

Life Styles in the Ethnic Conjugal and Family System

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Abstract: *In everyday life, individuals act according to generally accepted socio-cultural norms and values, developing a prosocial behavior (which contributes to the confirmation and strengthening of these rules of social behavior) or, on the contrary, people may violate or ignore these norms and values, meaning this behavior of them, in which case the behavior is deviant, antisocial. Human behavior is judged by society according to commonly agreed norms and values, depending on the culture of the respective society. Behaviors, as we know, are labeled depending on compliance with or violation of social rules, that the individual learns and appropriates from family and society, and then continuing in the socio-professional environment. Compliance with the norms of the society in which we live attracts self-capitalization and from that society a positive revaluation, but their non-compliance will face a negative revaluation that reveals a type of behavior that has serious consequences, both at the level of the group and at the level of society. We can say that, in the latter case, we are talking about a non-compliance with social values and norms learned through the socialization process. Due to the fact that life styles are behavioral patterns and measuring instruments are difficult to apply, taking into account several indicators, implicitly long time application, we have chosen for this work to identify those factors that contribute to the establishment of an unhealthy lifestyle to contribute helping prevent possible illnesses that may arise from this lifestyle.*

Keywords: lifestyle, marital system, family, ethnicity.

Introduction

In trying to analyze this concept, we have identified a number of definitions in the romanian and foreign literature, being found in several fields, such as sociology, psychology and marketing. Speaking about the groups lifestyle, sociologist Max Weber (1946) said that this is a way of strengthening membership or obtaining this status. But, speaking of an individual's lifestyle, this represents a way of expressing one's own identity, being a method of distinction.

In Katz-Gero's opinion (2007), lifestyle represents interests, opinions, behaviors, common behavioral guidelines and consistencies which are related to everyday life.¹

Being more accurate in highlighting lifestyle characteristics, Hankin defined it as a set of high-risk behaviors for health, with reference to smoking, alcohol use, drug use, prostitution, etc., or as a set of behaviors that

¹ K. Katz-Gero, Lifestyle, in G. Ritzer (ed), *Encyclopedia of Sociology*, New York, Blackwell Publishing: Blackwell Reference Online, 2007.

have a positive impact on a person's health, such as practicing sports, dieting, etc.²

Mochmann uses three dimensions to operationalize lifestyle³:

- the way of spending free time, with the indicators: read newspapers /books, listen music at home, watch movies at home, work at home, use internet at home, self-education, lazy, walking / biking, yoga / meditation, go out to eat and drink, visiting friends, meet with neighbors, visiting family or relatives, family games,
- the importance given to some areas of life, with the following: the importance given to the family and children, the profession and work, free time, friends and knowledge, relatives, religion and the Church, politics and public life, neighborhood.
- types of music, television programs and newspapers / magazines consumed by individuals, with the indicators: *the types of music listened* (folk, traditional, pop, rock, classical and jazz), *the types of television programs being watched* (talk shows and contest shows, sports, movies, political talk shows, art and culture, entertainment and family programs).

According to Aurora Szentagotai and Anca Tărău, the lifestyle concept refers to behaviors and decisions that are relevant to the person's quality of life in areas such as: *the quality of individual life, the quality of social life and career development, and the quality of professional life*⁴.

Marian Vasile together with his collaborators (2010), through a cluster analysis of latent classes, initiated a research to determine the existing lifestyles in Romania on a sample of 1,774 participants. Thus, they identified six life styles:⁵ *survivors outside the community* (cluster 1), *captives in the status space* (cluster 2), *the winners of the transition* (cluster 3), (future) *individual entrepreneurs* (cluster 4), *rationalistic experimenters with social orientation* (cluster 5), *timeless* (cluster 6).

Most Romanians, due to their limited material possibilities, let on the last plan those components of the lifestyle that can differentiate one from the other. Referring to this, Chaney (1996) considers that lifestyles are ways in which individuals consume to distinguish themselves from others⁶ [6]. But Romanians, lately, are increasingly concerned about adopting a healthy lifestyle, only that it depends on the social position of the individual, on the

² J. Hankin, "Lifestyle and Health," in F. Edgar, M. Borgatta and R. J. Montgomery (eds.), *Encyclopedia of Sociology, 2nd edition*, Farmington Hills, Macmillan Reference USA (Thompson Gale), 2000.

³ M. Vasile, *Styles of life in post-communist Romania. What behavioral patterns we adopt and why*, Iași, Lumen Publishing House, 2010, p. 66.

⁴ G. Lemeni, M. Miclea, (coord.), *Counseling and guidance. Career Education Guide*, Cluj-Napoca, ASCR Publishing House, 2004.

⁵ M. Vasile, *Styles of life in post-communist Romania. What behavioral patterns we adopt and why*, p. 66.

⁶ *Ibidem*, p. 66.

economic, political, and social conditions of the society in which the individual lives.

Researcher Cockerham believes that life style plays a particularly important role in maintaining positive health. He says, "*Medicine can not cure chronic illness and a person's lifestyle can cause or prevent their occurrence. Consequently, health is regarded as a success (achievement) - a goal for which people have to "work" otherwise risking losing the "party."*"⁷.

The term "ethnicity" has been studied in connection with Western and American societies, in 1960 by Wallerstein and in 1964 by Gordon, both using it to designate a sense of belonging to a people or community (*sense of peoplehood*) of the sub-groups in American society, or *the loyalty feeling* about the new urban ethnic groups of detribalised Africans. According to Pierre van den Berghe, this type of solidarity, based on kinship relations, in the common virtue of descendancy, on reciprocity and coercion, is valid also for larger societies such as the nations (*Race and Ethnicity: a sociobiological perspective, in the "Ethnic and Racial Studies*, 1978, Vol. 1, No. 4, pp. 401-411). He argued that ethnicity and ethnonationalism underlying nation-state construction are based on elements of kinship due to a common ascendance, but also on psychological ties, fortified on the basis of the same elements of origin.

Referring to the lifestyle people adopt, we can say that it involves the subjective aspect towards the way to live their lives. It is even a strategy that individuals use to orient their specific manifestations.

In trying to explain what lifestyle represents, I. Lupu and I. Zanc starting from the consideration that it is a strategy, they state: "This strategy is based on certain beliefs, images and representations of the individual about the world and life, by virtue of which he chooses, behaves, acts, makes choices that can lead him to success or failure."⁸ Moreover, C. Zamfir⁹ says that strategies such as social activism, the experience of the moment, "asceticism", etc. generates specific lifestyles.

These styles refer to actions, decisions and living conditions that affect the health of individuals. From this perspective, we can talk about self-absorbed risks, such as: alcoholism, drug use, smoking, eating disorders (over-eating or under nutrition), imprudent car driving, promiscuity, social and professional stress, workaholism, sedentary, all of them being risks that put everyone's health at risk. On the other hand, we can talk about experienced psycho-traumatogenic situations that lead to the risk behaviors mentioned above. "Each event, situation or traumatic factor has major consequences on the person, both physically and emotionally. These effects

⁷ W. Cockerham, "New directions in health and lifestyle research," in *International Journal of Public Health*, LII (2007), p. 327.

⁸ I. Lupu, I. Zanc, *Medical Sociology. Theory and Applications*, Iași, Polirom 1999, p. 144.

⁹ C. Zamfir, *Institutul de cercetare a calității vieții: filozofie și strategii 8(1-2), 3-14., Calitatea vieții*, București, 1997.

of traumatic experience of human psyche can be identified by changes in the individual's self and the world in which he lives" ¹⁰.

Research objectives

The theoretical and practical objectives of this study aim at assessing the state of health and identifying risk behaviors for human health, as well as assessing these behaviors according to their ethno-cultural peculiarities. We are proposing, also, researching the way in which stress influences licit drug use in an exploratory study, as well as capturing the specificity of the relationship between licit drug use and the place of control in smokers and alcohol users. We also want to identify the predictors underlying a deteriorated state of health, knowing that an unhealthy lifestyle leads to an unsatisfactory state of health.

Stress has affected the life of an individual from an early age by inducing illnesses with severe physical, mental and social consequences. That is why knowing the stress problem is important in avoiding certain situations, eliminating risk factors and adapting to a healthy lifestyle. The danger drunkenness and drunk driving is generally well known. Less well-known are the dangers of regular alcohol consumption for the physical and mental health of young people as well as the danger of passing, slow and progressive passage from occasional smoking to tobacco addiction that can cause serious illness.

We consider that a positive outcome would prove to be extremely useful in the psychosocial study of the two ethnic groups, because it would become possible to generalize it.

Specific objectives

1. Identify the most important predictors of participants' health status and include them in easy-to-use patterns in assessing an unhealthy lifestyle.
2. Assessing the health status of two ethnic groups in the Dobrogea area and identifying differences between the two groups on the detection of physical and psychiatric morbidity at the level of the ethnic population.
3. Identification of health risk behaviors in two ethnic groups in Dobrogea.
4. Identify differences between the participants of the two ethnic groups in Dobrogea regarding the risk behaviors for their health.
5. Identify correlations between the lifestyle and the locus of control of the participants in the two ethnic groups.
6. Identify differences between the two ethnic groups regarding their lifestyle, involving the identified risk behaviors.

¹⁰ M. C. Grigore, "Psychotraumatology Aspects Highlighted in Personal and Transgenerational History of Professional Foster Parents, in Relation to Career Choice," in *Journal of Experiential Psychotherapy*, XIX (2016), no. 4 (76), p.17-34.

Research hypotheses

HS01: It is presumed that the most important predictors of health are the lifestyle the participants take and the social stress felt.

HS02: It is assumed that there are significant correlations between lifestyle and control locus, in that a locus of external control leads to increased levels of stress on lifestyle.

HS03: It is presumed that there are significant differences between Romanian families and Turkish-Tatar families in terms of health, Romanians having a degraded health than the Turks-Tatar.

HS04: It is presumed that there are significant differences between the families of Romanians and Turkish families in terms of health risk behavior.

HS05: It is presumed that there are significant differences between Romanians and Turks-Tatar in terms of lifestyle, with Romanians having a more stressful lifestyle than Turkish-Tatars.

Sample

This study was attended by 80 subjects, 39 women and 41 men, both Romanian and Turkish-Tatar. There were 42 Romanians and 38 Turkish-Tatar ethnicities. Of the total of 80 participants in the study, 51.25% are men, and 48.75% are women. Analyzing the sample of subjects from the perspective of the age variable, it is noted that they are aged between 19 and 62 years, the highest frequency being held by 35-year-old subjects. The average age of study participants is 43.05 years. The selection of the persons participating in the research was made by convening¹¹. Depending on the civil status variable, it is noted in the table below that 43 participants are married, 33 are unmarried, 2 are divorced and 2 are widows. Analyzing the group of subjects from the perspective of the environment, it can be seen in the table below that 42 subjects came from the urban area and 38 subjects came from rural areas.

Of the total of 80 participants in the study, 49 have secondary education and 31 have higher education and 52.5% are Orthodox, and 47.5% are Muslim.

Instruments used

In order to verify the assumptions and to achieve the established objectives, we have recourse to a series of evaluation tools referring to the health status and risk behaviors of the study participants from the two ethnic groups, but also to the assessment of the lifestyle with involvement in generating stress and the control site that causes the individual to adopt certain risk behaviors. In fact, we did not consider not only the lifestyle of the families of the two ethnic groups that sociologists deal with, and the risk

¹¹ F. Sîntion, M. F. Călin, *Methodology of Research in Socio-Human Sciences*, Constanța, Ovidius University Press, 2014, p. 116.

behaviors that lead to an unhealthy lifestyle, all of which in order to determine what a possible prevention.

The following psychological tests were used in this research: SRQ-20 Questionnaire (Self-Response Questionnaire-20 items); Inventory for stress assessment; The Social Stress Assessment Questionnaire; The Alcohol Use Disorders Identification Test (AUDIT) questionnaire; Fagerström test; The locus control scale.

Analysis and interpretation of data

To test the first hypothesis - It is assumed that the most important health predictor is the lifestyle that the participants adopt and the social stress felt - we used predictive regression analysis to estimate which predictors contribute to a state of damaged health. Thus, the variable criterion is health, which is not very good for our participants, and as a variable criterion we chose lifestyle, chronic stress, smoking and alcohol consumption. All the variables are of the numerical type and can use as a statistical test the linear regression analysis with its *backward form*, respectively the introduction of all the predictors in the model, excluding those predictors that do not contribute to the deterioration of the health condition.

The first model included all five predictors initially established, the method used excluded each time the predictor with the smallest significance. Thus, a single predictor was excluded, namely, locus of control.

Table no. 1. The variables entered in the prediction model

Model	Variables entered	Variables removed	Method
1	Locus, stil de viata, stres social, audit ^a		Enter
2		locus	Backward (criterion Probability of F ² -to-remove $\geq .100$).
a. All requested variables entered b. Dependent Variable: sanatate			

The results presented in Table 2 show that the six predictors included in the initial model lead to two regression models.

Table no. 2. The values of the correlation coefficient (R) and the determination ratio (R²) for the explanatory models of health

Model Summary^f

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,514 ^a	,264	,214	1,988	,264	5,312	5	74	,000
2	,509 ^b	,259	,219	1,982	-,005	,543	1	74	,464

a. Predictors: (Constant), locus, stildeviata, fumat, stressocial, audit

b. Predictors: (Constant), stildeviata, fumat, stressocial, audit

c. Dependent Variable: sanatate

The first model, which includes all predictors, explains 26.4% of the effectiveness of the decision ($R^2 = ,264$), the second model in which four predictors remain (lifestyle, smoking, social stress and alcohol consumption), 9% ($R^2 = ,259$) from deterioration of health. For each model, the remaining percent unexplained is due to other factors not taken into account by the tested model, which included only the five predictors.

It should be noted that such values (of the determination ratio R^2) shows a good explanatory power of the estimation models regarding the evolution of the criterion (health deterioration), considering that the majority of regression models in the social sciences are summed up by coefficients of Multiple determinations ranging from 10% to 50%, ¹²[12] we obtain values of 26.4% and 25.9%.

Table no.3. ANOVA - F test values for estimates models of health

ANOVA^f

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	104,996	5	20,999	5,312	,000 ^a
	Residual	292,554	74	3,953		
	Total	397,550	79			
2	Regression	102,850	4	25,712	6,544	,000 ^b
	Residual	294,700	75	3,929		
	Total	397,550	79			

a. Predictors: (Constant), locus, stildeviata, fumat, stressocial, audit

b. Predictors: (Constant), stildeviata, fumat, stressocial, audit

c. Dependent Variable: sanatate

Table 3 presents the results of variance analysis (ANOVA) of health under the influence of factors included in regression models¹³. As we can see, the F test is statistically significant for the two models, which means that all predictors initially included in the model can be used to estimate health damage.

¹² F. Sava, *Data Analysis in Psychological Research. Complementary statistical methods*, Cluj-Napoca, ASCR, 2004, p. 204.

¹³ F. Sintion, M. F. Călin, *Statistics for Socio-Human Sciences*, vol. II, Constanța, Ovidius University Press, 2015, p. 139-148.

As we can see, the predictors are grouped into models, and in this case, due to the *overall* efficiency of the model, it does not mean that each of the predicted predictors can effectively estimate the evolution of the criterion (health). To do this, consult the *t* values in the table below.

Table no.4. The values of standardized and non-standardized coefficients of regression models, as well as test values *t*

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	Sig.
		B	Std. Error	Beta		
1	(Constant)	1,695	1,441		1,176	,243
	stildeviata	,067	,034	,200	1,936	,057
	stressocial	,016	,007	,236	2,209	,030
	audit	,173	,066	,280	2,597	,011
	fumat	,331	,115	,309	2,870	,005
	locus	,048	,066	,084	,737	,464
2	(Constant)	2,220	1,249		1,778	,080
	stildeviata	,069	,034	,205	2,003	,049
	stressocial	,018	,007	,261	2,592	,011
	audit	,160	,064	,260	2,500	,015
	fumat	,302	,108	,282	2,794	,007

a. Dependent Variable: sanatate

The predictor "smoking" explains statistically significant damage to health ($t = 2,794$, $p <, 001$). From the same table we can also extract the values of the standardized coefficients (*b*). They allow us to directly compare predictors. From the data of the second model shown in the table we can see that the value of the standardized coefficient is higher for smoking ($\beta =, 282$) than for the social stress ($\beta =, 261$), the alcohol consumption ($\beta =, 260$) and lifestyle ($\beta =, 205$). Hence, smoking is the most important predictor of deteriorating health, at least in terms of lifestyle, social stress and alcohol consumption.

Following any predictive regression analysis, the regression equation plays an essential role in estimating other people's results, based on predictors found to be relevant to the evolution of the criterion.

In an attempt to verify the second hypothesis - *It is assumed that there are significant correlations between lifestyle and control locus, in the sense that a locus of external control leads to an increased level of stress on lifestyle* - I used a correlation analysis to highlight the existence of a statistically significant correlation between the lifestyle and the controlling locus in the Romanian and Turkish-Turkish participants.

Table no.5. The correlation between lifestyle and control locus

		Lifestyle	Locus de control

Lifestyle	Pearson Correlation	1	,486(**)
	Sig. (2-tailed)		,000
	N	80	80
Locus de control	Pearson Correlation	,486(**)	1
	Sig. (2-tailed)	,000	
	N	80	80

** Correlation is significant at the 0.01 level (2-tailed).

Based on the results presented in the table above, we can state that there is a statistically significant correlation between the stress in the lifestyle of both the Romanian and Turkish ethnic families and the locus of control of their members ($r = 0.486$, $p < 0.01$). The positive value of the Pearson correlation coefficient shows that there is a direct proportional correlation between the two variables.

The results we have obtained relate to a study by Sarason and Johnson (1978 apud Băban, 1998), which reveals that people who have a place of external control present more stress, personal dissatisfaction, anxiety and depression¹⁴. We continue the secondary analysis of the data by checking the hypothesis number three - *It is assumed that there are significant differences between the Romanians and the Turks-Tatar in terms of lifestyle, the Romanians having a more stressful lifestyle than the Turks-Tatar* - performing a comparative analysis between the two ethnic groups on their health status.

Table no.6. Test value t for independent samples for the "health" variable depending of ethnicity

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
sanatate	Equal variances assumed	3,470	,066	2,793	78	,007	1,346	,482	,386	2,305
	Equal variances not assumed			2,830	75,963	,006	1,346	,476	,399	2,293

The table above presents the results of the t test by mean comparison for variable "Health" . The results of the Levene test are: $F(78) = 3,470$, $p = 0,066$ and as F is statistically insignificantly , the variants are equal and the variance homogeneity condition is satisfied, taking into account the test

¹⁴ A. Băban, *Stress and personality*, Cluj-Napoca, Cluj University Press, 1998, p. 95. Evgeny Vladimirovich Yurkevich, Nina Ivanovna Romancheva, Vladimir Dmitriyevich Sekerin, Anatoly Alekseevich Shcherbakov, Lidia Nikolaevna Kryukova, "Augmented Reality as a Form of Organising Educational Process of Seventh Technological Stage," in *Astra Salvensis*, VI (2018), no. 12, p. 235.

results t displayed on the first row. We note that $t(78) = 2,793, p < 0,01$, which means that there are significant differences between the means, the Romanians having, on average, significantly higher scores on the deterioration of health compared to the turks-tatar. The same table shows the difference between the means (1.34), the standard error of the difference and the confidence interval with a 95% probability in which this difference falls. The graphical representation adds extra information to the difference between the two ethnicities regarding their health status.

As far as health is concerned, the Romanians, with an average score of 8.71, are positioned in the area of scores with pathological significance, while the Turkish-Tatars, with an average score of 7.37, remain in the area of scores without pathological significance, but there are people who suffer from certain illnesses, whether physical or psychological.

In verifying the fourth hypothesis - *It is presumed that there are significant differences between the Romanian families and the Turkish-Tartar families regarding the health risk behavior* - we have considered some of those health risk factors, and namely: social stress, alcohol consumption and smoking.

Table no.7. Scoring averages for social stress, alcohol consumption,smoking depending of ethnicity

	ethnicity	N	Mediate	Standard error	Standard error of average
Stress social	români	42	84,26	33,684	5,198
	turco-tătari	38	85,47	33,107	5,371
Alcohol consumption	români	42	10,69	3,632	,560
	turco-tătari	38	7,29	2,710	,440
Smoking	români	42	3,76	2,207	,340
	turco-tătari	38	2,66	1,820	,295

Observing the results presented in Table 7, we can state that the means scores are different, the Romanians obtaining scores higher than the Turks in terms of alcohol consumption and smoking, and in the case of social stress.

Table no.8. Test value t for independent samples for the "social stress", "alcohol" and "smoking" variables depending of ethnicity

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
stressocial	Equal variances assumed	,001	,972	-,162	78	,872	-1,212	7,480	-16,104	13,681
	Equal variances not assumed			-,162	77,451	,872	-1,212	7,474	-16,093	13,669
audit	Equal variances assumed	4,380	,040	4,706	78	,000	3,401	,723	1,962	4,840
	Equal variances not assumed			4,774	75,363	,000	3,401	,712	1,982	4,820
fumat	Equal variances assumed	,888	,349	2,426	78	,018	1,104	,455	,198	2,010
	Equal variances not assumed			2,450	77,367	,017	1,104	,451	,207	2,001

Table 8 presents the results of test t by comparing the means for variables "social stress", "alcohol" and "smoking". The results of the Levene test are:

- in case of "social stress" - $F(78) = 0,001, p = 0,972,$
- in the case of "alcohol consumption" - $F(78) = 4,380, p = 0,040,$
- for "smoking" - $F(78) = 0.888, p = 0.349.$

When the Levene F test is statistically insignificant ($p > 0.05$), the variants are equal, and the variance homogeneity condition is satisfied, we take into account the test results t displayed on the first row. However, when the Levene F test is statistically significant ($p < 0.05$), the variants are not equal and the variance homogeneity condition is not satisfied, we take into account the test results t displayed on the second row. Thereby, we note that:

- for social stress: $t(78) = -0.162, p > 0.05,$ which means that there are no statistically significant differences between means, and families of Romanians and Turks experience the same social stress.

- for alcohol consumption: $t(75,3) = 4,774, p < 0,01,$ meaning that there are statistically significant differences between the scores obtained by the two ethnic groups, with Romanians having on average significantly higher scores on consumption of alcohol compared to Turkish-Tartars.

- for smoking: $t(78) = 0,888, p < 0,05,$ meaning that there are statistically significant differences between the scores obtained by the participants in the two ethnic groups, the Romanians smoking more compared to the Turks, their tobacco dependence being more pronounced.

As a conclusion, we can say that social stress contributes to the deterioration of health in the same extent to Romanians and Turks, but alcohol consumption and smoking is more evident in Romanians, these two factors contributing to a greater extent to the health of Romanians.

Coming with the secondary analysis to the verification of the fifth hypothesis - It is presumed that there are significant differences between the

Romanians and the Turks in terms of lifestyle, the Romanians presenting a more stressful way of living than the Turks-Tartars - we will submit the data a comparative analysis between the Romanian and the Turkish-Tatar ethnicity regarding their lifestyle.

Table no.9. Average scores for "lifestyle" depending of ethnicity

	ethnicity	N	Mediate	Standard error	Standard error of average
Lifestyle	români	42	30,64	5,556	,857
	turco-tătari	38	25,08	6,716	1,089

Analyzing the results presented in Table 9, we can state that the average scores are different, with Romanians achieving higher scores than the Turks in terms of their lifestyle, which is characterized by lower performance.

Table no.10 The test value t for independent samples for the "lifestyle" variable depending of ethnicity

		Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper	
stildeviata	Equal variances assumed	,772	,382	4,052	78	,000	5,564	1,373	2,830	8,298	
	Equal variances not assumed			4,013	72,072	,000	5,564	1,386	2,800	8,327	

Table 10 presents the results of the test t of compression of the means for the "lifestyle" variable. The results of the Levene test are: $F(78) = 0.772$, $p = 0.382$ and as F is statistically insignificant, the variants are equal and the variance homogeneity condition is satisfied, taking into account the test results t displayed on the first row. Thus, $t(78) = 4,052$, $p < 0,01$, which means that there are significant differences between the averages, Romanians having, on average, significantly higher lifestyle scores than the Turks. The same table shows the difference between averages (5.56), fairly high, the standard error of error and the confidence interval with a 95% probability of this difference.

Conclusions

Based on the results obtained, we can state, in the last period, the way of life of members of marital couples and families of Romanians and Turkish-Tartars tends to become generalized, and this only leads to a deterioration of their health.

As a general conclusion, we assert that the objectives of this research have been achieved and the working hypotheses have been accepted, with null hypotheses being rejected. By examining the first hypothesis, we

highlighted that social stress, smoking, alcohol consumption and lifestyle contribute to varying degrees of deterioration in the health of the study participants. As the first factor in the prediction of the decrease in health, we identified smoking, thus confirming the studies that say the same, that smoking is one of the very important factors that influence the health of the population. The next factor is the social stress that, as we have seen in the comparative analysis between the two ethnic groups, affects the Romanians' health as well as that of the Turks, as there are no statistically significant differences between the two ethnicities regarding this variable. Social stress, at the moment, is felt equally by the participants, leading even to over-stressing that affects health.

By examining the second hypothesis, we have highlighted the influence that a person's control has on the lifestyle of the participants, with a positive correlation between the two variables, an external control locus is in relation with a lifestyle where performance is low. Individuals with an external control site present more stress, personal dissatisfaction, anxiety and depression, between ethnic groups in the same society, showing differences in socio-economic status.

Among Romanian couples and families of ethnicity and Turkish-Tatar ethnicity there are statistically significant differences in health and lifestyle, with Romanians taking more risk behaviors than Turkish-Tartars. As risk behaviors where differences occur we have identified alcohol consumption and smoking.

Worthy of note is that some Turkish-Tatar ethnicity participants of Muslim religion are not alcohol consumers, however an average of 7.29 scores indicates that the threshold of 5 points has been exceeded, so says there is also a risky health risk for Turkish-Tatar ethnicity participants.

As a limit to this research we accept that not all social factors that contribute to establishing a lifestyle, whether healthy or unhealthy, leading to a sociological study, have been taken into account, it is necessary to address the issue of nutrition, status social, income, living conditions, hygiene, spending leisure time, cultural consumption, etc. In contemporary society, whose development is based on knowledge, teachers are one of the most important resources required to respond to its challenges, to ensure modernization and continuous streamlining of efforts devoted to the full exploitation of human potential. As a guideline for future research, we propose to involve the personality of the participants in the study in order to identify an influence on the adoption of a particular lifestyle that is characteristic of the ethnicity in general, according to the personality traits of its members.

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