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Health Awareness of Young Generations

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Abstract: Physical factors such as eating, burning, avoiding toxic substances, sports, abstaining from harmful substances play a role in health. Spiritual factors are also important, finding a balanced and stress-free life, self-confidence, self-esteem, loving relationships, and finding meaning in one's own life. In the dissertation, we researched the question of what role these factors play in today's youth and how they relate to health. We have assumed that there is a commitment to sport, but for the majority this is not the case, and harmful activity is also present.

Keywords: health, sport, activity, diseases, young generation

1 Introduction

In this Paper, we examined how much the younger generations pay attention to maintaining their health, what are the factors that affect their lives, and in what form, to what extent. Thus, we examined their eating and sports habits in the framework of a questionnaire and, if someone was born with a long-term illness or in the later years it turned out how this new information changed their lives and lifestyles. Our choice of topic was influenced by our love of sports and the pursuit of a healthy lifestyle. The topic of diseases was close to the topic and we became interested in the opinions of others in the field of disease and health. It is a very small group of young people today who consciously pay attention to their health without having a long-term illness or pursuing the sport they choose for non-serious purposes. Nowadays, people prefer passive pursuits (television, computer) and the level of harmful passions is also increasing. Probably people are aware of the benefits of sports and healthy eating yet are able to ignore them until something happens to them that opens their eyes (maybe even after that). Consuming food, nutrition brings people together; a social event, a bodily desire that is socially accepted. (Falus, 2015)

Most forms of nutrition are also a unified system, which, in addition to health aspects, also formulates additional goals, such as. environmental protection, social justice and the conscious development of the individual. It can also be accompanied by a holistic-philosophical approach that goes beyond the natural sciences.



According to Werner Kollath, food should be in the most natural form possible, as it is most likely that the least processed food contains the most nutrients essential for life, health and well-being. (Schmiedel-Leitzmann-Lützner and Heine 2004, p. 46)

Factors influencing nutrient requirements

In this chapter, I will list the factors that affect a person's nutrient intake:

- body weight, physique,
- age, gender, physiological condition (eg pregnancy),
- eating habit,
- health,
- amount of daily physical activity,
- climatic and other environmental factors. (Agus, 2012)

1.1 Healthy eating

Vegetarian comes from the English word vegetarian, the result of the word combination vegetable + arain. Anyone who is a vegetarian does not eat meat and meat by-products, but also consumes other animal products (eggs, milk, etc.) as well as vegetables, fruits, legumes, mushrooms, seeds and cereals.

There can be various reasons for someone to lead a vegetarian lifestyle:

- Ethical reasons: you do not want to kill animals in the meat industry because of it,
- Health reasons: thanks to the ever-expanding research results of modern nutrition science, we now know that leaving meat can have several positive benefits,
- Environmental reasons: large-scale livestock farming is one of the most polluting industries in the world and is unsustainable for the future of our planet,
- Religious Reasons: He interprets God's goodness and teachings as not hurting or killing others — most Scriptures don't really require the use of animals,
- Financial reasons: Plant foods can be cheaper in many cases, so it's a good choice if someone can't afford the luxury of eating meat.

Several types of vegetarian lifestyle have developed over the years:

- Lacto-ovo vegetarian: A vegetarian who does not eat meat but consumes dairy products and eggs,
- Lact vegetarian: A vegetarian who does not eat meat and eggs but consumes dairy products,



- Ovo vegetarian: A vegetarian who does not eat meat and dairy products but eats eggs,
- Pescatarian: A person who eats only fish but no other meat,
- Flexitarian: A person who eats meat but significantly less and less often than followers of a traditional diet.

Overall, therefore, vegetarians do not consume meat, but other foods of animal origin do. There are also different reasons why someone pursues such a lifestyle and there are different types of them, of which the peccarian and flexitarian lifestyles are not always always listed among them.

Whoever vegan respects the interests and rights of animals and seeks to end the exploitation of animals. In addition, anyone who is vegan has a plant lifestyle in all cases, but not every person who follows a plant lifestyle can be said to be vegan. The difference between the two is that vegans boycott animal use (Anonymus, 2018).

1.2 Sport

Most people miss out on regular physical activity. Examining sports habits, it turns out that the average daily exercise is 7-14 minutes among adults. More than 80% of women and more than 60% of men do not exercise at all. It is sad that the vast majority of adults (74%) do not want to play sports because of their childhood physical education lessons and did not do so in childhood. Even among adults who choose sports, the primary goal is to maintain their health and improve their well-being, and they consider exercise to be much more fun and recreational. Because of these motivations, recreational sports and recreation are the most popular among them. The most common sports are: football, running, cycling, aerobics, swimming, team play. (Szatmári, 2009)

1.3 Harmful passions

“Addictions are those forms of behavior over which a person is unable to exercise control and therefore compulsorily perform them over and over again, and which have detrimental consequences for the person - and mostly for his or her environment. The fundamental boundary between passion and addiction is in the latter aspect, the detrimental effect on daily life, a person's health, psychosocial condition, social relationships, work and academic performance. ” (Demetrovics 2007, p. 30)

There are two types of addiction (addiction). One that is geared towards a specific goal (chemical substance) is alcoholism, smoking, heroinism. The other results in recurring, compulsive behavior and has nothing to do with a chemical. This



behavior is addiction, also known as coercion and includes gambling, watching television and compulsion to bathe. (Bácskai 1994, p. 113)

Harmful passions include smoking, binge drinking, drug use, and other pleasurable substances. These drugs not only cause permanent damage to the developing body, but also endanger the health of adults. They produce a temporarily pleasant effect in small amounts. After several small doses, the body demands more and more of them, and eventually they become the passion of the individual, causing addiction.

Predisposing factors

Harmful passions are different

- family problems, problems, unresolved life situations,
- extreme forms of education,
- bad role models, friendly environment,
- the model selection is incorrect,
- poor peer group choice, compliance with a friendly environment,
- school problems, study difficulties
- curiosity, other reasons. (Anonymus 2020)

1.3.1 Smoking

Researchers believe that although cigarette addiction is common in adolescence, even when adolescents smoke relatively little, the manner and duration of the addictive state varies from individual to individual. For professionals, these young smokers fall into three distinct categories.

Young people classified by research physicians in the third group have a chance that if they smoke a maximum of five cigarettes a day and do not increase this amount, they are unlikely to develop a smoking addiction later on. They make up about 15% of young smokers and said in the research in question that they see no sign of unconditional adherence to cigarettes. Unfortunately, this is a rather poor rate among all young smokers surveyed.

1.3.2 Excessive alcohol consumption, alcoholism

Alcoholism is clearly classified as a disease by the WHO (World Health Organization). It is considered a chronic disease whose onset has insidious, recognizable symptoms that are commensurate with the severity of alcoholism. Alcohol dependence manifests itself in physical and mental symptoms. Physical dependence is characterized by an increase in tolerance (drinking larger amounts to achieve the same effect) and withdrawal symptoms when there is no alcohol or less alcohol than usual. Mental symptoms include loss of control, i.e., drinking continues



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despite its obvious detrimental effects on health. The concept of alcoholism is even associated with the deterioration of the social situation, which affects addicts and occurs in the life of their family. Regular consumption of alcohol is considered a disease when the physical, mental and social symptoms of alcoholism are already detectable. (Hegedűs 2018)

Researchers Emmanuel Kuntsche and Sarah Callinan of La Trobe University in Australia originally researched new types of treatment options for alcoholism, but other findings were made during the studies. They realized that in order to effectively treat alcohol dependence, it is also important to understand the motivations for drinking. Researchers were able to classify these motivations into four categories:

Social drinking: Among young people and teenagers, drinking most often has social reasons: in their case, alcohol is a practically indispensable part of partying and mood enhancement. Researchers have found that this type of drinking is usually associated with moderate alcohol consumption.

Adaptive drinking: They are people who consume alcohol at various social events just because they feel they are expected to do so and so they can integrate more easily. These people tend to drink less than those who have other motivations. It happens that all night they hold only a single glass of wine or champagne in their hands, thus avoiding receiving negative comments from their peers.

Pushing boundaries by drinking: People in this group are more likely to have risky, extroverted, impulsive, and somewhat aggressive personalities. They are usually young men who are specifically striving to feel as drunk as possible.

Bullfighting drinking: This group includes those who go through a difficult phase of life and try to use the drink to forget their problems. In addition to their alcohol problems, these people often struggle with depression or anxiety. (Kuntsche 2018)

2 Material and methodology

The topic of my research is how important it is for young people to stay healthy, how much they pay attention to what they do with their bodies, be it nutrition, physical activity or harmful passions. This is precisely why the main goal of my research is to conduct and evaluate a quantitative study based on the health-preserving habits of young people and the frequency with which their diseases appear. My survey was assisted by a questionnaire survey of the primary research methods. The questionnaire was available to respondents from 3 October to 26 October 2020. The questionnaire was distributed via the Internet and a social networking site. My research mostly affects people aged 15-30, so in the questionnaire I mainly split this interval, but I also gave people over 30 years of age



the opportunity to fill it out, because they are the ones who are more aware of their diseases.

My questionnaire was completed by a total of 159 people, of whom 107 were women and 52 were men. Thus, the percentage distribution between the sexes is 67.3% for women and 32.7% for men. This differs from the measurable proportions in Hungarian society, as 52.4% of women and 47.6% of men are present in the total population. In the population studied in my research, 3.8% of the respondents are aged 15-18, 44% are aged 19-24, 30.8% are aged 25-30 and the remaining 21.4% are aged 30 above.

The answers received in the questionnaire were processed with the help of the Microsoft Excel 2016 program and during the examination of the hypotheses I made statements and performed correlation analyzes.

I consider both the editing and the completion of the questionnaire to be effective, as I was able to evaluate and use the answers of each of the 159 respondents in my analysis. When editing the questionnaire, I paid attention to the appropriate rules of form and content, as well as to the logical order of the questions. To do the basic research, I felt it was enough to compile a self-made questionnaire in which I used both open-ended and closed-ended questions.

2.1 Hypotheses

- 1: Motivation of 25-30 year olds to play sports to maintain their health.
- 2: Usually, the one who has a higher body weight consumes more drinks.
- 3: Those who smoke regularly / a lot move less.
- 4: Those who play sports several times a week have already started before the age of 14.
- 5: Today, young people in their 20s are aware of the hereditary diseases of their ancestors.
- 6: Today's young people between the ages of 14-18 tried smoking for the first time.
- 7: Those who live in a larger settlement with less or no sport at all.
- 8: Those who play sports 5 or more times a week do so competitively and who do so less often for hobbies or for relaxation / stress relief.



2.2 Results

H1: Motivation of 25-30 year olds for sports is to maintain their health.

It is clear that most people (especially those over the age of 20) play sports for recreation / stress relief, which is supported by another question of the questionnaire, as one third of the respondents work almost every day at a stressful workplace or school.

It can also be observed that in addition to stress relief, the most common motivation for sports is to maintain their health and, as suggested, this was answered by most people over the age of 25 and then between the ages of 19-24. Similarly, hobby athletes are mostly over 25 years old. It is also clear that those who play sports competitively, perhaps on the recommendation of a doctor, or have other motivations are negligible.

The following table shows the correlation coefficients obtained from the two data sets of the hypothesis. Since the coefficient is positive, a positive correlation can be said between the two variables in the same direction. But since it shows a value close to 0, a relatively weak relationship can be detected.

	Age	Sport regularity
Age	1	
Sport regularity	0,114488783	1

Table 1. Correlation coefficient of Hypothesis 1

Source: Own editing based on questionnaire data.

From the correlation coefficient, I conclude that there is a correlation between age and sports mutation, but this relationship is weak. Thus, it is not necessarily only those between the ages of 25 and 30 who play sports to maintain their health and they may also have other motivations to exercise regularly.

H2: Usually, someone who is heavier weighs more drinks.

What is immediately apparent is that 67% of respondents consume 1 to 3 drinks 1 time and they are roughly in the middle range of adult body weight. For those who are outside this range, even with them, this amount of iatl is the most common. 22.5% of the remaining respondents consume 4-6 drinks 1 time and most of them weigh between 51-65 kg and 66-80 kg. It is also clear that the number of people who occasionally consume 7-9 or more than 10 drinks is quite negligible, but these options have been indicated mainly by those weighing more than 81 kg.

The second table shows the correlation coefficient of the relationship between body weight and the drink consumed during 1 occasion. This coefficient is also positive, so this relationship between the two variables is the same. Although a slightly higher value than the previous one, but even this can be said to be a weak relationship.

	Weight	Occasionally consumed drink
Weight	1	
Occasionally consumed drink	0,230741773	1

Table 2. Correlation coefficient of Hypothesis 2

Source: Own editing based on questionnaire data.

According to the hypothesis, a positive relationship can be said between body weight and the amount of alcohol consumed per application, but not very strong. So someone who is overweight usually consumes more alcoholic beverages occasionally.

H3: Those who smoke regularly / a lot move less.

The answers show well that most of them do not smoke, they just try, but among them they play sports at all or hardly. Furthermore, those who have never smoked among them are relatively few active athletes who would exercise at least 3 or more times a week. It can also be observed that those who smoke more daily are the ones who exercise the least and the number of those who smoke at least 1 can a day and exercise regularly alongside them is negligible.

The following table shows the coefficient between smoking and frequency of physical activity. This coefficient is not only close to 0, but also negative, so the opposite relationship can be said between the two variables.

	Smoke	Regularity of sports
Smoke	1	
Regularity of sports	-0,157793643	1

Table 3. Correlation coefficient of Hypothesis 3

Source: Own editing based on questionnaire data.

Contrary to my suggestion and belief, the correlation coefficient shows that there is an opposite relationship between when a person starts playing sports regularly and how regularly he or she continues to do so in later years. So it's not just those who start sports in their old age on a regular basis who already started in elementary school.

H4: Those who play sports several times a week started before they were 14 years old.

The answers show that those who play sports 1-2 times a month, their answer is not authoritative when they started playing sports, because they are almost equal. It can also be observed that anyone who plays sports 1-2 times a week started before the age of 14 and continues to this day. This result is equally observable that those who play 3-4 times a week or 5 or more times a week, they also started before the age of 14. Also, those who exercise 3 or more times a week started in negligible numbers after the age of 14. Furthermore, it shows that almost 54% of the respondents started some form of active sport before the age of 14 and have been pursuing it on a very regular basis ever since.

The coefficient of the following table differs from the previous one in only centuries, so here, too, a weak, opposite relationship can be described between the two variables.

	Beginning of sport	regularity os sport
Beginning of sport	1	
regularity os sport	-0,131107046	1

Table 4. Correlation coefficient of Hypothesis 4

Source: Own editing based on questionnaire data.

Contrary to my suggestion and belief, the correlation coefficient shows that there is an opposite relationship between when a person starts playing sports regularly and how regularly he or she continues to do so in later years. So it's not just those who start sports in their old age on a regular basis who already started in elementary school.

H5: Today, young people in their 20s are aware of the hereditary diseases of their ancestors.

It is clear that almost 85% of respondents have been aware for years of the diseases their ancestors have that they can inherit. As I suggested, it is mainly those over the age of 20 who are aware of this. The following figure shows that the most common

inherited diseases are high blood pressure, diabetes, one type of cancer, heart disease, and obesity.

For my hypothesis, I also calculated several correlation coefficients. It seems to be, but the relationship between how old someone is and whether they are aware of their illness is very weak. The relationship (or no relationship) between how old people are and how often they see a doctor is almost negligible, but the relationship between the two variables is when they were lasted by a doctor and that they are aware of their hereditary disease. Also, a comparison of all four variables shows either a very weak or opposite relationship.

	Életkor	Aware of your illness	Time of last doctor's visit	Purpose of the last doctor's visit
Age	1			
Aware of your illness	0,074349541	1		
Time of last doctor's visit	0,016550252	0,133761504	1	
Purpose of the last doctor's visit	0,023111921	0,021539051	-0,06861	1

Table 5 Correlation coefficient H 5

Source: Own editing based on questionnaire data.

Summarizing the correlation coefficient, it can be said that there is no (i.e., very weak) correlation between how old a person is and who is aware of their inherited illness, when they last visited a doctor, and for what purpose they visit their doctor. Furthermore, the relationship between him is weak as to whether he is aware of his illness and whether it would be his goal to see a doctor. Also, the relationship between the purpose and time of the doctor's visit is contradictory. There is a connection between it alone, but it is also weak that someone is aware of their illness and when they last visited a doctor, so whoever knows about their illness is more likely to see a doctor.

H6. Today's young people have tried smoking for the first time between the ages of 14-18.

We considered this study important because, according to my observations, young people nowadays ignite it for the first time earlier and thus, in my opinion, are much more likely to get addicted because people are the most susceptible at this age. In

this study, I was only able to consider 121 responses because only so many people tried smoking in their lives.

In line with my suggestion, only 13% of respondents were the first to try smoking when they could already legally do so. Furthermore, it can also be observed that 20 of the respondents tried it as early as primary school, which can be quite detrimental to people's health. Most of the fillers tried it for the first time between the ages of 14-18, according to my suggestion, while they are currently at the age to do so.

This table also contains several correlation coefficients. The first shows the relationship between age and regularity of smoking. There is a weak, opposite relationship between these two variables. The second coefficient shows what the relationship is between how old someone is and when they first tried smoking and it can be concluded that there is no relationship between these two variables. The last coefficient shows the opposite relationship between the two variables, when someone first tried smoking and whether they still smoke regularly today.

	Age	Smoke	Time of first smoking
Age	1		
Smoke	-0,028715524	1	
Time of first smoking	0,046639663	-0,070016646	1

Table 6 Correlation coefficient of H6

Source: Own editing based on questionnaire data.

From the correlation coefficients, it can be said that the relationship between the fact that someone lit it for the first time before or after the age of 18 and the fact that they still smoke today, as well as between the fact that a person is an adult or not and that he is currently smoke. There is only a very weak relationship between how old a person is and when he or she first tried smoking, so it is not true that people only smoke it for the first time before they are 18 years old.

H7: Those who live in a larger settlement with less or no sport at all.

Contrary to my suggestion, it is clear that residents of both the city and the capital play sports regularly in large numbers, but in addition, most of the people in these residences do not play sports at all. Furthermore, it is also well observed that most

of the people living in these types of settlements do sports, yet they mostly do it only 1-2 times a month or a week.

My suggestion is the same that the number of those who are big cities and play sports is a fraction of those who live and play sports in the city. It can also be seen that those who live in a village do not show a significant difference in terms of regularity. Finally, those living in a village or other settlement type are negligible in terms of active physical activity.

62.3% of the respondents usually get from A to B by public transport and in my opinion this is most possible in capitals and big cities because there are public transport networks built there. In addition, there are a relatively large number of people who travel by car and probably who does not have to travel more kilometers when traveling is more likely to go on foot or by bike, which does not rule out that they are not used to cycling in big cities, but in my opinion it is more typical.

This table shows the relationship between residence and regular sport. Since it is very close to 0 and has a negative sign, it can be said that there is a very weak, opposite relationship between the two variables.

	Residence	Regularity of sport
Residence	1	
Regularity of sport	-0,050088048	1

Table 7. Correlation coefficient of Hypothesis 7

Source: Own editing based on questionnaire data.

Based on the correlation coefficient, it can be said that there is a negative, opposite relationship between what kind of settlement someone lives in and how regularly they play sports, contrary to my hypothesis. So it is not true that those who live in larger settlements would play less sports.

H8: Those who play sports 5 or more times a week do so competitively and who do so less often for hobbies or for relaxation / stress relief.

40.77% of the 103 respondents mostly do active sports on a regular basis for recreation / stress relief. It can be seen if we don't take into account in the chart those who don't play sports at all out of four out of four in terms of regularity, they chose it the most. So, those who play sports for recreation 1-2 times a month, 1-2 times a week and 3-4 times a week.

Furthermore, it is also very common among respondents to play sports as a hobby or to maintain their health. They usually do some active physical activity 1-2 or 3-4 times a week.

The following table shows the correlation coefficient between sport regularity and sport motivation. Because it is close to 0 rather than -1, a weak relationship can be said and since its sign is negative, there is an opposite relationship between regularity and motivation.

	Regularity of sport	Sports motivation
Regularity of sport	1	
Sports motivation	-0,292296245	1

Table 8. Correlation coefficient of Hypothesis 8

Source: Own editing based on questionnaire data.

The correlation coefficient of this proposition shows a value around -0.3, so there is a weak, opposite relationship between the regularity and motivation of the sport. So it's not true that only those who run competitively do sports several times a week, but also those who move out for hobbies or for recreation.

Conclusions

From our research, the following can be seen: relatively few people walk or cycle to work / school, start smoking and drinking alcohol sooner than would be allowed, too much fatty food and irregular exercise.

People should recognize and teach young people to play sports regularly, which is most effective when they start early, they need to pay more attention to how regularly and what they consume, and they should leave and not give up harmful passions, that young people around them try smoking, drinking alcohol or drugs early. Avoiding these, exercising regularly and eating right can make a big contribution to maintaining our health and also avoiding the candidate diseases listed in the questionnaire. Regardless of this study, it can be seen that balanced, spiritually stable people are able to function healthily in a loving environment. Sports, proper nutrition, loving relationships, self-acceptance, love, hobbies, meaningful living help us to live long and healthy lives and make our lives a gift to our environment.

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