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Post-Pandemic Health Behavior Scale for Young Adults: Validity and Reliability of the Turkish Version

Sultan Esra SAYAR[1] **Süheyla YARALI**[2]

[1]Atatürk University, Faculty of Health Sciences, Department of Midwifery, Erzurum, Türkiye
[2] Atatürk University, Faculty of Nursing, Department of Public Health Nursing, Erzurum, Türkiye

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ABSTRACT

This study aims to examine the validity and reliability of the Turkish version of the Post-Pandemic Health Behavior Scale of Youth in the Digital Age, originally developed by Heo et al. (2023), for assessing young adults' health behaviors after the COVID-19 pandemic. The scale evaluates post-pandemic health-related behaviors across five dimensions: personal health management, use of digital health information, social interaction, physical activity, and psychological well-being. This methodological study included 275 young adults aged 18–25 who voluntarily participated in an online survey distributed via social media platforms. Data were collected using a questionnaire developed through Google Forms. Statistical analyses were performed using SPSS 25.0 and AMOS 22.0. Expert evaluations indicated acceptable content validity, with a content validity ratio (CVR) of at least 0.60 and a content validity index (CVI) of 0.87. The Kaiser–Meyer–Olkin (KMO) value was 0.84, and Bartlett's test yielded χ^2=2210.93 ($p<0.001$), confirming the suitability of the data for factor analysis. In the exploratory factor analysis, three items with factor loadings below 0.30 were excluded. The remaining 24 items were distributed across five sub-dimensions, explaining 55.16% of the total variance. Confirmatory factor analysis demonstrated acceptable model fit indices ($p<0.001$). The Cronbach's alpha coefficient for the entire scale was 0.85, indicating high internal consistency. The Turkish version of the Post-Pandemic Health Behavior Scale of Youth in the Digital Age is a valid and reliable tool for assessing post-pandemic health behaviors among Turkish young adults.

Dijital Çağda Gençlerin Pandemi Sonrası Sağlık Davranışı Ölçeği: Türkçe Geçerlik-Güvenirlik

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ÖZET

Bu çalışma, gençlerin pandemi sonrası sağlık davranışlarını değerlendirmek amacıyla Heo ve ark. (2023) tarafından geliştirilen "Dijital Çağda Gençlerin Pandemi Sonrası Sağlık Davranışı Ölçeği"nin Türkçe formunun geçerlik ve güvenirliğini incelemek amacıyla gerçekleştirilmiştir. Ölçek; bireysel sağlık yönetimi, dijital sağlık bilgisi kullanımı, sosyal etkileşim, fiziksel aktivite ve psikolojik iyilik hâli gibi boyutlar altında gençlerin pandemi sonrası sağlıkla ilişkili davranışlarını ölçmeyi amaçlamaktadır. Araştırma metodolojik türdedir. . Çalışmaya 18-25 yaş arası 300 genç gönüllü olarak katılmıştır. Veri toplama aracı olarak Google Forms üzerinden oluşturulan anket kullanılmıştır. Veriler SPSS 25.0 ve AMOS 22.0 programlarıyla analiz edilmiştir. Uzman görüşlerine dayalı olarak hesaplanan kapsam geçerlik katsayısı en düşük 0.60, kapsam geçerlik indeksi ise 0.87 olarak bulunmuştur. Açımlayıcı faktör analizine uygunluğu test etmek amacıyla yapılan KMO değeri 0.84 ve Bartlett testi sonucu x^2=2210.926 ($p<0.001$) olarak belirlenmiştir. Açımlayıcı faktör analizinde, standart faktör yükü 0.30'un altında kalan üç madde çıkarılmış; kalan 24 madde beş alt boyutta toplanmış ve toplam varyansın %55.16'sını açıklamıştır. Doğrulayıcı faktör analizi sonucunda elde edilen model uyum indeksleri anlamlı bulunmuştur ($p<0.001$). Ölçeğin iç tutarlılığı Cronbach alfa değeriyle değerlendirilmiş ve toplam ölçek için 0.85 olarak hesaplanmıştır. Elde edilen bulgular doğrultusunda, "Dijital Çağda Gençlerin Pandemi Sonrası Sağlık Davranışı Ölçeği"nin Türkçe formunun Türk gençleri için geçerli ve güvenilir bir ölçüm aracı olduğu sonucuna varılmıştır.

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***Sorumlu Yazar:** Sultan Esra SAYAR, esrated@hotmail.com

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INTRODUCTION

The COVID-19 pandemic has caused profound changes in daily life and health behaviors across all age groups. In particular, measures such as physical distancing and social isolation have significantly affected individuals' physical, mental, and social well-being. While these protective strategies helped limit the spread of the virus, they also contributed to increased levels of stress, anxiety, and depression, especially among young adults (Marciano et al., 2021). To cope with these challenges, many young people turned to digital devices and online platforms, which led to changes in lifestyle routines and the ways health information was accessed and used (Lim et al., 2022). For example, online health communities and social media platforms became key sources of health-related information and emotional support. However, this shift also brought about potential risks, including exposure to misinformation and persuasive advertising that may promote unhealthy habits (Friedman et al., 2022). During the post-pandemic period, changes in health behaviors among young adults became even more noticeable. Health behaviors refer to actions individuals take to maintain or improve their well-being. These include both positive health behaviors (e.g., exercising, eating a balanced diet, attending regular health check-ups) and negative health behaviors such as smoking, alcohol use, physical inactivity, and unhealthy eating patterns, which increase the risk of non-communicable diseases (Budreviciute et al., 2020; WHO, 2023). As non-communicable diseases are responsible for 74% of global deaths annually, early intervention in youth populations is essential (WHO, 2023). Young adulthood represents a critical life stage in which individuals begin forming lifelong habits and taking responsibility for their health (Higley, 2019). Therefore, understanding and monitoring the health-related behaviors of young adults during and after global crises such as pandemics is critically importance. Parallel to these behavioral shifts, the healthcare field has also undergone a digital transformation. The increasing accessibility of digital tools has made it easier for individuals to obtain health information, track their health status, and engage in self-care practices. Digital health information refers to health-related content available on websites, mobile apps, online health communities, and social media platforms that helps guide individuals in managing their well-being (Bergmo et al., 2023; Gao et al., 2022).

However, navigating this vast amount of information requires critical thinking and digital literacy. In this context, technology-based and social media-driven interventions have emerged as promising methods for promoting a healthy lifestyle, especially during times of limited physical interaction (Li & Zhang, 2023; Snehil Dixit & Nandakumar, 2021). Despite these developments, there has been a need for measurement tools that can holistically assess the health promotion behaviors of young adults in the digital age, particularly in the post-pandemic context. The Post-Pandemic Health Promotion Behavior Scale (PP-HPB) developed by Heo et al. (2023) was designed to address this need. The scale evaluates the health-related behaviors of young adults across six subdimensions: personal hygiene management, social distancing, positive thinking, physical activity, dietary habits, and digital health information utilization. It employs a 5-point Likert-type format and provides insights into how young adults adopt, maintain, or abandon specific health behaviors in response to post-pandemic conditions. This study aims to adapt the PP-HPB Scale into Turkish and to evaluate its psychometric properties within a Turkish sample. By validating this scale, the study seeks to contribute a culturally appropriate, reliable, and valid tool to the field, enabling researchers and health professionals to monitor and promote health behaviors among Turkish youth. In addition to providing a useful instrument for future research and interventions, the study also sheds light on the ongoing impact of the pandemic on youth health and the role of digitalization in shaping behavioral responses. Tailored health promotion strategies that align with young adults' needs, habits, and digital engagement are crucial to improving public health outcomes in the post-pandemic world.

Research Questions

- Is the Post-Pandemic Health Promotion Behavior of Young Adults in the Digital Age scale a valid tool?
- Is the Post-Pandemic Health Promotion Behavior of Young Adults in the Digital Age scale a reliable tool?

METHOD

Research Design

This study is a methodological research aimed at adapting the Post-Pandemic Health Promotion Behavior (PP-HPB) Scale into Turkish and evaluating its validity and reliability in a Turkish young adult population.

Population and Sample

The study population consisted of young adults aged 18 to 25 living in Türkiye. The sample size was determined in line with recommendations in the literature suggesting that for factor analysis, the ideal sample should be at least 5–10 times the number of items in the scale (Erdoğan, 2018). Considering the original scale has 27 items, the minimum required sample was calculated to be 270 participants. Additionally, Comrey and Lee (1992) suggest that a sample size of 300 is considered "good", supporting the adequacy of the current sample size. The data were collected using a convenience sampling method. A total of 300 responses were obtained through Google Forms shared on social media platforms. After applying the inclusion criteria (age between 18–25 years and complete data), the final sample included 275 participants. Ten individuals over the age of 25, eight individuals under 18, and seven individuals with incomplete data were excluded from the study.

Data Collection Tools

Personal Information Form

This form was developed by researchers to collect participants' sociodemographic characteristics such as age, gender, and educational status.

Post-Pandemic Health Promotion Behavior (PP-HPB) Scale

The original PP-HPB scale was developed by Heo et al. (2023) to assess young adults' health promotion behaviors in the digital age following the COVID-19 pandemic. The scale consists of 27 items and uses a 5-point Likert scale ranging from "almost always (5)" to "never (1)". It includes six subdimensions: Emotional and social health (items 1–8); $\alpha = 0.86$), Personal hygiene (items 9–13); $\alpha = 0.80$), Eating habits (items 14–18; $\alpha = 0.81$, Health care (items 19–20; $\alpha = 0.57$), Mobile device use (items 21–24; $\alpha = 0.73$), and Physical activity (items 25–27; $\alpha = 0.72$). In the original validation study conducted with 446 participants, the scale showed high internal consistency (Cronbach's $\alpha = 0.90$). In this study, the Turkish version included 24 items after the removal of three items based on factor loadings. The Turkish version had a Cronbach's alpha of 0.85, indicating good internal consistency.

Language and Content Validity

The scale was translated into Turkish by three independent experts fluent in both English and Turkish. The translations were compared and combined into a single version by the researchers. A Turkish language expert reviewed the final draft for linguistic clarity and appropriateness. For content validity, the Turkish version was evaluated by 10 field experts in terms of comprehensibility and cultural

relevance using a 4-point Likert scale. Based on their feedback, some item wordings were revised. A pilot study was conducted with 20 university students to test clarity, and no further changes were deemed necessary.

Data Collection

Data were collected online via Google Forms. Participation was voluntary and informed consent was obtained from participants before they completed the survey.

Statistical Analysis

The collected data were analyzed using SPSS 27.0 and AMOS 22.0. The characteristics of the participants were analyzed using descriptive statistics such as frequency, percentage, arithmetic mean, and standard deviation. In the validity-reliability analysis of the scale, Cronbach's alpha coefficient, item-total score correlation, exploratory and confirmatory factor analysis, Kaiser Meyer Olkin (KMO) analysis, Bartlett's analysis, Confirmatory Factor Analysis (CFA), AVE, and CR values were examined.

RESULTS

The mean age of the participants was 21.37±1.96 years; 90.9% were female, 87.6% were students, 62.2% of the mothers were primary school graduates, and 84.7% were not working, 30.9% of the fathers were primary school graduates, and 70.5% were working. A total of 83.3% of the participants had a moderate income, 63.6% had an irregular sleep pattern, and 50.2% had a moderate health status. Of the participants, 69.5% were tired, and 65.5% spent more than 6 hours lying and sitting daily (Table 1).

Table 1
Distribution of descriptive characteristics of the participants (n=275)

Category		
Average Age: (21.37±1.96)	(Min:18, Max:25)	
	n	**%**
Gender		
Female	250	90.9
Male	25	9.1
Occupation		
Student	241	87.6
Public Officer	4	1.5
Worker	1	0.4
Other	29	10.5
Income Level		
Low	32	11.6
Medium	229	83.3
High	14	5.1
Sleep Pattern		
Regular	100	36.4
Irregular	175	63.6
Health Status		
Good	129	46.9
Moderate	138	50.2
Poor	8	2.9
Rest Status		
Well-rested	84	30.5
Tired	191	69.5
Daily Sedentary Time (Lying/Sitting)		
Less than 6 hours	95	34.5
More than 6 hours	180	65.5

Validity Findings

Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were applied to examine the factor structure of the Post-Pandemic Health Promotion Behavior of Young Adults in the Digital Age Scale. Kaiser Meyer Olkin (KMO) analysis was performed to determine whether the sample size is large enough for EFA, and Bartlett's test was performed to determine whether the relationships between variables are meaningful and significantly differ from zero. The KMO value was 0.845, the chi-square value for Bartlett's test was 2210.926, and the p-value was < 0.001. In line with these results, the data were suitable for factor analysis. When the factor loadings were analyzed, it was determined that three items showed overlapping characteristics. These items were numbered 8, 18, and 20. The overlapping items were removed from the scale, and the factor analysis was repeated. The factors loadings of the scale after the overlapping items were removed are given in Table 2. In line with these findings, the principal components method and varimax transformation were applied as EFA to the Post-Pandemic Health Promotion Behavior of Young Adults in the Digital Age Scale consisting of 24 items. As a result of the analysis, when the factor pattern of all items was examined, it was determined that the scale items were grouped in five sub-dimensions, and some items were grouped in different sub-dimensions compared to the original (Table 2).

Table 2

Exploratory Factor Analysis of the Turkish Version of the Post-Pandemic Health Promotion Behaviour Scale of Young Adults in the Digital Age

Items	Factors				
	Personal Hygiene	**Emotional and Social Health**	**Mobile Use in Healthcare**	**Nutrition Habit**	**Physical Activity**
I11	0.843				
I12	0.840				
I9	0.768				
I13	0.753				
I10	0.571				
I2		0.687			
I4		0.684			
I1		0.668			
I5		0.643			
I3		0.626			
I7		0.601			
I6		0.542			
I21			0.751		
I22			0.705		
I24			0.665		
I23			0.534		
I19			0.520		
I15				0.816	
I16				0.800	
I17				0.670	
I14				0.662	
I26					0.719
I25					0.708
I27					0.615
Intrinsic value	3.345	3.158	2.254	2.467	1.746
Explained Variance	13.939	13.158	10.517	10.278	7.276
Total Explained Variance=**55.168**					

When the factor pattern of the 24 items was analyzed, it was determined that the scale was grouped in five dimensions. In this way, the scale was accepted as five sub-dimensions, and it was determined that there were no overlapping items and that the factor pattern was acceptable. The factor loadings of all items related to this scale ranged from 0.520 to 0.843. According to the explanatory factor analysis results, the adapted scale accounts for 55.168% of the total variance. Specifically, the first factor explains 13.939% of the variance, the second factor 13.158%, the third factor 10.517%, the fourth factor 10.278%, and fifth factor 7.276%. The five-factor structure of the Post-Pandemic Health Promotion Behavior of Young Adults in the Digital Age Scale, which emerged from EFA, was further tested for model fit using confirmatory factor analysis (Table 3).

Table 3
CFA Results of the Post-Pandemic Health Promotion Behaviour of Young Adults in the Digital Age Scale

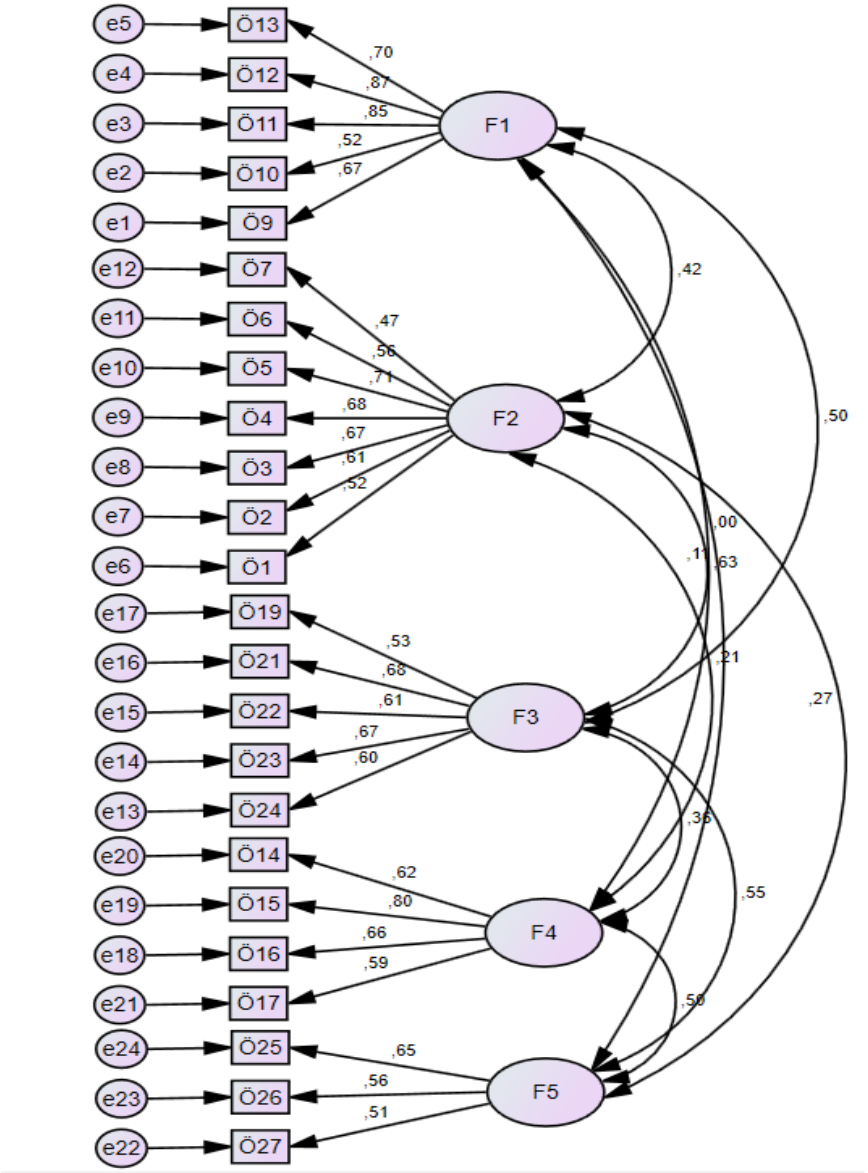
Factor	Items	Estimate	S.E.	CR	AVE
1	I10	0.52	0.12	0.85	0.54
	I11	0.85	0.10		
	I12	0.86	0.09		
	I9	0.67			
	I13	0.69	0.10		
2	I1	0.52		0.80	0.37
	I2	0.60	0.15		
	I3	0.66	0.15		
	I4	0.68	0.17		
	I5	0.70	0.13		
	I6	0.56	0.12		
	I7	0.47	0.14		
3	I19	0.52	0.12	0.76	0.39
	I21	0.68	0.12		
	I22	0.60	0.12		
	I23	0.67	0.10		
	I24	0.60			
4	I14	0.61	0.11	0.77	0.45
	I15	0.80	0.12		
	I16	0.66			
	I17	0.59	0.12		
5	I25	0.64	0.20	0.59	0.33
	I26	0.55	0.20		
	I27	0.50			

Fitness index	CMIN/DF	RMSEA	CFI	TLI	AGFI	GFI
Reference value	<3.0	<0.06	>0.90	>0.90	>0.89	>0.90
Model	1.719	0.051	0.913	0.901	0.860	0.887

When the fit indices presented in Table 3 were examined, the model demonstrated acceptable goodness of fit (χ^2/df = 1.719, RMSEA = 0.051, CFI = 0.913, TLI = 0.901, GFI = 0.887, AGFI = 0.860). All paths in the model were statistically significant at the 0.001 level. The path diagram of the model is shown in Figure 1. To evaluate convergent and discriminant validity of the Post-Pandemic Health Promotion Behaviour Scale, the average variance extracted (AVE) and composite reliability (CR) values were assessed. The AVE values for the five factors ranged from 0.33 to 0.54, while the CR values ranged from 0.59 to 0.85 (Table 3) (Kimberlin & Winterstein, 2008; Reichardt & Coleman, 1995).

Figure 1

Path Diagram of the Post-Pandemic Health Promotion Behaviour Scale of Young Adults in the Digital Age



Cronbach's α coefficient and item-total score correlation coefficients were examined as indicators of internal consistency, reliability, and item homogeneity for the Post-Pandemic Health Promotion Behaviour of Young Adults in the Digital Age Scale. In the literature, an item–total test correlation of at least 0.30 is considered acceptable. Items with a corrected item–total correlation coefficient below 0.20 are recommended to be removed from the measurement instrument. When the Health Promotion Behaviour of Young Adults in the Digital Age After the Pandemic Scale was examined, the item-total score correlation coefficients were found to range between 0.221 and 0.570. In this study, no items were identified with a correlation value below 0.20. The Cronbach α coefficient of the 24-item Post-Pandemic Health Promotion Behaviour Scale was 0.852, and the mean total score was 81.33±10.99. These findings indicate that the 24-item scale has a high level of internal consistency (Table 4).

Table 4

Internal Consistency and Homogeneity of the Post-Pandemic Health Promotion Behaviour of Young Adults in the Digital Age Scale

Item No	Arithmetic mean	Standard deviation	Corrected Item-Total Score Correlation	Cronbach's Alpha Coefficient
S1	2.629	1.000	0.338	0.849
S2	3.476	0.968	0.449	0.845
S3	3.545	0.921	0.522	0.843
S4	3.255	1.008	0.474	0.844
S5	3.724	0.771	0.535	0.843
S6	3.822	0.802	0.398	0.847
S7	3.615	0.973	0.323	0.850
S9	4.527	0.746	0.372	0.848
S10	3.902	0.909	0.421	0.846
S11	4.436	0.749	0.390	0.848
S12	4.513	0.664	0.394	0.848
S13	4.247	0.795	0.489	0.845
S14	2.182	1.023	0.221	0.854
S15	2.662	1.021	0.380	0.848
S16	2.582	1.037	0.282	0.851
S17	2.611	1.123	0.415	0.847
S19	3.382	1.037	0.460	0.845
S21	3.593	0.997	0.527	0.842
S22	3.178	1.068	0.482	0.844
S23	3.727	0.877	0.570	0.842
S24	3.349	1.082	0.490	0.844
S25	2.440	1.021	0.310	0.850
S26	3.164	1.136	0.339	0.850
S27	2.771	1.115	0.323	0.850
Scale	**Arithmetic mean**	**Standard Deviation**	**Varyans**	**Cronbach Alfa**
	81.33	10.99	120.86	0.852

The components forming the five-factor structure of the Post-Pandemic Health Promotion Behaviour Scale were examined, and the following names were assigned to the factors:

Factor 1: This factor, consisting of item 9 to 13, was named Personal Hygiene. The Cronbach's alpha coefficient for this factor was 0.84.

Factor 2: This factor, consisting of items 1-7, was named Emotional and social health. The Cronbach's alpha coefficient for this factor was 0.80.

Factor 3: This factor, consisting of item19 and 20-24, was named Mobile use in healthcare. The Cronbach's alpha coefficient for this factor was 0.75.

Factor 4: This factor, consisting of items 14-17, was named Eating Habits. The Cronbach's alpha coefficient for this factor was 0.76.

Factor 5: This factor, consisting of of items 25-27, which named Physical activity. The Cronbach's alpha coefficient for this factor was 0.78.

DISCUSSION

The present study aimed to adapt the Post-Pandemic Health Promotion Behaviors of Young Adults in the Digital Age scale (PP-HPB), originally developed by Heo et al. (2023), into Turkish and to examine its psychometric properties. The adaptation process was conducted using rigorous methodological procedures and a culturally sensitive approach to ensure both conceptual and structural equivalence of the scale within the Turkish young adult population.

The findings obtained from the exploratory factor analysis (EFA) supported the construct validity of the adapted scale. The Kaiser-Meyer-Olkin (KMO) value of 0.845 indicated excellent sampling adequacy, while Bartlett's test of sphericity was statistically significant ($\chi^2 = 2210.926$, $p < .001$), confirming that the the correlation matrix was suitable for factor analysis (Hair et al., 2019).

The five-factor solution accounted for 55.16% of the total variance, which is considered acceptable for psychometric evaluations in social science research (Tabachnick & Fidell, 2013). The factor loadings ranged from 0.520 to 0.843, exceeding the recommended minimum threshold of 0.30 (Hair et al., 2019). Items that did not meet these criteria—such as those displaying cross-loadings with difference less than 0.10 or those with insufficient factor loadings—were removed to strengthen the structural clarity and construct coherence of the scale.

These modifications enhanced the interpretability of the scale and ensured alignment with cultural nuances, as certain subscales were merged or renamed to better reflect conceptual meanings within the Turkish context (Beaton et al., 2000; Hambleton et al., 2005).

Confirmatory factor analysis (CFA) results further supported the structural validity of the five-factor model. All item loadings were statistically significant ($p < .001$), and the fit indices indicated a good model fit: $\chi^2/df = 1.719$, RMSEA = 0.051, CFI = 0.913, TLI = 0.901, GFI = 0.887, and AGFI = 0.860. According to Byrne (2016), these indices fall within the acceptable or desirable ranges, particularly RMSEA and CFI, which are considered critical indicators of model fit. Although the GFI and AGFI values were slightly below the ideal cutoff, they are still regarded as acceptable, especially in complex models involving multiple latent variables (Kline, 2016).

Reliability analyses also provided strong support for the internal consistency of the scale. The Cronbach's alpha for the total scale was 0.85, indicating high reliability (Sencan, 2005). Item-total correlations ranged from 0.221 to 0.570, all exceeding the critical value of 0.20, demonstrating that each item contributed meaningfully to the overall construct (Sencan, 2005). Composite reliability (CR) values

ranged from 0.59 to 0.85. Although one factor (CR = 0.59) was slightly below the commonly recommended value of 0.70, it remained acceptable, particularly in the context of exploratory research and newly adapted scales (Henseler, Ringle, & Sarstedt, 2015).

Average Variance Extracted (AVE) values ranged from 0.33 to 0.54. While two factors exceeded the 0.50 threshold, others remained slightly below; however, because the CR values were above 0.60, the level of convergent validity was deemed acceptable (Fornell & Larcker, 1981).

The adaptation process revealed cultural differences in the way certain constructs were perceived. For example, some items that were originally categorized under separate subscales in the source version were recognized and merged into new groupings based on the Turkish sample's responses.

Specifically, a new dimension titled "Health Care and Physical Activity" emerged, by combining items from the original physical activity and health management factors. This adjustment was supported both statistically and theoretically, resulting in a structure that was more culturally relevant and internally coherent.

Overall, the Turkish version of the PP-HPB scale demonstrated strong psychometric properties. It serves as a valid and reliable tool to evaluate health promotion behaviors in the post-pandemic context, particularly among young adults who have experienced notable lifestyle transformations due to increased digital technology use (Heo et al., 2023).

The emphasis on dimensions such as mobile device usage, emotional and social health, personal hygiene, and dietary habits is consistent with contemporary research documenting significant behavioral shifts among young adults in the post-COVID-19 era (Davis & De Guzman, 2022; Purwaningsih, Nurmala, & Fatah, 2023).

Despite the strengths of the study, some limitations should be acknowledged. The data were collected through self-report measures, which may introduce response bias and affect the objectivity of the findings. Future studies are recommended to replicate these findings using diverse sampling methods and to test the scale’s applicability in different cultural settings to enhance its generalizability and robustness.

CONCLUSION AND SUGGESTIONS

The results of this study indicate that the Turkish version of the Post-Pandemic Health Promotion Behaviors of Young Adults in the Digital Age (PS-HBHD) scale is both valid and reliable for evaluating key aspects of young adults' health behaviors in Turkish society. These include emotional and social well-being, personal hygiene, eating habits, health management, mobile device usage, and physical activity. Given the growing influence of digital lifestyles and the rise in unhealthy behaviors, this adapted scale offers a dependable tool for researchers, public health professionals, and behavioral scientists who are focused on promoting healthy living among young adults in the post-pandemic context.

The scale has potential applications in gathering data to support the development of new health policies aimed at reducing harmful habits and enhancing well-being. It can also be used to assess the impact of health education initiatives designed to encourage positive behavior changes and reduce the risk of non-communicable diseases. To strengthen and expand these findings, further study should be conducted in both similar and varied populations. Such studies can help identify emerging health needs, implement appropriate interventions, and assess their effectiveness over time.

LIMITATIONS

Since the survey was distributed online, individuals without internet access or sufficient digital literacy were excluded, potentially biasing the sample toward participants who are more technologically adept.

Ethics Approval

The study was conducted in accordance with the principles of the Declaration of Helsinki, and ethical approval was received from the Ethics Committee of the Faculty of Health Sciences of Atatürk University (Date: 03.01.2024, Decision Number: 2024/01/03). The scale was used after obtaining the necessary permissions from its developers via e-mail. Verbal informed consent was obtained from participants.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Author Contributions

Concept: S.E.S., S.Y., Design: S.E.S., S.Y., Data Collection: S.E.S., Analysis and Interpretation: S.E.S., S.Y., Writing Manuscript: S.E.S., S.Y., Critical Review: S.E.S., S.Y.

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