	1.1
Other	4	.9

Some of the descriptive characteristics of the participants are shown in table 3. 61.3% of the individuals participating in the study were female, 38.7% were male, 36.6% were in the 23-26 age group, 77.1% were in the range of 18.5-24.9 BMI, and 88.1% were single. In addition, 46.8% of the individuals were in Sports Sciences, 53.2% of them were in different departments, 69.5% of them defined their weight as normal, 65.6% of them do not have the habit of exercising and 14.5% of them have exercise habit in order to live healthy.

Table 4. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to Gender

Variables		n	Average Rank	Total Rank	U	p
Fatphobia	Woman	283	221.44	62667.50	22481.500	.041*
	Male	179	247.41	44285.50		
Social Appearance Anxiety	Woman	283	227.34	64337.00	24151.000	.399
	Male	179	238.08	42616.00		
HLB Scale						
Nutrition	Woman	283	230.04	65100.00	24914.000	.766
	Male	179	233.82	41853.00		
Physical Activity	Woman	283	216.01	61130.50	20944.500	.002**
	Male	179	255.99	45822.50		
Interpersonal Relationships	Woman	283	241.95	68473.00	22370.000	.034*
	Male	179	214.97	38480.00		
Spiritual Development	Woman	283	237.32	67160.50	23682.500	.238
	Male	179	222.30	39792.50		
Health Responsibility	Woman	283	236.86	67030.50	23812.500	.276
	Male	179	223.03	39922.50		
Stress Management	Woman	283	231.09	65399.50	25213.500	.934
	Male	179	232.14	41553.50		
HLB Scale	Woman	283	233.23	66004.50	24838.500	.726
	Male	179	228.76	40948.50		

*p<0.05 **p<0.01

As seen in table 4, there is a statistically significant difference (p <0.05) between male and female participants' fatphobia levels (U = 22481.500) mean scores, and there is no difference between the mean scores of the social appearance anxiety scale (p > 0.05). Considering the mean rank, it is seen that males have higher levels of fatphobia than females. In addition, a statistically significant difference was found between male and female

participants' mean scores on physical activity (U = 20944.500) and interpersonal relationships (U = 22370.000) (p <0.01). Considering the mean rank, it was seen that males were better in physical activity than female participants in healthy lifestyle behaviors and women are better than male participants in interpersonal relations sub-dimension.

Table 5. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to Age Groups

Variables	n	Average Rank	sd	X2	P	Post-Hoc
Fatphobia	18-22	154	267.42	2	17.188	.000**
	23-26	169	209.59			
	26 ve üzeri	139	218.35			
Social Appearance Anxiety	18-22	154	255.67	2	12.354	.002**
	23-26	169	204.36			
	26 ve üzeri	139	237.72			
HLB Scale						
Nutrition	18-22	154	207.99	2	15.321	.000**
	23-26	169	262.83			
	26 ve üzeri	139	219.45			
Physical Activity	18-22	154	193.06	2	23.060	.000**
	23-26	169	264.18			
	26 ve üzeri	139	234.36			
Interpersonal Relationships	18-22	154	216.01	2	22.080	.000**
	23-26	169	269.21			
	26 ve üzeri	139	202.81			
Spiritual Development	18-22	154	215.06	2	24.218	.000**
	23-26	169	271.04			
	26 ve üzeri	139	201.65			
Health Responsibility	18-22	154	178.79	2	43.983	.000**
	23-26	169	276.91			
	26 ve üzeri	139	234.70			
Stress Management	18-22	154	217.92	2	36.163	.000**
	23-26	169	278.24			
	26 ve üzeri	139	189.71			
HLB Scale	18-22	154	201.23	2	30.409	.000**
	23-26	169	276.32			
	26 ve üzeri	139	210.54			

*p<0.05 **p<0.01

As seen in table 5, when the fatphobia levels and social appearance anxiety scale mean scores of the participants are examined according to age groups, there is a statistically significant difference between the level of fatphobia and age (X2 (2) = 17.188) and social appearance anxiety (X2 (2) = 12.354) (p <0.05). Considering the mean rank of the groups, it is seen that those between the ages of 18-22 have the highest levels of fatphobia and social appearance anxiety, followed by those aged 26 and over and 23-26. In addition, when the mean scores of the HLB scale and its subgroups are examined according to the age groups of the participants, a statistically significant difference was found between scale mean scores (p <0.05): Nutrition (X2 (2) = 15.321), physical activity (X2 (2) = 23.060), interpersonal relationships (X2 (2) = 22.080), spiritual

development (X2 (2) = 24.218), health responsibility (X2 (2) = 43.983), stress management (X2 (2) = 36.163) and HLB scale (X2 (2) = 30.409). Considering the mean ranks of the groups, it is seen that those between the ages of 23-26 have the highest levels of nutrition, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and healthy lifestyle behaviors, followed by other age groups.

Table 6. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to BMI Groups

Variables	n	Average Rank	sd	X2	P	Post-Hoc	
Fatphobia	>18.5	29	280.59	3	16.921	.001**	1-4
	18.5-24.9	356	234.30				2-4
	25-29.9	59	224.49				3-4
	≥30	18	120.06				
Social Appearance Anxiety	>18.5	29	257.98	3	7.663	.054	
	18.5-24.9	356	227.69				
	25-29.9	59	259.66				
	≥30	18	171.86				
HLB Scale							
Nutrition	>18.5	29	241.29	3	25.944	.000**	1-3
	18.5-24.9	356	245.35				2-3
	25-29.9	59	152.00				
	≥30	18	202.36				
Physical Activity	>18.5	29	190.62	3	25.911	.000**	1-2
	18.5-24.9	356	248.51				2-3
	25-29.9	59	167.06				2-4
	≥30	18	172.17				
Interpersonal Relationships	>18.5	29	241.09	3	11.404	.010*	2-3
	18.5-24.9	356	240.84				
	25-29.9	59	185.59				
	≥30	18	181.89				
Spiritual Development	>18.5	29	249.66	3	17.970	.000**	1-3
	18.5-24.9	356	241.19				2-3
	25-29.9	59	163.14				
	≥30	18	234.61				
Health Responsibility	>18.5	29	197.02	3	20.698	.000**	2-3
	18.5-24.9	356	243.76				
	25-29.9	59	165.02				
	≥30	18	262.42				
Stress Management	>18.5	29	295.72	3	30.924	.000**	1-2
	18.5-24.9	356	241.65				1-3
	25-29.9	59	162.96				1-4
	≥30	18	151.89				2-3
HLB Scale	>18.5	29	253.09	3	25.237	.000**	2-4
	18.5-24.9	356	244.45				1-3
	25-29.9	59	154.55				2-3
	≥30	18	192.78				

*p<0.05 **p<0.01

When the fatphobia levels and social appearance anxiety scale mean scores of the participants were examined according to their BMI groups, there is a statistically significant difference between BMI and fatphobia level ($X^2(3) = 16.921$) ($p < 0.05$) (Table 6). Considering the mean ranks of the groups, it is seen that those in the range of > 18.5 BMI have the highest level of fatphobia, followed by those in the range of 18.5-24.9, 25-29.9 and ≥ 30 . In addition, when the HLB scale and the mean scores of its subgroups are examined according to BMI groups, BMI's nutrition ($X^2(3) = 25.944$), physical activity ($X^2(3) = 25.911$), interpersonal relations ($X^2(3) = 11.404$), spiritual development ($X^2(3) = 17.970$), health responsibility ($X^2(3) = 20.698$), stress management ($X^2(3) = 30.924$) and HLB scale ($X^2(3) = 25.237$), a statistically significant difference was found between the mean scores ($p < 0.05$). Considering the mean ranks, it was observed that those in the range of 18.5-24.9 had the highest nutrition and physical activity, followed by those in the range > 18.5 , 25-29.9 and ≥ 30 , and those in the range of > 18.5 had the highest spiritual development, followed by those in the range of 18.5-24.9, ≥ 30 and 25-29.9, and those in the range of ≥ 30 had the highest health responsibility, followed by those in the range of 18.5-24.9, > 18.5 and 25-29.9, those in the range of > 18.5 had the highest interpersonal relationships, stress management, and healthy lifestyle behaviors, followed by those in the range 18.5-24.9, 25-29.9 and ≥ 30 .

Table 7. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to Marital Status

Variables	n	Average Rank	Total Rank	U	p	
Fatphobia	Single	407	236.41	96218.00	9195.000	.031*
	Married	55	195.18	10735.00		
Social Appearance Anxiety	Single	407	239.99	97676.50	7736.500	.000**
	Married	55	168.66	9276.50		
HLB Scale						
Nutrition	Single	407	226.14	92037.50	9009.500	.018*
	Married	55	271.19	14915.50		
Physical Activity	Single	407	226.95	92369.00	9341.000	.046*
	Married	55	265.16	14584.00		
Interpersonal Relationships	Single	407	226.26	92088.00	9060.000	.021*
	Married	55	270.27	14965.00		
Spiritual Development	Single	407	226.79	92302.00	9274.000	.039*
	Married	55	266.38	14651.00		
Health Responsibility	Single	407	224.69	91449.00	8421.000	.003**
	Married	55	281.89	15504.00		
Stress Management	Single	407	231.78	94335.00	11077.500	.901
	Married	55	229.41	12617.50		
HLB Scale	Single	407	226.24	92078.00	9050.000	.021*
	Married	55	270.45	14875.00		

* $p < 0.05$ ** $p < 0.01$

As can be seen in Table 7, there is a statistically significant difference between married participants and single participants' mean scores for fatphobia ($U = 9195.000$) and social appearance anxiety ($U = 7736.500$) ($p < 0.05$). Considering the mean rank, it is understood that single participants have higher fatphobia and social appearance anxiety than married participants. In addition, there is a statistically significant difference between the mean scores of married participants and single participants ($p < 0.05$): The nutrition ($U = 9009.500$), physical

activity (U = 9341.000), interpersonal relations (U = 9060.000), spiritual development (U = 9274.000), health responsibility (U = 8421.000) and HLB scale (U = 9050.000). Considering the mean rank, it is understood that the nutrition, physical activity, interpersonal relations, spiritual development, health responsibilities and healthy lifestyle behaviors of the married participants are higher than the single participants.

Table 8. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to Departments

Variables		n	Average Rank	Total Rank	U	p
Fatphobia	Sports Sciences	216	210.55	45478.00	22042.000	.002**
	Other	246	249.90	61475.00		
Social Appearance Anxiety	Sports Sciences	216	225.21	48644.50	25208.500	.342
	Other	246	237.03	58308.50		
HLB Scale						
Nutrition	Sports Sciences	216	263.37	56888.00	19684.000	.000**
	Other	246	203.52	50065.000		
Physical Activity	Sports Sciences	216	283.84	61308.50	15263.500	.000**
	Other	246	185.55	45644.50		
Interpersonal Relationships	Sports Sciences	216	268.97	58097.50	18474.500	.000**
	Other	246	198.60	48855.50		
Spiritual Development	Sports Sciences	216	252.29	54494.00	22078.000	.002**
	Other	246	213.25	52459.00		
Health Responsibility	Sports Sciences	216	267.91	57868.00	18704.000	.000**
	Other	246	199.53	49085.00		
Stress Management	Sports Sciences	216	262.87	56780.50	19791.500	.000**
	Other	246	203.95	50172.50		
HLB Scale	Sports Sciences	216	273.63	59103.50	17468.500	.000**
	Other	246	194.51	47849.50		

*p<0.05 **p<0.01

When Table 8 is examined, there is a statistically significant difference (p <0.05) between the departments of the participants and the mean scores of the fatphobia levels (U = 22042.000), but there is no difference between the mean scores of the social appearance anxiety scale (p> 0.05). Considering the average rank, it is seen that the other departments have higher levels of fatphobia than sports sciences. In addition, when HLB scale and its sub-dimensions are examined according to their departments, there was a difference between the mean scores (p <0.05): The department's nutrition (U = 19684.000), physical activity (U = 15263.500), interpersonal relations (U = 18474.500), spiritual development (U = 22078.000), health responsibility (U = 18704.000), stress management (U = 19791.500) and HLB scale (U = 17468.500). Considering the mean ranks of the groups, it is seen that sports sciences have the highest average in nutrition, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and HLB scale dimensions.

Table 9. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors According to Weight Definition

Variables	n	Average Rank	sd	X2	P	Post-Hoc	
Fatphobia	Slim	56	263.93	3	8.229	.042*	1-3
	Normal	321	230.77				1-4
	Overweight	75	222.33				2-4
	Obese	10	142.00				3-4
Social Appearance Anxiety	Slim	56	248.03	3	1.212	.750	
	Normal	321	230.80				
	Overweight	75	222.53				
	Obese	10	228.75				
HLB Scale							
Nutrition	Slim	56	255.78	3	42.819	.000**	1-3
	Normal	321	243.74				1-4
	Overweight	75	145.93				2-3
	Obese	10	344.50				2-4
Physical Activity	Slim	56	243.27	3	20.213	.000**	3-4
	Normal	321	244.73				1-3
	Overweight	75	178.11				1-4
	Obese	10	141.50				2-3
Interpersonal Relationships	Slim	56	267.49	3	14.085	.003**	2-4
	Normal	321	229.34				1-3
	Overweight	75	200.34				2-3
	Obese	10	333.00				3-4
Spiritual Development	Slim	56	260.58	3	11.142	.011*	1-3
	Normal	321	234.04				2-3
	Overweight	75	191.69				
	Obese	10	285.75				
Health Responsibility	Slim	56	217.80	3	17.683	.001**	1-4
	Normal	321	239.27				2-3
	Overweight	75	191.46				2-4
	Obese	10	359.00				3-4
Stress Management	Slim	56	266.28	3	15.243	.002**	1-3
	Normal	321	237.90				1-4
	Overweight	75	185.29				2-3
	Obese	10	177.75				
HLB Scale	Slim	56	260.92	3	19.417	.000**	1-3
	Normal	321	238.28				2-3
	Overweight	75	173.33				3-4
	Obese	10	285.25				

*p<0.05 **p<0.01

When Table 9 is examined, there is a statistically significant difference ($p < 0.05$) between the weight definition and fatphobia levels ($X^2 (3) = 8.229$) and mean scores of the participants, and there is no difference between the social appearance anxiety scale mean scores ($p > 0.05$). Considering the mean rank of the groups, it is seen that the slimmest individuals have the highest levels of fatphobia, followed by those with the definition of normal, overweight and obese. In addition, there is a difference between such dimensions ($p < 0.05$) as weight

definitions of the participants and nutrition (X2 (3) = 42.819), physical activity (X2 (3) = 20.213), interpersonal relationships (X2 (3) = 14.085), spiritual development (X2 (3) = 11.142), health responsibility (X2 (3) = 17.683), stress management (X2 (3) = 15.243) and HLB scale(X2 (3) = 19.417).Considering the average rank of the groups, it is observed that those who are defined as obese have the highest levels of nutrition, interpersonal relationships, spiritual development and healthy lifestyle behaviors, followed by the definitions of underweight, normal and overweight; physical activity was the highest in those defined as normal, followed by those defined as underweight, overweight and obese;those who are defined as obese have the highest health responsibility, followed by those who are defined as normal, slim and overweight;those who are defined as slim has the highest stress management, followed by those who are defined as normal, overweight and obese.

Table 10. Comparison of Fatphobia Levels, Social Appearance Anxiety Status and Healthy Lifestyle Behaviors of Participants According to Exercising Status

Variables		n	Average Rank	Total Rank	U	p
Fatphobia	Yes	159	224.17	35643.50	22923.500	.391
	No	303	235.34	71309.50		
Social Appearance Anxiety	Yes	159	207.48	32989.00	20269.000	.005**
	No	303	244.11	73964.00		
HLB Scale						
Nutrition	Yes	159	288.81	45920.50	14976.500	.000**
	No	303	201.43	61032.50		
Physical Activity	Yes	159	316.03	50249.00	10648.000	.000**
	No	303	187.14	56704.00		
Interpersonal Relationships	Yes	159	255.15	40569.00	20328.000	.006*
	No	303	219.09	66384.00		
Spiritual Development	Yes	159	252.75	40187.50	20709.500	.013*
	No	303	220.35	66765.50		
Health Responsibility	Yes	159	273.96	43560.00	17337.000	.000**
	No	303	209.22	63393.00		
Stress Management	Yes	159	277.70	44155.00	16742.000	.000**
	No	303	207.25	62798.00		
HLB Scale	Yes	159	286.10	45489.50	15407.500	.000**
	No	303	202.85	61463.50		

*p<0.05 **p<0.01

When Table 10 is examined, there is a statistically significant difference (p <0.05) between the participants' exercise status and their social appearance anxiety (U = 20269.000) mean scores, but there is no difference between the average scores of fatphobia (p > 0.05). When the mean ranks are taken into account, it is seen that those who do not exercise have higher social appearance anxiety than the participants who do. In addition, when HLB scale and its sub-dimensions are examined according to the participants' exercise status, there is a difference between the mean scores (p <0.05): The department's nutrition (U = 14976.500), physical activity (U = 10648.000), interpersonal relations (U = 20328.000), spiritual development (U = 20709.500), health responsibility (U = 17337.000), stress management (U = 16742.000) and HLB scale(U = 15407.500).Considering the mean rank of the groups, it is seen that those who exercise regularly have the highest average in nutrition,

physical activity, interpersonal relations, spiritual development, health responsibility, stress management and HLB scale dimensions.

Table 11. Investigation of the Relationship Between Fatphobia Levels and Social Appearance Anxiety and Healthy Lifestyle Behaviors

Variables	n	Fatphobia Levels	Social Appearance Anxiety
HLB Scale	462	r	-.009
		p	.852

*p<0.05 **p<0.01

In Table 11, when the relationship between fatphobia levels and social appearance anxiety and healthy lifestyle behaviors is examined, it is determined that the correlation coefficient between social appearance anxiety and healthy lifestyle behaviors is -.184, which shows negative significance at the $p < 0.01$ level. In other words, social appearance anxiety decreases as the healthy lifestyle behaviors increase.

CONCLUSION and DISCUSSION

In this study, the discussion to determine students' social appearance anxiety and their attitudes towards overweight individuals and to determine their healthy lifestyle behaviors and to examine whether their social appearance anxiety and fatphobia levels have an effect on healthy lifestyle behaviors are given below.

According to the data obtained depending on the gender variable, there was no difference between the social appearance anxiety levels of the participants, but a significant difference was found in the physical activity and interpersonal relations sub-dimension of the fatphobia levels and healthy lifestyle behaviors. When the literature is examined, similar to the findings of the study, İzgiç et al. (2000) and Şehidoğlu (2014) stated that the social appearance levels of men and women are not different. The fact that there is no significant difference between the genders in the study shows that the importance that both male and female students attach to their external appearance is common.

In different studies, where researchers such as Yılmaz (2009), Yılmaz (2018), Yılmaz and Dinç (2010), Sarıkaya et al (2013), Ulaş Kadioğlu et al. (2015), Choi-Hui (2002) and Karakaya (2019) examined the fatphobia levels of university students, it was concluded that the fatphobia levels of female and male students showed parallelism. In our study, there was a statistical difference based on gender. The fact that the data we obtained do not match the literature can be attributed to the awareness of university students that obesity is not the preference of people today.

When studies examining healthy lifestyle behaviors were examined, a study found that female faculty members were healthier than men (Üçdal, 2019). Karakoç (2006) concluded that male classroom teachers' healthy lifestyle behavior levels are higher than female teachers. Çebi and İmamoğlu (2018) found no statistically significant difference between male and female students in the study investigating the healthy lifestyle behaviors of sports faculty students. When the general trend in the results of the study is evaluated, it

is possible to say that the healthy lifestyle behaviors of students differ according to gender and that female students have higher healthy lifestyle behavior scores than men. The main reason for this situation can be attributed to the cultural structure and the more responsible behaviors of women than men on issues such as health, nutrition and aesthetics.

According to the data obtained depending on the age variable in participants' social appearance anxiety levels, fatphobia levels and healthy lifestyle behaviors, a significant difference was found in nutrition, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and the sub-dimensions of HLB scale. When the data obtained were compared with the literature, it was found that social appearance levels differ depending on age in the study findings of Stein et al. (2014), Sikorski et al. (2013) and Wise et al. (2014). Depending on the effect of age on physiological and biological processes, it can be assumed that the change in the appearance of the participants with aging causes an increase in the level of anxiety.

Of the different studies on the levels of fatphobia in which researchers such as Wise et al. (2014) examined the fatphobia levels of university students, it was found that the levels of fatphobia differ depending on age. It can be attributed to the clearer emergence of changes in the body due to the increasing of age and to the clearer perception of the negative effects that it will cause in living standards accordingly.

Among the studies examining healthy lifestyle behaviors, similar to the study findings, Kılıç (2017), Kadiroğlu (2016), Kılıç and Çimen (2017) and Ünalın et al. (2009) found that healthy lifestyle behaviors differ depending on age. In our study, in parallel with the literature, the increase of students' age and education level causes an increase in exhibiting behaviors that will contribute to being healthy. This can be attributed to the increase in the level of consciousness depending on the increasing of age.

According to the data obtained depending on the BMI variable, there was no difference between the social appearance anxiety levels of the participants, while a significant difference was found in the nutritional, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and HLB scalesub-dimensions of the fatphobia levels and healthy lifestyle behaviors. When the literature was examined, it was found that social appearance anxiety levels did not differ depending on BMI in the studies by Tekeli (2017) and Erdoğan et al. (2019) similar to the study findings. This shows that the importance given by the participants to their appearance, regardless of their BMI level, is generally common.

Findings obtained from the studies of Karakaya (2019), Stein et al (2014), Soto et al (2014) on fatphobia levels showed similar differences to the study about the levels of fatphobia depending on BMI. This difference may have resulted from the fear of losing the body profile of individuals with low BMI, that is, slim individuals.

Among the studies examining healthy lifestyle behaviors, it has been determined that healthy lifestyle behaviors differ depending on BMI in studies by Gömleksiz et al. (2020) and Oral (2018), similar to the findings of study. The fact that slim individuals' healthy lifestyle behaviors were higher than other participants may be

due to the fact that the participants paid more attention to factors such as nutrition and physical activity to control their body weight.

According to the data obtained depending on the marital status variable, a significant difference was found in the social appearance anxiety levels, fatphobia levels and healthy lifestyle behaviors of the participants in the nutrition, physical activity, interpersonal relationships, spiritual development, health responsibility, and HLB scale sub-dimensions. When the literature was examined, it was found that social appearance anxiety levels differ depending on marital status in the studies by Gümüş (2017) and Çavuşoğlu and Yılmaz (2020), similar to the study findings. It can be said that single individuals attach more importance to their social appearance because they lead a more socially active life than married individuals.

It was found that the levels of fatphobia differ depending on the marital status in the studies by Stein et al. (2014) and Usta et al. (2015), similar to the study findings. This difference may be due to the fact that the singles participants thought that individuals who are fit in social life would be liked more and would attract more attention.

Studies examining healthy lifestyle behaviors and the findings obtained in the study by İlhan et al. (2010) and Şimşek et al. (2012) show parallelism in that there is a statistically significant difference in healthy lifestyle behaviors depending on marital status. This can be attributed to the fact that married individuals have more responsibilities than single individuals and pay more attention to healthy lifestyle behaviors for themselves as well as family members.

According to the data obtained depending on the department variable, there was no difference between the social appearance anxiety levels of the participants, while a significant difference was found in the nutritional, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and HLB scale sub-dimensions of the fatphobia levels and healthy lifestyle behaviors. When the literature was examined, Alemdağ (2013) and Tekeli (2017) stated in their study findings that social appearance levels did not differ according to the department, similar to the study findings. It shows that the importance that all university students attach to their appearance is common, regardless of the department, because they are in a new environment.

In the studies on the levels of fatphobia, Sarıkaya et al. (2013) and Ulaş Kadioğlu et al. (2015) found that the levels of fatphobia differ according to the department, similar to the study findings. In our study, it can be thought that students who take sports education at the University and those who do not, have different motivating factors in terms of having health perception, awareness and prevention of obesity, and this situation creates a positive difference for fatphobia.

Daşkapan and Tüzün (2003) and Ertop et al. (2012), who investigated healthy lifestyle behaviors, found that healthy lifestyle behaviors differ depending on the department studied in parallel with the study findings. As a

result of our study, we can say that the data showing that the students who receive sports education show healthy lifestyle behaviors at a higher rate than the students of other departments are formed by the effect of sports science students receiving more exercise and activity-oriented education as required by their programs.

According to the data obtained based on the definition of weight, there was no difference between the social appearance anxiety levels of the participants, while a significant difference was found in the nutritional, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management and HLB scale sub-dimensions of the fatphobia levels and healthy lifestyle behaviors. When the literature is examined, Kılıç (2015) and Tekeli (2017) stated that social appearance levels are not different according to the definition of weight, similar to the findings of the study. The reason for this can be attributed to the importance that individuals attach to their appearance regardless of the definition of weight.

Ulaş Kadioğlu et al. (2015) and Emiroğlu (2020) found that the levels of fatphobia differ according to the definition of weight, similar to the findings of the study. This difference may be due to the fact that slim individuals want to maintain their body profile.

Among the studies examining healthy lifestyle behaviors, Daşkapan and Tüzün (2003) found that healthy lifestyle behaviors differ according to the definition of weight, similar to the findings of the study. This difference may be due to the fact that overweight individuals have lower healthy lifestyle behaviors than other participants, the participants do not give sufficient importance to the body fat ratios that cause various health problems and need to be kept in certain proportions and do not pay attention to factors such as nutrition and physical activity.

According to the data obtained depending on the exercise status, there was no difference between the fatphobia levels of the participants, while there was a significant difference in nutrition, physical activity, interpersonal relationships, spiritual development, health responsibility, stress management, and HLB scale sub-dimensions of social appearance anxiety levels and healthy lifestyle behaviors. When the literature is examined, Alemdağ and Öncü (2015) and Akkuş et al. (2019) stated that, similar to the findings of the study, social appearance anxiety levels differ according to the exercise status. This difference may be due to the fact that individuals who want to look good physically and socially pay attention to factors such as maintaining body weight with exercise, decreasing body fat percentage and having a beautiful postural appearance by increasing muscle mass.

In studies on fatphobia levels Uluöz (2016) and Akyol et al. (2018) found that there was no difference in fatphobia levels according to exercise status, similar to the study findings. It can be said that this is due to the fact that the response to excess weight is the same, regardless of whether the individuals exercise.

Among the studies examining healthy lifestyle behaviors, it was found in the studies by Hawks et al. (2002), Lee and Loke (2005), Özkan and Yılmaz (2008), Cihangiroğlu and Deveci (2011) that healthy lifestyle behaviors differ

according to exercise status, similar to the study findings. This difference can be interpreted as those who regularly do sports are conscious and careful about health, and at the same time give importance to physical activity. The effect of regular exercise on health has been demonstrated in many studies. These range from weight control to the prevention of some cancers.

Considering the relationship between the healthy lifestyle behaviors, fatphobia and social appearance anxiety levels of the participants included in the study, the most effective result of the study was the decrease in social appearance anxiety as the healthy lifestyle behaviors increased. The study group students' fatphobia levels, social appearance anxiety levels and healthy lifestyle behaviors were examined according to the variables of gender, age, BMI, marital status, department, weight definition and exercise status. It was found that the healthy lifestyle behaviors of the students were at a moderate level, and social appearance anxiety decreased as the healthy lifestyle behaviors increased.

RECOMMENDATIONS

In order to reduce the social appearance anxiety, which is important on the social, psychological and spiritual dimensions of students in developing healthy lifestyle behaviors, students in the other department should be encouraged to do physical activity and studies are recommended by determining different independent variables that may be associated with healthy living behaviors. In future studies in this field, it can be suggested that healthy lifestyle behaviors should be increased by focusing on the causes of social appearance anxiety and Fatphobia. Training seminars can be organized to raise awareness and inform about healthy lifestyle behaviors

ETHICAL TEXT

This study is in line with the Declaration of Helsinki. Approved by Van Yüzüncü Yıl University Social and Human Sciences Ethics Committee (08.09.2020-15). In this article, the journal writing rules, publication principles, research and publication ethics, and journal ethical rules were followed. The responsibility belongs to the authors for any violations that may arise regarding the article.

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