

A Study of Health Behaviour Among Students



Health status in Hungary has been deteriorating since the mid-1960s, with the result that Hungary lags behind countries – mainly Western European – with developed health cultures. Taking this into consideration our scientific interest turned to the examination of health awareness, drinking and smoking habits, healthy lifestyles and state of health and environmental awareness of adolescents and youngsters. To realize these tasks, during the set-up of the sample our aim was to provide representativeness and randomness. Our research found that those pupils, who had a harmonious relationship with their parents, maintained a lower level (substance abuse) smoking and smoking frequency characteristic. No less important is the observation that youngsters try out smoking at an ever-younger age, but they are far too optimistic in assessing their own health.

INTRODUCTION

Due to changes in the social environment, the youth generation of our days is undergoing changes. The role of the family and the school is decreasing in the socialization of young people, while that of friends is increasing, and the influence of media – first and foremost the electronic media – and consumer industry is growing. Pressures of time and performance, early autonomy, challenges and growing competition increase the vulnerability of youth; as a result many turn to stimulants.

The domestic deterioration in health care has been evident since the mid 60's; as a consequence of this Hungary has started falling behind more and more compared to – mostly Western-European – countries with a more developed health care culture. Health care conditions of the population are even worse than what might be explained by the country's state of economic development. In an international comparison, Hungary is still near the top of the list. Parallel to these phenomena, teachers working in public education are

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more frequently exposed to the kind of students who display deviant behaviour, drink, and smoke or bully their classmates before and after school, or indeed during class as well.

The new political and economic atmosphere has made society freer and more open, but this state itself has brought about the rise of undesirable phenomena that often shock society, the young generations included. Society was not fully prepared for the sudden arrival of liberalism. As a consequence of economic production and profit-pursuit, the transformation of society, the growth of unemployment, the sudden sweep of sexual freedom and its media representation, there is a remarkable increase in smoking, drug- and alcohol consumption and a growth in suicide numbers; furthermore as a result of these phenomena, the decomposition of families manifests itself in numerous cases in students' attitudes towards studying and during their integration into school life.

In accordance with the above, the centre of my research – partly due to those 20 years I spent in public education – focuses on the mental health of students, and has aimed to examine those external and internal factors that influence or might influence a personality's transformation, either in a negative or positive direction. All these were motivating factors to examine health-consciousness, lifestyle and health attitudes of the 13-25 year-old age group.

According to Baum, Krantz and Gatchel (1997),^[2] health attitude is the sum of those behavior types in connection with health, that as the element of healthy lifestyle manifest themselves in the behavior arising from health needs and health motivations.

It is important to mention and clarify that in modern marketing, the approach stating that companies must satisfy customers' short-term needs in the most efficient way is overshot. Short-term needs of customers often conflict with the long-term interests (health conditions, improvement of the quality of life, avoidance of environmental pollution) of customers and society. This is especially true among youngsters, who nowadays insist on making their own decisions regarding their lives and act offended if they are not served with tobacco products or alcohol; namely they are being restricted in their independent autonomy.

Health behaviour among young people is becoming worse according to national and international literature. Harmful health behaviour habits are being developed at an ever younger age. When teenagers display unhealthy behaviour habits (e.g. smoking and alcohol consumption) at an early age, new risk factors appear (e.g. illegal drug consumption); furthermore it has been noted that they also develop unfavourable eating habits, sexual relationship

[2] Baum A. – Krantz, D. S. – Gatchel, R. J. (1997): *An introduction to health psychology*. McGraw-Hill, New York.

and leisure activities.^[3] More and more members of the young generation drink alcohol; moreover they try alcoholic beverages at a younger age. One of the principal reasons for this phenomenon is called „Alcopop”: a mix of soft drink and alcohol.^[4] The age when regular alcohol consumption begins is 13 years old, but 1% of 11-year-olds drink alcohol regularly according to some other surveys. Every fifth 14-year-old drinks alcohol every week. 50% of 16-17-year-olds consume drink with a high alcoholic content at least once a month.^[5]

These days increasing health consciousness is a megatrend, the health market is expanding, the role of the health is being reevaluated and people spend more and more on health products and preventative care. This phenomenon results in expanding markets, e.g. food markets, pharmaceutical markets, several health promotion services.^[6]

The object of the study examines how the extent of health conscious living affects the lifestyle of the young generation. We can read widespread scientific literature on youth health behaviour, but we do not really know how they think. Do they know the harmful effects of smoking and drinking alcohol? Are they interested in these damaging effects at all? Does the megatrend have any bearing on this generation? How are they health conscious?

It is worth emphasizing the importance of this research since adolescence is an important phase of human life when those habits develop that will have an impact on our health throughout our whole lives.^[7]

During this research I explore what motivates and influences youngsters in the consumption of harmful substances, while at the same time demonstrating how important a health-conscious lifestyle is for them.

The study presents as follows the material and method of the analysis, the theoretical background of the study using the most important literature and the secondary and the primary research. The primary research includes the students' perception of their own health and their attitudes towards health

[3] Füzesi Zs (2004): *Népegészségügyi Jelentés 2004. Szakértői változat*. Egészségmagatartás. Johan Béla Országos Epidemiológiai Központ, Budapest.

[4] Bacardi-Martini GmbH (2006): *Bacardi Marktbericht 2005*. Schriftliche Mitteilung von Gerhard Manner, Wien; Bacardi-Martini GmbH (2008): *Mitteilung über IWSR (International Wine and Spirit Record). Zahlen für RTD (Ready To Drink) in Österreich*. Schriftliche Mitteilung von Mag. Leopold Machacek, Wien.

[5] Ehrenstein, C. (2007): *Alkoholkonsum von Jugendlichen steigt an*. www.welt.de/politik/article1288489/Alkoholkonsum_von_Jugendlichen_steigt_an.html. 22.10.2007.; Currie, C. - Hurrelmann, K. - Settertobulte W. - Smith, R. - Todd, J. (2000): *Health and Health Behaviour Among Young People*. World Health Organization (WHO) Regional Office for Europe, Copenhagen; Currie, C. - Gabhainn, S. N. - Godeau, E. - Roberts, Ch. - Smith, R. - Currie, D. - Pickett, W. - Richter, M. - Morgan, A. - Barnekov, V. (2008): *Inequalities in Young People's Health HBSC. International Report from the 2005/2006 Survey*. World Health Organization (WHO) Europe, Copenhagen.

[6] Törőcsik M. (2011): *Fogyasztói magatartás*. Akadémia Kiadó, Budapest.

[7] Aszmann A. (2003): *Iskoláskorú gyermekek egészségmagatartása*. Országos Gyermekegészségügyi Intézet Nemzeti Drogmegelőzési Intézet, Budapest.

consciousness and its unwholesome factors. The study concludes with the summary related to youth health risk behaviour.

MATERIAL AND METHOD

The task of the research is to create a reliable dataset with respect to the examination of health consciousness, alcohol consumption and smoking habits; furthermore healthy lifestyles, health conditions and environmental awareness of the 17-19 age group.

The examination was carried out in several steps – and it is planned to be continued in the forthcoming years. The present article describes the attitude of youth towards health. In order to realize these aims and tasks, it was very important to ensure representativeness and randomness while creating the sample from the population. With the help of a previously developed multi-stage sampling method,^[8] multiple representativeness was achieved. I had composed the quota system according to gender and education in a manner that reflects to the given age group.

The basis of reliable results is – beyond representativeness – to ensure the opportunity for random selection. For this, I used the so-called 'n-th method', which means that every person has the same chance of becoming part of the sample.

In accordance with the above explained, questionnaire fill-out was carried out in the 12th grade of the randomly selected educational institutions in such a manner, that in every second school, only one class – in A, B, C sequence – was interviewed. From the rest (odd numbered) schools, I chose two classes randomly (assuming, that there had been more grades in the institution). The questionnaires were filled out by each student of the given class. 188 students were interviewed during the examination.

The large amount of data was processed with the help of SPSS for Windows 14.0 mathematical-statistical program. By using the program, I examined the correlation of the variables to each other and to background variables with the help of frequency distributions and cross-tables. Besides mean calculations, I also made significance-tests with the Chi-squared test.^[9]

[8] Szakály Z. (1994): *Korszerű állati eredetű alapélelmiszerek piacképességének vizsgálata*. Kandidátusi értekezés. Kaposvár; Huszka P. (2006): *A tejtermékfogyasztás szerkezeti változása a vásárlói magatartás függvényében*. PhD értekezés, Kaposvár.

[9] Malhotra, Nareshk (2001): *Marketingkutató*. Műszaki Könyvkiadó, Budapest.

RESULTS AND THEIR EVALUATION

According to the aims set for the research and the methodology logic that has been drawn up, secondary results will be presented first, to be followed by the results of the primary research. Let us review first what factors frame health, the individual’s health behavior and what the elements of it are. Good health is not in the interests of the individual only, but of society as well, as the individual – as a potential source of labour– is an important element of the production process, thus preserving its health is a fundamental task of the society.

Health behaviour/consciousness and its elements

Health has been explained by many people in many ways similarly to those factors that mostly impact the health of our body. According to Baum, Krantz and Gatchel (1997),^[10] health behaviour and health-consciousness are all those attitudes, that may affect our health, while we are healthy.

According to Harris and Guten (1979),^[11] health behaviour is all those actions that we do in order to protect or sustain our health, irrespectively of our actual health condition and whether that given behaviour is objectively efficient. The most important elements of health behaviour are illustrated by Figure 1.

Figure 1 : The complex system of health-behaviour



Source: based on Harris & Guten’s (1979) study, own research and edition, Huszka (2012).

[10] Baum A. – Krantz, D. S. – Gatchel, R. J. (1997): *An introduction to health psychology*. McGraw-Hill, New York.

[11] Harris, D. M. – Guten, S. (1979): *Health protecting behaviour: An exploratory study*. Journal of Health and Social Behaviour. 20. 17-29.

It is clearly visible in the illustration that health behaviour is a complex system that consists of physical activity, mental health, conscious nutrition, hygiene, and last but not least, the avoidance of harmful drugs, namely avoiding substance abuse. Regular self-check ups and screening tests are also connected strongly to them (Harris – Guten, 1979.). A similar coherence-system to the one described was introduced by Biró (2008),^[12] who systematized the influencing factors of optimal health in his study.

The complex system includes also the financial and social circumstances of a person because these influence the quality of nutrition or the accessibility of the health care services. The complex system contains „time pressure” too because this can be the cause of both psychological and physical illnesses and it may also stimulate the consumption of and dependency on harmful substances.^[13]

In order to reach the aims of health-education, forming health conscious behaviour is indispensable. The lifestyles of teachers and their relation to students play a significant role in this.

One of several definitions of health consciousness is “the degree to which health concerns are integrated into a person’s daily activities”^[14]

Health conscious consumers are motivated to improve and maintain their health which is why they care about healthy behaviour and why they are aware of their health and wellness.^[15]

Consumer behaviour is “the behaviour that consumers display in searching for, purchasing, using, evaluating, and disposing of products and services that they expect will satisfy their needs.”^[16]

Based on Schiffman and Kanuk’s (2010) definition of consumer behaviour, health conscious consumer behaviour means the behaviour that people display in searching for, purchasing, using, evaluating, and disposing of healthy products and services that they expect will satisfy their needs for a good state of health. Avoidance of harmful habits is also part of health conscious behaviour. A study of consumer behaviour includes the purchase of unwholesome products and services too.

[12] Biró Gy. (2008): *A hazai zsiradékfogyasztás változásának közegészségügyi hatásai*. Élelmezési Ipar 62(5). 137-141.

[13] Huszka P. (2012): *Divat a korai dohányzás? – avagy dohányzási szokások vizsgálata a 12-16 évesek körében*. Egészségfejlesztés. 53(4). 9-15.

[14] Jayanti, R. K., – Burns, A. C. (1998): *The antecedents of preventive health care behavior: An empirical study*. Academy of Marketing Science. 26(1). 9-15.

[15] Newsom J. T. – McFarland B. H. – Kaplan M. S. – Huguet, N. – Zani, B. (2005): *The health consciousness myth: implications of the near independence of major health behaviours in the North American population*. Social Science & Medicine. 60. 433-437; Kraft, F. B. – Goodell, P. W. (1993): *Identifying the health conscious consumer*. Journal of Health Care Marketing. 13(3). 18-25; Plank R. E. – Gould S. J. (1990): *Health consciousness, scientific orientation and wellness; an examination of the determinants of wellness attitudes and behaviours*. Health Marketing Quarterly. 7(3-4). 65-83.; Gould, S. J. (1988): *Consumer attitudes toward health and health care: a differential perspective*. The Journal of Consumer Affairs. 22(1). 96-118.

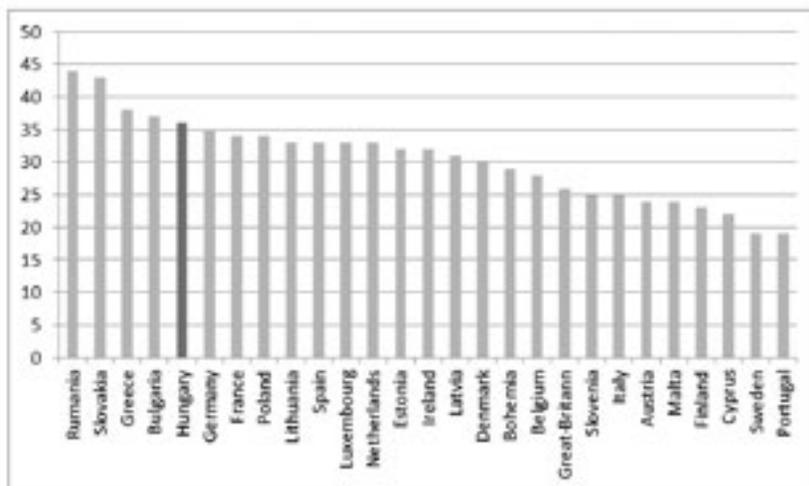
[16] Schiffman L. G. – Kanuk L. L. (2010): *Consumer Behavior: Global Edition*. Pearson Education, Upper Saddle River.

Risk-behaviour of youth

Smoking, as a habit originating from the American continent, has spread worldwide over the last 500 years. According to Spanish belief, native Indian warriors gained their courage from tobacco. Its European spread was contributed to by Jean Nicot de Willemann, the Ambassador of Lisbon, who was the first person to grow the plant in Europe. The active substance that was discovered later in 1828 when it was named 'nicotine' after him. At the present approximately 1 billion people smoke and yearly 5 million of them die because of their passion.^[17]

Until the first third of the 20th century smoking was not considered harmful to health. The first study connecting it with the development of lung cancer was published only in 1950. According to WHO estimations this addiction plays a role in a quarter of all cancer deaths and 15% of mortality as a whole. It is the second leading cause of mortality in the world. The biggest smokers are from European countries and Japan, where a smoker smokes more than 2500 cigarettes a year. In developing countries, smoking is especially popular among men (48%), while in developed countries the proportion of female smokers is generally half that figure (24%). Their number in the developed world – especially in the educated, qualified sectors of the population – is decreasing, while in the developing countries this number is increasing by more than 3% a year. Figure 2 shows the rate of smokers among adults in the European Union. Hungary is in 5th place among the 27 member states.

Figure 2: Rate of smokers among adults in the EU



Source: http://portal.ksh.hu/pls/ksh/docs/hun/szamlap/hosszuel_drg.html.

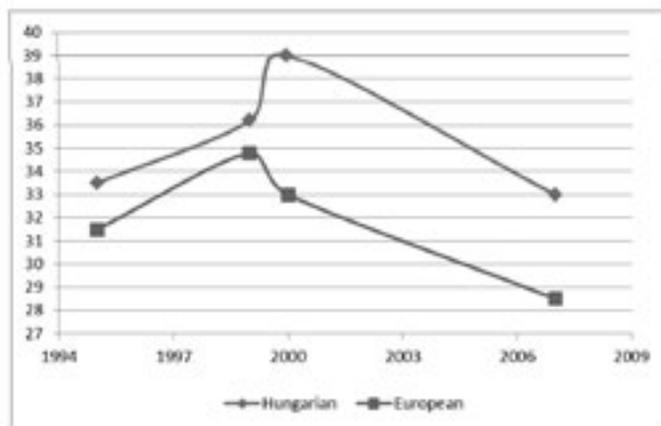
[17] Central Statistics Office, 2009.

The frequency of smoking differs a lot in age and in countries as well. 6% of 13-year-olds smoke, and this frequency triples by the age of 15. The differences between countries is very apparent in this aspect. For example, 15-year-olds smoke the least in the USA, only 7% of them. However, in Greenland, where the proportion is the highest, more than a third of all boys and half of all girls smoke at least once a week. Every fifth Hungarian youth smokes, this number making us the 10th most frequently smoking country.^[18]

Domestic ESPAD research data from 2007 show a diminution in smoking among youngsters (Figure 3). Based on the ESPAD research again, Figure 4 represents the local rate of different types of risk behaviors compared to average.

In Europe, 58% of pupils have already tried smoking. More than ¼ of students smoke on a monthly basis, while almost every 5th youngster is an everyday smoker. In Europe, Austrian, Czech, Lithuanian and Bulgarian youth smoke the most. Hungarian teenagers are to be found in the middle of the European statistics, but this still means that the proportion of every-day smokers is higher in our country than the average.

Figure 3: Change in the rate of smokers between 1995–2007



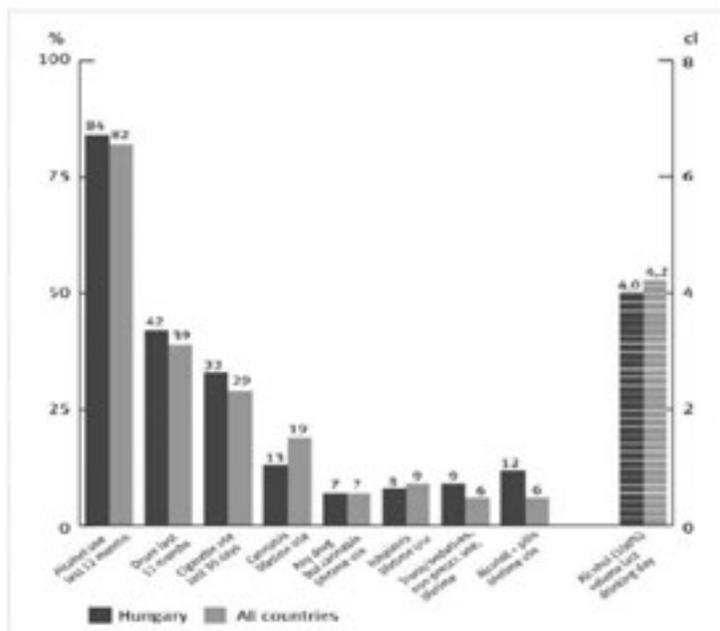
Source: <http://www.espad.org/hungary>.

According to research, a predominant number of 16-year-old students have already drunk alcohol. Frequent alcohol consumption in Europe slightly decreased in 2007. Among Hungarian youth, this improving tendency can not yet be observed. Here, students drink less, but when they do, then the amount of alcohol consumed approaches the European average. Hungarian teenagers consume less beer, but more raw spirits and drink twice as much wine as their peers.

[18] http://portal.ksh.hu/pls/ksh/docs/hun/elef/kal_gardos.html.

Regarding alcohol, the domestic average is slightly above the European, as 82% of European youngsters have drunk alcohol within the past 12 months, while this rate is 84% in Hungary. During the same period, 42% of Hungarian teenagers got drunk, while the European average is 39%. Alcohol consumption in large amounts (consuming at least five drinks in succession) is also widespread. Although extreme alcohol consumption is more prevalent among boys, differences between the two genders are decreasing throughout Europe and in Hungary as well. Meaning that girls' drinking habits are becoming more and more similar to boys'.^[19]

Figure 4: Rate of risk-behaviours compared to average in Hungary



Source :http://www.espad.org/documents/Espad/Documents/The_ESPAD_History.pdf.

During the presentation of secondary results, it is important to mention that when considering risk-behaviour types, such as the penetration, frequency and the impacts of smoking to health, often those kinds of data turn up that partly conflict with each other. As a result of this, all research that aims to examine health-behavioural factors - in our fast changing environment - is indispensable. The present research, among others, is trying to find the answer to these questions by presenting and analysing domestic data.

[19] www.espad.org.

Preservation of health is a basic requirement for a person living in a consumer society. Furthermore, consumption of harmful substances is not a 'unique phenomenon' as in this case it means that frequent smoking goes hand in hand with the consumption of a larger amount of alcohol; more often, however, this statement is also true in reverse.

Examination of consumers' habits and attitudes (primary market research)

The results of the secondary research have made it clear that smoking and drinking alcohol means serious exposure for young people and that there are significant differences worldwide in the frequency and quantity of consumption. The results of the present research will be reviewed in this light below, especially in connection with the effect of smoking and alcohol consumption on health.

We take it that the megatrend, a growing health consciousness does not especially affect the young generation. We can make some hypotheses related to this subject. The first is that the positive microclimate of the family and the school influence the health behaviour of students in a positive way. The second supposition; someone who considers their health to be poor does not care about their health. The third hypothesis is that the warnings placed on cigarette packs do not influence the majority of young people.

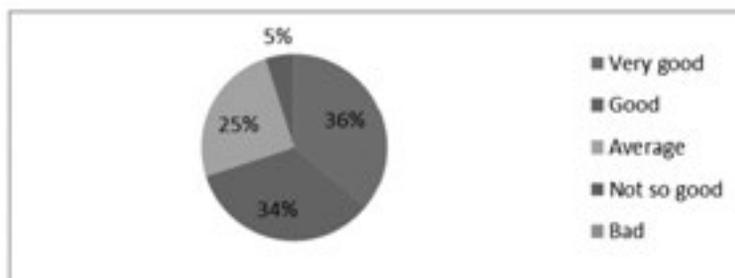
A previous focus group's test results (Huszka, 2010)^[20] and the present research results have clearly shown that teenagers are mostly aware of the health risks associated with certain things. The first reaction of the interviewed to the effect of different consumer goods and drugs was that most of them think of the danger of these things, self-destruction, decreased performance and the general detrimental effect on their lives.

Carrying on the research, we tested how the age group perceive their health. Twenty years after the political transition and several national public health-care programs later, the result of the research shows that not everything is in order and peoples' own health perception has not changed practically, but has become exaggerated (Figure 5). Data show that 70% of the members of the age group find their health 'good' and 'very good', while 25% thinks it's 'average'. Only 5% do not find it so good. More detailed examinations point out that members of the last mentioned group 'stand closest to their own reality'. This group includes 'only those high-school students', who use health-destroying 'drugs' every day. According to them they smoke more than 7 cigarettes a day, regularly go out at weekends when they consume a significant amount of alcohol - mostly neat spirits. According to the school type, all of the respondents attend vocational

[20] Huszka P. (2010): *A 12-25 éves korosztály környezettudatosságának és táplálkozási szokásainak vizsgálata a nyugat-dunántúli régióban.* „TANULÁS - TUDÁS - GAZDASÁGI SIKEREK” avagy a tudásmenedzsment szerepe a gazdaság eredményességében. Tudományos Konferencia, Győr. 83-89.

schools and consider themselves to be in a better financial situation than the average. Although the relatively small sample size (9 belonging to this unfavourable group) does not facilitate the performance of in-depth statements, it must be highlighted that 7 girls belong here, each having better study results than the average.

Figure 5: Students' perception of their own health

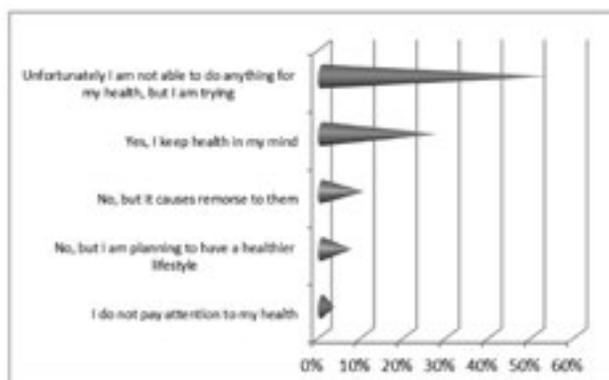


Source: own edition.

It is a sad fact that 68% of all students who regularly consume alcohol and smoke find their health better than the average. Students with an active social life belong to this second group, but $\frac{3}{4}$ of the group members smokes 'only' 2-3 cigarettes a day and beer, rather than spirits, dominate their alcohol consumption. Most likely they live in towns and their study results can also not be considered as bad. 39% of them live in a one-parent family, in which most of the parents (58%) smoke or drink alcohol on a regular basis.

As the follow-up to the research, students had to answer whether they think they live in a health-conscious way or do everything in order to live that way. The results can be summarized as follows.

Figure 6: Perception of health-consciousness



Source: own edition.

Most of them – meaning 53% - unfortunately, don't always pay attention to their health, despite knowing what would be good for them; they simply don't live like this all the time. Respondents who filled out the questionnaire and the choice of this answer can be described as 'average' in respect to their study results and the income of the family. All together 12 respondents replied that they have taken drugs and they all belong to this category.

The members of this group have extensive friendship groups; they spend their free time together many times a week, which possibly strengthens the consumption of harmful stimulants.

It can be described as favourable, however, that 27% of the students always keep their health in mind (this is not the opinion of the author of the article, only that a much higher rate would be more favourable). Among them, we still can find smokers and alcohol consumers, but their proportion does not reach 10%. These students have balanced family backgrounds; most of them do some kind of sport and study at schools with good reputations. This observation might be one of the most important in the present study. It can be stated that the positive microclimate of the family and school can orient the health behaviour of students in a favourable direction.

10% of the students pay no attention to their health but it is a matter of regret to them. If this group could be positively influenced by their school, family or society to be aware of health matters then the rate of students who pay due attention to health might increase to an acceptable level. This proportion could be particularly favourable if it could also affect those students who take no care of their health but are willing to live healthier in the near future. They form 7% of the students in the sample.

3% of the interviewed pay absolutely no attention to their health. The cross-tabled analysis showed that this group does not equal to the one, previously evaluating their health as bad. The group of 4 girls and 2 boys found their health 'all right' or 'not that good'. It is shocking that girls were in majority here as well, but in this case – as an antagonistic effect – 3 of them attend elite schools. The small size of the sample however did not enable the creation of cardinal statements, but the results of the data are undeniable.

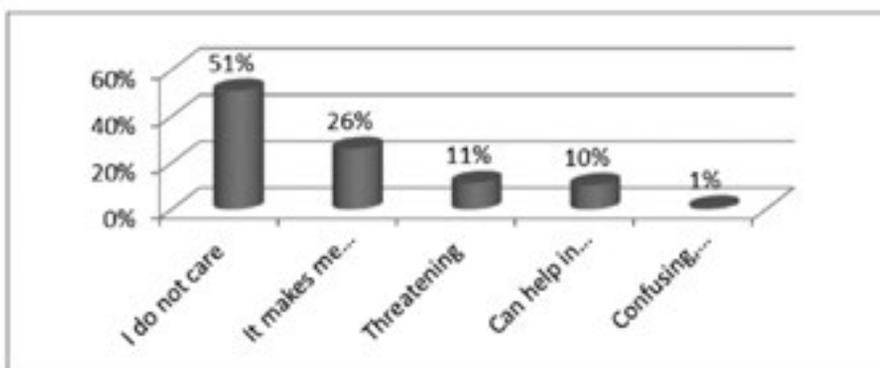
Many of us are not properly aware of the fact that we have a value – our health – and it depends entirely on us how long we actually keep this treasure. We are also not aware that it is not only for ourselves that we should live a long, and more qualitative life, but for our parents as well; particularly as the current political and social structures render it a necessity for us to take care of them. Ultimately we are responsible for the whole society, as for a nation's survival, only health - and environment-conscious individuals can do something in the long run. Raising youth awareness of health, environment and nature is particularly important due to the above viewpoints.

An awareness of the importance of health preservation is obviously based on the above, as if someone does not know or does not acknowledge the value

of health or their health, then they will not accept self-regulating rules. In an absence of these, it is not only the individual but society as well that suffers. Health awareness, as an approach representing value, can be strengthened by those acting within the public - and higher educational sectors, but it must become clear, that dissemination of knowledge/information is not sufficient, as without actively involving those concerned, the problem can not be solved.

As a proof of the above, most of the respondents do 'not care' about the warnings issued by society. Most of the 102 surveyed high-school students are not discouraged by the labels placed on tobacco products, informing and warning them about the risks of smoking (Figure 7). (This question was only 'compulsory' for those respondents, who have smoked before or currently do; in spite of this, some non-smokers filled it out too. The following results contain their answers as well.)

Figure 7: Opinions on warnings placed on cigarette packs



Source: own edition.

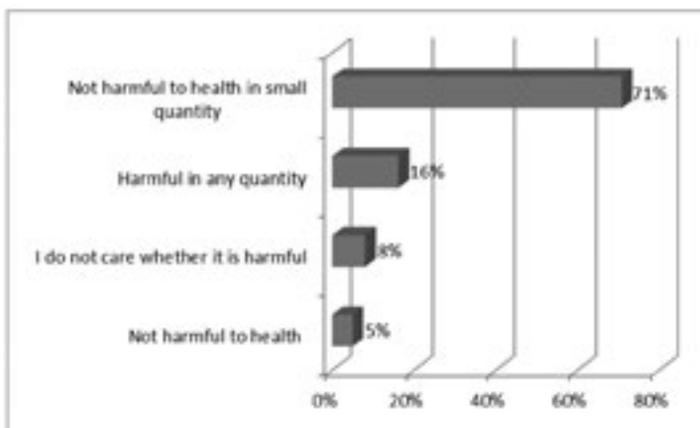
Most of the respondents (51%) replied as 'they don't care'. As a result of this, I assume that today's young generation is not taking risks seriously. The scare tactics of anti-smoking lobbies and marketing campaigns fall on deaf ears as it turns out from my survey that almost half the students don't take them seriously and probably live according to the motto: 'I am still young and I'm not threatened by any illnesses; it can not happen to me'. Discussions during high-school lessons with the form master have also made this 'ostrich' politics clear to me. Of course, there is the other side, which should not be forgotten; those who think about the risks (26%) and feel threatened (11%) and may think that these kinds of tactics can help them give up smoking (10%). These three groups together are still not equivalent to the number of the 'I don't care' group. Non-smokers filling out the questionnaire chose the 'it is worth thinking about' and 'horrific' answers. I believe that this, as a passive prevention method, can definitely be useful in the battle against smoking.

Students collectively replied 'yes' to the question inquiring whether they are aware of the harmful effects of smoking on health. This result also shows that even if they hear the warnings of the media, parents and teachers day by day, they are still not able to see clearly what danger their health is exposed to with the constant presence of smoking.

Besides smoking, alcohol consumption also means a serious problem in youngsters' health behaviour. In the follow-up, opinions of the respondents on the effects of alcohol on health will be reviewed briefly (due to limits in length).

As alcohol consumption is placed by social norms among the activities considered harmful, 16% of the interviewed said that it damages health in every respect. This could be surprising, as during the discussions I conducted in classes, I found that only a very small percentage had thought the same. Those who agreed were mostly girls with excellent study results and boys studying at vocational schools with worse results than the average. This is interesting anyway, and the detection of the causes would be possible with a focus group research. Most, meaning 70% of the respondents think that alcohol is not harmful to health in small quantities. The composition of the group is quite heterogeneous, as a few more girls belong here and in respect to study results, better studying students more often share this view. Those who are of the same opinion consume alcohol mostly at weekends, usually 1-2 bottles of beer, but the rate of the consumption of spirits is one of the lowest (Figure 8)

Figure 8: Students' opinion on the effects of alcohol on the human body



Source: own edition.

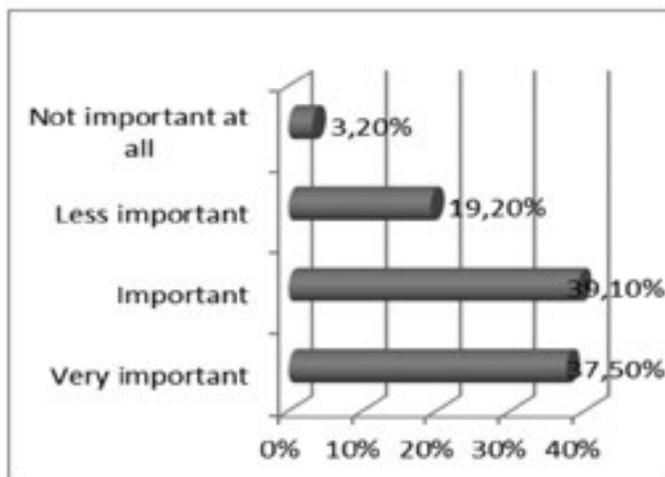
People find it difficult to draw a line between alcoholism and normal alcohol consumption. A lot of research proves that moderate alcohol consumption can be healthy. Unfortunately, this is not usually the situation among high-school students. As proof of this, a predominant number of the interviewed admitted that

they had already been drunk. 22% had been drunk only once in their lives, while as opposed to this, there is a larger number who had been under the 'narcotic' influence of alcohol more; 33% of the students 2-3 times, 9% 4-10 times and 11% of them had been drunk more than 10 times.

These results show that alcohol consumption appears relatively intensive among the youth, and immoderate consumption of alcoholic drinks is not 'far' from them either. Only 5% think alcohol is not harmful to health, but if we add the 8% to this value, who do not care about any harmful effects, we will become a result that is worth to think about. Doing sports usually increases the incidence of occasional alcohol consumption. Before talking about what 17-19 year old think about doing sports, we should highlight an interesting correlation. Among those who have agreed with the answer 'sport is very important to me' in the next question (Figure 9), the proportion of alcohol consumption was surprisingly higher (especially when compared to those choosing the answer 'less important'). In my opinion, this does not mean that alcohol consumption goes hand in hand with sport activities, but as sport brings people together, it often results in friendly beer drinking at the end.

Finally, let us have a look at the opinion of 17-19 year olds on doing sports (Figure 9). 2/3 of the respondents do some kind of sport on a regular basis, such as ball games or swimming, and nearly 70% consciously consume products that contribute to the preservation of their health. Many of them classified yogurt into this category, but 1/3 of the respondents pay attention to the intake of fruit and vegetables as well. More than half of the girls consume fruit juice with pulp regularly, while, among boys, this percentage barely reaches 10%.

Figure 9: The importance of sport activities within the every-day life of students



Source: own edition.

Among the respondents, nearly the same number of people chose 'very important' (40%) and 'important' (39%) answers in respect to the importance of sports. To some students, though, doing sports is not that important (18%) or not important at all (3%). Sports can play an important role in forming a health-conscious attitude and in improving the quality of life. We might think that people doing sports belong to a group having similar life styles and living healthily. But this would contradict the answers given to the question 'whether smoking could be complied with sport activities'. According to this, most of the respondents (61.3%) gave the following answer: 'Yes it could be, if one only smokes occasionally'. The following answer was the rarest: 'Yes, totally' (6.5%). Only 1/3 of the students think that if someone does, they shouldn't smoke.

We believe that behaviour is a complex phenomenon and is not always the result of a conscious decision. As a result of this, if someone looks after their health it does not necessarily mean they are consciously seeking for the same in other fields of life. As a consequence, particular varieties of health-behavioural forms can develop. Correlation of doing sports and smoking or drinking alcohol might occur, which could be explained by a thirst for adventure, rather than a conscious decision-making.

CONCLUSION

Due to changes in the social environment, the youngster and youth generation of our day is undergoing change. The role of the family and the school is decreasing in the socialization of young people, while that of friends is increasing, and the influence of media – first and foremost, the electronic media – and consumer industry is growing. The pressure of time and performance, early autonomy, challenges and growing competition increase the vulnerability of youth; as a result many turn to stimulants.

The task of the research is to create a reliable dataset in respect to the examination of health-consciousness, alcohol consumption and smoking habits; furthermore a healthy lifestyle, health and environmental awareness of the 17-19 age group.

The present article describes the attitude of youngsters towards health and the results can be summarized as follows.

After the twenty years that have passed since the political and system changes and after several national public health-care programs, the result of the research shows that not everything is yet as it should be. People's own health perception has remained practically unchanged yet people tend to overestimate their own level of fitness and well-being.

According to the results, students close to graduation are not aware of the value of their health, and it is not only for themselves that they should live a long, and more qualitative life, but for their parents as well; particularly as the current

political and social structures render it a necessity for the younger generations to take care of them. Ultimately we are responsible for the whole society, as for a nation's survival, only health - and environment-conscious individuals can do something in the long run.

Health, as an approach representing value, can be strengthened by those working within the public - and higher educational sectors, but it must become clear that dissemination of knowledge/information is not sufficient, as without actively involving those concerned, the problem can not be solved.

As proof of the above, most of the respondents do 'not care' about the warnings issued by society. Most of the 102 surveyed high-school students are not discouraged by the labels placed on tobacco products, informing and warning them about the risks of smoking.

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HUNGARIAN SUMMARY

A társadalmi és gazdasági változások hatására napjaink serdülő és ifjúkori generációja változáson megy keresztül. A fiatalok szocializációjában csökken a család és az iskola szerepe, növekszik a barátoké, és egyre fokozódik a média – elsősorban az elektronikus hírforrások – és a fogyasztói ipar befolyása. Az idő és teljesítménykényszer, a korai önállósodás növelik a fiatalok veszélyeztetettségét, mindezek hatására sokan szívesen nyúlnak doppingszerekhez.

A kutatás feladata egy megbízható adatsor felállítása a 17-19 éves korosztály egészségtudatosságának, alkoholfogyasztásának és dohányzásának, illetve egészséges életmódjának, egészségi állapotának vonatkozásában. Jelen cikkben a fiatalok egészséghez való viszonyulása kerül ismertetésre, az eredmények az alábbiakban foglalhatók össze.

A rendszerváltás óta eltelt 20 év és jó néhány hazai népegészségügyi program után a kutatás eredménye azt mutatja, hogy nincs minden rendben, és a saját egészség megítélése gyakorlatilag nem változott, illetve túlértékelté vált.

Az egészséget mint értéket képviselő szemléletet a köz- és felsőoktatásban tevékenykedők erősíthetik, de világossá kell válnia annak, hogy az ismeretterjesztés nem elégséges, az érintettek aktív bevonása nélkül a probléma nem megoldható.

Ezt bizonyítja az is, hogy a megkérdezettek többsége „nem vevő” a társadalomból feléje érkező figyelmeztetésekre. A vizsgálatba vont 102 középiskolás többségét ugyanis nem riasztják el a dohánytermékeken feltüntetésre kerülő tájékoztató és a dohányzás veszélyére figyelmeztető feliratok.