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The Examination of the Alcohol Consumption among Students in the University of Vienna (WU) and the University of Győr (SZE)

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The Examination of the Alcohol Consumption among Students in the University of Vienna (WU) and the University of Győr (SZE)

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I. INTRODUCTION

Due to changes in social environment today's generation of adolescents and young people undergo changes. The role of the family and the school has been decreasing in the socialisation of young people, while the role of friends and acquaintances has been increasing, and the influence of media – mainly the electronic media – and that of consumer industry is growing.

The pressure of time and performance, the early independence, the challenges and the growing competition increase the endangerment of young people. As a result of these many people use different performance-enhancers (and drugs as well) and/or consume alcohol. We mustn't ignore that among young people there can be big differences regarding the risk of developing harmful addictions. The role of personality in this question can be mentioned as a glaring example since personality may appear in alcohol consumption and in subsequent behavioural patterns as well¹. For the experience of these it is enough to look around in the buildings of secondary schools or universities as well as in the different pleasure-grounds (and in their vicinity).

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¹ Löre V. (2013): Személyiségtípusok az emberi erőforrás menedzsmentben. *Ekonomické štúdie - teória a prax: Gazdasági tanulmányok - elmélet és gyakorlat*, Komárno: International Research Institute, pp. 255- 270.

It is important to mention and clarify that in modern marketing it is an outdated approach that companies have to meet the short-term needs of customers the most effective way possible. The short-term needs (demands) of customers often clash with the long-term interests of customers and society (e.g. health condition, the improvement of life quality, the avoidance of pollution). All of these are especially true in case of young people who nowadays almost demand and consider evident that 'they make their own decisions about their lives' and they almost feel offended if for example they are not served with tobacco products and alcohol, that is to say their freedom of self-determination is restricted.

The domestic decadence of health condition has been going on since the mid 1960s, and as a consequence of this, Hungary is increasingly lagged behind compared to – mostly Western-European – countries having developed health culture. The health condition of the population is even worse than what could be explained by the country's state of development. Good health condition is not only the 'interest' of the individual but that of the society as well, since the 'working person' as labour force is an important element of the production and value-production (transformation) process. Thus his/her health condition and the maintenance of his/her health condition is the basic interest of the society as well. (In Hungary the death rate of 55-65-year-olds is extremely high, which is very 'tragic for the individual', but the economy loses its experts having professional routine and experience. These experts cannot share their experience with the younger generation.)

The importance of the research is also emphasised by the fact that 'university years' mean that important phase of human life, when those habits develop, which later impact the health condition throughout the whole life. Konczosné et al. – when examining the consumer behaviour of students in higher education – state that 'in the supply of university restaurants more and more space should be given to green salads, natural kitchen poultry meats, fruits, sugar-free beverages and calorie-tables indicated in a

clearly visible place.”² A further statement of them is that there is a growing need of wellness (‘the expectations of students as consumers reflect in the importance of the growing needs of sporting, programs offering leisure time experience, extreme sports and the enjoy of life’).³

In our accelerated world people’s drinking habits have constantly been changing. From time to time new trends show up, and people follow them either consciously or unconsciously. In Hungary and in Austria healthy lifestyle is a trend which gradually comes into fashion. Is this really the case? Or it is just a clever communication trick with which certain manufacturers want to increase the turnover of their products!?

Considering the above-mentioned during my research we sought for an answer to the question whether the pursuit of healthy lifestyle are reflected in the alcohol consumption habits of Hungarian and Austrian university students.

II. LITERATURE REVIEW, HYPOTHESES

In accordance with the aims set for the research and the methodological logic that has been drawn up,

secondary findings will be presented first and then those will be followed by the findings of the primary market research. Let’s review first what factors compose health, the individual’s health behaviour and what are the elements of it.

a) Health Behaviour/Consciousness and its Elements

Health has been explained by many people in many ways similarly to those factors that mostly influence the health of our body. According to Baum, Krantz and Gatchel (1997), health behaviour and health-consciousness are all those attitudes that may affect our health, while we are healthy.⁴ This system is, however, ‘flexible’, since nowadays, in the age of IT revolution and its widespread use, the credibility of information and the ability to quickly adapt (to our environment) also affects/may affect our health. The most important elements of health behaviour are illustrated by Figure 1.

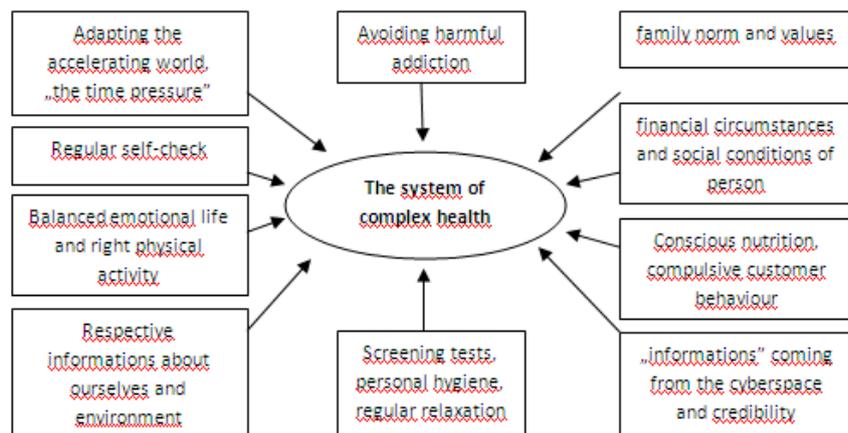


Figure 1 : The complex system of health behaviour⁵

² Konczosné Szombathelyi M, Kovácsné Tóth Á., Zakariás G., Budaházi J. és Dusek T. (2010/a): A generációs marketing jelentősége egy felsőoktatási intézmény példáján. In: Csépe A. (szerk.) „Új marketing világtrend” tanulmánykötet. Magyar Marketing Szövetség Marketing Oktatók Klubja 16. országos konferenciája. Budapesti Kommunikációs és Üzleti Főiskola Marketing Intézete: Budapest. 806.o

³ Konczosné Szombathelyi M, Kovácsné Tóth Á., Zakariás G., Budaházi J. és Dusek T. (2010/b): „Nem csak a húszéveseké a világ”: az egészség/fittség/fiatalság trend és az „új idők generáció”-t célzó egyetemi marketingkommunikáció. In: Kuráth G. és Pálfi M. (szerk.) III. Felsőoktatási Marketing Konferencia. Konferencia CD, Pécsi Tudományegyetem, Pécs. 192.o.

⁴ Baum, A., Krantz, D. S., and Gatchel, R. J. (1997): An introduction to health psychology, New York: McGraw-Hill

⁵ Own research and compilation based on the work of Harris and Guten. Huszka P.: Divat a korai dohányzás? – avagy dohányzási szokások vizsgálata a 12–16 évesek körében. Egészségfejlesztés, 53 (4), 9-15, (2012 a), Harris DM, Guten S (1979) Health protecting behaviour: An exploratory study. Journal of Health and Social Behaviour 20: 17-29.

It is clearly visible from 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 excise goods or the norm- and value-system of the family and its strength, as well as the 'information' coming from the cyberspace and its credibility. The complex system also includes the financial status and opportunities of the individual (it is enough to think about nutrition and its quality, but the 'access' to medical care also depends on it in most cases), 'time pressure' and the adaptation to the accelerating world or its absence as well, which according to Süle (2013) depends on the subjective assessment of time. This latter leads in most cases to mental (and psychological) illness and due to this to the consumption and the excessive use of different 'sedative (pass) products' like alcohol, drugs, smoking and internet addiction as well.

If the individual can or could keep all these elements or just the majority of them, one could live a healthy life. Unfortunately, in most cases this is not or just hardly conceivable in Hungary. In 2011 one author of this article commissioned by the Local Government of Kőbánya visited more bars and pleasure-grounds in the district to collect information about the health status of the customers and their 'use' of health behaviour elements. The research findings revealed a distressing picture!⁶

Some other studies also state that young people (and unfortunately either the members of the older generation) do not care about their health:⁷

- ✓ Regular alcohol consumption can be observed since the age of 13,
- Every fifth of 14-year-olds consumes alcohol weekly,
- 25-32% of the 14-year-olds smokes at least once a week,
- More than half of the 18-19-year-olds feed irregularly or unhealthy,
- Only 33% of the 15-year-olds do sports regularly,
- 13% of Austrians have significant overweight.

Studies that deal with the analysis of subjective quality of life show that health is the most important dimension based on the evaluation of Hungarian respondents.⁸ However, the findings of the pilot

research show that not age but sex and qualification play the important role in the judgement of the importance of health.⁹

According to another approach (Matarazzo 1984) health behaviour has two different manifestations. The first one is the so-called risk or health risk behaviour (e.g. smoking, unhealthy nutrition), whereas the second one is the so-called preventative health behaviour (e.g. doing sports, participation in medical screening tests).¹⁰

b) *Some thoughts about Alcohol Consumption*

Drinking habits changed a lot over time. In the middle Ages, the consumption of beer and wine was spread all over Europe even for breakfast as well. Tea, coffee and cocoa were put on the 'list of beverages' after the great geographical discoveries. The production technology of liquors was developed by the discoveries of the alchemists.

Drinking habits show a very mixed picture in the different countries of the world. It can be said in general that growing wealth has changed the drinking habits in the developed West-European countries since the 1960s and as a result of this the number of alcohol consumers increased and the quantity of alcohol consumption of teenagers has significantly increased (Table 1), which means that alcoholism has become a serious social problem in more European countries. From the table it can be seen how the structure and the quantity of alcohol consumption changed in Austria during 15 years. It can be stated that during this period the quantity of alcohol consumed by 16-17-year-olds increased almost two and a half times (unfortunately this tendency is the same in case of Hungarian youngsters as well).

⁶ Huszka P. (2012/b): "Körültekintés A Kőbányai kocsmákban" avagy egy kérdőíves vizsgálat eredményei Budapesten. VII. KHEOPS Tudományos Konferencia, 5-16, Mór

⁷ Matarazzo, J. D. (1984): "Behavioural health: A 1990 challenge for the health sciences professions", in: Matarazzo, J. D., Weiss, S. M.; Herd, J. A.; Miller, N. E., Weiss, S. M. (eds.), Behavioral health: A handbook of health enhancement and disease prevention US, John Wiley & Sons Inc., 3-40; Aszmann A. (2003): Iskoláskorú gyermekek egészségmagatartása. Országos Gyermekkegészségügyi Intézet Nemzeti Drogmegelőzési Intézet, Budapest, 2003; Uhl, S. Bachmayer et.al (2011)

⁸ Ercsey I. (2012/a): "The roles of the perceived value in the evaluation of the subjective quality of life", In: Ethics, Sustainable Consumption and Other Current Challenges for Public and Non-Profit Marketing, Abstract Book, pp. 29. ISBN 978-9955-19-437-8, Editor: assoc.prof. dr. Algirdas Monkevicius, 11th International Congress on Public and Non-Profit Marketing, June 14-15, 2012 Vilnius, Lithuania; Ercsey I. (2012/b): „Észlelt érték szerepe a szubjektív életminőség vizsgálatában”, In: Marketing Oktatók Klubja 18. Országos Konferencia, „Coopetition – verseny és együttműködés a marketingben, Miskolci Egyetem

⁹ Ercsey I. (2012/b): „Észlelt érték szerepe a szubjektív életminőség vizsgálatában”, In: Marketing Oktatók Klubja 18. Országos Konferencia, „Coopetition – verseny és együttműködés a marketingben, Miskolci Egyetem

¹⁰ Matarazzo, J. D. (1984): "Behavioural health: A 1990 challenge for the health sciences professions", in: Matarazzo, J. D., Weiss, S. M.; Herd, J. A.; Miller, N. E., Weiss, S. M. (eds.), Behavioral health: A handbook of health enhancement and disease prevention US, John Wiley & Sons Inc., 3-40

Table 1 : Changes in the quantity of 'average alcohol consumption' in different periods in Austria¹¹

Men and Women/ Age	1993/94			2004				2008			
	16-17	18-20	21-99	14-15	16-17	18-20	21-99	15	16-17	18-20	21-99
The average quantity of alcohol consumed	9	22	32	13	18	24	28	22	22	25	28
Average alcohol consumption (litre)/year	4,2	10,2	14,8	5,9	8,2	11,1	13,1	10,2	10,2	11,6	13

Thus, there is a similarity in that more and more young people drink alcohol both in Hungary and in Austria, what's more they try them for the first time in younger and younger ages. One of the main reasons for this is the so-called 'alcopop'-drink (that is beverages mixed with alcohol).¹² These drinks are very popular since these are more tasteful than hard alcohols and their effect is manifested in a slower way. Besides these (according to a study), the beer consumption of German youngsters is very high as well. The age of regular alcohol consumers generally begins with 13-year-old, but according to some certain surveys 1% of 11-year-olds consume alcohol regularly.¹³

The per capita consumption of food, beverage, tobacco and nutrients (alcohol is considered a special food) are regularly examined in both Hungary and Austria. In Figure 2 and 3 we compared the per capita consumption quantities of most commonly consumed beverage types in Austria and in Hungary.

Here it can be mentioned as well that some pieces of research stated that the consumption of a small amount of alcohol is not harmful, what's more it has an advantageous effect on health condition – especially in case of the consumption of red wine.¹⁴

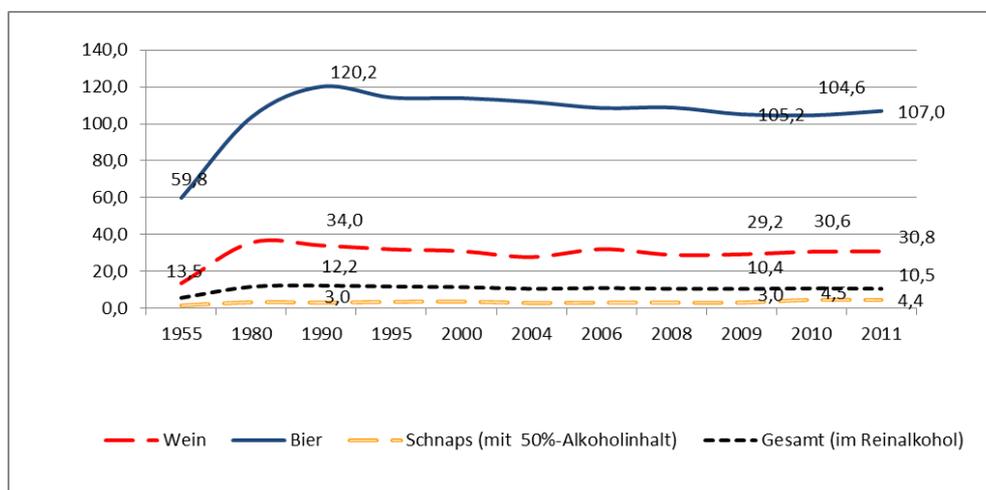


Figure 2 : Beverage consumption in Austria (litre)¹⁵

¹¹ Own compilation based on „Handbuch Alkohol – Österreich“ Band 1: Statistiken und Berechnungsgrundlagen 2013 Wien, März 2013. Alfred Uhl – Sonja Bachmayer – Alexandra Puhm Julian Strizek – Ulrike Kobrna – Michael Musalek Wien: Bundesministerium für Gesundheit (2013)

¹² 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

¹³ 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

¹⁴ Burger, M., Brönstrup, A. and Pietrzik, K. (2004): „Derivation of tolerable upper alcohol intake levels in Germany; A systematic review of risks and benefits if moderate alcohol consumption“, Preventive Medicine, 39, 111-127; Nőgrádi, K. (2012): „Mértékletes ivás“, http://egeszseg.origo.hu/cikk/0602/917659/mertekletes_1.htm

¹⁵ Own compilation based on „Handbuch Alkohol – Österreich“ Band 1: Statistiken und Berechnungsgrundlagen 2011 Wien, Jänner 2011. A. Uhl, S. Bachmayer, A. Puhm, J. Strizek, U. Kobrna, M. Musalek Wien: Bundesministerium für Gesundheit (2011), Handbuch Alkohol – Österreich“ Band 1: Statistiken und Berechnungsgrundlagen 2013 Wien, März 2013. Alfred Uhl – Sonja Bachmayer – Alexandra Puhm Julian Strizek – Ulrike Kobrna – Michael Musalek Wien: Bundesministerium für Gesundheit (2013) alapján saját szerkesztés Alfred Uhl – Sonja Bachmayer – Alexandra Puhm Julian Strizek – Ulrike Kobrna – Michael Musalek

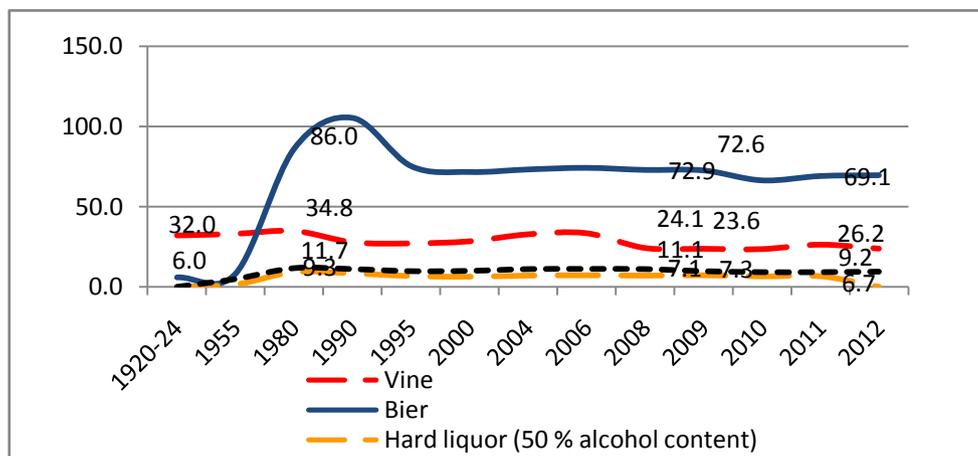


Figure 3 : Beverage consumption in Hungary (litre)¹⁶

In the figures it is well-seen that there are differences between the 'average' alcohol consumers of the two countries. In Hungary the consumption of distilled liquor stagnates (but in a very high level), while the consumption of beer and vine shows a slightly decreasing trend. In connection with beer consumption if we consider that in the meantime the alcohol content of beer increased, the decrease in consumption can only be seen as symbolic. Regarding vine consumption almost a 15% decrease can be observed compared to 1990, one reason for this may be that in the country between 2006 and 2012 real incomes decreased significantly and parallel to this overheads significantly increased (as well as the consumer price of vine). This statement is true even if we consider the fact that in the past one and a half years the governmental economic policy has moved toward the direction of overhead reduction. This advantageous fact and the parallel "commenced" real income growth, however, appear in different levels of household consumption. Although it is also a fact that almost 30% of domestic population still earn near the minimum wage, thus most of them try to save money on the consumption of these products, which is reflected in the consumption data.

In Austria (a bit surprisingly) the measure of alcohol consumption counted in pure alcohol is more by 14% (10.5 litres). However, the structure of alcohol consumption 'is considered to be more favourable'. According to the national specificities they consume more beer by 55% than in Hungary and their vine consumption also exceeds the value measured in Hungary by almost 18% and it reaches an average of 30,8 litres annually. However, they consume significantly less hard liquor. In Hungary people consume an average of 6,7 litres of short drinks annually, while in Austria less than two thirds of this is drunk, that is 4,4 litres. All of these together with the differences in

nutrition and lifestyle lead to that in Hungary the men's average life expectancy at birth was 72 years (in 2013), for instance. In the same year in Austria the men's average life expectancy at birth was 78 years.

III. HYPOTHESES

Based on secondary data we framed the following hypotheses:

H 1 : While young people consume alcohol earlier and earlier and more frequently, the majority of students are aware of the harmful health effects of alcohol consumption.

H 2 : The rate of those having already tried the alcohol at a young age is high, and the date of 'knowing' this harmful passion mostly takes place at the beginning of adolescence.

H 3 : There is no essential difference between the alcohol consumption habits of students studying at the universities of Vienna and Győr.

IV. MATERIAL AND METHOD

The task of the present study is to analyse within the frames of an exploratory research whether there is a difference between the health behaviour and the alcohol consumption habits of students studying at 'Wirtschaftsuniversität' in Vienna and at the Széchenyi István University in Győr (Hungary). The analysis of the motivations of alcohol consumption and the judgement of alcohol as a product is similarly important.

We chose these two universities because the authors of the study work at the university in Győr, and because one of them had spent 5 months from September 2011 as a research professor at the 'Wirtschaftsuniversität Wien'. On the other hand, the time spent at the universities and there the discussions with university students as well as the personal experiences

¹⁶ Own compilation based on the Statistical yearbooks of KSH (1970-2009), KSH Statadat data-table, Egészségügyi statisztikai évkönyv 2008, <http://faostat3.fao.org/faostat-gateway/go/to/download/FB/FBS/E>

convinced the authors that there is no difference between the drinking habits of the students of the two universities 'at first sight'.

Is this really the case? To find this out we questioned 150 students each at both universities. Because of the exploratory research we did not try to reach representativeness, however, we 'tried to choose' university students in a random manner (every third student participating in lectures was questioned at the university and its surroundings), but unfortunately not always successfully. In spite of this we think that the research enables comparison between the alcohol consumption habits of the students of the two universities that are 120 kilometres far from each other.

The large amount of data was processed with the help of SPSS for Windows 14.0 mathematical-statistical program. By using the program, we analysed the correlation of the variables to each other and to the

background variables with the help of frequency distributions and cross-tables. Besides mean calculations we also made significance-tests with Chi-squared test.¹⁷

V. THE ANALYSIS OF CONSUMER HABITS AND ATTITUDES (PRIMARY RESEARCH)

The findings of the secondary research made it clear that alcohol consumption and unhealthy way of life mean a serious endangerment among population and especially young people. But what do young people think about alcohol consumption? The answers to this question provide information about the health behaviour of the university students. Respondents could choose among five alternatives (Figure 4). The data of Figure 4 show sad facts.

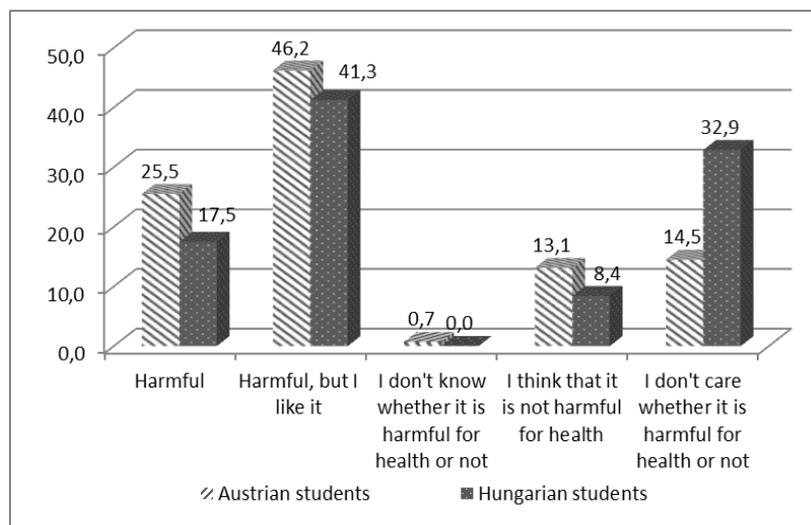


Figure 4 : What do you think about alcohol consumption? (%)¹⁸

Only 25.5% and 17.5% of the respondents think that consuming alcohol is harmful. The majority of this group also consume alcohol (based on the answers given to the other questions), but they are considered to be moderate alcohol consumers. Every person not consuming alcohol can be found in this group.

The 'noticeable majority' also agrees with this statement (46.2% and 41.3%), but for them the consumption of alcohol means a culinary delights, which are supported by the consumption data. This means that the members of this group consume alcohol regularly and in a relatively large amount.

Even more shocking than this statement is that according to 13.1% and 8.4% of the respondents' alcohol consumption doesn't damage health. This opinion is shocking! The question arises whether

respondents (who were university students!) really don't know that alcohol damages health or just they don't care about this fact.

The statement that 32.9% (Hungarian consumers) and 14.5% of respondents do not care about the unhealthy being of the product is considered to be amazing. Approximately 41% of Hungarian university students belong to these two latter groups opposite to the 28% of the Austrian university students. There is a strong significant difference ($\chi^2=15.339$, $df=4$, $p=0.004$) regarding this question between the youngsters of the two nations. Therefore it can be stated that the university students of Győr do not care about the harmful health effects of alcohol in a larger extent than the university students of Vienna.

¹⁷ Malhotra, N. K. (2007): Marketing Research: An Applied Orientation, 5th Edition, published by Pearson Education, Inc., publishing as Prentice Hall

¹⁸ Own compilation

If we try to make a distinction based on sex, we also receive a significant result ($\chi^2=30.750$, $df=12$, $p=0.002$). It can be stated that women (regardless of their nationality) consider alcohol harmful in a significantly higher rate than men. However, it is a sad fact (from a Hungarian viewpoint) that 27.7% of the 'girls of Győr' do not care about the unhealthy being of alcohol, while only 10.7% of the 'girls of Vienna' do so. In general it can also be observed that students with better academic achievements are considered to be more moderate alcohol consumers.

However, the data of Figure 4 show that the majority of the respondents are aware of the unhealthy being of alcohol. But in this case what 'motivates' students to consume alcohol? To find this out we asked open question from the students.

The findings of the survey clearly show that there is no essential difference between students studying at Austrian and Hungarian universities regarding motivations. Based on the findings we can state that university students most often consume alcohol: 'because it is good' or 'just because', and not to stand out from their companions!

Some other typical opinions: „Manchmal trink man Alkohol, weil es schmeckt und wenn man schlechte Laune hat” oder „kann man etwas schlechtes im Vergangenheit vergessen”, or: 'alcohol diminishes stress', 'to be happy'. I think the responses speak for themselves!

It is justifiable to frame the question that how much those attention-raising advertisements are worth, which wants to enlighten the young people about the harmful effects of these products. Is this type of marketing activity effective; does community marketing reach its target?

Based on the data we can only answer 'no'! Therefore we can reject the first hypothesis.

As the continuation of the research we were wondering when the first time was when the respondents consumed alcohol. Regarding this question the first finding of the survey may be that there is no essential difference in the date of 'the first conscious alcohol consumption' between the Austrian and Hungarian university students; therefore we illustrate means in Figure 5.

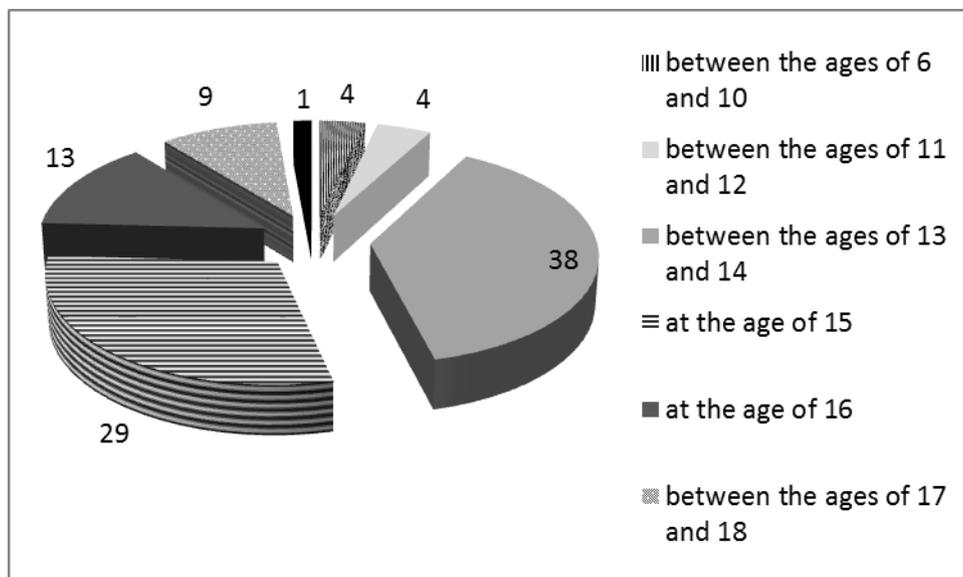


Figure 5 : When did you consume alcohol first 'consciously'? (%)¹⁹

Having a look at the data of the figure, we can make two distressing statements:

- The first one is that 8% of the respondents consumed alcohol before the age of 13, which directs the attention to the role of family! If we focus on the children of divorced parents regarding background variables, it can be clearly stated that the majority (64%) of those children who consumed alcohol before the age of 13 had grown up in a divorced family! The lack of harmony in the family 'pushes' the children towards deviance which is partly manifested in alcohol consumption.

- The other distressing statement is the alarmingly high rate of alcohol consumption between the ages of 13 and 16. As it can be seen in the figure, 80% is the rate of those who first consume alcohol at this age!

Based on all these knowledge, it is justifiable to frame the question here as well: how much the laws are worth if our children neglect them and consume alcohol. Or maybe they see it from the adults, from those who they should look up? Perhaps their alcohol consumption is the part of their 'adolescent rebellion'?

¹⁹ Own compilation

Based on the introduced research findings we have to accept the second hypothesis!

As the continuation of the survey we measured how the members of the age group evaluate their own health condition. In Hungary after the 20 years passed since the transformation of the system and several domestic public health program, the finding of the research show that not everything is fine, and the

judgement of own health practically did not change and became overvalued (Figure 6a and b). The analysis among university students also shows that this is (partly) true in case of Austrian youngsters as well. It is also true even though we are aware of the fact that in Austria the average life expectancy at birth is higher by 9 years in case of men and by 6 years in case of women than in Hungary.

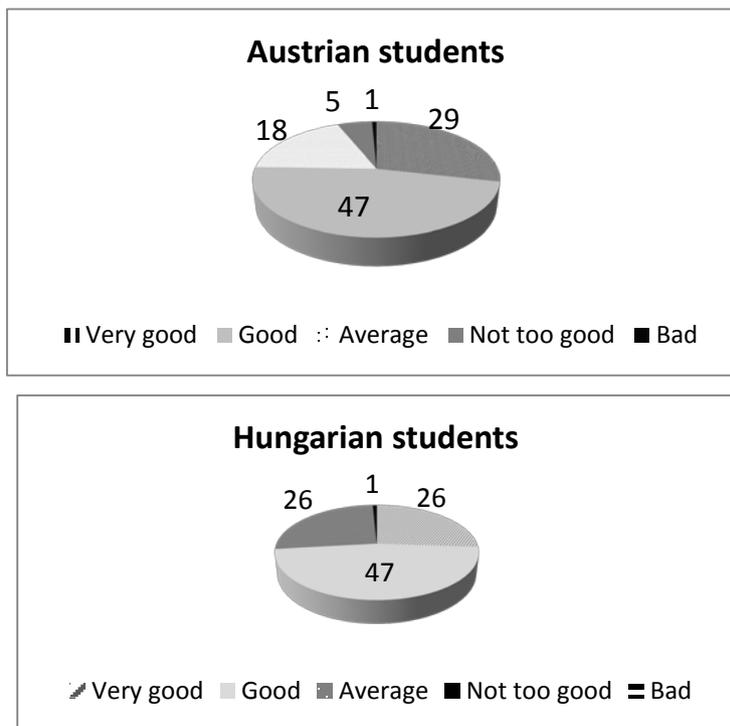


Figure 6 a and b : The distribution of answers given to the question – ‘What do you think about your own health condition?’ (%)²⁰

The data reflect that ‘on average’ 74% of the members of the age group considers their own health good and very good, and 22% of them consider it average. 3% is the rate of those who consider it not too good and only 1% of them see it as bad.

More detailed analyses showed that the members of this latter group ‘are the closest to their own realities’. To this group (who consider their own health the worst) ‘only such students belong’ who daily use some kind of health-damaging product. According to their responses, they regularly go to party as well, where they consume a significant amount of alcohol – mainly hard liquor. It is also an interesting observation that they consider themselves who live better financial circumstances than the average. Although the relatively low sample size (10 members belong to this very unfavourable group) does not enable to make in-depth conclusions, we have to emphasise that 9 girls belong to this group (8 Austrian and 1 Hungarian) whose academic achievement is better than the average.

Regarding own health we weren’t able to make significant distinction between the students of the two universities. However, it is important to call the attention to the fact that Austrian students (mainly women) are more criticising about the judgement of their own health. This is shown by that 9 members from the above-introduced group containing 10 members were Austrian. It is also a sad fact that 62% and 68% of those who regularly consume alcohol consider their own health better than the average both in Vienna and Győr. This group also contains ‘big party students’, but the majority of them consume alcohol ‘only’ two or three times a week. In their alcohol consumption beer consumption (Austrian respondents) and wine and partly beer consumption (Hungarian respondents) dominates rather than the consumption of hard liquor. They usually live in cities and their academic achievement cannot be considered bad.

In the followings (Figure 4) we briefly compare the frequency and the structure of the alcohol consumption of students studying at Austrian and Hungarian universities. We mainly focus on the consumption of wine, beer and hard liquor during the analysis.

²⁰ Own compilation

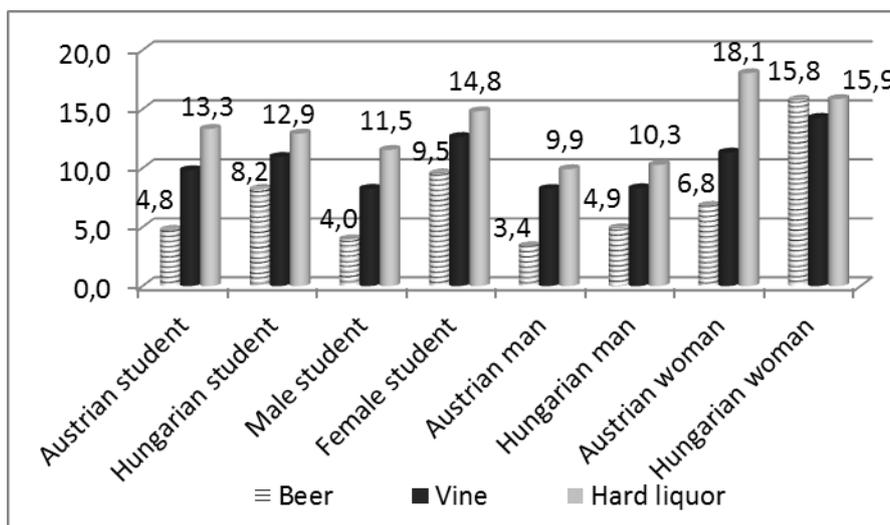


Figure 4 : The frequency and the structure of alcohol consumption ²¹

Having a look at the data of Figure 4 we can state that (which is also supported by an observational analysis conducted parallel to this survey) students studying in Austria consume beer significantly more often than Hungarian students. With the help of an index number elaborated and applied for food consumption in Hungary (Szakály 1994, Huszka 2008) the data of the figure show that how often (daily frequency) the respondents consume the different products. It means exactly that while in Vienna on every 4.8th day an average student drinks a beer, in Győr on every 8.2nd day. If we see behind means, we can state that the alcohol consumption of women significantly lags behind that of men in every category of alcohol regardless of nationality (in the figure higher values mean more rare consumption frequencies). It can be observed that boys studying at the university in Vienna drink beer at least twice a week (every 3.2nd day) and at that time they usually drink two bottles of it.

Means show a lot of things but hide several other important things as well. Namely means hide that in Vienna the rate of those students who do not consume beer does not reach 20%, while this rate in case of Hungarian consumers (by showing a significant difference) exceeds 30% ($\chi^2=18.305$, $df=7$, $p=0.011$). It is also an interesting statement that there is no essential difference between the drinkers in Austria and Hungary in case of real heavy drinkers (I mean those who drink more than three bottles of beer occasionally).

Regarding consumption frequencies the consumption of wine is on 'the second place'. In this case there is no significant difference regarding either nations or sex. However, regarding the quantity of wine consumption significant difference ($\chi^2=29.729$, $df=5$,

$p=0.000$) can be observed between the nations. In Austria university students mostly consume between 1 and 2 decilitres (32%) and between 3 and 4 decilitres (29%) of wine (once a week so to speak), while in Hungary (practically with the same frequency) they consume between 3 and 4 litres (35%) and between 5 and 8 decilitres (31%) of wine. The rate of heavy drinkers in the quantity of wine consumption is an average of 6.5%, and they occasionally consume more than 9 decilitres of wine. The rate of women among the member of this group slightly exceeds 15%. In any case it is conspicuous that every girl drinks in Viennese pleasure-grounds. It is also noteworthy that the majority of the members of this group consider their health condition good or very good similarly to 'heavy beer drinkers'.

Since the number of cells under 5 in the statistical program exceeds 20%, it is impossible to find significant difference between the university students of the two cities in case of the consumption of hard liquor as well. In spite of this, significant differences can be observed. If we want to summarise the findings of the research briefly, we could state that in Vienna university students consume this product 'in a significantly clever way' than students studying in Győr. The data of Figure 5 clearly show this.

²¹ Own compilation

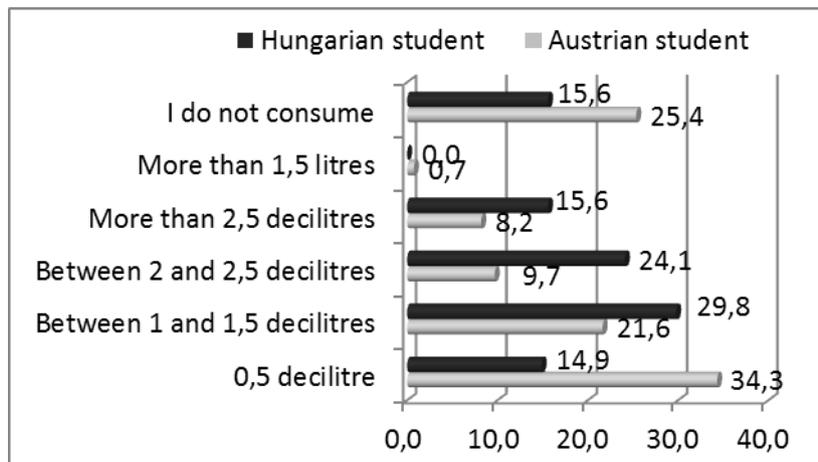


Figure 5 : The quantity of the consumption of hard liquor among university students ²²

The data point out those Austrian university students mostly drinks (34.3%) half decilitre and 21.6% of them consume between 1 and 1.5 decilitres. Although from Hungarian respondents significantly fewer students consume 'a shot', but definitely more students consume quantities that are harmful for their health. The number of those Hungarian university students who consume occasionally between 2 and 2.5 decilitres is two and half times more than that of Austrian students; what's more the number of those Hungarian students who occasionally consume more than 2.5 decilitres is almost two times more than the of Austrian students. The number of those who do not consume the product is less by 30% among students studying in Vienna. However, those university students of both cities who consume hard liquor overvalue their health conditions, and those students who regularly drink much mainly consider their health conditions good. It can be questioned even though this type of alcohol is relatively rarely (Figure 5) – almost every second week – consumed by respondents. However, this is the 'mean', since men consume this product almost every week! Regarding the alcohol consumption of students it is also a sad fact that only 7% of the respondents have never been drunken, but 41% of them have already been drunken more than ten times!

VI. CONCLUSION

Based on the findings of the research conducted among the students studying at the economic universities of two neighbouring countries it can be stated that students (especially Hungarian ones) most often overvalue their health.

Based on the analyses it can be stated that we are not clearly aware of the fact that we have a worth – our health! It only depends on us how long this treasure is going to be in our possession. This is also shown by

that according to almost 13.3% and 8.4% of the respondents alcohol consumption does not damage health. The statement that 32.9% (Hungarian consumers) and 14.5% of the respondents don't even care about the unhealthy being of the product can be considered really amazing. Regarding this question a strong significant difference ($\chi^2=15.339$, $df=4$, $p=0.004$) can be shown between the youngsters of the two nations. Therefore H1 hypothesis can be rejected.

The finding of the analysis also revealed that the lack of harmony in family 'pushes' the students towards deviance which is partly manifested in alcohol consumption. The other distressing statement is the alarmingly high rate of alcohol consumption between the ages of 13 and 16 (therefore H2 hypothesis can be accepted).

Significant differences can be observed between the alcohol consumption habits of students studying at the universities of Vienna and Győr. If I want to summarise the findings of the research briefly, I could say that students consume alcohol 'in an essentially cleverer way' in Vienna than in Győr, which means that they consume significantly less from hard liquor that especially endangers health. The rate of those who do not consume this product is less by 30% among student studying in Vienna than those studying in Győr (thus H3 hypothesis cannot be accepted).

Based on all these data we can state that health and healthy lifestyle as an approach has to be strengthened by workers of public and higher education, and every research and approach-shaping which could help us in this should be an important task of professionals dealing with marketing, education and health care! However, it should become clear as well that knowledge dissemination is not satisfactory; the problem cannot be solved without the active involvement of the stakeholders!

²² Own compilation

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