



Indonesian Version of the Healthy Lifestyle Beliefs Scale for College Student: A Psychometric Study

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Abstract

The purpose of this study was to measure the healthy lifestyle beliefs by evaluating the validity and reliability of the healthy lifestyle belief scale in physical education students at Universitas Majalengka, West Java, Indonesia. The method used in the research is quantitative method with descriptive research type which was conducted on 106 physical education students from November 2020 to December 2020. Data collection was carried out using a google form which contains socio-demographic information and a healthy lifestyle belief scale. Cronbach's Alpha and total item score analysis were used in the data analysis. Use Cronbach's alpha to determine internal consistency of healthy lifestyle belief scales. The results showed that Cronbach's alpha value was 0.968 and 16 items from the healthy lifestyle belief scale were normally distributed. The analysis showed 53% of the total variance. The healthy lifestyle belief scale for physical education students is a valid and reliable measurement tool and can be used as an instrument to develop relevant program interventions through physical education in schools and colleges.

How to Cite

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INTRODUCTION

Health is a very valuable asset for every individual, so it must be maintained and improved, both physical, mental and mental health. Badon, et. al., (Banerjee & Ho, 2019) stated that a healthy lifestyle refers to the integration of physical activity and a healthy diet into the lives of individuals, communities and the environment. Although physical education and exercise have been associated with improved mental health, the evidence is not clear why this relationship exists (Camero et al., 2012). Health is generally considered to be more than the absence of an identifiable disease (Doherty et al., 2019). Healthy behavior is an activity carried out by the community in order to protect, improve or maintain health, and prevent disease (Steptoe et al., 1994). It is known that physical exercise programs that are made on a conscious, regular and scientific basis play an important role in individuals being healthy throughout their lives (Dorak, 2015). The concept of a lifestyle approach to health behavior is mostly theoretical at this time (Gieck & Olsen, 2007). The foundation of healthy lifestyle choices and behaviors in adulthood starts from childhood and adolescence (Kudubes & Bektas, 2020).

Eisenberg, et. al. (Melnyk et al., 2016) report findings from a recent study showing that the prevalence of mental health problems, including depression and anxiety, among college students is increasing. Fox & Harris (D. M. Y. Brown et al., 2014) stated that, a college campus environment has the potential to expose a relatively independent population to targeted health messages through methods that accommodate health promotion.

Students are a very appropriate population to study health-risky behaviors because this population is often involved in these behaviors (Steger et al., 2015). The relationship between perceptions of health culture, healthy lifestyle beliefs, and healthy lifestyle behaviors is largely unknown (Melnyk et al., 2016). Students are actually teenagers who are thirsty for curiosity about everything, including health. O'Haver, et. al. (Chan et al., 2016) stated that adolescents who believe that they can live a healthy lifestyle are more likely to behave in a healthy lifestyle. Adolescence is considered an important period for the development of healthy lifestyle behaviors (Kudubes & Bektas, 2020).

It is so difficult for people to consistently engage in healthy behaviors and comply with their choice of health behaviors (Knäuper et al.,

2004). The student's lifestyle will not only depend on the curriculum context, but also on the students' prior knowledge and attitudes (Kamwendo et al., 2000). Individuals can act as self-defenders if given related information that can change their beliefs about healthy behavior, which can then lead to behavioral adoption (Krishnan & Zhou, 2019). Brown (Melnyk et al., 2020) states that mental health disorders, such as depression and anxiety, are currently a public health epidemic among college students that threatens their overall health and academic success with long-term adverse consequences for the rest of adult life. People believe these two true sayings: lifestyle has a major impact on health; everyone wants healthy aging. But this is just a slogan, unless the words lifestyle, health, aging are well defined, and the meaning of the item "healthy aging" is clear (Pines, 2014).

Rosenstock, et. al. (Al-Mutairi et al., 2015) state that the Healthy Beliefs Model provides systematically defined variables that can be used to measure the impact of various psychosocial constructs on a person's willingness to engage and maintain health-related behaviors. Lifestyle is a healthy or unhealthy way of life for individuals, families, and communities in terms of personal behavior such as nutrition, physical activity, and stress management (Mehri et al., 2016). Physical activity and healthy eating are widely recognized as behaviors associated with a healthy lifestyle (Ross & Melzer, 2016).

Observations have been made by researchers by conducting simple interviews related to healthy lifestyle beliefs. The result is that physical education students are aware of the importance of health, but are unconsciously difficult to implement health programs.

One solution is that there must be an intervention made by the study program to emphasize more on students' self-actualization programs in carrying out sports activities.

METHODS

This research uses quantitative methods with descriptive research type. The location of the research was carried out in the physical education study program at Universitas Majalengka.

Participants. The population in this study were active students of the department physical education, amounting to 358. The sample in this study was 106 people. The sampling technique used was random sampling technique. The sample distribution can be seen in **Table 1** below.

Table 1. Participant

Level	Gender		Total
	Man	Women	
I	30	10	40
II	19	9	28
III	13	8	21
IV	1	3	4
V	11	1	12
VII	1	-	1
Total			106

Materials and Apparatus. Data collection in the study was carried out from November 2020 to December 2020. Data collection was carried out by distributing the Healthy Lifestyle Beliefs Scale (HLBS) questionnaire. The items in HLBS are developed based on cognitive behavior theory (Cognitive Behavioral Theory). Beck, et. al., (Chan et al., 2016) state that the fundamental premise of CBT is that the way a person cognitively composes the world affects one’s behavior. Therefore, a person who has negative thoughts or beliefs tends to think and act in negative ways (for example, engaging in unhealthy lifestyle behaviors) and this leads to negative emotions (for example, depressive symptoms), and unhealthy lifestyle behaviors (Chan et al., 2016). This 16-item scale assesses beliefs about various aspects of maintaining a healthy lifestyle. Participants responded to each item on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items are summed for the total score. In distributing the questionnaire, researchers used google form which was then distributed to the sample. In the questionnaire, besides containing statements from the questionnaire, it also contains information related to the socio-demographics of the samples.

Design or Data Analysis. Data analysis used analysis from Cronbach’s alpha, and total item score analysis was used for data analysis. Cronbach alpha was used to determine the in-

ternal consistency of the healthy lifestyle belief scale. Data analysis was also assisted by the use of SPSS 21.

RESULTS AND DISCUSSION

Socio-demographics of Physical Education Student

Sports Activities. Based on the data obtained from 106 students doing sports activities, it shows **Chart 1.**

Sports activity is an indicator that shows that physical education students are aware of healthy living.

Rest / sleep per day. One of the basic needs of humans is rest / sleep. Regular breaks certainly do not force our organs to work continuously without stopping, except for certain organs outside or not controlled on the basis of our consciousness (working outside human consciousness). Based on the data obtained from 106 students doing sports activities, it shows **Chart 2.**

Buyse, et. al. (F. C. Brown et al., 2002) stated that poor sleep quality, indicated by subjective sleep ratings, sleep initiation time, sleep duration, sleep difficulties, and daytime functioning, can lead to significantly greater psychosocial distress. Pilcher, et. al. (Gilbert & Weaver, 2010) stated that, when you become a student in college, there will be changes in poor sleep habits. A good night’s sleep is important for our overall health (Goelma et al., 2017). Urner, et. al. (Lukowski & Milojevich, 2014) stated, student sleep patterns are more problematic than middle school students and adults, in one report, university students get fewer hours of sleep at night on spare days compared to middle school students. Many students choose irregular sleep patterns, because of unprecedented academic demands, learning motivation or personal freedom (Nagane et al., 2016). Sleep deprivation is frequent throughout life and has been linked to various



Chart 1. Sport Activities

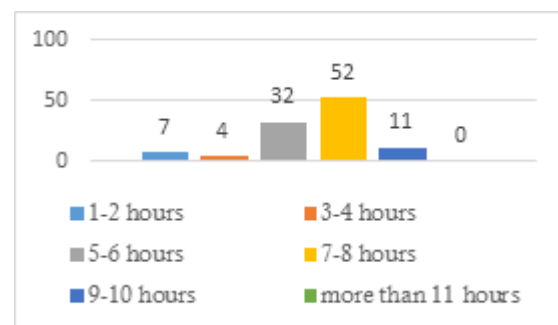


Chart 2. Rest/Sleep per day

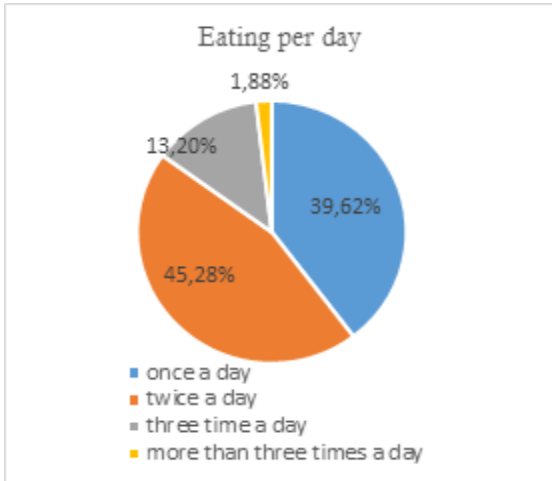


Diagram 1. Eating per day

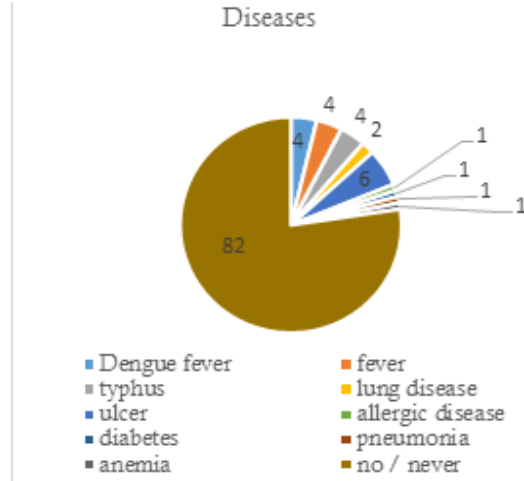


Diagram 2. Diseases

functional deficits, increased risk of injury, and poor mental health outcomes (Ohl et al., 2019). Research shows that, on average, adults sleep less than the recommended 8 hours per night. The research shows the need to expand health program efforts and health initiatives to promote healthy sleep habits among college students. This initiative should also include an educational component that supports healthy eating and physical activity among students (Vargas et al., 2014). Peltzer & Pengpid (Zhang et al., 2020) reported that studies have shown that sleep quality (eg, sleep duration, early sleep latency) is closely related to depression in college students.

Eat per day. Based on the data obtained from 106 physical education students, it shows **Diagram 1.**

Health beliefs influence eating behavior for college students (Deshpande et al., 2009). Stewart, et. al. (Hossain et al., 2015) stated that improving diet and increasing physical activity the healthiest and least risky way to lose weight.

Diseases that have suffered. Based on the data obtained from 106 physical education students, data related to the following diseases were obtained **Diagram 2.**

Physical Education students have never experienced severe, contagious and dangerous illness.

Instrument Reliability and Validity

Table 2. Correlations of the item–total score (n=106). Seeing from the corrected item–total correlation shows that all the values are greater than the r thickness values, meaning that all statements in the questionnaire are all valid for the sample.

Table 2. Correlations of the item–total score (n = 106).

Item	Corrected Item-Total Correlation	r tabel (106)	Criteria
I am sure that I will feel better about myself if I do regular sports activities	.870	.159	Valid
I believe that sports and being active will help me feel better about myself	.852	.159	Valid
I believe that being active in sports is fun	.827	.159	Valid
I am sure that I will do my best to live a healthy life	.870	.159	Valid
I believe I can be more active in sports	.842	.159	Valid
I believe that I will do my best to keep myself healthy	.874	.159	Valid
I believe that my parents and family will help me achieve my goals	.861	.159	Valid

I will communicate to my parents / family about things that annoy or upset me during sports	.631	.159	Valid
I know what to do when things bother me or get on my nerves during sports	.755	.159	Valid
I'm sure I can spend less time watching TV	.562	.159	Valid
I believe that I can achieve the goals I set for myself	.889	.159	Valid
I can deal with pressure from others during sports in a positive way	.798	.159	Valid
I know that I can make healthy snack choices on a regular basis	.716	.159	Valid
I know how to deal with things in a healthy way that annoys me	.813	.159	Valid
I am sure I can solve my problem well	.843	.159	Valid
I am sure I will make healthy food choices	.784	.159	Valid

Tabel 3. Correlations of the item–total score (n = 106).

Table 3. Reliability Score

Cronbach's Alpha	N of Items
.968	16

Table 3 shows that the Cronbach's Alpha value has a value of 0.968 > 0.159 (r table_ so, as the basis for decision making, it can be concluded that the Healthy Lifestyle Beliefs Scale questionnaire is declared reliable or reliable as a data collection tool in research on physical education students at Universitas Majalengka

Analysis of Question Items

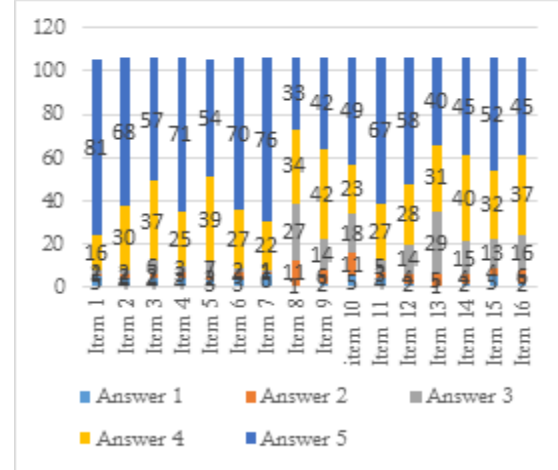


Chart 3. Analysis of Question Items

Item number 1, related to the feeling of belief that students will feel better about themselves if they do exercise regularly, shows that 82 (77.4%) students strongly agree, 16 (15.1%) agree, 2 (1.9%) doubtful, 1 (0.9%) disagreed, and 5 (4.7%) strongly disagreed. Item number 2, related to feelings of belief that sports and being active will help students feel better about themselves, shows that 68 (64%) students strongly agree, 30 (28.3%) agree, 2 (1.9%) doubt-doubtful, 2 (1.9%) disagreed, and 4 (3.8%) strongly disagreed. Item number 3, related to students' belief that being active is fun, shows 57 (53.8%) students strongly agree, 37 (34.9) agree, 6 (5.7%) doubt, 2 (1, 9%) strongly disagreed, and 4 (3.8%) strongly disagreed. Item number 4, related to the belief that students will do their best to lead a healthy life, shows that 71 (67%) students strongly agree, 25 (23.6%) agree, 3 (2.8%) are doubtful, 3 (2.8%) disagreed, and 4 (3.8%) strongly disagreed. Item number 5, related to the belief that students can be more active, shows that 54 (50.9%) students strongly agree, 39 (36.8%) agree, 7 (6.6%) doubt, 3 (2.8 %) disagree, and 3 (2.8%) strongly disagree.

Item number 6, related to the belief that students will do their best to maintain their own health, shows that 70 (66%) students strongly agree, 27 (25.5%) agree, 2 (1.9%) doubt, 4 (3.8%) disagreed, and 3 (2.8%) strongly disagreed. Item number 7, related to student belief that parents and families will help achieve student life goals, shows that 76 (71.7%) students strongly agree, 22 (20.6%) agree, 1 (0.9%) doubt, 1 (0.9%) disagreed, and 6 (5.7%) strongly disagreed. Item number 8, related to students' beliefs that they can talk to their parents or family about things that annoy

or upset students, shows that 33 (31.1%) students strongly agree, 34 (32.1%) agree, 27 (25.5%) doubted, 11 (10.4%) disagreed, and 1 (0.9%) strongly disagreed. Item number 9, related to the feeling of being caught by students about what to do when there are things that annoy or upset them, it shows that 42 (39.6%) students strongly agree, 42 (39.6%) agree, 14 (13.2%) doubtful, 6 (5.7%) disagreed, and 2 (1.9%) strongly disagreed. Item number 10, related to the belief that students spend less time watching television, shows that 49 (46.2%) students strongly agree, 23 (21.7%) agree, 18 (17%) doubt, 11 (10.4%) disagree, and 5 (4.7%) strongly disagree

Item number 11, related to students' belief that they can achieve the goals they have set for themselves, shows that 67 (63.2%) students strongly agree, 27 (25.5%) agree, 5 (4.7%) doubtful, 3 (2.6%) disagreed, and 4 (3.8%) strongly disagreed. Item number 12, relates to the belief that students can deal with pressure from others in a positive way. It shows that 58 (54.7%) students strongly agree, 28 (26.4%) agree, 14 (13.2%) doubt, 4 (3.8%) disagree, and 2 (1.9%) strongly disagree. Item number 13, related to the belief that students can make healthy food snack choices on a regular basis, shows that 40 (37.7%) students strongly agree, 31 (29.2%) agree, 29 (27.4%) doubt, 5 (4.7%) disagreed, and 1 (0.9%) strongly disagreed. Item number 14, related to the belief in how students deal with things in a healthy way that disturbs them, shows that 45 (42.5%) students strongly agree, 40 (37.7%) agree, 15 (14.2%) doubtful, 4 (3.8%) disagreed, and 2 (1.9%) strongly disagreed. Item number 15, related to the belief that students can solve problems well, shows that 52 (49.1%) students strongly agree, 32 (30.2%) agree, 13 (12.3%) doubt, 4 (3.8%) disagree, and 5 (4.7%) strongly disagree. Item number 16, related to the belief that students can make healthy food choices, shows that 45 (42.5%) students strongly agree, 37 (34.9%) agree, 16 (15.1%) are doubtful, 6 (5.7%) disagreed, and 2 (1.9%) strongly disagreed.

CONCLUSION

The Healthy Lifestyle Belief Scale is a valid and reliable instrument for students of Department of Physical Education, the Universitas Majalengka. Our findings show that these instruments can help in determining and developing curriculum interventions that are relevant to the culture and development of students in the physical education study program of Universitas Majalengka to facilitate a healthy lifestyle for stu-

dents whether they are in college or when they have graduated from college and are teaching at the institution school.

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