Original Article / Araştırma Makalesi

# THE EFFECT OF ACTIVE LEISURE USE ON QUALITY OF LIFE IN YOUNG ADULTS

Genç Yetişkinlerde Aktif Boş Zaman Kullanımının Yaşam Kalitesine Etkisi

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Geliş Tarihi / Received: 17.10.2023	Kabul Tarihi / Accepted: 03.01.2024

### ABSTRACT

The aim of this study is to evaluate the effect of active leisure use on the quality of life of young adults. The study data were collected from associate degree students studying at a university between October and November 2022. The sample size of the study was 366 students. The study data were collected using a form that included socio-demographic characteristics, the Leisure Attitudes Scale and the SF-12 Quality of Life Scale. Pearson correlation analysis and Tukey test for multiple comparisons were used to evaluate the data. It was observed that the mean score of the emotional sub-dimension of the Leisure Attitude Scale was statistically higher in students who stated that their weekly leisure was sufficient. A strong relationship was found between the age of the students and the mean score of the mental component. The mean mental component scores of students who reported having enough free time per week were better than the others (p<0.05). In this study, it was determined that students' attitudes towards leisure activities were low.

Keywords: Leisure, Quality of life, Young adults.

### ÖZ

Bu çalışmanın amacı, genç yetişkinlerin aktif boş zaman kullanımının yaşam kalitesine etkisini değerlendirmektir. Çalışma verileri Ekim-Kasım 2022 tarihleri arasında bir üniversitede öğrenim gören ön lisans öğrencilerinden toplanmıştır. Çalışmanın örneklem büyüklüğü 366 öğrencidir. Çalışma verileri sosyodemografik özellikleri içeren bir form, Boş Zaman Tutumları Ölçeği ve Yaşam Kalitesi Ölçeği ile toplanmıştır. Verilerin değerlendirilmesinde Pearson korelasyon analizi ve çoklu karşılaştırmalar için Tukey testi kullanılmıştır. Haftalık boş zamanlarının yeterli olduğunu belirten öğrencilerin, boş zaman tutum ölçeğinin duygusal alt boyut puan ortalamasının istatistiksel olarak daha yüksek olduğu görülmüştür. Öğrencilerin yaşları ile zihinsel bileşen puan ortalaması arasında güçlü bir ilişki bulunmuştur. Haftalık yeteri kadar boş zamanı olduğunu belirten öğrencilerin zihinsel bileşen puan ortalamaları diğerlerine göre daha iyidir (p<0,05). Bu çalışmada öğrencilerin boş zaman etkinliklerine yönelik tutumlarının düşük olduğu belirlenmiştir.

Anahtar kelimeler: Boş zaman, Genç yetişkin, Yaşam kalitesi

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#### **INTRODUCTION**

The postmodern period can be defined by significant changes in the economic, social and technological fields. As a result of these changes, working hours have decreased and people's leisure has increased. This process has led to a new search for how individuals will use their time. This has led to an increase in individualisation. Trends such as the increased use of the internet and technology, the rise of e-commerce and the transfer of business and educational activities to online platforms can be cited as examples of this change (Sunar, Yukselturk & Duru, 2022). Leisure is defined as a period in which people are free to choose how to spend their time, independent of obligations such as work, study or housework (Ercan, 2021; Gul, 2021). Research shows that as leisure increases, people become more aware and seek ways to use this time (Yildiz & Bektas, 2021; Yilmaz, Kurtipek & Gungor, 2022).

Quality of life refers to how an individual perceives conditions in the light of the cultural and value norms that surround them (Demir et al., 2021). There are many factors that directly or indirectly affect the concept of quality of life. Emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, individual autonomy, social rights and personal rights are among these factors (Guven, 2021; Aydin, 2022). In addition to these benefits, leisure allows individuals to improve their physical, psychological and social standards. As a result, how an individual spends their leisure is critical in maintaining his/her physical and mental health. It also has an impact on leisure activities (Demir, 2021; Aydin, 2022). Therefore, the aim of this study is to evaluate the effect of active leisure on the quality of life of young adults.

### MATERIAL AND METHOD

### Type of study

The study was planned in a descriptive cross-sectional design.

### The Universe and Sample of the Research

The population of the research consists of 732 students studying at Bingöl University Health Services Vocational School. The search sample was determined as 357 students with alpha = .05, 95% confidence interval, and the search was completed with 366 students. The research data were collected between October and November 2022. The research data was collected online from students at Bingöl University who were studying First and Emergency Aid Department (Paramedic), Elderly Care, Physiotherapy, Medical Documentation and Secretarial (MDS).

The subjects provided informed consent. Throughout the study, the researchers adhered to the standards of the Declaration of Helsinki.

Variables of the study: While the socio-demographic characteristics and active leisure of the students are the independent variables of the research, the quality of life is the dependent variable of the research.

#### **Data Collection Tools**

The researchers used a form to collect the data, which included students' sociodemographic characteristics, the Leisure Attitudes Scale and the SF-12 Quality of Life Scale.

#### Leisure Attitudes Scale (LAS)

Ragheb and Beard developed the LAS in 1982 (Ragheb & Beard, 1982). In 2011, Akgul and Yenel adapted the scale into Turkish (Akgul, 2011). The LAS consists of 36 items and three sub-dimensions (cognitive, emotional and behavioural). The scale is a five-point Likert scale. Scores ranging from 36 to 180 are obtained from the scale. The Cronbach's alpha coefficient of the scale is 0.97. In this study, the Cronbach's alpha coefficient was found to be 0.91.

#### SF-12 Quality of Life Scale

This scale (Short Form-36) was developed by Ware and colleagues (Ware, Keller & Kosinski, 1995). The SF-12 Quality of Life Scale was formed by taking 12 different items from 8 subheadings of the SF-36. The scale was adapted into Turkish by Soylu et al. (Soylu & Kutuk, 2021). The scale asks questions about the individual's functional status, well-being and general health perception. Participants answer yes or no to questions about their physical and emotional state. Other questions include options ranging from 3-point Likert to 6-point Likert. The scale evaluates two components: the Mental Component Summary (MCS) and the Physical Component Summary (PCS). A score between 0 and 100 is obtained from the scale. A higher score on the scale indicates better health status. The Cronbach's alpha internal consistency coefficient was found to be 0.72 for the mental component and 0.73 for the physical component. In this study, the Cronbach's alpha internal consistency coefficient was 0.72 for the mental component.

### Statistical analysis

The study data were analysed using the SPSS program. In the analysis of the data frequency tests, independent sample t-tests in paired groups in parametric distributions and Kolmogorov-Smirnov Z test were used. Pearson correlation analysis and Tukey test for multiple

comparisons were used to evaluate normally distributed data. The 95% confidence interval was used in the analyses and p<0.05 was considered statistically significant.

### Limitations

The study's limitations is that it only included students from a university's First and Emergency Aid, Elderly Care, Physiotherapy, Medical Documentation, and Secretarial Departments.

## **Ethical Procedure**

In order to conduct the study, Ethics Committee of Şırnak University, date:21.09.2022-E.47278 and decision no: 2022/124 was obtained. Throughout the duration of the study, rules stated in the Helsinki Declaration were followed. Students that accepted to participate in the study provided verbal consent.

## RESULTS

When analysing the socio-demographic data of the students participating in the research, 69.4% of the participants are female, the majority of them are between 18 and 20 years old, single and not working in a job that provides additional income. 39.1% of the participants were students from the elderly care programme and 52.2% were students from middle income families. The majority of participants reported that their weekly leisure was sufficient and that their beliefs and values guided their leisure (Table 1).

Variable	Group	n	Percent
Gender	Male	112	30.6
	Female	254	69.4
	18-20	190	51.9
Age	21-23	147	40.2
-	24-26	18	4.9
	27 and above	11	3.0
	Elderly care	143	39.1
Department	Paramedic	130	35.5
	MDS	40	10.9
	Physiotherapy	53	14.5
	Very bad	59	16.1
	Bad	83	22.7
Income status	Normal	191	52.2
	Good	25	6.8
	Very good	8	2.2
	Not Enough	100	27.3
Free time status (weekly)	Insufficient	101	27.6
	Normal	156	42.6
	Enough	9	2.5
	Yes	126	34.4

Table	1 Frec	mency	Anab	vsis	of D	emogra	nhic	Data
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Free time evaluation	No	123	33.6
	Partially	117	32.0
	Total	366	100.0

MDS: Medical Documentation and Secretarial Departments

When Table 2 is evaluated, A statistically significant difference was found in the LAS Emotional sub-dimension mean score of the students with sufficient weekly free time compared to the other groups (p<0.05). According to the results of the Tukey test statistic, which was performed to determine the source of the difference, it was found that the mean emotional sub-dimension score of the students who perceived their weekly free time to be sufficient (mean=33.22 $\pm$ 8.96) was significantly higher than that of the students who perceived their free time to be insufficient (mean=25.67 $\pm$ 7.96) (Table 2).

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		Emotional Sub-dimension (Mean+ SD)		Cognitive Sub-dimension (Mean+ SD)		Behavioral Sub-dimension (Mean+ SD)		LAS Total Score (Mean± SD)	
Gender	Female	26.18± 7.63	t= 0.399	25.13± 7.45	t= 1.324	30.81± 7.73	t= 1.858	82.21±20.27	t=0.498
	Male	$26.76{\pm}9.14$	p= 0.528	$26.14{\pm}~8.52$	p = 0.251	$29.60{\pm}\ 8.19$	p= 0.174	82.18±23.52	p= 0.628
	18-20	$26.93{\pm}7.98$		$26.13{\pm}~8.16$		$30.77{\pm}~7.62$		83.70±21.24	
Age	21-23	$26.00{\pm}~8.28$	F= 1.472	$24.53{\pm}~7.30$	F= 1.369	$29.97{\pm}~8.37$	F= 1.561	80.50±21.77	F= 1.318
-	24-26	$26.44{\pm}7.09$	p= 0.210	$25.67{\pm}~5.43$	p= 0.244	$33.06{\pm}\ 5.00$	p=0.184	85.89±14.33	p= 0.263
	27 and above	$21.00{\pm}\ 10.41$	-	$22.71{\pm}9.98$	-	$25.00{\pm}~9.22$	-	$68.71 \pm 25.80$	-
	Elderly care	$26.22{\pm}8.52$		$25.68{\pm}\ 7.88$		$30.25{\pm}~7.97$		$81.91 \pm 22.07$	
Department	Paramedic	$26.93{\pm}7.58$	F= 0.757	$25.37{\pm}~8.15$	F= 0.144	31.50± 7.53	F=1.518	84.01±20.62	F= 1.777
	MDS	$24.75{\pm}~5.76$	p= 0.519	$24.78{\pm}~6.88$	p= 0.933	$29.35{\pm}~7.22$	p= 0.209	78.35±16.95	p= 0.159
	Physiotherapy	$26.51{\pm}9.68$	-	$25.45{\pm}~7.49$	-	$29.19{\pm}~8.79$	-	81.47±23.66	-
	Too bad	$25.19{\pm}7.48$		$24.76{\pm}~8.34$		$28.32{\pm}~6.91$		78.27±19.86	
Income status	Bad	$26.08{\pm}\ 8.24$		$24.98{\pm}~7.37$		$30.10\pm7.51$		$81.07{\pm}20.80$	
	Normal	$27.05{\pm}~8.21$	F= 0.867	$25.70{\pm}~7.63$	F= 0.595	$31.50 \pm 8.24$	F= 2.294	$84.22 \pm 21.71$	F= 1.059
	Good	$25.08{\pm}~8.48$	p= 0.484	$25.52{\pm}~8.40$	p=0.666	$28.92{\pm}~7.26$	p= 0.059	79.52±21.63	p= 0.359
	Very good	$25.25{\pm}~8.00$		$28.75{\pm}\ 10.55$		$29.13{\pm}~8.74$		83.13±24.60	
	Not Enough	$25.67{\pm}7.96$		$25.17{\pm}~8.53$		$29.72{\pm}~7.44$		80.35±21.39	
Free time status (weekly)	Insufficient	$26.86{\pm}9.30$	F= 2.616	$25.38{\pm}~8.83$	F= 0.424	$30.18{\pm}~8.83$	F=0.736	82.55±24.59	F= 1.492
	Normal	$26.07{\pm}~7.17$	p= <b>0.041</b> *	$25.49{\pm}~6.62$	p= 0.736	$30.96{\pm}~7.40$	p = 0.531	82.38±18.63	p = 0.216
	Enough	$33.22{\pm}8.96$		$28.22{\pm}~6.24$		$32.44{\pm}9.72$		95.78±21.71	
	Yes	$25.19{\pm}~8.63$	F= 2.325	$24.60 \pm 7.76$	F= 1.229	$29.98{\pm}\ 8.53$	F= 0.340	79.65±22.57	F= 1.357
Free time evaluation	No	$26.55{\pm}8.15$	p= 0.099	26.11± 8.45	p=0.294	$30.64{\pm}~8.38$	p=0.712	83.42±22.52	p= 0.251
	Partially	$27.40{\pm}7.37$		$25.64{\pm}\ 7.06$		$30.74{\pm}~6.53$		83.67±18.23	

#### Table 2. Comparison of Sociodemographic Characteristicsand Total Scoresfrom the LAS

F= One Way ANOVA analysis, t: independent sample test, p<0.05, \*Tukey Test (Post Hoc Analysis)

There was no statistically significant difference between the PCS and MCS subdimensions of the students and their gender, income status, and leisure evaluation (p>0.05). A statistically significant difference was found between age and the mean score of the MCS subdimension (p < 0.05). The Tukey test was used to investigate the reasons for the difference. The mean MCS sub-dimension score (41.82±10.21) of students aged 27 years and older was significantly higher than the mean MCS sub-dimension score (36.05±10.07) of students aged 18-20 years. A statistically significant difference was determined in the mean scores of the PCS sub-dimension according to the department variable (p<0.05) (Table 3). The mean scores of the PCS sub-dimension (mean=44.72±6.94) of the First and Emergency Aid Programme students were significantly higher than the mean scores (mean=  $39.99 \pm 6.43$ ) of the Medical Documentation and Secretarial Programme students. A statistically significant difference was found between the duration of residence in the province and the mean score of the PCS subdimension (p<0.05). A statistically significant difference was found between students' weekly leisure status and mean MCS sub-dimension scores (p<0.05). The mean MCS sub-dimension score (37.48±9.93) of students who reported that their weekly leisure status was normal was significantly higher than those who reported that their weekly leisure status was insufficient (33.68±10.91) (Table 3).

		PCS (Mean± SD)		MCS (Mean± SD)	
	18-20	43.54±7.33		36.05±10.07	
Age	21-23	42.29±6.73	F= 0.920	34.23±10.65	F = 2.880
	24-26	42.21±9.27	p = 0.452	39.68±10.61	p= <b>0.023</b>
	27 and above	40.76±6.91	-	$41.82{\pm}10.21$	4>1*
Gender	Female	$43.01{\pm}7.21$	t= 0.098	$35.34{\pm}\ 10.88$	t= 1.021
	Male	$42.76{\pm}~7.19$	p=0.755	$36.53{\pm}9.32$	p= 0.313
	Elderly care	$42.77{\pm}7.44$		$34.51 \pm 10.95$	
Department	Paramedic	$44.72{\pm}~6.94$	F= 6.206	$36.46 \pm 10.28$	F= 1.028
-	MDS	$39.99{\pm}~6.43$	p= <b>0.001</b>	$36.57{\pm}9.48$	p= 0.380
	Physiotherapy	$41.20 \pm 6.63$	2>3*	$36.43{\pm}9.97$	-
	less than 1 year	$44.47{\pm}~7.33$		$36.43{\pm}9.48$	F= 1.387
Time lived in the province	1-3 years	$42.75{\pm}~6.71$	F= 2.499	$35.53{\pm}\ 10.03$	p= 0.228
-	4-6 years	$46.20{\pm}~6.10$	p= <b>0.031</b>	$31.18{\pm}\ 14.38$	
	7-9 years	$41.67{\pm}7.93$	3>5*	$37.92{\pm}16.30$	
	10 and above	$41.87{\pm}7.16$		$35.53{\pm}\ 10.72$	
	Too bad	$41.58 \pm 6.99$		$35.08{\pm}\ 10.57$	
	Bad	$42.66{\pm}\ 7.90$	F= 0.839	$34.56{\pm}\ 10.94$	F= 1.678
Income status	Normal	$43.49{\pm}~6.64$	p = 0.501	$36.45{\pm}9.96$	p= 0.154
	Good	42.869.57	-	$33.18{\pm}11.90$	
	Very good	$42.71{\pm}~5.64$		$42.08{\pm}~7.78$	
	Not Enough	42 11+ 6 96	F- 1 956	33 68+ 10 91	F- 3 389

**Table 3.** Comparison of Sociodemographic Characteristics of Students and Total Scores of Physical Component (PCS) and Mental Component (MCS) Sub-dimensions

Free time	Insufficient	42 12 + 7 16	n = 0.120	25 25 + 10 04	n- 0.019
(weekly)		42.13± 7.10	p= 0.120	55.55± 10.04	p– <b>0.010</b>
	Normal	$43.97{\pm}\ 7.34$		$37.48{\pm}9.93$	3>1*
	Enough	$43.28{\pm}~6.53$		$31.34{\pm}\ 13.37$	
	Yes	$42.38{\pm}~7.04$	F= 0.682	$36.82{\pm}\ 10.21$	F= 1.375
Free time evaluation	No	$43.01{\pm}~6.85$	p= 0.506	34.63±11.65	p=0.254
	Partially	$43.45{\pm}~7.72$		$35.63 \pm 9.18$	

F= One Way ANOVA analysis, t: independent sample test, p<0.05, \*Tukey Test (Post Hoc Analysis)

A significant and positive correlation was observed between the mean total score of the LAS and the sub-dimensions of the SF-12 Quality of Life Scale (Emotional dimension, Cognitive dimension and Behavioural dimension) (p<0.01) (Table 4). There was no statistically significant correlation between the mean total score of the LAS and the mean score of the PCS sub-dimension of the Quality of Life Scale (p>0.05) (Table 4). A weak positive correlation was found between the mean total score of the LAS and the mean score of the MCS sub-dimension of the Quality of Life Scale (r = 0.108\*, p = 0.039). Similarly, a weak positive correlation was observed between the mean scores of the Behavioural sub-dimension of the LAS and the PCS sub-dimension of the Quality of Life Scale (r=0.174\*\*, p<0.01). A weak positive correlation was found between the mean total score of the cognitive sub-dimension of the LAS and the mean score of the LAS and the PCS sub-dimension of the MCS sub-dimension of the Quality of Life Scale (r=0.174\*\*, p<0.01). A weak positive correlation was found between the mean total score of the cognitive sub-dimension of the LAS and the mean score of the MCS sub-dimension of the Quality of Life Scale (r=0.174\*\*, p<0.01). A weak positive correlation was found between the mean total score of the Scale (r=0.178\*\*, p<0.01). However, no significant correlation was observed in other sub-dimensions. The total score of the LAS ( $82.20\pm21.28$ ) and the total score of the SF-12 Quality of Life Scale ( $78.63\pm11.60$ ) were found (Table 4).

 Table 4. Relationship between Students' Leisure Attitude Scale Score and SF-12 Scale Score (PCS Sub-dimension)

	Mean± SD	1	2	3	4	5	6
LAS Total Score	$82.20 \pm 21.28$						
		1.000					
Emotional	$26.36 \pm 8.11$	r=0.903**	1 000				
Dimension		p<0.001	1.000				
Cognitive	$25.44 \pm 7.79$	r=0.844**	r=0.721**	1 000			
Dimension		p<0.001	p<0.001	1.000			
Behavioral	$30.44 \pm 7.88$	r=0.840**	r=0.692**	r=0.551**	1 000		
Dimension		p<0.001	p<0.001	p<0.001	1.000		
SF-12 Total Score	e 78.63±11.60						
SF-12 Scale/PCS	Sub-dimension						
	$42.93 \pm 7.20$	r=0.049	r=0.013	r=-0.014	r=0.174**	1 000	
		p<0.347	p>0.808	p>0.793	p<0.001	1.000	
SF-12 Scale/ MCS	S Sub-dimension	l					
	$35.70 \pm 10.43$	r=0.108*	r=0.052	r=0. 178**	r=0.052	r=-0.096	1.000
		p=0.039	p>0.322	p<0.001	p>0.325	p>0.067	1.000
	LAS Total Score Emotional Dimension Cognitive Dimension Behavioral Dimension SF-12 Total Score SF-12 Scale/PCS	Mean± SD           LAS Total Score $82.20\pm 21.28$ Emotional $26.36\pm 8.11$ Dimension         25.44\pm 7.79           Dimension         25.44\pm 7.79           Dimension         30.44\pm 7.88           Dimension $SF-12$ Total Score           78.63±11.60         SF-12 Scale/PCS           SF-12 Scale/PCS         Sub-dimension           42.93± 7.20 $35.70\pm 10.43$	Mean± SD         1           LAS Total Score $82.20\pm 21.28$ Incol $1.000$ Emotional $26.36\pm 8.11$ $r=0.903^{**}$ Dimension $p<0.001$ Cognitive $25.44\pm 7.79$ $r=0.844^{**}$ Dimension $p<0.001$ Behavioral $30.44\pm 7.88$ $r=0.840^{**}$ Dimension $p<0.001$ SF-12 Total Score $78.63\pm 11.60$ $r=0.049$ SF-12 Scale/PCS Sub-dimension $r=0.049$ $p<0.347$ SF-12 Scale/MCS Sub-dimension $r=0.108^*$ $p=0.039$	Mean± SD         1         2           LAS Total Score         82.20± 21.28         1.000           Emotional         26.36± 8.11 $r=0.903^{**}$ $r=0.903^{**}$ Dimension         p<0.001	Mean± SD123LAS Total Score $82.20\pm 21.28$ $1.000$ $r=0.903^{**}$ $1.000$ Emotional $26.36\pm 8.11$ $r=0.903^{**}$ $1.000$ Dimension $p<0.001$ $r=0.721^{**}$ $1.000$ Cognitive $25.44\pm 7.79$ $r=0.844^{**}$ $r=0.721^{**}$ $1.000$ Dimension $p<0.001$ $p<0.001$ $p<0.001$ $1.000$ Behavioral $30.44\pm 7.88$ $r=0.840^{**}$ $r=0.692^{**}$ $r=0.551^{**}$ Dimension $p<0.001$ $p<0.001$ $p<0.001$ $p<0.001$ SF-12 Total Score $78.63\pm 11.60$ $r=0.013$ $r=-0.014$ SF-12 Scale/PCS Sub-dimension $42.93\pm 7.20$ $r=0.049$ $r=0.013$ $r=-0.014$ SF-12 Scale/MCS Sub-dimension $35.70\pm 10.43$ $r=0.108^*$ $r=0.052$ $r=0.178^{**}$ $35.70\pm 10.43$ $r=0.108^*$ $r=0.052$ $r=0.178^{**}$ $p=0.039$ $p>0.322$ $p<0.001$	Mean± SD1234LAS Total Score $82.20\pm 21.28$ $1.000$ $r=0.903^{**}$ $1.000$ Emotional $26.36\pm 8.11$ $r=0.903^{**}$ $1.000$ $r=0.903^{**}$ Dimension $p<0.001$ $r=0.721^{**}$ $1.000$ Cognitive $25.44\pm 7.79$ $r=0.844^{**}$ $r=0.721^{**}$ $1.000$ Dimension $p<0.001$ $p<0.001$ $p<0.001$ $1.000$ Behavioral $30.44\pm 7.88$ $r=0.840^{**}$ $r=0.692^{**}$ $r=0.551^{**}$ $1.000$ SF-12 Total Score $78.63\pm 11.60$ $r=0.001$ $p<0.001$ $p<0.001$ $p<0.001$ $1.000$ SF-12 Scale/PCS Sub-dimension $42.93\pm 7.20$ $r=0.049$ $r=0.013$ $r=-0.014$ $r=0.174^{**}$ SF-12 Scale/MCS Sub-dimension $s=0.347$ $p>0.808$ $p>0.793$ $p<0.001$ SF-12 Scale/MCS Sub-dimension $s=0.108^*$ $r=0.052$ $r=0.178^{**}$ $r=0.052$ SF-12 Scale/MCS Sub-dimension $s=0.039$ $p>0.322$ $p<0.001$ $p>0.325$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Pearson KorelasyonAnalysis, \*\*p<0.001, \*p<0.05

#### DISCUSSION

Although young adults are members of the same society, they have different subcultures according to the physical environment they live in, the education they receive, whether they participate in production or not, and the socio-cultural and socio-economic structures of their families. These differences are reflected in the attitudes and behaviours of university students towards leisure and affect their quality of life.

In this study, no significant difference was found between the students' LAS and the gender variable (Table 2). Bolukbasi and Buyukipekci reported that women had more leisure attitudes than men in each of the emotional, cognitive and behavioural sub-dimensions of the LAS (Bolukbasi & Buyukipekci, 2020). In another study (n=310) in which Erkan et al. examined the leisure attitudes of university students during the pandemic period; it was stated that women had a higher levels of leisure attitudes than men (Erkan, Yaliz-Solmaz & Guven, 2021). On the other hand, Cruz López-de-Ayala et al. studied the leisure attitudes of university students in online social communities in Spain. They found that there was no significant difference between students' leisure attitudes and gender (Cruz López-de-Ayala & Vizcaíno-Laorga, 2021). It is thought that one of the reasons for the differences in the studies conducted may be due to the differences in the demographic characteristics of the regions where the students live.

In this study, no significant difference was found between the departments they studied and their leisure attitudes (Table 2). In their study, Denkel et al. (2020) did not find a statistically significant difference in the cognitive sub-dimension of the LAS according to the departments in which the students studied. However, they observed a statistically significant difference in the emotional and behavioural sub-dimensions depending on the department variable (Denkel, Sagiroglu, Taskin & Ayar, 2020). Contrary to the studies in the literature, the reason for this result may be that students study health-related departments. It can be said that being exposed to intensive education compared to students studying in other departments puts them in a disadvantageous position in terms of leisure activities.

In this study, the mean scores of the LAS sub-dimension emotional domain scores of the students who stated that weekly leisure was sufficient were higher than the others (Table 2). As the amount of time and frequency spent on leisure activities increases, individuals' levels of boredom with such activities decrease. Life satisfaction and happiness levels increase (Cheng, Hung & Chen, 2016). This result may indicate that students enjoy leisure activities.

In this study, a significant difference was found between the students' age variable and the mean scores of the MCS components of quality of life (Table 3). Students aged 27 and over have higher MCS component mean scores than other students. This result can be associated with the fact that people change their perspectives and increase their mental-cognitive wellbeing with the advancement of age. No significant difference was found between the gender variable and the mean scores of the PCS and MCS components (Table 3). Joshanloo and Javanovic examined the relationship between gender and life satisfaction in a global study (n:1,801,417). They found that there is a significant difference between genders, but that these differences are low (Joshanloo & Javanovic, 2020). In addition, it should not be forgotten that quality of life is affected by many factors (education, economic status, etc.). Chui and Wong found no significant difference between quality of life and gender in their study with 1,428 university students (Chui & Wong, 2016). In a study of 175,470 adolescent participants from 34 different countries, it was found that people living in countries with high gender equality had a higher quality of life (Looze, Huijts, Stevens, Torsheim & Vollebergh, 2018). In the study, a significant difference was found between the departments in which the students studied and the mean scores of the PCS component of quality of life (Table 3). The mean scores of the PCS component of the students of the First and Emergency Aid Programme were higher than those of the students of Medical Documentation and Secretariat. This result may be associated with the fact that First and Emergency Aid Programme students are more active in field studies. Another finding obtained from this study was that the mean score of PCS component the students who had been living in their province for 4-6 years was higher than those who had been living there for less than 1 year (Table 3). This result may be associated with the acceptance of the region and adaptation to the socio-demographic structure of the region.

The mean score of the MCS component of students who reported having enough free time per week was higher than the other students (Table 3). In another study examining the relationship between leisure and life satisfaction levels, it has been determined that leisure is a very important resource for individuals to participate in meaningful activities and this situation increases the general satisfaction level (Aydin & Yasarturk, 2016). The results of this study are similar to the literature. This result can be related to the mental and physical relaxation of individuals with sufficient leisure. Leisure is an important part of a balanced life (Newman, Tay & Diener, 2014; Argan M., Argan M. T. & Dursun, 2018). According to the analyses, a weak positive correlation was observed between the total score of leisure attitudes and the MCS component of the quality of life scale (Table 4). When reviewing the literature, there are many studies that have found significant relationships between leisure attitude and life satisfaction (Choi & Yoo, 2017; Yasarturk, Akyuz & Karatas, 2017; Van Zyl, Olckers & Roll, 2020). According to the general view of both the literature and the theoretical framework, leisure attitude affects life satisfaction. However, in this study, only the relationship between leisure attitudes and MCS component was determined. It is believed that factors such as students from different socio-cultural levels, recent exposure to a pandemic process and the start of curfews with the pandemic are effective in the occurrence of this situation.

Studies have shown that with the occurrence of the pandemic, leisure cannot be evaluated sufficiently and this situation has significantly affected the level of life satisfaction (Kim & Cho, 2020; Kantartzi & Karlis, 2020; Zhang, Wang, Rauch & Wei, 2020; Satici, Gocet-Tekin, Deniz & Satici, 2021). In addition, this situation can be observed more clearly among university students who participate more frequently in social, cultural and sporting activities (Rogowska, Kuśnierz & Bokszczanin, 2020; Almhdawi et al., 2021). The mean scores of the PCS component (42.93±7.20) and the MCS component (35.70±10.43) of the students were found to be low. According to a study conducted by Xia et al. with 1161 university students, leisure activities positively affected physical and mental health as well as life satisfaction (Xia, Wang & Wang, 2022). In addition, the lower mental health scores of students compared to physical health scores may be related to the increase in mental health problems among university students.

#### CONCLUSION

In this study, students' attitudes towards leisure activities, which affect a large part of their lives, and their quality of life levels, which are vital for mental health, were found to be low. As participation in leisure activities increases, quality of life improves. In line with these findings, expanding activities such as cinema, theatre and sports on university campuses where students can spend their free time can improve quality of life. This relationship can be investigated more clearly in future studies.

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