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## ECONOMICS

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## IS EARLY SMOKING A FASHION TREND OR A DEFENSIVE MECHANISM? – STUDY ON CONSUMER BEHAVIOUR AMONG STUDENTS

**ABSTRACT.** Health status in Hungary has been deteriorating since the mid-1960s, resulting that Hungary is behind the developed health cultures - mainly Western European – countries. Considering these facts, our scientific interest turned to the examination of health awareness, drinking and smoking habits, healthy lifestyles, 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. The research found that those pupils, who had a harmonious relationship with their parents, maintained a lower level (substance use) smoking and smoking frequency characteristic. No less important is the observation that youngsters try the cigarettes more and more early, but they are far too optimistic in assessing their own health.

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## Introduction

Due to changes in the social environment, the youngster and youth generation of our days go under changes. The role of the family and the school is decreasing in the socialization of young people, while one of the friends is increasing, and the influence of media – first of all, the electronic media – and consumer industry is growing. The pressure of time and performance, the early autonomy, the challenges, the growing competition increase the endangerment of the youth, as an effect many turn to stimulants.

The domestic decadence of health condition has been going on since the mid 60's, as a consequence of this, Hungary has started falling behind more and more compared to mostly Western-European countries having developed health culture. Health condition of the population is even worse than what could be explained by the country's state of development. In an international comparison, Hungary is still one of the list-leaders. In parallel to this phenomenon, teachers working in public education 'get in touch with those kind of students more often', who show deviant behaviour, drink, smoke or keep their companions in fear before and after classes, or perhaps during as well.

The new political and economical atmosphere has made the society become more free and open, but at the same time – as a consequence of these effects – those unwanted phenomenon have started to appear, that often shock the society and the young generation as well. The society was not prepared for liberalism coming too fast. As a consequence of economical production and profit-pursuit, the transformation of the society, the growth of unemployment, the sudden sweep of sexual freedom sometimes achieving high publicity, the remarkable increase in smoking, drug and alcohol consumption, the growth of suicidal numbers, furthermore as a result of these and the decomposition of families manifests themselves in numerous cases in students' attitudes towards studying and during their integration into school life.

In accord with the above, the centre of my research – partly due to those twenty years we 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 strengthen us in examining health-consciousness, lifestyle and health attitude of the thirteen-twenty-five year-old age group. According to researchers (Baum, Krantz and Gatchel, 1997), health attitude is the sum of those behaviour types in connection with health, that as the element of healthy lifestyle manifest themselves in the behaviour 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 overshoot. Short-term needs of customers often conflict with the long-term interests (health condition, improvement of the quality of life, avoidance of environment-pollution) of customers and the society. This is especially true among younger generation, who nowadays nearly claim and find it natural to 'decide on their own regarding their lives', and almost feel offended if they are not being served with tobacco products or alcohol, namely they are being restricted in their independent autonomy.

It is worth to emphasize the importance of the research, as adolescence is a major phase of human life as those habits develop then, that will impact health condition throughout our whole lives (Aszmann, 2003).

During the research, we are trying to find out, what motivates, influences youngsters in the consumption of harmful remedies, while on the other side, we would like to explain, how important health-conscious lifestyle is for them.

## **1. Material and method**

The task of the research is to create a reliable dataset in respect to the examination of health-consciousness, alcohol consuming and smoking habits, furthermore the healthy lifestyle, health condition and environmental awareness of the seventeen-nineteen age groups.

The examination was carried out in more steps – and according to the plans it is going 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, my main purpose was to ensure representativeness and randomness while creating the sample from the population. With the help of a previously developed multi-stage sampling method (Szakály Z., 1994, Huszka P., 2006), the representativeness had been reached. We 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, we 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 twelve 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, we 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. In 2011 autumn we conducted the survey and 188 students were interviewed during the examination.

We applied closed questions and rating scales, besides multiple choice questions to measure the respondents' opinion and perception.

The large amount of data was processed with the help of SPSS for Windows 14.0 mathematical-statistical program. By using the program, we were examining the correlation of the variables to each other and to background variables with the help of frequency distributions and cross-tables. Besides mean calculations, we also made significance-tests with the Chi-squared test (Malhotra, 2001).

## **2. 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 firstly, that will be followed by the results of the primary research. First, we review what factors frame health, the individual's health behaviour and what the elements of it are. Good health condition is not the interest of the individual only, but the society as well, as the individual – as labour – is an important element of the production process, thus preserving its health is a fundamental task of the society.

### ***2.1. Health behaviour/consciousness and its elements***

The meaning of health has been explained by many researchers in many ways similarly to those factors that mostly impact the health of our body. According to previous research (Baum, Krantz and Gatchel, 1997), health behavior and health-consciousness are all those attitudes that may affect our health, while we are healthy.

According to authors (Harris and Guten, 1979), 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*.

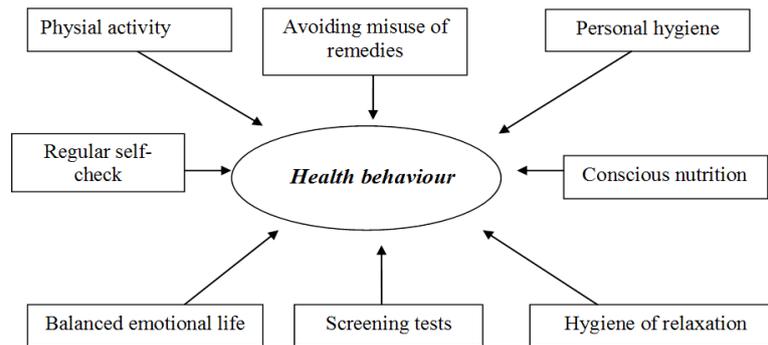


Figure 1. Elements of health-behaviour

Source: authors<sup>1</sup>.

It is clearly visible on *Figure 1*, 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 the misuse of remedies. Regular self-check and screening tests are also connected strongly to them. A similar coherence-system to the described one was introduced by Hungarian author (Biró, 2008), who had systematized the influencing factors of optimal health in his study.

In order to reach the aims of health-education, forming health-conscious behaviour is indispensable. Teachers' lifestyle and their relation to students play a significant role in it. Primarily, the teachers' positive attitude and behaviour to the healthy lifestyle and their physical activity can contribute to the younger generation' health consciousness.

## 2.2. Risk-behaviour of younger generation

Smoking, as a habit coming from the American continent has spread world-wide within the last 500 years. According to the belief of Spanish, Indian soldiers had gained their courage from tobacco. Its European spread was contributed 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 was named 'nicotine' after him. Presently approximately one billion people smoke and yearly five million of them die due to their passion (Central Statistical Office, 2009).

Until the first third of the twentieth century smoking had not been considered as harmful to health, the first study connecting it with lung cancer development was published in 1950. Up to the estimation of World Health Organization (WHO) this passion plays part in quarter of death by cancer and fifteen percent in the whole mortality, and the second leading cause of mortality in the world. The biggest smokers are the inhabitants of the European countries and from Japan, where a smoker smokes more than 2500 piece a year. In the developing countries, the cult of smoking is especially bigger in the scope of men (48%), while in the developed countries the proportion of smoking women is generally twice (24%). Their number in the developed world – especially in the educated, qualified population – is decreasing, while in the developing countries this number is increasing by more than three % a year.

The following, *Figure 2* shows the rate of smokers among adults in the European Union. Hungary possesses the fifth place among twenty-seven member states.

<sup>1</sup> Based on: Harris & Guten (1979), Health protecting behaviour: An exploratory study, *Journal of Health and Social Behaviour* 20, pp. 17-29.

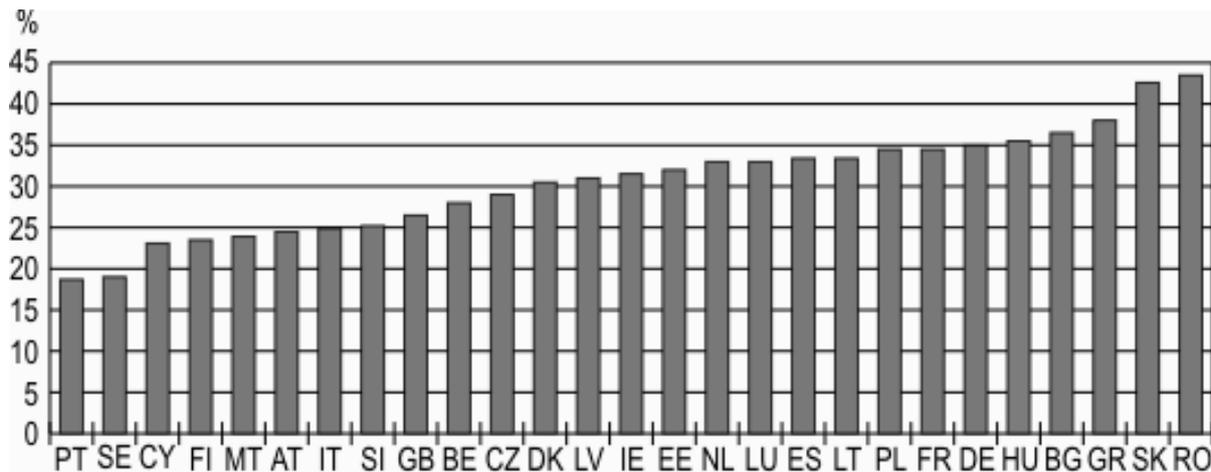


Figure 2. Rate of smokers among adults in the EU (2009)

Source: authors<sup>2</sup>.

The frequency of smoking differs a lot from age and from countries as well. Six percent of the thirteen-year-old children is smoking, and this frequency grows more than triple by the age of fifteen, while the differences between countries are getting more and more obvious in this respect. For example, the fifteen-year old American children smoke less (only seven percent) than the Hungarian youth. At the same time, in Greenland, where the proportion is the highest, more than third of the boys and half of the girls smoke at least once a week. In Hungary, every fifth of young people smokes, and with this number we are the tenth most frequently smoking country among the European Member States<sup>3</sup>.

Domestic research data of the European School Survey Project on Alcohol and Other Drugs (ESPAD) from 1995 to 2011 show diminution in smoking among young people (Figure 3). Based on the ESPAD research, Figure 4 represents the local rate of different types of risk-behaviors compared to average.

In Europe, fifty-eight percent of the students have already tried smoking. More, than one fourth of the students smokes on a monthly basis, while almost every fifth young is a daily smoker. In Europe, the highest proportion Austrian, Czech, Lithuanian and Bulgarian young people smoke compared to the other European Member States. The Hungarian teenagers' smoking rate is found at a middle rate, but the proportion of daily smokers is higher in our country, than the average.

<sup>2</sup> Based on: [http://portal.ksh.hu/pls/ksh/docs/hun/szamlap/hosszuel\\_drg.html](http://portal.ksh.hu/pls/ksh/docs/hun/szamlap/hosszuel_drg.html)

Field work was conducted in 2008 by Hungarian Central Statistical Office. It is not available information of sampling method and sample size.

<sup>3</sup> [http://portal.ksh.hu/pls/ksh/docs/hun/elef/kal\\_gardos.html](http://portal.ksh.hu/pls/ksh/docs/hun/elef/kal_gardos.html)

Survey was conducted in 2009 between 15 of September and 30 of October, in 449 settlements of Hungary. Sampling method is random sampling. Sample size is 7000 respondents. Target population is 15 age or older inhabitant. The personal interviews were conducted by interviewers of Hungarian Central Statistical Office.

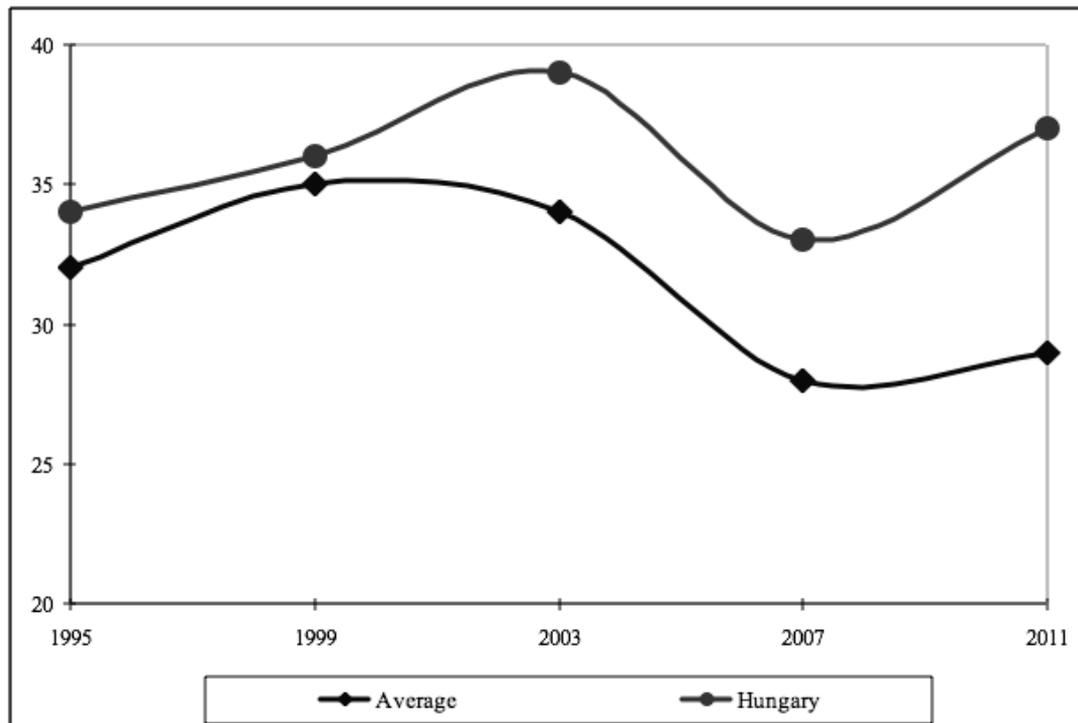


Figure 3. Change in the rate of smokers between 1995 and 2011

Source: authors<sup>4</sup>.

According to the research, a predominant number of sixteen year-old students have already consumed alcohol. Frequent alcohol consumption in Europe slightly decreased in 2007. Among Hungarian younger generation this improving tendency can not be observed yet. Here, students drink less, but when they do consume, then the amount of alcohol consumed approaches the European average. Hungarian teenagers consume less beer, but more shot drink and consume twice as much wine as their fellows at the same age. However, the 2011 average figures are about the same as in 2007, which means that the decreasing trend did not continue in the latest survey. Significant increases are found in seven countries, while there was a significant drop in five countries. In Hungary the number of past thirty-days smokers is found more in 2011 than 2007.

In 2007, regarding alcohol, the domestic average was much above the European, as 82% of the European young generation drank alcohol within the past twenty months, while this rate is 84% in Hungary. During the same period, 42% of our teenagers got intoxicated, while the average was 39%. Alcohol consumption in large amount (consuming at least five drinks after each other) was also wide-spread. Although, extreme alcohol consumption was more prevalent among boys, differences between the two genders were decreasing throughout Europe and in Hungary as well. Meaning that girls' drinking habits are becoming more and more similar to boys' ones.

<sup>4</sup> Based on: <http://www.espad.org/hungary>

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among 15–16-year-old European students in order to monitor trends within as well as between countries. In the 2011 ESPAD data collection, nearly 105,000 students took part in 39 countries. In the 2007 ESPAD data collection, more than 100,000 students took part in 35 countries. In the 2003 ESPAD data collection, more than 100,000 students took part in 35 countries. In 1999 the numbers of participating ESPAD students vary between 421 and 6,421 in 30 countries. In 1995 the numbers of participating ESPAD students vary between 543 and 8,940 in 26 countries. Data are collected by group-administered questionnaires in the schools. The samples of classes are nationally representative.

Figure 4 shows that the Hungarian students are rather similar to the average on most of the eight key variables. Slightly more Hungarian students report past-thirty-days use of cigarettes and alcohol, and heavy episodic drinking has also occurred more frequently compared with the average for all countries. Lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants displays only negligible differences. The largest difference, in percentage points, is that for cigarette use in the past thirty days (nine points higher in Hungary), even though the figure for lifetime non-prescription use of tranquillizers and sedatives differs even more in relative terms.

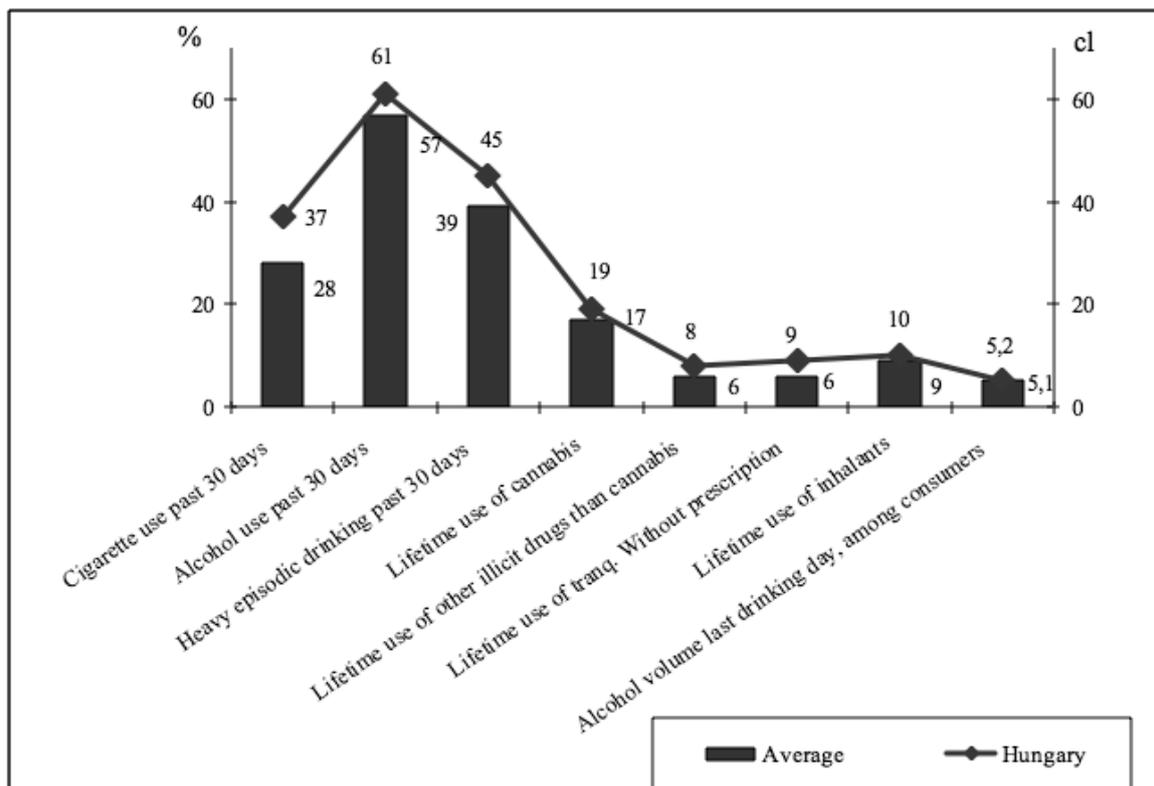


Figure 4. Rate of risk-behaviours compared to average in Hungary (2011)  
Source: authors<sup>5</sup>.

The overall impression is that Hungarian students display substance-use habits of roughly the same magnitude as the average student of Europe.

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 to each other. As a result of this, all researches that aim the examination of health-behavioural factors – in the fast changing environment – are indispensable. The present research, among others, is trying to find the answer to these questions by presenting and analyzing domestic data.

<sup>5</sup> Based on: [http://www.espad.org/documents/Espad/Documents/The\\_ESPAD\\_History.pdf](http://www.espad.org/documents/Espad/Documents/The_ESPAD_History.pdf)

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among 15–16-year-old European students in order to monitor trends within as well as between countries. In the 2011 ESPAD data collection, nearly 105,000 students took part in 39 countries. Data are collected by group-administered questionnaires in the schools. The samples of classes are nationally representative.

Conservation of health is a basic need of the person living in a consumer society. Furthermore, consumption of harmful remedies is not a 'unique phenomenon', as in this case, it means that frequent smoking comes along with the consumption of a larger amount of alcohol more often, however this statement is also true in reverse.

### ***2.3. Examination of consumers' habits and attitudes (primary research)***

The results of secondary research have made it clear that smoking and drinking alcohol means serious exposure to young people and that there are significant differences worldwide in the frequency and quantity of consumption. After this we review the results of the present research below, respectively in connection with the effect of smoking and alcohol consumption to the health.

A previous focus group test results (Huszka, 2010) and the present research results have shown clearly that the teens are mostly aware of the hazardousness of the substances dangerous to health. The first reaction of the interviewed group for the effect of different consumer goods and drugs on them was that most of them think of the hazardousness of drugs, the self-destruction. But, some of them mentioned the increased performance and messing up their lives.

We conducted a questionnaire survey at different types of schools in one town of West part of Hungary in 2011. The target population is seventeen-nineteen ages' pupils. The number of respondents was one-hundred-eighty-eight at our survey. Sampling technique was quota sampling in accordance with our survey in conformity with aim. We selected respondents based on quota criteria gender, and age. We collected data through personal survey according to the project and number of questions. In order to examine our research questions we applied descriptive statistics and cross tables.

By carrying on the research, we tested that how the age group perceives their health. After twenty years, that have passed since the regime and after several national public health-care programs, the result of the research shows, that not everything is in order and one's own health perception has not changed practically, but has become over-valued (*Figure 5*). Data show, that seventy percent of the members of the age group find their health 'good' and 'very good', while twenty-five percent thinks it is average. Only five percent is the rate of those, who does not perceived goodhealth. 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 seven pieces of cigarettes a day; regularly go partying at weekends, where they consume a significant amount of alcohol – mostly raw spirits. According to the school type, all of the respondents attend vocational schools and consider themselves as ones having better financial situation than the average. Although, the relatively small sample size (nine belonging to this unfavourable group) does not facilitate the performance of in-depth statements, but it must be highlighted that seven girls belong here, each have better academic results than the average.

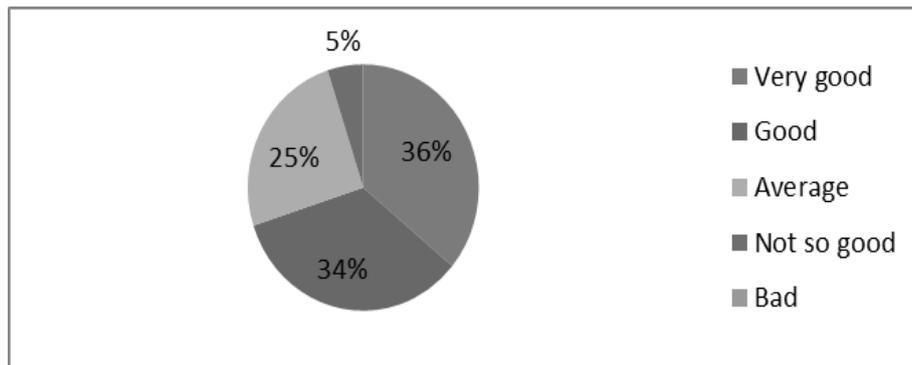


Figure 5. Students' perception of their own health

Source: own compilation.

It is a sad fact, that sixty-eight percent of the student's regularly consuming alcohol and smoking find their health better than the average. 'Partying students' belong to this second group though, but three-quarter of the group members smokes two-three cigarettes a day 'only' and within their alcohol consumption, it is not the raw spirit, but the beer that dominates. Most likely, they live in towns and their study results can also not be considered to be negative. Thirty-nine percent of them lives in one-parent family, in which most of the parents (58%) smokes or drinks alcohol on a regular basis.

As the follow-up of the research, students had to answer to the question, whether they think they live health-consciously or do everything in order to live that way. The results can be summarized as follows by Figure 6.

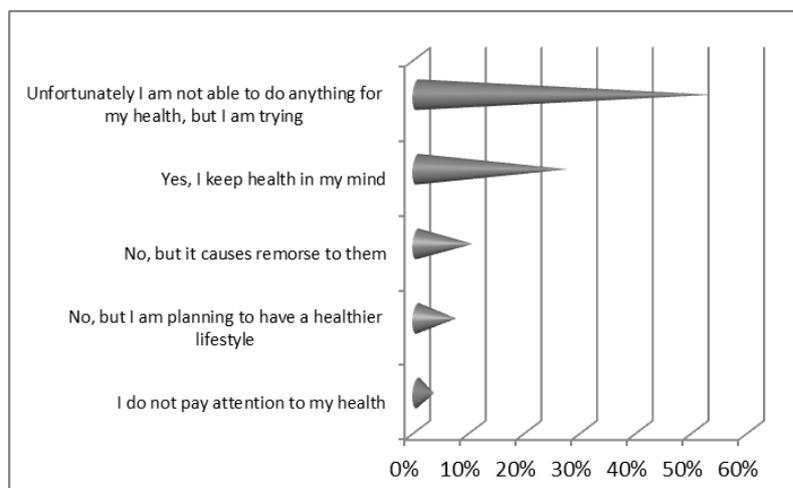


Figure 6. Perception of health-consciousness

Source: own compilation.

Most of them – meaning fifty-three percent – unfortunately do not pay attention in every case to do something for their health, vainly knowing what would be good for them – they don't live according to this all the time. Respondents filling out the questionnaire and choosing this answer can be described as 'average' in respect of their study results and the income of the family. All together twelve respondents (6.38%) replied, that they have consumed drugs already, they all belong to this category. The members of this group possess extensive friendships; they spend their free time together many times a week, which possibly strengthens the consumption of harmful stimulants.

It can be described as favourable though; that twenty-seven percent of the students always keep their health in mind (however it 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 ten percent. These students have balanced family backgrounds; most of them do some kind of sport and study at schools with good reputation. 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 into a favourable direction.

Ten percent of the students do not pay attention to their health completely, which causes remorse to them. If this group could be touched by the school, family or the society and could turn them to health-consciousness, then the rate of students keeping health as a value in mind may be able to increase to an acceptable level. This proportion could be particularly favourable, if those students could be 'touched' by authentic channel or persons as well, who take no care of their health, but willing to live healthier in the near future. They form seven percent of the students of the sample.

Three percent of the interviewed participants pay absolutely no attention to their health. The cross-tabled analysis resulted, that this group does not equal to the one, previously evaluating their health as bad. The group of four girls and two boys found that 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 – three 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, that we have a value – our health – and it is only up to us, how long we will possess this treasure. We are also not aware, that we are not the only ones, for whom we should provide a long, and more qualitative life, but for our parents as well – as even the constitutional draft that is being created nowadays ascertains the necessity to take care of them – the ones, who have raised us hoping to look into our eyes as long as possible. Ultimately we are responsible to the whole society, as for a nation's survival, only health – and environment-conscious individuals can do something in the long run. Raising younger generation' health, environment and nature-consciously is particularly important due to the viewpoints above.

The awareness of the importance of health preservation is obvious based on the above statements, 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. As a lack in health awareness, it is not the individual only, but the society as well, that will suffer damages. Health, 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 of concerned, the problem can not be solved.

As a proof of the above, most of the respondents do 'not care' about the warnings coming from the society. Most of the one-hundred-eighty-eight surveyed high-school students are not discouraged by the labels placed on tobacco products, informing and warning them to 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 have filled it out too. The following results contain their answers as well).

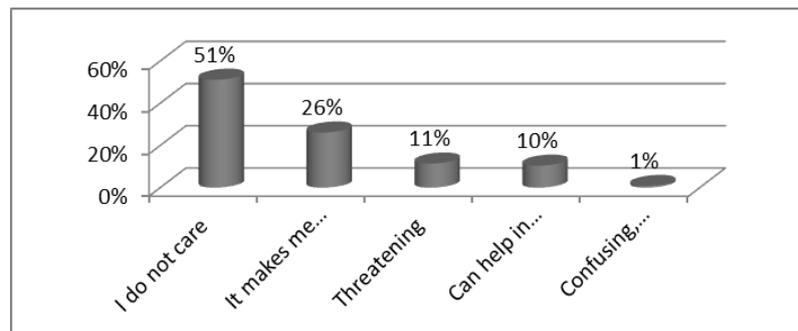


Figure 7. Opinions on warnings placed on cigarette packs

Source: own compilation.

Most of the respondents (51%) replied as 'they do not care'. As a result of this, we assume that today's young generations are not taking risks seriously. Vainly the marketing and the alliances against smoking whispering frightening sentences to their ears, when it has turned out from my survey, that almost half of the students do not take it seriously and feel most probably thinking: 'I am still young, and I am 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, of what we should not forget about, the ones, whom it makes think (26%) and feel threatened (11%) and may think that this can help them in quitting (10%). These three groups together still can not reach the number of the 'I don't care' group. Non-smokers filling out the questionnaire chose the 'it is worth to think about' and 'horrific' answers. We believe, that this, as a passive prevention 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 to health. This result also shows that however they hear the warnings of media, parents and teachers day by day, they are still not able see clearly what danger their health is exposed with the constant presence of smoking.

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

As alcohol consumption is placed by social norms among the activities being harmful, sixteen percent of the interviewed respondents said, that it damages health in every respect. This could be surprising, as during the discussions we have conducted in classes, we found that only a very small percentage had thought the same. Those who agreed were mostly girls having excellent study results and boys studying at vocational schools and having worse results than the average. This is interesting anyway, and the detection of the causes would be possible with a focus group research. The majority of the respondents think that alcohol is not harmful to health in small quantity. The composition of the group is quite heterogeneous, as bit more girls belong here and in respect to study results; better studying students share this view rather. Ones being on the same opinion consume alcohol at weekends mostly, usually one-two bottles of beer, but the rate of the consumption of raw spirits is one of the lowest (Figure 8).

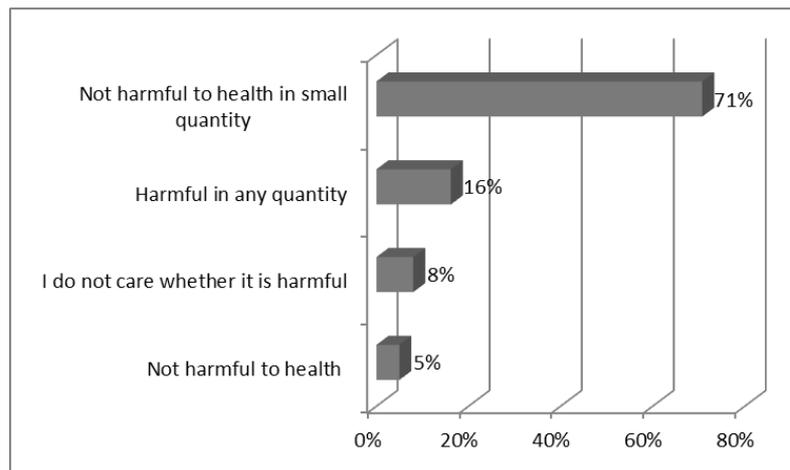


Figure 8. Students' opinion on the effects of alcohol to human body  
*Source:* own compilation.

The consumers can hardly draw the borderline between alcoholism and normal alcohol consumption. Many researches prove that moderate alcohol consumption can be healthy. Unfortunately, this is not the situation among high-school students usually. As a proof of this, a predominant number of the interviewed participants have admitted that they had already been intoxicated. Twenty-two percent had been drunk only once in their lives, while opposite to this, there is a larger number of those, who had been under the 'narcotic' influence of alcohol more. Namely, thirty-three percent of the students two-three times, nine percent of them four-ten times and eleven percent of them had been drunk more than ten times during their life so far.

These results show, that alcohol consumption appears relatively intensively among young people, and the immoderate consumption of alcoholic drinks is not 'far' from them either. Five percent is the rate of those only, who think alcohol is not harmful to health, but if we add that eight percent to this value, who does not care about the harmful effects it causes to health, we will become a result that is worth to think about. Getting involved in sports usually increases the incidence of occasional alcohol consumption. Before talking about what seventeen-nineteen year old think about doing sports, we should enlighten 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 our opinion, this does not mean that alcohol consumption comes hand in hand with sport activities, but as sport brings people together, it often results in friendly beer drinking at the end.

Finally, by looking at the opinion of seventeen-nineteen years old involved in sports (*Figure 9*). Two-thirds of the respondents are doing some kind of sport on a regular basis, such as ball games or swimming, and nearly seventy percent consciously consumes products, that contribute to the preservation of their health. Many of them classified yogurt into this category, but one third of the respondents pay attention to the intake of fruits and vegetables as well. More than half of the girls consume fruit juice with fibers regularly, while among boys, this percentage barely reaches ten percent.

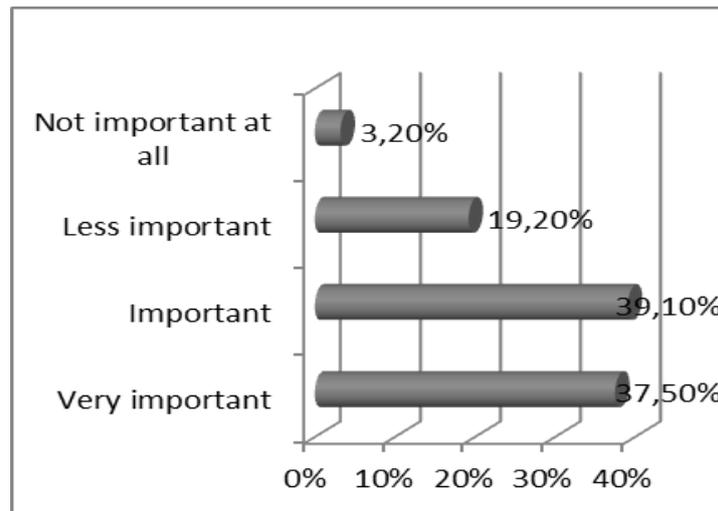


Figure 9. The importance of sport activities within the every-day life of students  
*Source:* own compilation.

Among the respondents, nearly the same number of people have chosen 'very important' (40%) and 'important' (39%) answers in respect to the importance of sports. To some students though, doing sports is not that much (18%) or not important at all (3%). Sports can play an important role in forming a health-conscious attitude, in improving the quality of life. We might think that, people doing sports belong to a group having similar life styles, living healthily. But this would contradict to 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 smokes occasionally only'. The following answer was the rarest: 'Yes, totally' (6.5%). Only one third of the students think that if someone is doing sports, 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 one protects his health, does not necessarily mean he is 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 adventure-hunting, rather than a conscious decision-making.

## Conclusion

Due to changes in the social environment, the youngster and youth generation of our days go under changes. The role of the family and the school is decreasing in the socialization of young people, while one of the friends is increasing, and the influence of media – first of all, the electronic media – and consumer industry is growing. The pressure of time and performance, the early autonomy, the challenges, the growing competition increase the endangerment of the youth, as an effect many turn to stimulants. Furthermore, in United Kingdom Brooks *et al.* (2012) recognized the key dimensions of social capital, which influence the risk behaviour among young people. The sense of neighborhood belonging, strong school belonging and parental involvement in decision-making about leisure time were related to lower engagement in health risk behaviours. In case of English teens the factors related to school and community played a greater role in adolescent participation in health-related risk behaviours than family-related factors. Hungarian researchers (Szabó, Aszmann,

Kököneyi, 2002) found similar results, namely the feelings of safety and belonging the wider community of adolescents were positively associated with reduced risk behaviours.

The task of the research is to create a reliable dataset in respect to the examination of health-consciousness, alcohol consuming and smoking habits, furthermore the healthy lifestyle, health condition and environmental awareness of the seventeen-nineteen age groups. The present article describes the attitude of younger generation towards health; the results can be summarized as follows. After twenty years, that have passed since the regime and after several national public health-care programs, the result of the research shows that not everything is in order and one's own health perception has not changed practically, but has become over-valued. Previous study (Beck, Legleye, Lejckova and Miller, 2012) explored what could lead a pupil to a 'deviant' perception of risk, based on the risk perceptions of alcohol, tobacco and cannabis use. Researchers recognized six clusters classifying students from eight countries (Hungary, Czech Republic, Bulgaria, France, Malta, Slovenia, Sweden and the United Kingdom). The risk deniers and those ignorant of the risks are infrequent making up, only 16.9% of the total sample.

According to our results, young people being close to graduation high school are not aware of the value of their health, and that they are not the only ones, for whom they should live a long, and more qualitative life, but for their parents as well. Besides, even the constitutional draft that is being created nowadays ascertains the necessity to take care of them who have raised us hoping to look into our eyes as long as possible. Ultimately we are responsible to 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 of concerned, the problem can not be solved.

As a proof of the above, most of the respondents do 'not care' about the warnings coming from the society. Most of the one hundred-eighty-eight surveyed high-school students are not discouraged by the labels placed on tobacco products, informing and warning them to the risks of smoking.

As with all empirical research, this study has some limitations. Firstly, we examined consumers in one Hungarian big city. It can be supposed that consumers' evaluation gives differences in regional context. Additionally, only one element within the health-behaviour was studied. Other important elements of health-behaviour with different types of consumer perceptions might explore different relationships than found in this empirical research. Future research is needed to extend this research further cities and villages, too.

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