HEALTHY LIFESTYLE AND BEHAVIORS OF Z GENERATION

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ABSTRACT

Human capital and its development are the key elements of a knowledge-based economy. The basic pillars for this development are the healthy mental and physical development, teaching, and education of youth. A good question to ask is to what extent the young are aware of the important features of lifestyle, which will make it possible for them in the future to become active and valuable participants in the labor market. This investigation started within the framework of the project TAMOP 4.2.2D-15/1/KONV, or 'Medic-Network.' In the framework of that project, the authors have studied the health-consciousness of Hungarians and Slovakians studying in higher education using quantitative methods and web-based questionnaires. Research results show that, in the examined sample, health-consciousness - the approach to protecting health and the preferences of you from the two countries - is different. The health programs of both countries must be developed to reach a well-prepared Z Generation and help build a successful society and economy.

Keywords: awareness, health, higher education students, lifestyle, mental and physical development

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PROBLEM DEFINITION

One of the ways in which Central and – East European countries can break out economically is the development of a knowledge economy. A knowledge-economy means creating, spreading, and using new knowledge, and, as a key element of all economic activities, it has a direct and indirect effect on other fields of industry. Developing a knowledge economy involves the indispensable elements of an education system, research, and innovation. All the activities which

serve the increase of a knowledge economy also contribute directly or indirectly to increase the economy and the standard of living (Olsovska, Mura & Svec 2016).

Another important element of a knowledge economy is that it is built on creative human skills and, as a result, not only utilizes existing human capital but at the same time, extends it intensively.

The development of human capital is a key element of the 21st-century knowledge-based economy (Bernat, 2012). The basic pillars for this development are healthy mental and physical development, teaching, and education of the young. But to what extent are youth aware of the important features of lifestyle, which contribute to the above-phrased requirements (Torocsik, 2013; Nemeth, 2011). Do they consider healthy eating habits, sports, or a drug-free lifestyle important? Who do they turn to if they have mental or physical problems? How do they develop and keep social nets? How do they share their experiences - good or bad - and with whom? Following models developed by Stoddard & Pierce (2016), the purpose of this research is to find the answers to these questions. The authors present a piece of that in the framework of the present article.

The study consists of three main parts. The first part presents the theoretical and practical research in the professional literature. The second part contains the research performed by the authors and its results. And the third part is a comparison of the authors' research results and some previous studies carried out in other countries. Some suggestions for future research conclude the paper.

ANALYSIS OF RECENT RESEARCH AND PUBLICATIONS

Knowledge management is not a new solution for organizations' problems because its tools have already been used in everyday life. However, its systems-approach and its logical steps provide new opportunities for corporations, organizations, and, essentially, for the whole economy to exploit and utilize knowledge. In several cases, human capital, as the most precious capital, becomes the center of strategic thinking, but in Hungary, corporations reach the level of thoughts only. We have found that in several cases, corporations and organizations are not aware of the knowledge possessed by their human capital, nor do they know what kind of knowledge they could utilize. As a result, when solving problems, they rely on upon already elaborated and used solutions again and again. This shortcoming is emphasized by the fact that the already developed solutions often do not reach the place where they are needed due to a lack of connectedness. This is especially true in the case of knowledge-intensive organizations, such as those dealing with research, development, education, and health (Bencsik, 2015). The aim of this research is two-fold. First, it examines this deficiency in connectedness, and, second, it looks at how youngsters think and behave, if they are willing to share their knowledge and how they build their network of trust.

The economic consequences of an inappropriate lifestyle among youth - such as workplace absences, illness, not being open-minded, a lower level of capacity, intolerance towards stress, etc., can cause serious issues for the financial situation of companies and institutions (Borondi-Fulop, 2012).

Healthy behavior is influenced by several factors, and its level is determined by the interaction and balance of the elements of a complex system. The relationships of those influencing factors (Harris & Guten, 1979) are seen in Table 1.

Table 1 is important not because of the theoretical conceptions contained in it, but also because it provides an excellent base to elaborate our practical examinations. It can also be seen from the relationships of the system that one determining factor is the ability to get information. To avoid negative economic consequences, it should be guaranteed that young people receive the necessary information and knowledge on time. They must know that they can count on support coming from parents, teachers, friends, mentors, or anybody else and that the help is available and reliable (Bauer & Szabo, 2005). Therefore, in the case of problem-solving, sharing knowledge and sharing experiences is, along with social networks, a great help.

Table 1. The complex system of healthy behavior

Adaptation to an accelerating world, 'time-pressure.'	Avoiding harmful drugs	Family norms and values
Regular self-check	The system of complex health-behaviour	Social and financial situation of the individual
Balanced emotional life and appropriate physical activity		Conscious eating, compulsive consumer behaviour
Appropriate information about ourselves and our environment	Screening examinations, personal hygiene, and regular relaxation	Information coming from 'virtual space' and its genuineness

In the EU-27 countries, generally, 9.5% of the population rated their health condition as bad/very bad, while in Hungary that amount was 19.2 %. Hospital treatment is considered reasonable by almost half of the population (48%), and 20% is dissatisfied with it. Men and women had the same opinion about hospital treatment, and the lowest value (3.31) was given to this question (Magyarország, 2017).

According to research carried out in 2014 among Slovakian youth, more than half of 15-year old students have experience with smoking, and 39% of the males and 26% of the female students between 18-30 smoke on a daily base. The rate of Slovakian youth (compared to the European average) who drink alcohol regularly is very high; age does not seem to be a problem in buying alcohol. And taking drugs also showed high rates (Youth report, 2014).

The Slovakian Republic is at a higher level than the average with respect to social relations and the balance between work and private life, according to the OECD, as mentioned above research. Still, it has worse results with respect to a health condition, subjective wellbeing, work, and salary. Employment is low and 6% of the employed work too-long hours. Regarding education qualifications, the Slovakian Republic produced outstanding results, as this level was a lot higher than the OECD average; 91% of the employed have at least a secondary school education, compared to an average 76% for the OECD. Regarding life expectancy, Slovakia, with 77 years, is less than the average of 80 years for the OECD. In general, it can be claimed that Slovakian people are less satisfied with their life circumstances than the OECD average, with a value of 6.2 on a 10-point scale (Mihalikova, 2015).

The 2016 Global Millennial Viewpoints Survey revealed troubling findings on young people's mental health. Fifty-one percent of respondents from Index countries felt that their lives are too stressful. Stress levels are particularly high in Turkey, where 72% of those surveyed reports feeling too much stress. By comparison, only 22% of youth in Nigeria felt that their lives are too stressful. Central-European countries were not among the examined countries.

The survey also explored whether young people felt they could access the primary health care they need when they need it. Significant percentages of low-income youth felt that they could not get the care they need (33%). Only 12% of high-income youth expressed the same sentiment. The greatest rates of young people who felt they could not get basic health care were from Index countries in Latin America and the Middle East and North Africa (41% and 36%, respectively).

Table 2 shows some important results of research on the sources and rationale of health indicators carried out in 2017.

Table 2. Health Indicators, Sources & Rationale

Indicator	Source	Description	Domain weight	Index weight	Rationale and notes
Youth stress	2016 Global Millennial Viewpoints Survey	Percentage of respondents who agreed with the statement "my life is too stressful"	5%	2.06%	Stress indicates the pressure young people feel from a variety of sources, whether it is poverty, war, school work, or lack of economic opportunities. Stress levels affect many aspects of physical and mental health and can impede healthy personal development.
Youth perceptions of health	Gallup World Poll	Percentage of respondents who agree with the statement "my physical health is near-perfect"	5%	2.06%	Whether or not young people feel they are in good health is an important element of assessing country performance in this domain. This indicator is measured as the percentage of respondents who agree with the statement, "my physical health is near perfect."
Youth tobacco use	World Health Organization	World Health Organization Age-standardized prevalence estimates for current tobacco smoking among people 15 years and older	5%	2.06%	Smoking and other forms of tobacco use cause long-term damage to physical health, particularly when started early in life.

Source: 2017 Global Youth Well-being Index p.42.

The government of the Slovakian Republic launched a program for the period 2014-2020 with the aim to improve the life situation and life circumstances of youth. It has strategic plans to support the field of education, employment, creativity, willingness to do business, health awareness, wellbeing, environment-aware education, and building social relations. The strategy aims to improve the quality of future life situations of youth, to form culture, and to make them active participants in creating the Slovakian economy. For this to happen, it is vital to educate a healthy and health-aware generation. (Ministry of Labor, Social Affairs and Family of the Slovak Republic, 2016).

The situation is not that favorable in Hungary, however, because few healthcare sources already are available, and withdrawing some due to economic reasons will result in revising the already partly started paradigms of health politics and health organization. To reach a goal of improving the quality of life and life circumstances for youth, it would be necessary for both countries to be aware of the way youth think, their behavior, their ideas about a healthy lifestyle, and the manageability of their problems.

The above-detailed figures show deviation in more aspects in the case of the two countries examined by us. As a result, we hypothesize:

> *The health-aware behavior of the Hungarian and Slovakian youth can be characterized by different ways of thinking. Consequently, they prioritize the building and maintaining of their physical and mental states differently.*

We have not seen this examined in the literature and thus consider our research to be a gap-filler in this field.

FORMULATION OF OBJECTIVES FOR ARTICLE

Sharing information and knowledge is the most important value a researching network can work with. Within the framework of the project, we aimed to provide some general solutions that can be applied in all EU countries and give holistic and adequate answers taking into account aspects of life, security, health care, informatics, and economy. The applied anonymizing solutions, which focus on data-mining, make it possible at the same time to develop and operate modern, professional, proof-based secure and competitive knowledge-based centers, which can be starting points for youth in getting to the elements of health-consciousness and in developing the principles of appropriate behavior and lifestyle.

PRESENTATION OF KEY RESEARCH FINDINGS

Data

The primary research was carried out in Hungary and in Slovakia. A total of 533 students completed a questionnaire designed by the authors, out of whom 277 students were from Hungary, and 251 students were from Slovakia. Five students did not answer the questions; thus, they were not in the sample, and consequently, the total number of the samples is 528.

Of the 528 respondents, 34.8% were male, and 65.2% were female. Regarding their nationality, 60.7% of the male respondents were Slovakian, and 40.8% of the female respondents were Slovakian.

Method

A layered method was used to collect the data, and the respondents had to answer the questionnaire on a platform on the internet. The questionnaire mainly contained closed questions, and it was built on nominal and metric scales. Although based on the number of the sample and the method of the collection, the research cannot be considered representative; the authors believe they can provide a picture of the health-conscious behavior of Hungarian and Slovakian youngsters.

The researchers carried out a one- and multivariable statistical analysis to examine the hypothesis, such as frequency, average, deviation-analyses, cross-board analyses, factor, and cluster analyses. The presentation of the research results starts with the specification of the sample.

The questions dealt with the health-aware behavior of the youth. The figures of international research presented in the theoretical part – in the case of the two examined nations - showed differences regarding health-aware thinking and behavior, which served as a basis for our hypothesis.

Findings

The first group of questions were about health conditions and hygiene. The questions were based on simple nominal variables. It could be seen from the questions that 8.3% of the respondents suffer from chronic disease. A Chi-square test shows (Pearson's Chi-square: 5.39 df: 2 signs.: 0.068 $p>0.05$) that Slovakian and the Hungarian youth are not different from each other in this aspect. As opposed to this, 23.6% of the Slovakian youth and 12.3% of the Hungarian youth do not take screening examinations. For students, however, the proportion taking screening examinations is 23.2% and 17.3% for Slovakian and Hungarian students, respectively. Pearson's chi-squared test showed a significant difference regarding the frequency of visits for screening examinations: Pearson's chi-square: 21.389 df: 3 signs. 0.000 $p<0.05$.

An interesting point of this group of questions was the frequency of having a shower; in both countries the frequency of taking a shower every day or even more often was higher than 96%, although at the same time the frequency for

brushing teeth every day or more often was 87% for the Hungarian students and 96% for the Slovakian students.

The results show that the eating habits of youngsters from the two countries are not significantly different from each other, as was demonstrated by the results of the Chi-squared test. It is a sad fact that nearly one-third or one-fourth of the students eat fruits and vegetables every day. At the same time, almost every 10th student drinks candied soft drinks regularly. According to the students, they rarely go to fast-food restaurants, but their reason for doing this is not known from the research; it could be due to prices or due to the heath-consciousness of students.

The research asked them about engaging in different kinds of behaviors, such as smoking, using alcohol, and taking drugs. Regarding smoking, almost three-quarters of the students do not smoke, which is quite an important message of the research. However, more than 12.3% of the Hungarian and more than 16.4% of the Slovakian respondents smoke daily.

Regarding drinking alcohol, the drinking habits of the students from both countries are somewhat similar; most of the respondents drink alcohol 1 or 2 times monthly (52.4% of the Hungarian students and 51.2% of the Slovakian students). Students do not take tranquilizers (97.5% of the Hungarians, and 95.6% of the Slovakians). Taking light drugs is quite rare; less than 1% of the respondents take light drugs 1-2 times or 4-5 times monthly. Using marijuana was more frequent in the case of the Slovakian students - nearly 5% take it once a month - while it was 1% for the Hungarian students. However, 1.2% of the Slovakians and 0.7% of the Hungarians use marijuana daily. The above results are shown in the following Table 3.

Table 3. Harmful passions (%)

		Never	Once-twice	4-5-times	10-20-times	Every day
How often do you drink alcohol?	Hungarian	15.3	52.4	22.5	9.1	0.7
	Slovakian	21.6	51.2	22	4	1.2
How often do you drink energy-drink?	Hungarian	59.1	23.6	11.2	3.6	2.5
	Slovakian	65.2	19.2	11.6	2	2
How often do you take sedatives?	Hungarian	97.5	1.4	0.4	0.7	0
	Slovakian	95.6	4	0.4	0	0
How often do you take marihuana?	Hungarian	98.2	0.7	0.4	0	0.7
	Slovakian	93.6	3.6	1.2	0.4	1.2
How often do you take herbs?	Hungarian	98.9	0.4	0.4	0.3	0
	Slovakian	97.6	1.2	0.8	0	0.4
How often do you take light drugs?	Hungarian	98.6	0.7	0.7	0	0
	Slovakian	99.2	0.4	0	0	0.4

Getting to know the preferences of the youth played an essential part in the research. The authors gave different variables which the respondents had to value on a 10-point scale, marking how vital the aspects are in their lives. If they considered it unimportant, they scored 1, with 10 being most important. Table 4 shows the average and the deviation received from the answers.

Based on the average of the answers, family and entertainment with friends and gaining professional knowledge (the reason why they are studying in higher education) are the most important factors in the life of the Hungarian and Slovakian youth. Online social presence was the

least important for them, probably because it is not personal, and it is also interesting that a healthy lifestyle received low values. Based on the values of the standard deviations, the opinions were not homogenous, especially regarding deviations with low priority.

Table 4. Important factors of youths' lives (average, deviation)

	Mean Hungary	Mean Slovakia	Total Mean	Std. Deviation
Healthy lifestyle	7.25	7.06	7.16	2.057
Doing exercises, physical activity	7.22	6.89	7.06	2.303
Healthy eating	6.96	6.59	6.78	2.134
Keeping personal contact in physical space	7.943	7.85	7.89	1.957
On-line social presence	6.08	5.64	5.87	2.160
Entertainment with friends	8.27	8.03	8.16	1.935
Being together with the family	8.63	8.58	8.61	1.907
Gaining professional knowledge	8.36	8.22	8.29	1.827
Avoiding dependencies	7.86	7.57	7.72	2.648

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Table 5. Rotated Component Matrix

	Component		
	1	2	3
Being together with family	.828		
Entertainment with friends	.766		
Gaining professional knowledge	.718		
Keeping personal contact in physical space	.622		
Avoiding dependencies	.533		
Healthy lifestyle		.915	
Healthy eating		.890	
Doing exercises, physical activity		.841	
Online social presence			.916

In favor of further analyses, the authors placed the variables into factors. Based on the Barlett-test, the variables were appropriate for factor-analysis (approximately: Chi-square: 1787.791

dg: 36 signs:.000 KMO value: 0.796). The communality of variables was higher than 0.25; thus, every variable got into the analysis. The rotation of the factors was done using the orthogonal rotation method, with the Varimax-method, which divides the factors well. Three factors were developed, with the explained variance-fraction being 68.852%. The following table 5 shows the factors.

The developed factors received the following names:

(1) Building and maintaining an emotional connection

(2) Building and maintaining physical condition

(3) Building and maintaining an online social net

What types of groups could be created based on the given factors from the sample was also examined. The authors used cluster-analysis for that, and 3 clusters were developed using a K-center algorithm (see Table 6).

Table 6. Cluster-centers

	Cluster		
	1	2	3
1. factor	-2.01927	.44291	.13534
2. factor	-.41271	-1.01670	.66748
3. factor	-.15086	-.08908	.08071

The following clusters can be defined based on the cluster-centers:

(1)Cluster 1: Students belong here whose given factors represent rather low values, which means that out of the factors mentioned above, none is important for them.

(2)Cluster: Rather high demands for building and maintaining emotional, social net, but do not pay attention to their health, and are not active online.

(3)Cluster: All three factors represent values, especially health-maintenance. Thus, the factors mentioned above are essential for them.

The authors analyzed whether there is any correlation between cluster-classification and the country where the students come from. The analysis did not prove any significant relationship (Pearson's Chi-square: 2.536 df: 2 signs.: 0.281 p>0.05). The majority of both the Hungarian and the Slovakian students belong to the third cluster (Hungarian 59.6%, Slovakian 52.9%), while they belong to the first the least (Hungarian 9.6%, Slovakian 12.4%). See Table 7.

Table 7. Country-specific cluster-grouping

		Hungarian	Slovakian
1. cluster	N	26	30
	%	9.60%	12.40%
2. cluster	N	83	84
	%	30.70%	34.70%
3. cluster	N	161	128
	%	59.60%	52.90%

Finally, the authors also analyzed with whom the youth usually talk to in connection with health-awareness. The authors enumerated some aspects, and the respondents had to mark – out of the given personality-types – the ones they share their ideas with. As it turned out to form the answers, most often they talk to their friends about sport, about entertainment or about alcohol, however they speak to their parents about health and eating habits. The research also analyzed whether the Hungarian and the Slovakian students are different in this respect, and there was only one case when a significant difference was observed in connection with eating (Pearson's Chi-square 20,225 df: 9 sign. 0,017 p<0, 05). In this case, regarding Hungarian youth, the parental rate was rather high, 42.2%, while regarding Slovakian students, besides parents (28.3%), talking to friends was also frequent (23.9%).

DISCUSSION

The authors compared their results with other previous studies. In the research of GFK and TARKI in 2011 (Bernath, 2012), they analyzed, with the help of multi-option questions, what health means for customers. Many of the respondents marked the condition without any illness, while only 41% marked mental and

physical harmony, and 32% answered a healthy life. According to that research, it can be said that the multi-dimensional concept of health is not yet spread generally. These results are also justified by our study, where youth were asked about their priority regarding a healthy life. In the case of this question, there were some differences concerning the thinking and behavior of youngsters of two nations.

About their eating habits, one-third of the youth do not have breakfast on weekdays, but during weekends, this rate falls to approximately 8% (Traditions, Values, and Young People). In the case of girls, the number who omit to eat, especially dinner, is higher. According to dieticians, it is advised for teenagers to eat 5 times a day, as they are still growing. This can be linked to the fact that having false body images is mainly true for girls, such as anorexia, bulimia (Simo, Mura, & Buleca, 2016).

Based on a questionnaire given by a Hungarian university in 2007, the secondary school students who responded eat 4 times a day generally, but 15% of them do not eat a hot meal on a daily base. Another study revealed that teenagers between 14 and 19 years old spend the most time eating – 89 minutes - after sleeping, and, when compared with figures from 2000, this tendency is growing (Bittner, 2013).

Concerning eating habits, the results of the present study are somewhat similar for the two nations. Sadly, only one-third or one-fourth of the students eat vegetables and fruits on a daily base.

Concerning eating fruit, our research found no significant differences; 30% of students eat fruit on a daily base. Students eat more vegetables, usually, although this trend is increasing. In contrast, 2015 by WHO report noted that 13% of the respondents do not eat fruit weekly, and 17% of them do not eat vegetables (WHO, The European Health Report, 2015). These figures are significantly lower than our results in the present study, which shows that Slovakian students eat both more fruit and vegetables. At the same time, however, almost every 10th student drinks candied soft drinks regularly. Bernath (2012) found that the consumption of candied soft drinks and sweets are characteristic of the one-third of the respondents, although the 2017 report showed a decrease. The older the students are, though, the fewer sweets they take (World Health Statistics 2018).

International reports say that physical activity also influences eating habits (Nemeth, 2011). Concerning the physical activity of the respondents, the Slovakian students had better results. In their case, almost one-fourth of them exercise regularly, while the percentage of Hungarian students who do so is lower than 17%. For Slovakian students, regular physical activity was mainly characteristic for males (this fact was later justified by another question, which focused especially on exercise), while females preferred spending their time with their families.

Concerning their daily activities, there was no difference in watching TV, but Hungarian students are good at doing nothing. They spend more time doing nothing than their fellow Slovakian students. Online-presence and computer games are frequent in both countries, both of which spending more hours daily in front of a computer.

During the analysis of the questions concerning health-condition and hygiene, there was a significant difference, as the number of Slovakian students getting a medical screening is twice as many as the number of Hungarian students. Daily hygiene, though, is present in almost 100% of their lives, but for brushing teeth, the Slovakian students pay more attention to this and also brush their teeth more often.

Consuming harmful drugs is a determining factor for a healthy life and healthy thinking. Smoking shows a decreasing tendency, as only 12-17% smoke, but the rate of students taking more harmful drugs (e.g., marijuana) was rather high in Slovakia with 5%. This is an unfortunate fact, as they are the members of the new qualified generation. Other studies also say that youth tend not to take care of their health (Matarazzo, 1992; Sleskova, Salonna, Madarasova, Geckova, Dijk & Groothoff, 2005; Cockerham, 2000a, 2000b). Based on our results, every student under age 14 drinks alcohol every week, more than half of the students between 18 and 19 eat unhealthy food or in an unhealthy way, and only 33% of 15-year olds exercise regularly. An important message of our research, though, is that despite the presence of harmful habits appearing, paying attention to them can be expected not only from close family members,

but also from friends and schools, either in the form of prevention or treatment.

Based on the results of our research, it can be said that youth consciously do not conceive what health is for them, yet they pay attention to their health and mental wellbeing. Schools usually burden pressure girls, which influences their wellbeing. A lack of self-confidence may be a factor, as well. Otherwise, the youth were equally tired or lonely, in most cases, independent of their gender. Exercising and keeping fit was also equally vital for them (Cockerham, 2005).

Health-conscious behavior is significantly influenced by the behaviors that youth take from home and their parents' attitudes toward a healthy lifestyle. However, young people themselves can do a lot to preserve their health (Berke et al., 2012). The success of their later employment, their performance, and their career to a large extent are related to their health, their physical fitness and mental wellbeing, etc. Mistakes made when people are young can have long-term impacts on the quality of their lives. For their successful operation, companies pay attention to choosing young employees who they can rely on from a health perspective as well as job skills, and whose availability is not hindered by any medical problems. To have stable, balanced and valuable employees who can give the maximum of their capacity, their physical and mental health should be well established from early childhood, and this concept should be given primary attention during their university studies and even afterward as well (Kaul & Irwin, 2018; Irwin, 2019).

Finally, it can be seen from the questionnaire answers how youth use their opportunities to communicate with each other and their parents. They like talking with their friends about sports, entertainment, and alcohol. It is important to note, however, that they also get information about other harmful drugs from their friends, which can lead to false information in many cases. Building trust, therefore, would also be useful. They talk about health and eating with their parents. In the United States – where the daily cost of living for a family is still the highest – the social popularization of drug abuse and eating disorder prevention has been present since the 1960s. This is why 11.7% of the US population is actively interested in their health, while in Slovakia and Hungary, it is only 0.6%.

The results of our research provide useful information regarding education and how youth think. Expanding this research to other countries could be quite useful.

CONCLUSIONS AND RECOMMENDATIONS

This study summarizes the results of research into the health-conscious behavior of Slovak and Hungarian students. The conceived hypothesis was justified by the results, as there are significant differences between the two nations in most cases. For the research results, it can be said that emotional stability is crucial for them, but at the same time, they pay attention to health culture as well. They do it although they are instead often in virtual (online) spaces, which may not have positive effects on their health and their emotional development.

Summarizing the above, we can say that the stakeholders should focus on health-related problems in youth, as they deserve more attention and are worth dealing with. Time, money, and energy should be spent on teaching youth about healthy ways of living, and the conditions for engaging in sports, social activity, communication, and supporting environment also should be developed. All forms of knowledge sharing opportunities must be used in favor of sharing information and educating. A net of trust should be established where youth can get caring help, support and correct answers at any time (Strategy of the Slovak Republic for Youth for the Years 2014 – 2020).

The economies of the examined countries are not at the stage the economy of the United States was in the 1960s, but despite that, we have to pay attention to our health. But to do this, what is needed is a program that is elaborated and supported by the state and which inspires the individual decisions made by the people. The population itself must feel more responsible for their health, and they should change their way of thinking.

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