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**Regional Appearance of Health Determinants  
Concerning Health Behavior Factor of  
National Economic**

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## **Regional Appearance of Health Determinants Concerning Health Behavior Factor of National Economic**

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### **Abstract**

The determinant of a healthy lifestyle is the environment in which we live, our home, the school, and the work environment. The typical spatiality of consumer-oriented leisure style is oriented to big cities, county seats, while the intellectual, artistic leisure style, experience-seeking, and technic style appear in the small town culture and villages, while the traditional-conservative leisure style is typical of those living in the family house. Socio-culture has a significant impact on the development of risk behaviors, in which the living environment is decisive. The rate of emergence of health determinants depends on the place of residence and regional economic development. (Keresztes et al., 2005) One of the determinants of health determinants is the quality of leisure activities, which has an impact on risk behavior and the well-being of the population. (West-Sweeting, 1996) To identify the territorial variation of health factors, regional research is needed to identify health determinants in the region, and we represent our research target area in our study. Our research covers local health behavior, health awareness, the appearance of health factors and their proportion. In addition to socio-demographic factors, we examined the elements of harmful and preventive lifestyles. The survey is based on the West-Transdanubian region of Hungary, which represents a higher economic level than the national average. The sample of our survey is the urban population. The method is survey research. In result we didn't find highlighted area, but there is less developed compared to previous research. The characteristics of the age groups showed that in the age group of middle-aged adults and the elderly, health awareness and health behavior is higher than the average. In the field of health care and leisure spending, with the development of urbanization, there is an increasing amount of prevention, its tools appear in the local space, which increases the quality of life. Territorial developments alone do not lead to an increase in living standards, but only in line with the health consciousness of the population. The health consciousness of the population appears in the field of physical activity, knowledge of health factors, its application is dependent on individual motivation.

**Keywords:** Health Behavior, Health Economy, Life Living Standard, Prevention, Regional.

## **Introduction**

From an economic point of view, health behavior is particularly prominent in preserving the working capacity of the population, in the sustainable operation of the health care system, and the market role of private health services. The problem of financing health care is not only present in our country, but also one of the prominent segments of Western societies in Europe. The aging of Europe's population, the rise in average age, is a growing burden on health care financing. In Hungary, the poor state of health is aggravating this. Health is a cornerstone of a welfare society that we need to pay close attention to. For a positive change, we need to make progress in unhealthy lifestyles, health culture development, the country's economic development, performance, social inequalities, the quality of health care, and the appropriate training of professionals. Lifestyle is the determinant of the individual's health, with factors such as family, workplace, and leisure. The development of the population requires intersectoral cooperation, in which the state, the local government, the professional representation, the social organizations, and the local communities are present. In Hungary, several public health programs have been launched (Public Health Program for Healthy Nation 2001-2010, Decade of Health National Program of Johan Béla 2003, National Stroke Program 1992-1997 National Environmental Health Program in which goals and basic tasks have been defined and achieved programs at the implementation level. The goals include increasing the number of years of life spent on health, preserving and improving health. Among the core tasks were, among other things, the strengthening of a healthy life, education, and awareness-raising, and the development of a culture of movement. Programs to achieve these goals include programs to combat quality-of-life diseases, action plans on health determinants, which are expected to improve in the fields of education, nutrition, and movement, and which can be used to improve health, reduce disease (Mikola, 2004). One of the key areas of government policy, the achievement of a sports strategy goal, and the attainment of a sports nation can only be achieved with the help of trained people (Gósi, 2018), which promotes the improvement of living standards.

## **Literature Review**

Data on the health status of the Hungarian population (Szakály et al., 2003), examining the beneficial physiological effects of regular physical activity and the Eurobarometer 2010 data show that increasing the activity level would be vital for the Hungarian population from the current 23%. Test data confirm that to become a physically active adult with whom they loved physical activity and sports in their childhood. (Szakály et al., 2003) In the research on the appearance of health dimensions, a significant proportion (79%) of the physical dimension was examined (Hawks et al., 2008). The essence of complex management of health dimensions is that each factor affects each other, interventions in one area appear in other areas. These correlations can be seen in emotional well-being and

cardiovascular status (Williams et al., 1999). Furthermore, the contribution of the social dimension to the expected health consequences of diseases such as cancer, cardiovascular disease (Callaghan and Morrissey 1993; Uchino et al., 1996). The positive effect of social support on health behavior, optimism and self-esteem is an important element (McNicholas, 2002). Negative relationships can be discovered concerning spirituality and depression (Nelson et al., 2002) and eating disorders (Hawks et al. 2003).

### **Quality of Life and Prevention**

One of the decisive aspirations of mankind is to maintain health, prevent disease, improve quality of life, and increase the number of years of life. The fast and perfect adaptation mechanism is based on the most advanced biological organization, with which it retains its internal stability against changes in the outside world. The learned conditional, unconditional reflexes provide the prevention of the organization, to indicate if any problems have occurred. Thus, biological and social prevention play a role in the occurrence of an adverse event. In the analysis of economic-social impacts, we find a credible background in the theories of Public Health, in which the health problem of welfare societies appears: Industrially developed, rich countries spend a lot of health, medical research, education, yet there is considerable inequality in health opportunities. (Forgács, 2004) The determinants of quality of life also have a strong impact on health. This includes culture, body culture, sport. In the formulation of Linton (1936), culture is the way of thinking, value creation, norms that we share, and we inherit it for generations. The norms of behavior adopted by society belong to the definition of culture. In this respect, health behavior is part of the culture and determines the quality of life. Health-related quality of life, "Health-Related Quality of Life" measurement consists of several segments. The physical dimension is related to the motion activity, the mental dimension reflects the inner emotional-mood state and the social dimension, which includes social integration. The individual and his / her environment determine the quality of life, the balance of its relationship, the coping, the adaptation, the culture, in which culture can help the population-level health and even prevent the successful transfer. In successful adaptation, health behavior is positive and has a positive effect on the quality of life (Kopp, Pikó, 2004).

### **Social Aspects of Health**

New challenges to health expect new-looking responses in which the role of the changed family, the urban lifestyle, is not appropriate. The development and development of health culture also justify community learning. The relation to health in community spaces is becoming increasingly important, which is reflected in the society's life-style technique and health condition. Social roles are expanded by organizing, generating and financing value transfer, training. The ways of

health promotion represent a new direction with the spread of mass media. The importance of health education as a social task was formulated by economic need. Health promotion has appeared at the level of public education, already in the basic public education, which is accompanied by higher education, becoming an individual or a lifestyle developer to improve the quality of life of society. Based on the principle of health policy, it is cheaper to prevent the development of the disease than to heal the patient. In this sense, prevention plays a key role. In this, education for health-conscious behavior and health-promoting professional training have a decisive role. The ability of the school to create the ideal is influenced by the behavior of contemporary groups, the world of the media, and this has less impact (Benyhe, 2004). The basis for the development of health behavior is family socialization, the next level of public education and follow it the social environment.

### **Sport and Economic in Health Behavior**

In the context of sport and health, the athlete's environment is manifested, and the benefits gained by it contribute to the self-esteem and judgment of young people, which can help the individual to maintain their activity. Socialization in early-stage sports helps to consolidate a health-conscious lifestyle (Faragó, 2015). The impact of sport on the healthy lifestyle of the nation is reflected in its social appearance and national identity, as the sporting achievement of a nation increases national identity, influences the athlete's headcount and role model of athletic lifestyle (Györi Szabó, 2012). The recreational sport as health-promoting effects means: the individual health and well-being (feeling good); developing a balanced personality; Reducing health, policing and social spending; contributes to economic development (better quality of work, fewer sick days) and contributes to environmental performance (Béki, 2016). When examining corporate embedding (Konczosné Szombathelyi, 2014), the quality of life in companies' commitment to regions is a key component of health culture and its profession.

### **Regional Distribution of Health Behavior**

The place of residence, the environment has a significant impact on the individual's health behavior, therefore the examination of spatiality is of paramount importance in health behavior studies. The environment, the socialization medium in the lifestyle lay the foundation for the use of prevention. The development of early health behavior, the development of health consciousness in the first social group, as a family, will play a major role in the institutional background. The disadvantageous socialization environment also determines health culture and negatively influences health economics. People with low status, segregation environments have higher risk behaviors, but smoking rates are high and quit smoking is low. Alcohol consumption is more prevalent among people living in unemployment, which appears to be a stress-relieving

phenomenon, and the emergence of civilization illnesses manifested in depressive symptoms. (Kawachi, Kennedy, 1999, Stead et al., 2001, Hill, Angel, 2005)

### **Levels of Urban Health Behavior**

The regional appearance of risk factors reveals the characteristics that indicator psychosocial health refers to. The economic and geographical conditions of the regions determine the health factors. Urbanization is characterized by an increase in the level of urbanization due to dynamic economic development, mainly due to the university environment. (Keresztes et al., 2005) Territorial differences may not differ by region but in a city. A housing estate environment also determines the social group, small dwellings dominate, the truncated family, which predestines the social and social background. (Egedy, 2000) The social structure of people living in housing estates can be separated by groups of other segments. Nowadays, housing estates are not necessarily paneling homes, but also include newly built residential parks. The age group of people living in newly built housing estates is typical of the younger age group. In the old housing estate environment, the appearance of low-income and educated residents are visible, with health care indicators moving at a lower level. The heterogeneous environment contributes to a higher standard of living, including an increased level of health behavior and a healthy lifestyle. (Hou, Myles, 2005) The opportunities for leisure activities can also be linked to territoriality, as the spatial development sports strategy as a sports policy achieves higher quality areas in the first round, offering more to the residents. There is also risk behavior in the leisure area, where it is not conscious to spend leisure time. Unstructured activities, which are uncontrolled, useless pastime, unwarranted strolling, and leisure activities with groupmates, reinforce youth deviance.

### **Structured Activities**

In contrast, the institution has a major role to play in shaping the culture of leisure-time activities in the field of offering programs beyond school hours (sport activities, professional circles, etc.). Structured activities act as a protective effect on health behavior. (Vazsonyi et al., 2002) In the context of leisure activities and the place of residence, there is a discrepancy between certain types of settlements, such as towns and villages. The contemporary and consumption-oriented leisure style is typical of those living in big cities and townships, the intellectual-artistic, and the experience-seeking and technician style for those living in the village / small town and the traditional conservative leisure style for those living in the family house. The prevalence of drug use is also higher in counties with a more economically advantageous position than in smaller settlements (Keresztes et al., 2005). The environment itself can be a danger. It is characteristic of young people living in these locations that they do not move away from their immediate surroundings. They only encounter common problems and are not motivated to

achieve a better life. They do not see an example, a challenge, they do not want to learn further, and even compulsory schools are difficult to do (Uzzoli, 2000, Keresztes et al., 2006)

## **Methodology**

The socio-economic appearance of health is of increasing importance. It is necessary to reveal the background of the problem, in which the correct direction of the repair is revealed. This mechanism of action includes public and higher education as a specialist training base, and the labor market as a medium for long-term health promotion of a profitable, national economy-producing population. Our study examined the health behavior of prospective professionals in higher education, health promotion, and recreation.

Our research aims to characterize the health behavior of health and sports science students and its extent. Because the lifestyle and health image of professionals have a significant impact on health development and play a decisive role in the labor market. From a territorial point of view, our research covers the Western Transdanubia region of Hungary. According to the data of the regional health picture, in the area of mental health, the picture is the most favorable in the Western Transdanubia region, while in Northern Hungary it is the worst. In regions with favorable values, the proportion of people suffering from chronic anxiety, depression or other psychiatric illnesses is lower than national. Our research questions ask about the indicators of a healthy lifestyle. We examine the behavioral attitudes of lifestyle among preventive health consciousness. In addition to health behaviors, the key to change is the motivation for change, the use of development opportunities in the spatially appearing health environment. The territorial aspects of all these are related to the national survey. Our research questions ask about the indicators of a healthy lifestyle. We examine the behavioral attitudes of lifestyle among preventive health consciousness. In addition to health behaviors, the key to change is the motivation for change, the use of development opportunities in the spatially appearing health environment. The territorial aspects of all these are related to the national survey.

The research sample was given by a study of students in health and sports studies. The method of the survey is a questionnaire, the element number is 154 persons.

The questionnaire includes questions on physical activity in residential health services, sports, recreational opportunities, local community life features, and screening opportunities. In the case of health image questions, we examined the health image of similar age, what is it doing to make it healthier, or is it willing to do something about it, what factors influence its physical activity?

The evaluation of the questionnaire was carried out with the help of the SPSS statistical program.

Our survey is intended to be basic research for our research on the relationships between the health and the national economy, the development of the annual health image trend and the current state of regional health.

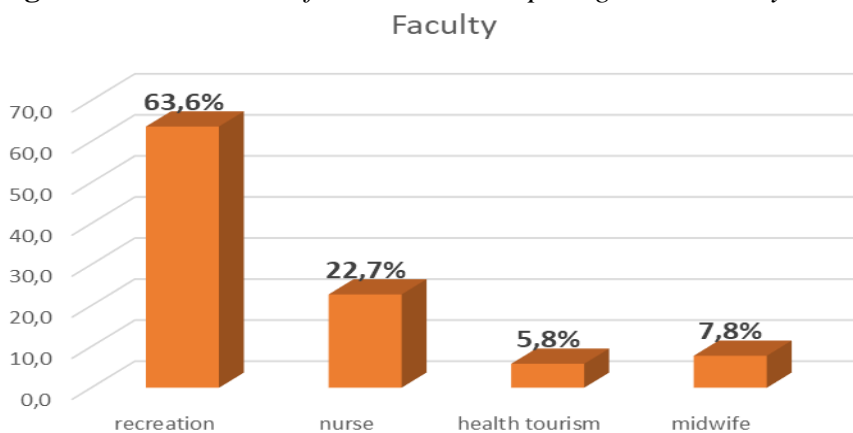


## Findings/Results

The demographic data of our research shows the proportion of women in all fields is higher (71.4%), while 28.6% of men participated in the survey. We completed the questionnaire in four department in which the participation was higher in 1st and 3rd-year students (1st year 40.3%, 2nd year 11.7%, 3rd year 40.3%, 4th grade 7, 7%).

The students of the Health and Sports Sciences University participated in a survey by faculty. The largest number of respondents came from the field of recreation students, 63.6%, then 22.7% nursing students, 5.8% health tourism, midwife 7.8% participated in the health behavior questionnaire. (Figure 1)

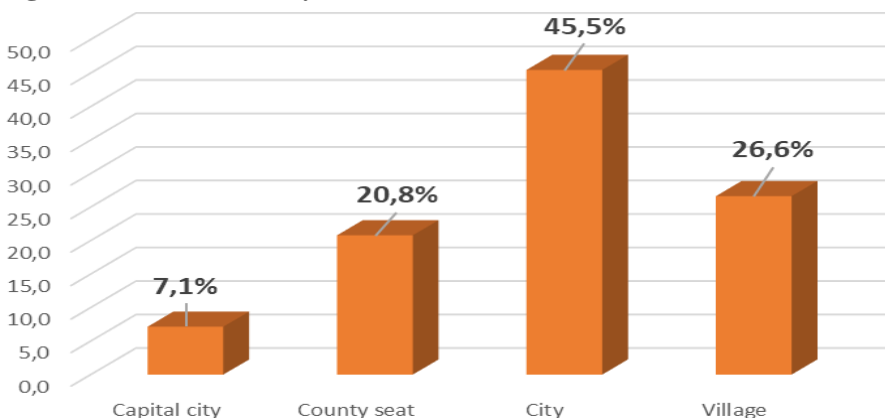
**Figure 1.** *Distribution of Students Participating in the Survey*



Source: Author.

Most of the respondents live in the city (45.5%), 20.8% in county seats, 7.1% in Budapest and 26.6% in the village or village. The distribution of territoriality is an important issue as the health image of the urban population is higher than that of people living in villages and villages. (Figure 2)

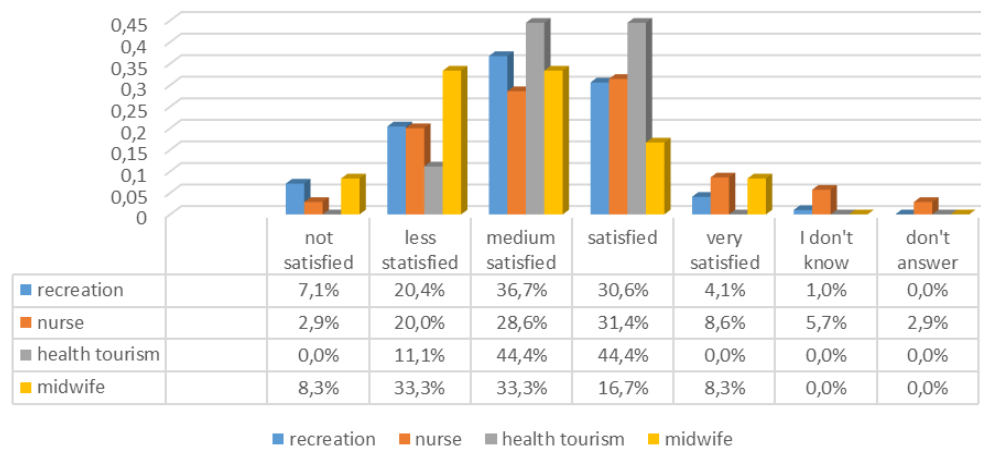
**Figure 2.** *Distribution of Residence*



Source: Author.

An important element of health awareness is the level of health care in the home environment. That is why we considered it important to consider healthcare in the living environment. Responses were assessed by profession. Respondents in the cumulative assessment reported a medium and more satisfied judgment, mainly (44, 4%, 36.7%, 33.3%) of the responses to health care. There are more discrepancies in the responses per specialization, per specialization. The mediocre and rather satisfied assessment was marked by the health tourism sector (44.4%), while those of the recreation sector gave the more moderately satisfying answers (36.7%). Nurses chose the highest grade of satisfaction (30.6%), while in midwifery the response was moderately satisfied (33.3%). (Figure 3)

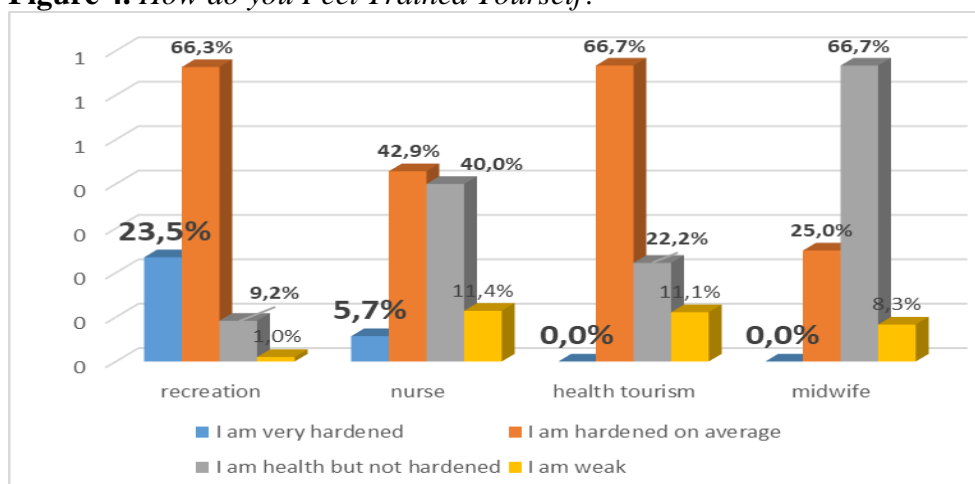
**Figure 3.** *How Satisfied are you with the Characteristics of your Residence? Health Care*



Source: Author.

Individual consciousness appears in health behavior. In the field of professional training, the health picture is a priority area of the professional base, as future professionals can develop the social health culture based on their health consciousness. The average trained markers were nominated the most for recreation and health tourism, the nursing graduates were hard-working and healthy, but they gave an untrained response to a higher proportion, while midwives judged themselves to be unhealthy. Only 23.5% of students studying in the field of recreational health in the field of health and sports in the survey judged themselves to be much trained, which does not show a positive image in the ideal of health behavior. (Figure 4)

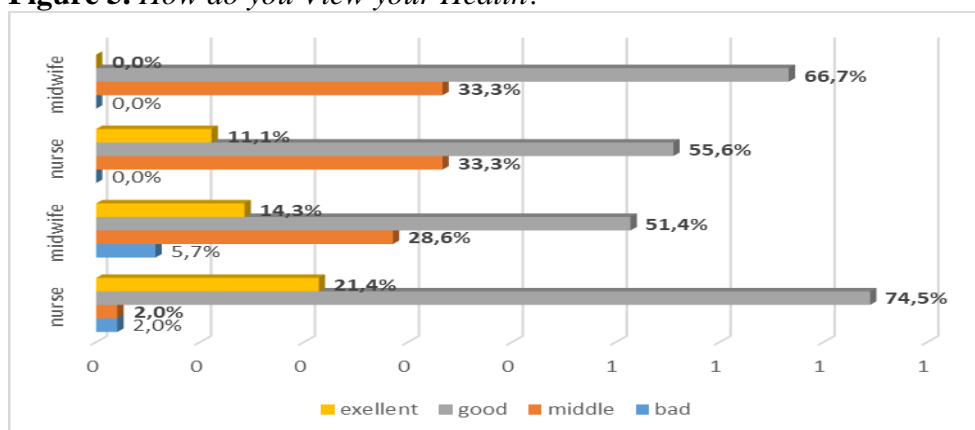
**Figure 4.** *How do you Feel Trained Yourself?*



Source: Author.

Health consciousness is reflected in the individual's quality of life. Based on this, our questions covered the assessment of health status. In the responses, the excellent health status does not appear in the first place, which refers to the lack of health awareness and health behavior. In all of the examined subjects, the good health status is shown, while the excellent only appears in the recreation field in the second, while in the nursing and health tourism fields it appears only in the third place and in the case of midwives it has not been nominated at all. As regards the health image, professionals leaving the area of a healthy lifestyle do not consider their health to be excellent. (Figure 5)

**Figure 5.** *How do you View your Health?*



Source: Author.

The study also covered other topics that are described in the following publications. The Health Behavior Test is the basis for our further research method, which includes fitness procedures, strengthens or weakens the results of the Health Behavior Questionnaire. Based on the questionnaire survey we can see the directions that need to be developed and which show a proper tendency, and

we can explore further processes with an intervention method based on the fitness procedure.

## **Discussion**

Our health behavior study was carried out by the students of the University of Health and Sport Sciences. The health behavior and health image of future professionals in the field of health and sports science fell under the average and good judgment. The result cannot be said to be positive due to the specialty of the profession, the development of health consciousness is also necessary among the sport experts. Exercise and health image of future health developers, lifestyle makers are expected to require a high level of excellence, showing an example for the rest of the population. The perception of the care system does not reflect the negative environment among the respondents, so the lack of health can not be attributed to its absence. The idea function does not prevail in the assessment of the state of fitness and health, and public education must play a role in strengthening it. The results of our research coincide with the experiences of previous studies, in which health care students studying in higher education in higher education and those working in Hungarian health care do not appear as a significant value, their health-maintaining behavior is extremely low, they do not follow a healthy lifestyle in their lifestyle. The effectiveness of their health-promoting social role is questionable (Feith et al. 2008). In contrast, some studies serve as counter-examples in which the health behavior of medical students has been better compared to a similar age group of the average population, but their mental health status is weak (Bíró et al., 2008, Rosta et al.2012) there are shortcomings in which it is necessary to treat health consciousness differently by segmenting age groups, as its motivational factors are different.

In the majority of the above-mentioned health behaviors, we agreed with our findings, except for some positive examples. We would have been more pleased if we experienced a positive change in our current investigation, or we might have reported a specific case. The result of our research has highlighted several areas to be developed that are essential for improving the quality of life and lifestyle and should be given a more prominent role in training. The motivation and health behavior of professionals is crucial for increasing the health culture of the population. This requires specialists with healthy self-esteem, expertise, and health consciousness who can increase the health behavior of people involved in national economic production in the labor market, thereby shifting healthcare funding to preventive health behavior. As a result, economic recovery can be achieved by reducing the cost of patient care.

## **Conclusions**

The results of the study have an impact on the health culture of the labor market; The results of the survey showed that it is necessary to strengthen the level

of health behavior in education to increase the health image of lifestyle professionals. Knowledge of health-conscious behavior and health culture increases physical activity (Szakály et al., 2016), which determines the quality of life and the maintenance of health. Based on the previous research (Keresztes et al., 2006), a different level of territorial health has become visible in our research, according to which a professional base with a good health image will be placed on the labor market, who will be responsible for the development of local health awareness and the health economy. The area under study is located in the economically dynamically developing part of Hungary, West Hungary, where health care is high.

Territorial differences embrace an increasingly narrow area of globalization, but many tasks still need to be performed on health awareness to have a significant impact on health at all levels of society. The assessment of health, its continuous maintenance, and its preventive appearance are the basis of social well-being by which we achieve the growth of economic factors. The health economic direction is of paramount importance for the territorial development policy, for which the educational institutional system provides support.

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