T.R.N.C

NEAR EAST UNIVERSITY

GRADUATE INSTITUTE OF HEALTH SCIENCES

HEALTH PROMOTING BEHAVIORS OF INTERNATIONAL NURSING STUDENTS IN NORTH CYPRUS.

RYAD EHMOUD A ALGHWAIL

In Partial Fulfillment of the Requirements for the

Degree of

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THESIS APPROVAL CERTIFICATE

DECLARATION

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Supervisor(s): **Prof. Dr. Candan ÖZTÜRK**

Year: **2018**

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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Abstract

INTRODUCTION

Health behavior can be defined as any behavior that you think seems staying healthy and to avoid illness, also healthy behavior the concept of comprehensive behavior and attitudes are all on the basis of health and disease and use of health services.

OBJECTIVE

Assess the health-promoting behaviors among foreign students nursing and evaluate the effect of socio-demographic & Health Promoting Lifestyle Profile II related health behavior.

METHODS: The study was planned as with cross sectional, descriptive design.

RESULTS

The mean of ages of the students were (21.15 ± 2.41). And the 18-23 group of age was the most frequent 77.1%, Females were the majority of the participants 59, 3%. Majority of them living alone 51.0. The majority of students that were 41.9% third year, 38.9% Second Year, and First and Fourth Year were 9.6%. More than half of participants 68.9% had any training or courses about health promotion, among 53.3% were reported "Good" related General health status. There were significant correlation was shown between Personal life and spiritual growth (0.003*). There were significant correlation was shown between Physical Activity and Health Responsibility (0.0021* &0.009*).

CONCLUSION

The high HPLP scores among the students that indicated awareness for promoting their healthy behaviors, with a particular focus on their spiritual growth. Continues education programs are necessary to improve student's health behavior. Adjust Nursing curriculum and apply health promotion as mandatory course.

1. Introduction

1.1 Problem Definition

Health behavior can be defined as any behavior that you think seems staying healthy and to avoid illness, also healthy behavior the concept of comprehensive behavior and attitudes are all on the basis of health and disease and use of health services. The aids of well behaviors such as appropriate physical activity regularly are well for preventing diseases (Reiner et al., 2013). The health-promoting lifestyle, not only cover area of preventing disease also consider individual life styles (ÜlküPolat et al 2016). Consequently, the study held to health promotion behaviors, there are barriers that affect nursing student's behaviors and emphasize these behaviors that consider as vital factor to get health and well-being (Jennifer et al., 2013).

The big part of the young population that university student also that consider as teaching in the community can convert them into a figure in the society (Azar Tol et al., 2013). During life style the health behavior can effect from a lot of factors such as personal factors, interactive factors, organizational factors and public factors, these factors can affect lifestyle and change behavior and beliefs. Approximately 80% of deaths credited to non-infectious diseases happen in advanced countries (World Health Organization 2013). However during study period the students get new changes and experience challenges that contributors to affect lifestyles pattern epically in the first year study because they are excited by the probability new challenges such as living away from home, shopping, food and traveling, immigrations.

Vadeboncoeur et al (2015) found that two thirds of participants get weight through their primarily year, contribute this to alcohol intake, stress, unhealthy eating and reduce physical activity. In another hand, part of students have knowledge deficit and lack of awareness according to select food diet, physical activity levels and alcohol intake.

Health education it is a way to increase the amount of health awareness of people, and to develop their knowledge and culture on public health matters and during study period the student need more education about health lifestyle. The perception of health promotion fit-point on modify behavioral that requirement awareness, skill, attitude and behavioral get to fullness of health conditions (Özçakaret al., 2015). The WHO emphasize health plans during school to reduce main health complications towards adolescence and mentions teaching programs supporting in health behaviors (WHO, 2012).

Nurses as main models and patient provider are cooperate with the main task to enhance defensing and preventing the health of their client and societies (Belgüzar et al 2016). Stress management, interpersonal relations, physical activity, spiritual growth, nutrition and health responsibility are components health-promoting behaviors (Pender et al., 2011). These behaviors that consider as section of routine activities during life that lead to affect personal gladness, values, and health (Pender et al., 2011).

Nurse's students have many tasks to improve the health during life style and registered nurses also can be potential to significantly contribute to the field of health promotion. Nurse's students they will play major role in health promotion and prevent diseases to achieve goal of nurse's practices effectively. In our study we an essential to increase knowledge and awareness of nurses students on health behaviors risks and prevention to avoid complications. Evaluate of information and skills of students on health promotion hazards and prevention that will be beneficial in enhancing awareness and preventing health problem.

1.2 Significant of study

A review of available literature that indicated a significant difference and changed over time regarding Health promotion life-style Profile (Stress management, interpersonal relations, physical activity, spiritual growth, nutrition and health responsibility) (Pender et al., 2011). Furthermore the researcher will find the gap and fill the gap. However a study was not found in the Turkish Republic of Northern Cyprus about this subject among foreign nurse's students.

1.3 Aim of the study:

The aim of the study is to assess the health-promoting behaviors among foreign nursing students and examine the effect of socio-demographic and Health Promoting Lifestyle Profile II related health behavior.

1.4 Research questions:

1. Assess the status of health-promoting behaviors for international nurse's students.
2. Determine of six section health promotion life-style profile of students (Stress management, interpersonal relations, physical activity, spiritual growth, and nutrition and health responsibility). (Pender et al., 2011).
3. To examine health behavior lifestyle with the value of life in bachelor students.
4. Determination of knowledge and practices of nurses on health behaviors risks and prevention.

2. BACKGROUND OF THE STUDY

2.1 Lifestyle Disease and Health Promotion

Lifestyle is normal and traditional daily actions which are established by people through their lives and these events can damage the health of personal. According to that the people attempts to keep and promote health to avoid diseases during taking an appropriate diet, monitoring body weight, not drinking alcohol & smoking and maintain rest/activity and preformed regular exercising to set and organizes activities during lifestyle. Improving and protecting the health of the people has always been a priority. Walker defined health promotion lifestyle as "a multi-dimensional pattern of perceptions and activities which are started by self-motivation and help in the persistence and promotion of their health and self-improvement." (Walker et al 2001).

Non-communicable disease, often referred to as lifestyle disease as the majority of them are preventable by modifying people's lifestyle (United National 2011).The (WHO 2010) reports that non-communicable diseases are produced, to a big amount, by 4 risk factors behavioral that are prevalent parts of economic, rapid urbanization, and 21st-century lifestyles: unhealthy diet, insufficient physical activity, tobacco use and alcohol intake (WHO, 2010).

Lifestyle is the way of living of individuals, families, and societies which can be healthy or unhealthy in terms of personal behaviors such as nutrition, physical activity, and stress management (Mehri et al., 2017). Routine life is the environment in which a individual or group of society live, such as where they live, what they own, type of work, and skills they appreciate (Saffariet al., 2013). Health-related behaviors in primary phases disturb the problems dangers related to lifestyle in advanced periods of life (Wang et al., 2013).

In another hand disease prevention behavior as checking and avoiding specific diseases which may be done in association with professional health care personnel, Also health promotion behaviors that which to improve or promote well-being or health. Health-related behaviors' in initial stages of individual life impact the disease risks among to lifestyle in later periods of individual life.

In addition the health promotion allow society to enhance their health by changing their behavior. Health promotion permits people to more organize of their health and provide them with suitable knowledge and skills of precautions disease, wellness and increases awareness.

As a holistic concept aimed to improving people wellness, health promotion that requires a relationship of trust amongst self, others environment (Carlson et al., 2007). Improved considerate of health performs and superior efforts among healthy promoting behavior's and fit-being toward fresh adults are crucial (Altun İ 2005; Hsiao YC et al 2005). There are an active modification stages of progression and advance categorized by related alterations from body, social and mind interactions. Unhealthy practices and behavior's made in university can heavy filling impact on health in future life. Health-promoting behavior is the plan of achievement result focused concerning achieving a helpful fitness result such as appropriate health, individual satisfaction, and saving live. Also to enhance individuals knowledge and counselling of promoting a healthy lifestyle and decrease the risk of disease.

The college years are often observed as a main stage for individual growth and progress; they also characterize a stage of enlarged risk for harm, illness and death associated with several health behaviors (Binkowska-Bury and Januszewicz 2010). Imbalance dietary-intake and deficit physical inactivity that impact on health and wellbeing and the maintenance of a healthy weight (Plotnikoff et al., 2015).

2.2 Pender's Health Promotion Model (HPM)

HPM that one of the health promotion health focusing on individual's health promotion behaviour, developed by Nola J Pender (1982) as a theoretical model for explain and expecting how an individual decisions making about own self-care. Pender model that provide an endorsement to describe the bio-psychosocial practice that emphasize individual's decisions to involve relation in health promotion lifestyle. Also as inclusive theoretical model commonly used to explicate health-improving behaviors. Galloway (2003) suggests Pender model is one of the most important useful healthcare model and an influential theoretical framework in health promotion practice**.**

The HPM is based on social cognitive theory giving to which cognitive-perceptual factors effect appointment in behaviors promoting health (Khodaveisi et al., 2016), also the Pender's HPM contains of variables that include the key portion of the interventions. These parts deliver a high foundation of interventional content and plans (Guedes et al., 2009).

Health Promotion Model offers a construction to clarify the association between features and practices, behavior-specific cognitions and affects, and behavior outcomes. Features and practices include previous linked behaviors and individual issues that can straight or in straight disturb behavioral conclusions (Chen et al 2017).

Modify factor include demographic date (age, gender, education, income and race) interpersonal variable (exceptions of significant, interactions with health professional) and situational variable. Pender find health promotion as comprised of activity designed to raise the grade of comfort and self-actualization of individuals, families and society (Pender 1987).

- Assumptions of the Health Promotion Model (Pender 1987).

1. Persons pursue to dynamically normalize their own behavior. (Pender 1987).
2. Persons in biopsychosocial difficulty interrelate of situation, gradually altering the situation and presence altered long time.
3. Health specialists create portion from relational environment that uses effect on individuals during life.
4. Self-initiated reformation of individual-situation communicating designs which vital to behavior modification. (Pender 1987).

- Theoretical Propositions of the Health Promotion Model (Pender 1987).

1. Previous performance hereditary and learnt features effect beliefs, and performing of health-promoting behavior. (Pender 1987).
2. Individuals require to attractive in performances of that they antedate arising individually appreciated aids.
3. Apparent blocks that oblige promise as achievement, an intermediary of performance as actual performance.
4. Understand ability to perform an assumed performance raise of probability of obligation achievement of the behavior.
5. Superior understand self-efficacy outcomes in less get barriers of a limit health behavior.
6. Favorable disturb among performance outcomes in bigger apparent self-efficacy, outcome of better affect.
7. When better feelings are linked through performance, chance of promise and achievement is upgrade.

2.3 Measurement of Health Behavior.

The original version of Health Promotion Lifestyle Profile was updated in 1996. This instrument consists of 52 items with six dimensions of a health promoting lifestyle: health responsibility, nutrition, stress management, interpersonal relationships physical activity, spiritual growth, (Pender 1996). Health Promotion Lifestyle Profile serves not only to provide information on individual's Health Promotion Lifestyle pattern but also informs the devolvement of an individualized health promotion programmer by considering a person's lifestyle strength and resources, and highlight areas for further improvements (pender , murdaugh& parsons 2006).

2.3.1 Spiritual Growth

Is being capable to build up internal resources during transcending, linking and developing a sense of spirituality. Transcending provide us in feel with our most reasonable out selves; also inform us sensation of agreement, comprehensiveness, and relationship with the universe. It is consist of night items

- Feel I am growing and changing in positive ways.
- Believe that my life has purpose.
- Look forward to the future.
- Feel content and at peace with myself
- Work toward long-term goals in my life.
- Find each day interesting and challenging.
- Am aware of what is important to me in life.
- Feel connected with some force greater than myself.
- Expose myself to new experiences and challenges

2.3.2 Interpersonal Relationships

Involves using statement to attain a sense of intimacy and friendship within expressive, slightly than more unplanned, people relations. Communication includes the allocation of opinions and moods through verbal and nonverbal messages Pender, 1987). In another hand that provide us to improve sensation meaningful and intimacy link with people, however that include night items

- Deliberate difficulties & worries through public near me.
- Admiration with individuals simply among their accomplishments
- Keep expressive & satisfying relations by others.
- Apply period with near families.
- Discovery it informal to display anxiety, darling &balminess with others.
- Trace and stand affected by individuals I care it.
- Discovery habits to encounter my wants to familiarity.
- Become provision from a system of thoughtful public.
- Relax battles by others by conversation and cooperation.

2.3.3 Nutrition

Fit consumption likewise funds to a general intelligence of health and significant in the inhibition of dental care and asthma (Shepherd et al 2006).That Involves being well-informed choosing and ingesting of nourishments vital for well-being care.

- Select a food little fat, water-logged fat.
- Boundary habit of sugars and (sweets).
- manage 6-11 portions of bread every day.
- manage 2-4 portions of fruit every day.
- manage 3-5 portions of vegetables every day.
- manage 2-3 portions of milk, cheese & yogurt every day.
- manage 2-3 portions meat, nuts collection every day.
- Check sticker’s nutrients, competent of boxed nutrition
- manage breakfast.

2.3.4 Physical Activity

The World Health Organization (2016) describes as ‘somewhat physical effort created from bone powers that needs power spending’. Also inform to be particular normal participation in different scale such as mild, moderate, and/or strong movement.

- Monitor a scheduled bodybuilding plan
- Bodybuilding dynamically at minimum 3 periods of week
- Get portion in small to big Bodybuilding
- Get portion of freedom-time Bodybuilding
- Make widening exercises at minimum 3 periods each week.
- Make bodybuilding through normal day-to-day actions
- Monitor pulse rate during training.
- Spread goal heart rate during training.

2.3.5 Health Responsibility

That explains a dynamic intelligence of responsibility of personal health. It includes taking awareness and educating to one's own health and particular of increase the degree of fitting to perform their specialized part.

- Report any unusual signs or symptoms to a physician or other health professional
- Read or watch TV programs about improving health.
- Question health professionals in order to understand their instructions.
- Get a second opinion when I question my health care provider's advice.
- Discuss my health concerns with health professionals.
- Inspect my body at least monthly for physical changes/danger signs.
- Ask for information from health professionals about how to take good care of myself
- Attend educational programs on personal health care.
- Seek guidance or counseling when necessary.

2.3.6 Stress Management

- Get enough sleep
- get time to reduction every day.
- Receive that effects during lifespan that I cannot modification.
- Distillate on agreeable opinions at time for bed.
- Practice limit ways to regulator tension.
- monitor time among effort and rest
- Training reduction for 15-20 minutes day-to-day.
- Step myself to avoid fatigue.

2.4 Nurses Role in Health Promotion

Health promotion is a vital competency of nurses, it is focusing of many nursing interventions and differs by setting of daily practice and patient population, also which consider a top priority among many nursing leaders who suffer challenges with the nursing shortage of staff, and development in health care delivery systems. The nurse educators that consider empowerment to teaching patients how to change health behavior to manage illness and remain to remain healthy. The focus of nurse promoter must be on increase awareness of knowledge to improve health status and become knowledgeable into disease, in additional to gain the people chance to decisions and actions affecting their health. Nurse promoter is the key vital of professionalism, greatly valued or its particular information, educating the health status of the community and confirming skill safety, and high care effective of quality.

Nurses as followers of health and social care sides offer community founded community health services, and provide individualized care for patients with highly complex health needs (Wilson et al., 2012). Evolving individual services contains easing personal and public development through providing data, teaching and attractive life services (Barry 2009). This upsurges choices accessible for people to work out more regulator over their own health and over their environment to make selections helpful to health (Jane-Llopis et al. 2005).

The translation of health and inhibition information into skills will be needy on health care provider's acceptance pro-active care to adoptive health and reduction illness in their practice (white head et al 2010).

Recommends nurses fight toward define their sympathetic of health promotion, apply limiting strategies which were individual attentive among reach health promotion in practice (Casey 2007).

Nurses as part copies and patient providers are emotional among the part of defensive and endorsing a well-being of patients and groups (Kara et al., 2016). Nurses' health promotion practice requirement of chain multidisciplinary information, ability-related ability, fitting arrogances and individual features (Kemppainen et al., 2013). The idea of health promotion was established to highlight the public-based training of health promotion, civic participation and health promotion skills based on social and health strategies (Baisch, 2009). Forceful in stating health promotion & education are often understood to mean the same thing (Jackson, 2007, p.16). For instance, nurses often view the ideas of health promotion & education as inter-changeable, in many cases, no visible alteration is fit between them (Rush 2005).

2.6 Nursing Students and Health Promotion Research Studies

Study held in Ireland with first year undergraduate nursing students at assessing the helpfulness of fitness and comfort module on nursing student's that view statistically significant rise in psychological factor in the intervention group with a consistent reduction in psychological in the assessment group (Sharry et al, 2016).

The research comprised 337 students 'nursing to assess the health behaviors of baccalaureate female Turkish that found significant of health behaviors of students stayed institute year and endorse creating socially suitable interventions through attractive keen on account the issues causal to the fitness performances and the author established the students who remained presence the primarily-year program (Kara B, Iscan B. 2016).

However the nursing students shows helpful of the non-nursing student's among health-promoting. Last-year nursing students obligated advanced grade of some balances of the HPLP II more than lower years; equally, the last-year non-nursing students get lower marks, the socio-demographic, personality-apparent fitness position, relationships by friends and family, and personality-apparent theoretical routine remained linked by the HPLP (Can et al. 2008).

Explored gender alterations in students' Swedish fitness ways & inspiration for a fit existence. Gender alterations remained of relative to the influence of tension on female student's fitness & danger among male students in consuming corrupt dietetic ways in mixture by existence bodily sedentary and consumption alcohol. Bothmer and Fridlund (2005).

The cross-sectional of 202 students nursing at Kuwait evaluated BMI & fitness-endorsing existence to assess slightly linked among them the students obligated a regular BMI by a aptitude to existence heavy and fat, A important association was recognized among the BMI and the general HPLP and food subgroup and recommend that persons among stage collection incline of involve in corrupt and dangerous fitness performances routines might clue to shape hitches in childhood lifecycle (Al-Kandari et al., 2008).

This survey stayed achieved at students nursing 124 that report maximum mean score in the subscale were for self-concept and spiritual growth. The lowermost scores were for food performs and physical activity. significant difference ($p<0.0001$) was found between overall mean HPLP scores among the different age groups, and recommend nursing students had reasonably good orientations towards health behaviors (Borle et al 2017).

Findings from study led on university of Florida central inside nursing which suggestions an diversity among nursing plans funding the contention that advanced practice nursing (APN) students' arrogances among fitness raise is liberal nonetheless performances continue secure illness placed fitness upkeep perfect (SOJNR 2008).

survey held toward 510 students a school in New Delhi and stage collection of 12 to 18 ages, they documents the unsuitable food skills, little physical skills, advanced equal of research by alcohol and smaller degree of a smoking, tall occurrence a fatness & hypertension among college kids (Singh, et al 2006).

The study carried out of 500 students in a college town of Sabzevar, Iran. A noteworthy association among altogether fields of fitness-indorsing existence. Maximum mark between fields was relational association, the lowermost mark remained nourishment, bodily action (53.4%). Noteworthy alterations remained create in bodily action through gender. Noteworthy alterations in fitness concern, BMI through wedded rank ($P < 0.01$) Ali Mehri, et al 2016).

Research remained done on BSC students in University Fitness, Mean age the participants was 21.12 years old. SG and accountability by means of (22.01 ± 2.224) and (20 ± 2.31) needed the maximum & bodily activity by the nasty (17.58 ± 2.9) obligated lowermost marks. Overall lifecycle excellence of 40.7% students remained well & lone 19.8% middling universal lifespan excellence. Maximum & lowermost occurrences by fitness-linked life excellence fitted as great (58.6%), outstanding (9%) fitness. (Azar Tol et al 2017).

Research collected a 1695 students learning in 14 different universities across Turkey. The maximum mark scale Self-Fulfillment (37.25 ± 6.02), although lowermost grade remained bodybuilding (13.45 ± 3.06). Participants by little BMI remained report greater mark of Self- Fulfillment filed. Family salary & teaching degree upsurges, it will consciousness HBL (Bozlar et al 2016).

Cross-sectional study to sample 323 nursing students, Srinakharinwirot University, Thailand. They revealed that most of students were first year (30.0%) once-a-month salary (87.3%). students trained fitness-indorsing performances was modest degree. The students by variances education stage needed diverse fitness indorsing performances ($p < 0.01$). Apparent personality-effectiveness & apparent welfares detained noteworthy helpful (*p-value* < 0.001); however apparent impediment obligated bad association ($p < 0.001$). (Yuwadee Wittayapun et al 2010).

The study in a college of nursing in Turkey. That shown noteworthy alterations toward 3 period opinions of HPLP-II total & filed marks excluding relational Provision. ($P < .05$). Optimistic result interference HPLP-II & fitness accountability filed marks remained have through third supplement age ($p < .05$) (Kara 2015).

Pilot study in Turkey of Kocaeli students. The achievement teaching stood evaluate by before & after -interference exams by the ESCA filed & HPLP-II. Post interference, ESCA filed & HPLP-II improved meaningfully. Participants lowermost marks pre study revealed development post exam (Altun 2008).

3. METHODOLOGY

3.1 Study Design

The study was planned as with cross sectional, descriptive design.

3.2 Study Setting

The study was conducted at the Near East University, North Cyprus at nursing faculty. The Near East University the major university of Cyprus which is located in northern part of Nicosia. It proposals baccalaureate and master & P.hd learning programs to more 26 thousand students pending at more 100 republics. The Near East University has 16 colleges including 220 sections & plan, 4 progress colleges by about 200 baccalaureate and master & P.hd learning, 4 great faculties, 28 study organizations.

3.3 Sample Selection

The survey performed at international nurse's students who study in the Near East University in Faculty of Nursing. A total of 270 international nursing undergraduate students in year 2016-2017 year educations and decided to join in the survey, we include all nurses students from first semester until graduation.

3.4 Study Tools

A Health Promoting Lifestyle Profile HPLP II was established by (Walker et al, 1995). Questionnaire contained 2 sections. In this study, the first section regarding for demographics characteristics of foreign nurse's students and included 17 questions. The second section consisted 52 questions regarding Health promotion life-style Profile with 4 choices (Never, Sometimes, often, And Routinely). The HPLP-II tool 52 health-promoting behaviors classified six health-promoting lifestyle subscales: Stress Management, Physical Activity, and Interpersonal Relations Health Responsibility, Spiritual Growth, Nutrition (Pender et al 1996). A 4-point answer scale containing of 1 reveled ''never'', 2 reveled ''sometimes'', 3 reveled ''often'', and 4 reveled ''routinely''.

A mean of ≥ 2.50 was measured to be a positive behavior. (Appendix I). Alpha reliability coefficient is .922; however 702 to .904. Alpha coefficients for the subscales range. Since all of the foreign nurse's students in the university can speak English, the questionnaire was prepared as English.

3.5 Pilot Study

A pilot study will performed on ten nurses' students after approval from the Near East Institutional Reviews Board (IRB) of Near East University Hospital. We gave the inform consent to the international nurse's students they are read and follow the instructions easily. They are no any questions regarding to the questionnaire. Ten nurse's students added to the main sample.

3.6 Data Collection

Questionnaire were collected in Novembers 2017. Questionnaires were administered by researchers on international nurse's students while they are on the classroom and clinical practice with face to face, self-completion method. Completion of the questionnaire was take almost 20 minutes.

3.7 Ethical Aspect

Approval Ethical was observed from the Near East Institutional Reviews Board (IRB) of Near East University Hospital with reference No. 2017\51 .In addition, informed consent from the nurse's students and organizational permission were obtained.

3.8. Data Analysis

Statistical Package for the Social Sciences (SPSS) software version 20.0 was used to analyze the collected data. The methods used to analyze the data include an analysis of descriptive statistic variables such as frequency and percentages for the categorical variables. The Pearson Chi-Square test was done to determine the differences. When finding statistic was significant, the chosen level of significance is $p < 0.05$. The t-test compares two groups, while ANOVA can do more than two groups.

Results

Table 1 Distribution of Students Scio-Demographic Characteristics (n = 270)

Descriptive Characteristics	n	%
Age (21.15 ± 2.41)		
18 -23	18 -23	77.1
24-30	24-30	12.4
>31	>31	10.5
Gender		
Male	110	40.7
Female	160	59.3
Study Class		
First Year	26	9.6
Second Year	105	38.9
Third Year	113	41.9
Fourth Year	26	9.6
Nationality		
Nigeria	177	65.5
Zimbabwe	67	24.8
Kenya	26	9.7
Marital status		
Single	238	88.1
Married	26	9.7
Divorced	6	2.2
Living Arrangement		
Extended Family	71	26.3
Nuclear family	59	21.9
Alone	140	51.8
Religion		
Muslim	58	21.5
Christian	212	78.5
Income satisfactory		
Yes	144	53.3
No	126	46.7
Leisure time activities		
Working	14	5.2
Sports activities	36	13.3
Social activities	150	55.6
None	70	25.9
Have a social insurance		
Yes	138	51.1
No	132	48.9

Table (1) shows further details of distribution of student's Scio-demographic characteristics. The gender of participants classified from 40.7% male and 59.3% Female, and the majority of them were 88.1% single. The mean age of the students was (21.15 ± 2.41). Results showed the majority of students that were 41.9% third year, 38.9% Second Year, and First and Fourth Year were 9.6%, the majority of students were from Nigeria 65.5%. In additional two third of them were 78.5% Christian religion. Also, 51.0 % of overall among living arrangement they were living alone. In other hand, 53.3% of the participants were Income satisfactory. According to Leisure time activities that showed half of students that reported 55.6% of Social activities. About have a social insurance that 51.1%, nearly half of students have social insurance.

Table 2 Distribution of Students Healthy Living (n = 270)

Descriptive Characteristics	n	%
Smoking Habits		
Yes	22	8.9
No	248	91.1
Body Mass Index		
Under weight ≤18.5	57	20.1
Normal 18.5-24.9	153	56.6
Overweight 25-29.9	50	18.2
Obese ≥ 30	10	5.1
General Health Status		
Good	254	96.1
Very Poor	16	3.9
Alcohol Intake		
Yes	186	68.9
No	84	31.1
Effects of Living Environment on Health		
Positive	195	72.2
Negative	75	27.8
Did You Feel A Different Change In Health Behaviors During Study Period?		
Yes	144	53.3
No	126	46.7
Are there any factors in the past that preventing you to adopt health lifestyle into your personal life?		
Yes	127	47.0
No	143	53.0
Are there any factors contribute you in the future to ability enhance your health promotion?		
Yes	150	55.6
No	120	44.4
previous training courses about health promotion		
Yes	Yes	68.9
No	No	31.1

Table (2) shows further details of distribution of student's healthy living the largest portion of the students was 91.1% not smoking habits. In additional most of students have 56.6 % in BMI range (Normal 18.5-24.9). Among 96.1% were reported "Good" related General health status. Additional, regarding alcohol intake two third of students were report 68.9% drink alcohol intake, Also the results showed that most of the participants had positive 72.2 % Effects of living environment on health, however regarding change in health behaviors during study period that notice 53.3% had different change , among 47.0% that showed there are factors in the past that preventing you to adopt health lifestyle into your personal life while half of them 53.0 % reported no factors in the past that preventing you to adopt health lifestyle into your personal life. In another hand, related to factors contribute you in the future to ability enhance your health promotion that reported "YES "55.6%. More than half of participants 68.9% had any training or courses about health.

Table 3 **Distribution of Health-Promoting Lifestyle Profile II (HPLP-II) Scores Mean Score**

Items	Original Min – Max	Mean & SD	Min	Max
Spiritual Growth	9-36	2.27 ±0.22	15	33
Interpersonal Relationships	9-36	2.59 ± 0.21	16	57
Physical Activity	8-32	2.53± 0.20	9	45
Nutrition	9-36	2.34 ± 0.18	8	36
Health Responsibility	9-36	2.33±0.13	10	34
Stress Management	8-32	2.39±0.23	12	29
Overall Health Promotion	2.45±0.43			

Findings reported the mean of total HPLP II was 2.45±0.43. The maximum mean was (2.59 ± 0.21) for Interpersonal Relationships followed by Physical Activity it was (2.53± 0.20). While the lowest was 2.27 ±0.22 for Spiritual Growth.

Table 4 Student's Perception Regarding Spiritual Growth (n = 270)

NO	Spiritual Growth	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Feel I am growing and changing in positive ways.	13	4.8	107	**39.6**	102	37.8	48	17.8
2	Believe that my life has purpose.	7	2.6	49	18.1	99	36.7	115	**42.6**
3	Look forward to the future.	7	2.6	48	17.8	116	**43.0**	99	36.7
4	Feel content and at peace with myself	14	5.2	102	37.8	115	**42.6**	39	14.4
5	Work toward long-term goals in my life.	12	4.4	77	28.5	112	**41.5**	69	25.6
6	Find each day interesting and challenging.	17	6.3	95	35.2	116	**43.0**	42	15.6
7	Am aware of what is important to me in life.	42	8.9	98	36.3	105	**38.9**	43	15.9
8	Feel connected with some force greater than myself.	9	3.3	97	**35.9**	85	31.5	79	29.3
9	Expose myself to new experiences and challenges.	1	0. 4	70	25.9	119	**44.1**	80	29.6

Table 4 show the frequency rate related Spiritual Growth this factor contain nine item. The majority of students select "Sometimes" 39.6% related "Feel I am growing and changing in positive ways". In another hand 42.6% "Routinely" that were "believe that my life has purpose". Also 43.0 % overall of them "Often" "Look forward to the future". According to "Feel content and at peace with myself" that found 42.6 %. In additional most of the participants they prefer "often "41.5% "Work toward long-term goals in my life". However, regarding "Find each day interesting and challenging" the students 43.0% often. About "am aware of what is important to me in life" the students chose never 8.9%, at "Feel connected with some force greater than myself" 35.9 % with Sometimes, finally related "Expose myself to new experiences and challenges" majority of students had 44.1% with "Often".

Table 5 Student's Perception Regarding Interpersonal Relationships (N = 270)

	Interpersonal Relationships	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Discuss my problems and concerns with people close to me.	20	7.4	157	**58.1**	69	25.6	24	8.9
2	Praise other people easily for their achievements	17	6.3	81	30.0	13	**41.9**	59	21.9
3	Maintain meaningful and fulfilling relationships with others.	11	4.1	63	23.3	106	**39.3**	90	33.3
4	Spend time with close friends.	12	4.4	76	28.1	108	**40.0**	74	27.4
5	Find it easy to show concern, love and warmth to others.	15	5.6	109	40.4	115	**42.6**	31	11.5
6	Touch and am touched by people I care about.	13	4.8	76	28.1	117	**43.3**	64	23.7
7	Find ways to meet my needs for intimacy.	31	11.5	124	**45.9**	85	31.5	30	11.1
8	Get support from a network of caring people.	20	7.4	79	29.3	101	**37.4**	70	25.9
9	Settle conflicts with others through discussion and compromise.	8	3.0	95	35.2	97	**35.9**	70	25.9

Table 5 show the frequency rate related Interpersonal Relationships this factor contain nine item, majority of students chose "Sometimes" with 58.1%. However, "Praise other people easily for their achievements" with 41.9% "Often". In additional 39.3% with "Often" they were "Maintain meaningful and fulfilling relationships with others". "Among Spend time with close friends" 40.0% of them select "Often", in additional regarding "find it easy to show concern, love and warmth to others" 42.6 % with. "Related Touch and am touched by people I care about the highest of students" that were select "Often" with 43.3% while in "Find ways to meet my needs for intimacy" they are report 45.9% with "Sometimes", according to "Get support from a network of caring people" 37.4% of them report with "Often", at the end regarding "Settle conflicts with others through discussion and compromise" about 25.9% they prefer "Routinely"

Table 6 Student's Perception Regarding Physical Activity (n = 270)

No.	Physical Activity	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Follow a planned exercise program	56	20.7	127	**47.0**	67	24.8	20	7.4
2	Exercise vigorously for 20 or more minutes at least three times a week	44	16.3	121	**44.8**	73	27.0	32	11.9
3	Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).	40	14.8	97	**35.9**	86	31.9	47	17.4
4	Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).	30	11.1	143	**53.0**	83	30.7	14	5.2
5	Do stretching exercises at least 3 times per week.	26	9.6	135	**50.0**	88	32.6	21	7.8
6	Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).	17	6.3	114	**42.2**	106	39.3	33	12.2
7	Check my pulse rate when exercising.	31	11.5	140	**51.9**	80	29.6	19	7.0
8	Reach my target heart rate when exercising.	70	25.9	88	**32.6**	75	27.8	37	13.7

Table 6 represent Physical Activity factor that contain eight items, in the first item Follow a planned exercise program that show most of the students select "Sometimes" with 47.0%, However related item 2 also shown 44.8 % "Sometimes" and 27.0%. In another hand, 17.4% of overall that prefer "Routinely" to item 3. In additional more than half of the students 53.0% "Sometimes" item 4. Related item 5 that reported half of student's choice 50.0% with "Sometimes". "Regarding items 6 there were a little bit percent different between "Sometimes" and "Often" variable. Followed by item 7 that notice nearly 51, 9% with "Sometimes" and finally about item 8 that notified the highest percentage in "Sometimes" with 32.6%.

Table 7 Student's Perception Regarding Nutrition (N = 270)

NO	Nutrition	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Choose a diet low in fat, saturated fat, and cholesterol.	23	8.5	112	**41.5**	87	32.2	48	17.8
2	Limit use of sugars and food containing sugar (sweets).	22	8.1	129	**47.8**	85	31.5	34	12.6
3	Eat 6-11 servings of bread, cereal, rice and pasta each day.	58	21.5	98	**36.3**	68	25.2	46	17.0
4	Eat 2-4 servings of fruit each day.	32	11.9	140	**51.9**	74	27.4	24	8.9
5	Eat 3-5 servings of vegetables each day.	19	7.0	142	**52.6**	82	30.4	27	10.0
6	Eat 2-3 servings of milk, yogurt or cheese each day.	22	8.1	115	**42.6**	94	34.8	39	14.4
7	Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.	24	8.9	139	**51.5**	74	27.4	33	12.2
8	Read labels to identify nutrients, fats, and sodium content in packaged food	30	11.1	111	**41.1**	89	33.0	40	14.8
9	Eat breakfast.	28	10.4	88	32.6	94	**34.8**	60	22.2

Table 7 represent Nutrition factor that contain nine items. In the item 1 that were "Sometimes" 41.5%. Related item 2 that notified 12.6 % of them with "Routinely". In additional 36.3% of the students they choice "Sometimes" with item 3. However, more than half of students items 4, 5, 6 ("Sometimes" 51.9%, 52.6%, 51.5%) and finally regarding Eat breakfast 34.8% of the students "Often" eat breakfast.

Table 8 Student's Perception Regarding Health Responsibility (N = 270)

	Health Responsibility	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Report any unusual signs or symptoms to a physician or other health professional	28	10.4	113	**41.9**	109	40.4	20	7.4
2	Read or watch TV programs about improving health.	26	9.6	122	**45.2**	90	33.3	32	11.9
3	Question health professionals in order to understand their instructions.	19	7.0	122	**45.2**	96	35.6	33	12.2
4	Get a second opinion when I question my health care provider's advice.	29	10.7	149	**55.2**	77	28.5	15	5.6
5	Discuss my health concerns with health professionals.	28	10.4	135	**50.0**	81	30.0	26	9.6
6	Inspect my body at least monthly for physical changes/danger signs.	26	9.6	99	36.7	110	**40.7**	35	13.0
7	Ask for information from health professionals about how to take good care of myself	27	10.0	124	**45.9**	99	36.7	20	7.4
8	Attend educational programs on personal health care.	39	14.4	100	**37.0**	89	33.0	42	15.6
9	Seek guidance or counseling when necessary.	22	8.1	112	**41.5**	100	37.0	36	13.3

According to (item 1) 41.9 % with sometimes. In another hand the students report 45.2% sometimes (item 2). Also that shown the same percentage 45.2 % sometimes regarding (item 3). However, more than half of the students get 55.2 % with "sometimes" item 4. By the way half of overall they were item 5 with percentage 50.0 % "sometimes". Among item 6 the results shown 40.7% "Often" and 36.7 with "sometimes" about percentage of item 7 that shown the lowest percentage with 7.4% at Routinely while the highest percentage with 45.9 % at "sometimes". Related to item 8 that present 37.0 % at Sometimes. At the end about item 9 that were 41.5 % at some time.

Table 9 Student's Perception Regarding Stress Management (N = 270)

	Stress Management	Never		Sometimes		Often		Routinely	
		n	%	n	%	n	%	n	%
1	Get enough sleep	23	8.5	132	**48.9**	94	34.8	21	7.8
2	Take some time for relaxation each day.	23	8.5	106	**39.3**	89	33.0	52	19.3
3	Accept those things in my life which I cannot change.	41	15.2	99	**36.7**	88	32.6	42	15.6
4	Concentrate on pleasant thoughts at bedtime.	16	5.9	115	**42.6**	112	41.5	27	10.0
5	Use specific methods to control my stress.	16	5.9	127	**47.0**	109	40.4	18	6.7
6	Balance time between work and play	20	7.4	104	38.5	105	**38.9**	41	15.2
7	Practice relaxation or meditation for 15-20 minutes daily.	22	8.1	99	**36.7**	95	35.2	54	20.0
8	Pace myself to prevent tiredness	21	7.8	108	**40.0**	191	33.7	49	18.1

In table Stress Management it is contain 8 items nearly half of students that report 48.9% sometimes related get enough sleep. Among 39.3% with Sometimes among item 2. In additional approximately 32.6% with "Often "Accept those things in my life which I cannot change, regarding Concentrate on pleasant thoughts at bedtime that report 42.6%"Sometimes". In another hand related item 5, that shown 47.0 % with Sometimes, regarding item 6 that were shown similarity percentage with a little bit different with Sometimes and Often variables 38.5%, 38.9 %. However, item 7 daily that report 36.7% with Sometimes and followed by 8.1% with Never. Finally, among Pace myself to prevent tiredness that notice 40.0% with Sometimes and followed by 33.7 % with Often.

Table 10 Relationship of Students Demographic Variables with Health Promotion Lifestyle Profile II

Items	Overall Health Promotion	Spiritual Growth	Interpersonal Relationships	Physical Activity	Nutrition	Health Responsibility	Stress Management
Gender							
Male	2.55 ±0.46	1.93 ±0.67	2.25±0.41	3.19 ± 0.57	2.31 ±0.45	2.77 ±0.31	2.42±0.39
Female	2.60 ± 0.47	1.99 ± 0.61	2.37± 0.49	3.02± 0.55	2.26 ±0.47	2.67 ±0.47	2.26 ± 0.31
t Value	0.453	0.417	0.671	0.004*	0.358	0.343	0.781
Previous Training							
Yes	3.18±0.23	1.72 ± 0.23	2.67± 0.21	2.45± 0.15	2.34± 0.23	2.43± 0.13	2.79 ± 0.21
NO	3.01± 0.15	1.76 ± 0.12	2.56 ± 0.24	2.21± 0.25	2.25± 0.29	2.27± 0.23	2.77 ± 0.29
t Value	0.561	0.007*	0. 432	0.734	0.341	0.412	0.216

The values are expressed as mean ± SD and t-tests were conducted * P< 0.05

As shown in table 10, the overall health promotion for gender that were mean score for female students higher (2.60 ±0.47) than male students. Related health promotion lifestyle subscales, the lowest mean score was for spiritual growth in both gender while the highest was for physical Activity (3.19 ± 0.57) with statistical significant p=0.004*. However there were statistical significant between previous training and spiritual growth t =0.007*.

Table 11 Relationship of Students Demographic Factors with Health Promotion Lifestyle Profile II

Items	Overall Health Promotion	Spiritual Growth	Interpersonal Relationships	Physical Activity	Nutrition	Health Responsibility	Stress Management
Income satisfactory							
Yes	2.15 ± 0.43	2.59 ± 0.57	2.47 ± 0.31	2.29 ± 0.51	2.46 ± 0.15	2.34 ± 0.33	2.32± 0.31
No	2.10 ± 0.38	2.53 ± 0.51	2.26 ± 0.29	2.27± 0.53	2.28 ± 0.40	2.27 ± 0.42	2.28 ± 0.21
t Value	0.539	0.0014*	0.176	0.231	0.315	0.141	0.382
Personal life							
Yes	2.34 ± 0.18	2.56± 0.28	2.44±0.38	2.31± 0.18	2.58± 0.25	2.42± 0.11	2.53±0.20
NO	2.31 ±	2.44± 0.08	2.43± 0.35	2.29±0.08	2.31± 0.15	2.30± 0.19	2.59 ± 0.21
t Value	0.220	0.003*	0.432	0.587	0.721	0.632	0.157

The values are expressed as mean ± SD and t-tests were conducted * P< 0.05

The income of participants was categorized into two subscale “Yes” “NO”, that were a significant correlation was reported between Income satisfactory and spiritual growth (0.0014*). Also that shown the highest mean score that were with “YES” Income satisfactory and Interpersonal Relationships (2.47± 0.31). In another hand that shown the highest mean score with Income satisfactory more than non -Income satisfactory. The highest mean score that was with “YES” and Nutrition (2.58± 0.25).There were significant correlation was shown between Personal life and spiritual growth (0.003*).

Table 12 Independent Baseline Predictors of Health-Promoting Lifestyle Profile II and Demographic Data of Participations

Items	Overall Health Promotion	Spiritual Growth	Interpersonal Relationships	Physical Activity	Nutrition	Health Responsibility	Stress Management
Sex (Male\Female)	0.030	0.123	-0.034	0.032	0.086	0.043	0.075
Age (years)	0.067	0.156	0.019	0.005*	0.048	0.066	0.108
Income satisfactory	0.021	0.00*	0.054	0.171	0.002*	0.039	0.054
Study Class	0.045	0.008*	0.004*	0.068	0.022	0.099	0.027
BMI	0.015	0.187	0.024	0.001*	0.090	0.078	0.076
R^2	0.033	0.073	0.023	0.046	0.019	0.031	0.052

Five demographic variables of the multiple regression analysis with the overall HPLP-II score and six health-promoting lifestyle subscales score was preformed to assess which separate factors were prefect indictor of a healthy lifestyles in the students. Severely highly significant correlations were found for the independent variables and significant negative effect of Income satisfactory and study class was found. Significant effect for age and BMI on Physical Activity. No Significant effect for Stress Management & Health Responsibility and was found.

Table 13 Distribution of Health-Promoting Lifestyle Profile II (HPLP-II) Scores According To Year

Items	Overall Health Promotion	Spiritual Growth	Interpersonal Relationships	Physical Activity	Nutrition	Health Responsibility	Stress Management
All students	2.45±0.43	2.27 ±0.22	2.59 ± 0.21	2.53± 0.20	2.34 ± 0.18	2.33±0.13	2.39±0.23
First year	2.25 ± 0.13	2.33 ± 0.57	2.28 ± 0.29[b]	2.12± 0.29 [c]	2.16 ± 0.15	2.25±0.14	2.42±0.20[a]
Second year	2.40 ± 0.18	2.33 ± 0.51[d]	2.27± 0.21	2.30± 0.33	2.28 ± 0.10	2.26±0.31	2.29±0.41
Third year	2.32± 0.31	2.41± 0.28	2.33± 0.34	2.29± 0.43	2.31± 0.25	2.29 ±0.21[e]	2.26 ±0.36
Fourth year	2.28 ± 0.21	2.44± 0.08	2.48 ± 0.19	2.45 ± 0.26	2.51± 0.25	2.56 ± 0.19	2.25±0.33
F Value	0.220	0.310	0.110	0.0021*	0.009*	0.312	0.057

The values are expressed as means ± SD, and one-way analysis of variance (ANOVA)* P< 0.05using the Scheffe test were conducted
a P<0.05 year 1 versus year 2
b P<0.05 year 1 versus year 3
c P<0.01 year 1 versus year 4
d P<0.01 year 2 versus year 4
e P<0.01 year 3 versus year 4

In Table 13, the overall HPLP-II mean score was 2.45±0.43. Regarding the subscales, the highest mean score was for Health Responsibility (2.56 ± 0.19) and the lowest mean score was for Physical Activity (2.12± 0.29). There were significant correlation was shown between Physical Activity and Health Responsibility (0.0021* &0.009*).

Table 14 Differences Between Body Mass Index (BMI) Categories According to the Health Promoting Lifestyle Profile (HPLP) Categories

Items	Overall Health Promotion	Spiritual Growth	Interpersonal Relationships	Physical Activity	Nutrition	Health Responsibility	Stress Management
Underweight (Mean ±SD)	2.35 ± 0.33	2.43 ± 0.24	2.47 ± 0.19	2.62± 0.69	2.51 ± 0.25	2.35±0.12	2.41±0.10
Normal (Mean ± SD)	2.29 ± 0.28	2.36 ± 0.12	2.34± 0.35	2.30± 0.43	2.28 ± 0.10	2.29±0.30	2.30±0.49
Overweight (Mean ± SD)	2.56± 0.21	2.54± 0.24	2.37± 0.24	2.49± 0.13	2.31± 0.15	2.39 ±0.11	2.36 ±0.31
Obese (Mean ± SD)	2.41± 0.22	2.25±0.14	2.31±0.13	2.26±0.18	2.29±0.13	2.25±0.09	2.26±0.22
F Value	0.134	0.049	0.0011*	0.223	0.139	0.0012*	0.097

***P < 0.05. † Underweight BMI ≤ 18.5; Normal BMI 18.5–24.9; overweight BMI 25–29.9, Obese≥30**

The ANOVA reported statistically significant differences between the BMI categories and the Interpersonal Relationships (F = 0.0011), as well as between the BMI and Health Responsibility subscale (F = 0.0012,).The highest mean score was for Physical Activity (2.62± 0.69) and the lowest mean score was spiritual Growth (2.25 ± 0.14). Also the Normal body mass index was the lowest mean score among overall HPLP.

DISCUSSION

The research focus assess the health-promoting behaviors among foreign students nursing and observe the effect socio-demographic & Health Promoting Lifestyle Profile II related health behavior in international nurse's students at Near East University in nursing faculty. The result presented last year inclined of training more fitness-endorsing lives after associated with anther students **(Table** 13). Noteworthy undesirable association remained create among HPLP-II and all year by PA and HR **(Table** 13). Overall mark for fitness‑endorsing existence among students is moderate (**Table** 3) which is agreed with those found in the other studies (Mahnaz Solhi et al 2016). However, our study showed that the highest score in physical activity that un-similar with our finding **(Table** 10) (Omayyah S et al 2014). That which systematic activity takes impact of fitness & key pointer towards well-being elevation also deficiency workout services a main aim to college students without join vigorously of workout. Result proposes our participants have awareness and self-care and information around fitness-indorsing existences in college frequently. Same line, on previous studies that showed agreed with our findings male's students extra bodily vigorous & involve additional active kinds action of female students (Al-Kandari et al 2008) **(Table** 10). The (Irazusta et al 2006) study that noted as initially student nurses stayed fewer bodily more lively of last-year student nurses that were similar to our results. However, significant difference was found between all class years **(Table** 10). Bodily assistances comprised better suitability stages, better cardiac working & improved bone forte. The noteworthy connotation among body mass index & health-promoting, general fitness-indorsing existence & Health Responsibility absorbed care nutritional consumption with quality and quantity **(Table** 14). Pawloski and Davidson (2003) exposed notwithstanding students of nursing existence cultured of rank an fit food & bodybuilding.

Participants consume propensity of build among teatimes helped cafeteria, thus creation as funder of nourishing rank. In our study, the majority of students were found to have a positive perception of interpersonal relationships this finding doesn't correspond to findings reported by the pilot study in Turkey that were found weak interpersonal relationships (I. Altun 2008). Our students they adaption among Turkish culture that improve our results **(Table** 3)**.**

As an emphasis to this claim, Mahdipour et al., 2013 noted that interpersonal relations and social capital are definitive indicators of health status among students. Our study that indicated most of students, 55.6% spend their leisure time activities in social activities that consistent with study descriptive study of 245 nursing students that indicted higher in interpersonal relations (Polat et al.2016) **(Table** 1). Detail the optimistic public & financial issues consume helpful influence fitness connected performances at persons consumes remained confirmed through educations (Cihangiroğlu & Deveci, 2011). Communication skills can be good, relationships and learned through direct contact with people, the college student's lowest mean score among SG subscale, effect an international student's ethos & confidence organization of north Cyprus culture due of affect to keep SG **(Table** 10). Gender and marital status are additional issue is related with health promoting behaviors, the correlation between them found negative significant **(Table** 10)**.** İt is supported by the study Isfahan University was statistically important association among worldwide lifespan excellence, & SG (Tol, et al 2013). Income satisfactory and personal life was found a statistical significant relationship with spiritual growth; as participants actually neglect about achieving cash to acting spiritual growth behaviors **(Table** 11). The students already were monetarily contented and enhanced nutrition and study also monetary incomes might perhaps assistance run at fit actions. Household consumes the straight optimistic result of bodily & expressive fitness & stretches energetic provision aimed at managing by lifetime's problems (Fadiloglu et al., 1990). Unwholesome performances make loads of persons, relations, fitness budget it will upsurge fitness maintenance prices (Abu-Moghli,Khalaf, & Barghoti, 2010).

In other hand, students who attend two previous training to enhance their personal life and there were strength mean score correlation among the six health-promoting lifestyles except spiritual growth **(Table** 10). On further examination, prefers academic training, performance might be a natural outcome when students are aware of health promotion and try to practice and development it in their daily life. Health promotion training that improves health behaviors and focus on spiritual growth also needs to be developed.

The cognitive, perceptual factors, including perceived health status, perceived control over health, and self-efficacy contribute to the maintenance of particular health behaviors (Bottorff et al 1996). İn the same subject, author suggests the importance of health education for university students which aims to promote healthy lifestyles. (Dong Wang et al 2013). However, in the current study, approximately 96.1% of nursing students stated that they were satisfied with their health condition, 61.7% stated that they had a normal body mass index, 91.1 % stated that they not smoked. **(Table** 1)**.**

(Quattrin, et al 2010) it has been reported majority had a normal body mass index and the number of students smoking was low, that led our nursing students had high positive awareness regarding their health promotion and disease prevention. In our study, the health responsibility, nutrition, and stress management scores of students in the fourth year we're determined to be graded higher **(Table** 13). However, Alpar et al. (2008) found that health behavior changes over time from the beginning of professional education until graduation. Ayaz et al. (2005) reported similar findings and that health responsibility scores increased significantly throughout nursing education. İn previous studies Karadeniz et al 2008; Polat et al 2016 noted high health responsibility scores among fourth-year students.

In all aspects of a healthy lifestyle, the nursing students have gradually increased positively among nutrition from first class to fourth class. In additional, male students were observed rather than female students of nutrition, while score averages of students were observed to increase as their level of high income, statistically significant difference was found between nutrition and marital status. **(Table** 14)

It was also detected in other studies that students' total score average physical activity, nutrition, increased with the increase in their level of income (Can et al.2008; Dong Wang et al 2013). Similar to our findings, a Turkish study of 2,309 medical students showed that the total HPLP-II score of first year students (129.2 ± 17.7) was significantly higher compared to the sixth-year ones (125.5 ± 19.0) (Nacar et al 2014), Proper nutrition protects individuals from exposure to chronic diseases and reducing the harmful effects of diseases and anther problems.

In other hand, being overweight or obese is considered a significant risk factor for several conditions, including cardiovascular disease, diabetes, musculoskeletal disorders and some types of cancer, including endometrial, breast and colon cancer (WHO 2016). This result also proposes the magnitude of health education for nursing students which aims to promote healthy lifestyles.

This study revealed to have good relations between stress management and health promotion, It is essential for nursing students maintain positive mental health and wellbeing to enable them to manage stress and for them to develop resilience to cope with stress (McSharry P et al 2017). The coincidence of unsatisfactory spiritual growth and stress management could possibly support the claim that the Year 4 students were experiencing considerable stress from their final year of study. (WAI-HING et al 2002).

Finally, the international nurse's student's had a normal BMI with a high trend to presence obese and overweight. an North Cyprus environment more against of health-promoting lifestyles among the international nurse's student's should be provided by making the resources and chances available for enhancing spiritual growth , our findings may help nursing faculty administrators, curriculum designs, and health educators in designing strategies to develop a healthier college and to prepare health promotion educations.

CONCLUSION

The current study indicated that female nursing students may be different rather than male students in dimensions of HPLP. The high HPLP scores among the students that indicated awareness for promoting their healthy behaviors, with a particular focus on their spiritual growth. However 18.2% over weight and 20.1% underweight, they need program planning to enhance health behavior also encourage them regarding physical activity to maintain body mechanism and health education for nursing students which can be to promote lifestyles. In addition, social support was beneficial for interpersonal relationship among students. Results of the current study showed statistically significant differences in terms of BMI with Physical Activity, the majority of the nurses had general health status. Regarding student's perception among HPLP score there were high rates of "sometimes" and "always" and low rates of the "often" answers. The results of current study were obtained provide several information for future actions. Education remains as a vital process of improving health services. Professional training programs can affect for well outcome and reflect for positive lifestyle, also to avoid negative or unsuitable behaviors of health.

RESULTS

Main findings of the study that was performed with the aim to assess the health-promoting behaviors among foreign nursing students and examine the effect of socio-demographic and Health Promoting Lifestyle Profile II related health behavior.

- A total of the students of participants in this study 270, the mean of ages of the participants were (21.15 ± 2.41). And the 18-23 group of age was the most frequent 77.1%, Females were the majority of the participants 59, 3%. Majority of them living alone 51.0. The majority of students that were 41.9% third year, 38.9% Second Year, and First and Fourth Year were 9.6%.

- More than half of participants 68.9% had any training or courses about health promotion, among 53.3% were reported "Good" related General health status. According to Leisure time activities that showed half of students that reported 55.6% at Social activities. Additional, regarding alcohol intake two third of students were report 68.9% drink alcohol intake.

- Regarding to spiritual growth the majority of students "Expose myself to new experiences and challenges" majority of students had 44.1% with "Often", and select "Sometimes" 39.6% related "Feel I am growing and changing in positive ways".
- Regarding to Interpersonal Relationships majority of students chose "Sometimes" with 58.1% among discuss my problems and concerns with people close to me. However, "Praise other people easily for their achievements" with 41.9% "Often".
- Regarding Physical Activity Check my pulse rate when exercising that notice nearly 51, 9% with "Sometimes" In additional more than half of the students 53.0% "Sometimes" Take part in leisure-time physical activities.
- Regarding Nutrition more than half of students Eat 2-4 servings of fruit each day and Eat 3-5 servings of vegetables each day and Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day with ("Sometimes" 51.9%, 52.6%, 51.5%).
- Regarding Health Responsibility more than half of the students get 55.2 % with "sometimes" to get a second opinion when I question my health care provider's advice. By the way half of overall they were discuss my health concerns with health professionals with percentage 50.0 % "sometimes".

- Regarding Stress Management nearly half of students that report 48.9% sometimes related get enough sleep. In another hand related Use specific methods to control my stress, that shown 47.0 % with Sometimes.
- Among the six health promotion lifestyle subscales, the lowest mean score was for spiritual growth in both gender while the highest was for physical Activity (3.19 ± 0.57) with statistical significant p=0.004*. However there were statistical significant between previous training and spiritual growth t =0.007*.
- The highest mean score that were with "YES" Income satisfactory and Interpersonal Relationships (2.47± 0.31). In another hand that shown the highest mean score with Income satisfactory more than non -Income satisfactory. The highest mean score that was with "YES" and Nutrition (2.58± 0.25).There were significant correlation was shown between Personal life and spiritual growth (0.003*).
- Among the six health promoting lifestyle subscales, the highest mean score was for Health Responsibility (2.56 ± 0.19) and the lowest mean score was for Physical Activity (2.12± 0.29). There were significant correlation was shown between Physical Activity and Health Responsibility (0.0021* &0.009*). Also the Normal body mass index was the lowest mean score among overall HPLP.

RECOMMENDATIONS

- Continues education programs are necessary to improve student's health behavior.
- Adjust Nursing curriculum and apply health promotion as mandatory course.
- Following and implementation the new recommendation on health promotion under supervision World Health Organization.

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APPENDIX 1 Pender Health Promotion profile II

Socio-Demographic Characteristics of Students				
1. Gender				
□ Male		□ Female		
2. Age				
□ < 20 years		□ 21-30 years	□ 31-40 years	□ > 40 years
3. Marital status				
□ Single		□ Married	□ Divorced	
4. Have you had any training or courses about health promotion		□ Yes	□ No	
5. Living Arrangement				
□ Extended Family		□ Nuclear family	□ Alone	
6. Body mass index				
□ Underweight ≤18.5kg		□ Normal 18.5-24.9 kg	□ Overweight 25-29.9 kg	Obese≥ 30 kg
7. Smoking Habits				
□ Yes		□ No		
8. Religion	□ Muslim	□ Christian	Others …..	
9. Income satisfactory	□ Yes	□ No		
10. General health status				
□ Excellent	□ Good	□ Fair	□ Poor	□ Very Poor
11. Leisure time activities	□ Working	□ Sports activities	□ Social activities	□ None
12. Alcohol	□ Yes	□ No		
13. Effects of living environment on health	□ Positive	□ Negative		
14. Have a social insurance	□ Yes	□ No		

Health Promotion Lifestyle Pattern					
No	Statements	Never	Sometimes	Often	Routinely
1	Discuss my problems and concerns with people close to me.				
2	Choose a diet low in fat, saturated fat, and cholesterol.				
3	Report any unusual signs or symptoms to a physician or other health professional				
4	Follow a planned exercise program				
5	Get enough sleep				
6	Feel I am growing and changing in positive ways.				
7	Praise other people easily for their achievements				
8	Limit use of sugars and food containing sugar (sweets).				
9	Read or watch TV programs about improving health.				
10	Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).				
11	Take some time for relaxation each day.				
12	Believe that my life has purpose.				
13	Maintain meaningful and fulfilling relationships with others.				
14	Eat 6-11 servings of bread, cereal, rice and pasta each day.				
15	Question health professionals in order to understand their instructions.				
16	Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).				
17	Accept those things in my life which I cannot change.				

18	Look forward to the future.				
19	Spend time with close friends.				
20	Eat 2-4 servings of fruit each day.				
21	Get a second opinion when I question my health care provider's advice.				
22	Take part in leisure-time (recreational) physical activities				
23	Concentrate on pleasant thoughts at bedtime.				
24	Feel content and at peace with myself				
25	Find it easy to show concern, love and warmth to others.				
26	Eat 3-5 servings of vegetables each day.				
27	Discuss my health concerns with health professionals.				
28	Do stretching exercises at least 3 times per week.				
29	Use specific methods to control my stress.				
30	Work toward long-term goals in my life.				
31	Touch and am touched by people I care about.				
32	Eat 2-3 servings of milk, yogurt or cheese each day.				
33	Inspect my body at least monthly for physical changes/danger signs.				
34	Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).				
35	Balance time between work and play.				
36	Find each day interesting and challenging.				
37	Find ways to meet my needs for intimacy.				
38	Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.				
39	Ask for information from health professionals about how to take good care of myself				
40	Check my pulse rate when exercising.				
41	Practice relaxation or meditation for 15-20 minutes daily.				
42	Am aware of what is important to me in life.				

No	Statements	Never	Sometimes	Often	Routinely
43	Get support from a network of caring people.				
44	Read labels to identify nutrients, fats, and sodium content in packaged food				
45	Attend educational programs on personal health care.				
46	Reach my target heart rate when exercising.				
47	Pace myself to prevent tiredness.				
48	Feel connected with some force greater than myself.				

Appendix 2 Ethical Approval Near East institutional Reviews Board