TERRITORIAL DIFFERENCES BETWEEN COUNTRIES WITH REGARD TO THE WELLNESS LIFESTYLE OF THEIR YOUTH

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ABSTRACT
The focus of the present research is the issue of education on healthy lifestyles and consequently the future target group of wellness tourism. We examined European college students to discern whether there are territorial differences in the wellness lifestyle of their young people and which major characteristics are typical of Hungarian youth. As the result of our literary and questionnaire research, based on factor analysis, we fine-tuned the factors determining the wellness lifestyle in our so-called wellness roulette and make recommendations for lifelong learning in terms of healthy lifestyles.

KEY WORDS
Wellness, holistic, lifestyle, youth, Europe.

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Introduction

Due to the social illnesses and phenomena of our age, people's need for regeneration is increasing along with lifestyle and age (Bánki et al. 2004). This need is becoming ever more apparent in the younger generation. Their main motivation is to preserve their competitive performance for an extended period of time. People with higher levelsof education are more self-conscious due to their wider view and more favourable financial situation. In terms of shaping social attitudes, it is of major importance that there is an increasing proportion of state-supported educational and informational programmes which place heavy emphasis on the application of natural resources and cures. This is also supported by the growing numbers and turnover of television programmes, magazines, clubs, internet sites dedicated to living a healthy life, medicine and herbal stores. Overall, the role of health tourism will continue to grow, since people's interest in natural remedies is growing due to the increasing negative effects of civilisation and their attendant diseases. The embryonic new values have also begun to affect Hungarian society, with tourism playing a leading role. The followers of the new values are the young middle class who comprise the majority of guests of fitness and wellness tourism facilities in the first place. Their objective is the desire to prevent illness and live a healthy life.

It is worth starting healthy lifestyle education in early childhood, as humans are most receptive to knowledge acquisition in this phase of life. Besides family, kinder-

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garten and school have the greatest impact on health promotion (Ander 1986). According to Delors, school has a great impact on children because they spend most of their time there, and the relationship with teachers has also changed (Delors 1997).

The results of our previous studies (e.g. Ivancsóné Horváth and Printz-Markó 2017; Printz-Markó and Ivancsóné Horváth 2017) have led us to undertake further surveys to reveal what the term 'wellness lifestyle' means for the younger generations, and this manifests itself in their thinking. Given these facts, in our current study, the target group of our research is students of higher education institutions. There are three factors behind this decision. First of all, it is important to reiterate the formative effect of education as mentioned above. Secondly, this age group already has discretionary income which they can use as they wish. Thirdly, this group receives relatively little attention in terms of health education. In the course of our research, we examined the health behaviour of young people through the holistic system of wellness, to make suggestions on health education based on our research, and to make proposals for wellness service providers.

1. Literature review

The international and national (Hungarian) literature related to the topic incorporates the changes in the concept of health, the milestones of a healthy lifestyle in the field of education, wellness and the holistic view of the healthy lifestyle. However, it must be noted that Barnekow et al. (2006), the WHO (2013) and Black (2014) consider the creation of the WHO Global School Health Initiative an important step, which, according to Nagy-Barabás (2011), can serve as an example of best practice for Hungary. Despite this, Ander (1986) also emphasises the role of schools in healthy lifestyle education, while Stewart-Braun et al. (2000) highlight the fact that, after the secondary school years, there is a deficit in terms of health strategies and lifestyle research for students of higher education.

One option may be the use of the National Wellness Institute's TestWell. This is an online application that may contribute, for example, to a wellness program for employees of large enterprises or to the improvement of students' lifestyles by means of teacher contributions. Among the means utilised by TestWell are the HLQ (Holistic Lifestyle Questionnaire), the HRA (Health Risk Assessment), the CQ (Customer Questions) and the TPG (Topic for Personal Growth). From these, the HLQ of 50 or 100 questions serves as a training aid (TestWell 2018). Research into the reliability and validity of TestWell has been undertaken by Stewart et al. (2000) and Hey et al. (2006) among students of higher education. They considered the results of the National College Health Risk Behaviour Survey worthy of further attention, for example that students of higher education do not exercise regularly, do not follow dietary guidances when eating, and only a minority protect themselves against sexually transmitted diseases (CDC 1997). Adaptation to sophisticated consumer demands, keeping the abovementioned systems up-to-date, and the requirement to minimise areas of deficiency were the inspirations for our research.

Health, the preservation of health, and health awareness constitute a mega-trend nowadays (Törőcsik 2011; Szabó 2016). According to Szakály's (2016) research, consumers' interpretation of health has changed over time, beyond the former biomedical view - according to which health is equal to the absence of physical disease – and is increasingly about the multi-dimensional interpretation of health. By 1946 the WHO had already amended the concept of health, according to which *"health is*

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." During the 50 years that followed, the definition of health was constantly adjusted. The milestones of such changes are as follows (Table 1).

Table 1. Changes in the concept of health

Author, Date	The essence of the definition of health
(WHO, 1946)	Health is a state of complete physical well-being.
WHO (Copenhagen), 1984	The individual and social conditions of life and individual responsibility are emphasised.
WHO (Ottawa), 1986	Incorporates the knowledge of individual and social factors and the physical environment.
WHO (Adelaide), 1988	The issue of the health of citizens is to be improved at government level.
Seedhouse, 1986	Breaks down health to the individual level, that is, being healthy has a different meaning for everyone, but the basic conditions are to be considered.
Antonovsky, 1987	The basic principle of human existence is the loss of balance, disease and pain.
Insel–Roth, 2007	The question is not whether anyone is healthy or ill, but how far he/she is from either end of the above continuum.

Source: Based on Hidvégi et al. 2015:7.

Beyond the epistemological aspects, the array of definitions also includes the means which are adequate and effective for affecting, maintaining and developing the health condition (Hidvégi et al. 2015).

The results of Szakály's research (2016) show that it is more or less clear to the population what they should do to preserve their health, but they do not act accordingly (Szakály 2016). According to Vitéz and Keller (2018), the acceleration of the rhythm of life demands education on healthy living; however, the conditions required are not always present. In America, not only was it recognised that emphasis should be put on the healthy lifestyle at an early age, but Hettler (1980) prepared a self-evaluating questionnaire within a health protection programme for college students. The former subjects of health and physical education were combined under the new subject of "wellness".

In the program developed by Hettler, wellness and the holistic view of the healthy lifestyle appear. This program is based on the six wellness dimensions defined by Hettler, which are as follows:

– physical dimension – regular physical activity, proper diet, avoidance of harmful habits;
– spiritual dimension – to live according to our values and beliefs;
– intellectual dimension – to identify potential problems and to act accordingly;
– social dimension – to live in harmony with others and our environment,
– emotional dimension – to have an optimistic approach to life;
– occupational dimension – to find enjoyment in one's occupation (Árpási 2014:39).

Nowadays life expectancy at birth is over 80 years in most European countries, and 75 years in Central and Eastern Europe (Figure 1). The question nowadays is rather how many years can be spent in good health at certain ages.

Figure 1. Life expectancy at birth in selected European countries (1960-2016)

Source: Own elaboration based on Data of World Bank Group 2016.

Deteriorating health, beyond impairing the quality of life, also implies that the individual's daily activities may be limited or impossible, his/her social role may decrease, and in some cases he/she may require the assistance of others. The deterioration of health affects not only the life of the individual and his/her environment, but also has serious social costs. The poor health of working-age people is accompanied by low occupational productivity, additional job losses and social costs related to care by relatives (Vitrai and Michalicza 2006).

In Hungary, the biggest danger to health is caused by circulatory and cardiac diseases. The estimated social costs of these two diseases in 2010 were about 2000 billion HUF, more than 7% of GDP. The third biggest danger to health is locomotor disorders, the fourth is injuries, and the fifth is mental health problems (ORIGO 2015).

Numerous studies have shown that health is influenced both directly and indirectly by several factors which are hierarchically related (Vitrai and Michalicza 2006). Factors with a direct influence on health include both genetically inherited and acquired individual qualities, lifestyle, the physical environment (living and working environment), psycho-social factors and health. There are some influencing factors on which we have no influence (e.g. hereditary properties).

However, in some cases, we can have an effect on our own health condition (Figure 2). "Among the factors that negatively affect the health of the population, an unhealthy lifestyle affects a significant percentage of the population according to the results of the survey. Although most of the respondents are in theory aware of being responsible for their own health, nearly one-third (29%) of the population smoke, 5.4% can be considered heavy drinkers according to their self-assessment, and two-thirds (67%) do not exercise for even 10 minutes a day. Overweight and obese people constitute more than half of the adult population (54%) and 71% of the middle-aged men" (KSH 2015).

Figure 2. The major risk factors for premature mortality in the WHO European Region

Source: Data of The European Health Report 2015.

2. Methodology

The first step after creating our questionnaire was to conduct focus group interviews in which we queried the comprehensibility and interpretability of questionnaire items among youths from selected European countries. Four focus group discussions were conducted between 10 March and 10 April 2017. Focus group interviews revealed that the interpretation of some questions was difficult or different for European youth. Even this investigation hinted that there would be differences among youth living in different regions. Based on focus group interviews, the original questionnaire was modified, the questions which were difficult to understand were removed and some questions were simplified through rephrasing, and it was edited into 62 Likert-scale questions. Our questionnaire also contained demographic data, with regard to questions related to attitudes towards wellness lifestyles, which was defined in the following eight sub-groups according to Hettler (1980) and Stewart et al. (2000):

- physical activity-related questions,
- nutrition-related questions,
- questions related to self-care and safety,
- social and environmental wellness-related questions,
- emotional awareness and sexuality-related questions,
- intellectual wellness-related questions,
- occupational (learning) wellness-related questions,
- values and beliefs-related questions.

As the next step of the examination, we tested the reliability of our questionnaire, which was determined to be suitable for the survey (Printz-Markó and Ivancsóné Horváth 2017). The questionnaire data was analysed using SPSS. Since the preliminary surveys showed considerable territorial deviations and we received disproportionately few answers from certain areas, we conducted additional targeted surveys with college students from Western European countries for the purposes of gaining a deeper insight into territorial differences.

Students from 18 countries participated in the study, including 208 Hungarian and 187 foreign students. As students of different nationalities in different proportions completed the questionnaire, country groups were created during the analytical phase. The Hungarian students were examined separately, and both a Western European and a Central / Eastern European group were created. The respondents' average age was 23.00 years (+/- 5.118). The sample consisted of 75% females and 25% males. The respondents' distribution according to settlement by size was as follows: 11.9% reside in the capital,

18.1% in county seats, 45.6% in towns, and 24.4% in villages. 60.3% of the respondents stated that they earned their own income. 37.2% of the respondents stated that they could earn a good living and could save money, 35.8% of respondents could earn a good living but could not put money aside, 11.8% found it difficult to earn a living, and 15.2% were unable to cover their costs by means of their incomes.

3. Results

Due to the territorial differences mentioned earlier, we extended our research to compare Western Europe and Eastern / Central Europe. Hungary belongs to the Eastern / Central Europe group; however, the Hungarian respondents were treated as a separate group as this is the base country of our research. This is where we received most responses from, and we intend to focus on the Hungarian situation in the future.

As a first step, we examined how young people judge their own health. Interestingly, most university students consider their health merely good and only 13-16.8% of them consider it excellent. It is disappointing that only one-third of Hungarian students considered it appropriate, which is very different from other students from both Central and Eastern Europe and Western Europe. The assessment of the state of health on the basis of the cross-tabulation evaluation shows a correlation with the students' country of origin (chi2=13.717, p=0.033) (Table 2).

Table 2. Evaluation of health status

	Hungary	Central / Eastern European Countries	Western European Countries
Excellent	13.0	16.8	13.6
Good	51.0	64.7	62.1
Adequate	31.3	15.1	18.2
Poor	4.8	3.4	6.1

Source: Own elaboration.

We also asked them what they think their health depends on. 58-62.1% answered that lifestyle is most important, while 24.4-32.7%, thought that health is a matter of the soul (Table 3).

Table 3. Factors influencing health

	Hungary	Central / Eastern European Countries	Western European Countries
Nutrition	2.9	5.9	4.5
Activity/ Sport	2.9	6.7	4.5
Health of the soul	32.7	24.4	27.3
Lifestyle	60.6	58.0	62.1
Money	1.0	5.0	1.5

Source: Own elaboration.

The holistic concept of wellness is not well-known to students. The meaning of the word was mostly identified with vacation, and only 2.4% of respondents marked wellness as a philosophy (Table 4).

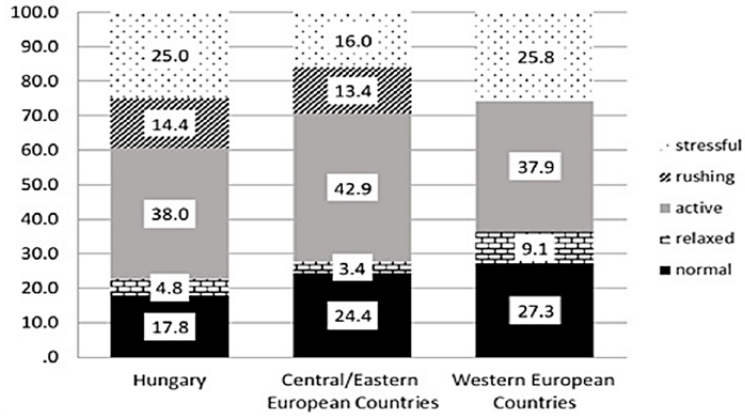
Table 4. The meaning of the word 'wellness'

	Vacation	Entertainment	Regeneration, recreation	Philosophy of wellness
Hungary	74.0	0.5	23.1	2.4
Central / Eastern European Countries	47.9	2.5	46.2	3.4
Western European Countries	57.6	3.0	33.3	6.1

Source: Own elaboration.

Stress is the source of many diseases. Constant stress is proven to cause high blood pressure, circulatory, digestive, cancer and other diseases. In Western Europe and Hungary, a quarter of students considered their life stressful, while in Central and Eastern Europe this rate was 16% (Figure 3).

Figure 3. Assessment of students' life from the perspective of stress



Source: Own elaboration.

Our survey also revealed that most students spend their free time passively. It is shocking that 21.2-26% of them sleep or choose a passive holiday, and if we include watching TV, reading or listening to music, the results are even more unfavourable (Table 5).

Table 5. Ways of spending free time

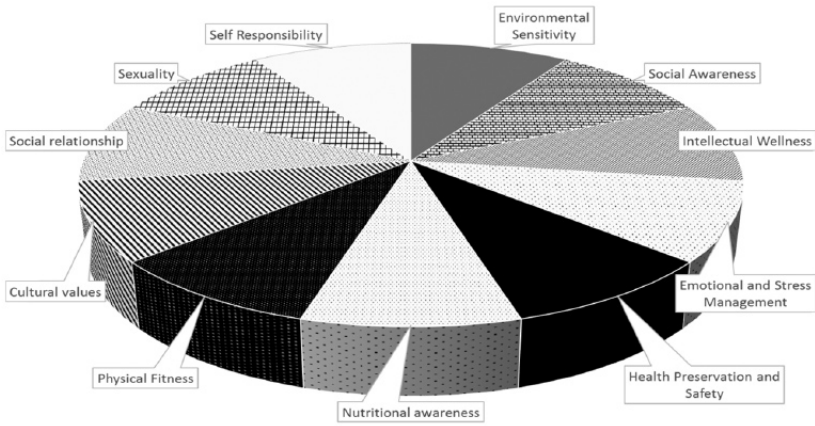
	Hungary	Central / Eastern European Countries	Western European Countries
sleeping, passive rest	26.0	22.2	21.2
reading	9.1	12.8	7.6
watching TV	5.3	9.4	10.6
listening to music	12.5	12.0	16.7
sport	20.2	22.2	19.7
D.I.Y.	1.9	2.6	7.6
work in the garden	3.4	3.4	12.1
outing, hiking	10.6	6.0	4.5
holiday, vacation	3.8	9.4	0.0
other	7.2	0.0	0.0

Source: Own elaboration.

In terms of smoking, we have uncovered a relatively favourable set of circumstances, because only 10.4% of the respondents smoke regularly, only 18% of them smoke occasionally and 71.6% of them avoid this addictive pastime. They also drink alcohol occasionally, for example at certain celebrations. In terms of nutrition, although we measured unfavourable data – meaning that the consumption of fruit and vegetables was unsatisfactory – it is a positive sign that most students cannot be considered overweight. Based on the Body Mass Indexes calculated from the given body weights and body heights, only 18.4% of respondents can be considered overweight or obese. After that, we studied the students' lifestyle with attitude questions that we have prepared in the context of the wellness roulette. Based on the questions relating to attitude, we conducted a factor analysis of the wellness lifestyle, which was used to adjust our wellness roulette, the elements of which combine with the elements of the Health Science module described earlier. Based on a Bartlett's test done in the factor analysis (Chi-Square=5612.987, p=0.000), our basic variables were suitable for factor analysis because there was correlation between them, which was confirmed by the Kaiser-Meyer-Olkin index of 0.863.

Our wellness roulette contains the body-mind-soul factors required for the wellness lifestyle. Instead of the previous 16 sections – which were set up based on the question categories – 11 which had also been present in our previous research were identified, and only certain categories were merged based on factor analysis. Due to page limits, only the modified wellness roulette is included, not the factor table (Figure 4).

Figure 4. Factors determining the wellness lifestyle based on factor analysis



Source: Own evaluation.

In our previous research (Printz-Markó and Ivancsó Horváth 2017) we have determined that, in terms of the wellness lifestyle of European youth – that is, how they are related to the dimensions of wellness – territorial differences can be observed (Table 6). We have also examined other factors, such as the gender of students, their place of residence (whether in the capital, another city, or the countryside), and their financial situation, but only a few of the dimensions have been shown to correlate. Accordingly, we have examined their relationship with wellness as a type of health tourism. We aimed to use our research to demonstrate that these differences can also be found in wellness services, which means that different service packages should be created for wellness tourists from different areas of Europe.

Table 6. Results of ANOVA between the attitudes of students towards wellness lifestyles on a territorial basis.

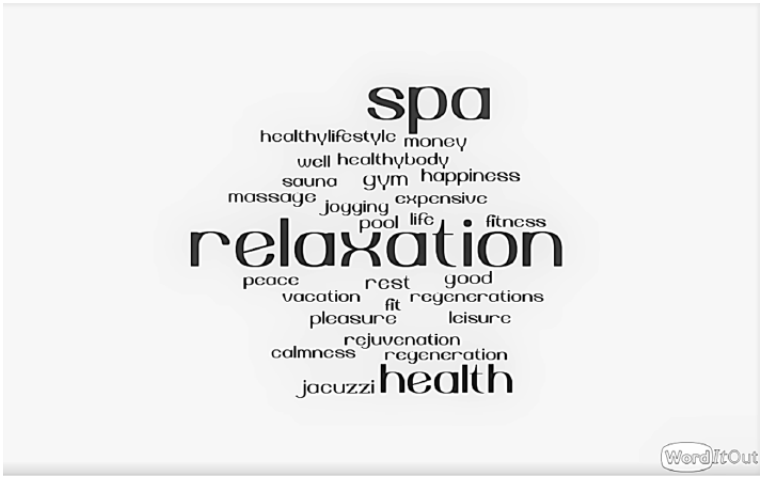
	F	Sig.
Entire questionnaire	4.518	0.012
Physical fitness	0.182	0.834
Nutrition	2.780	0.063
Self-care and safety	3.555	0.030
Environmental wellness	3.800	0.023
Emotional awareness and sexuality	15.475	0.000
Intellectual wellness	5.105	0.007
Occupational wellness	6.707	0.001
Social wellness, spirituality and values	2.675	0.070

Source: Printz-Markó and Ivancsó Horváth 2017.

In our questionnaire, besides attitudes related to wellness, we also examined participation in wellness and consumer behaviour during wellness travels. We found that youth – despite the fact that nowadays health and a healthy lifestyle can be considered a mega-trend (Törőcsik, 2011) – consider wellness merely a simple holiday or a possibility for relaxation (Figure 5). In

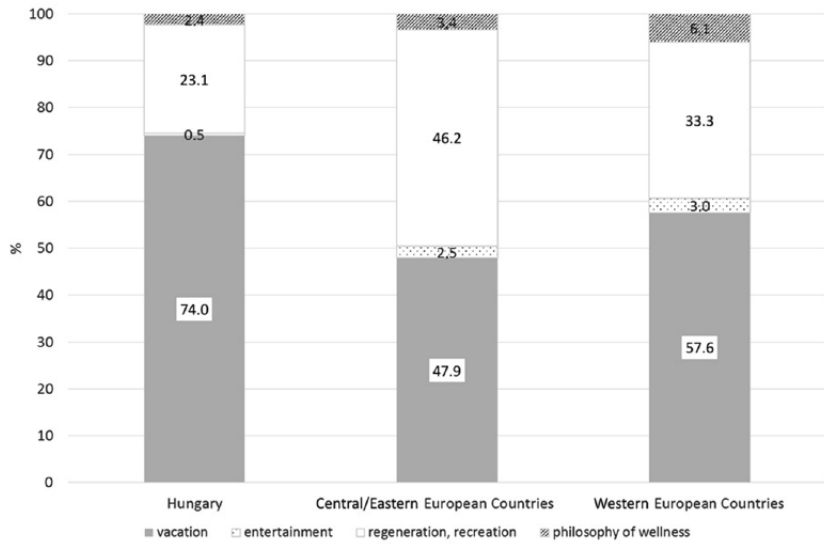
the case of Western European youth, the proportion of the respondents who consider the real meaning of wellness and regard it as a life philosophy was slightly higher, yet still negligible (6.1%), while 74% of Hungarian respondents thought about holidays upon hearing the word (Figure 6).

Figure 5. What does the word 'wellness' remind young people of (based on an open question)



Source: Own elaboration.

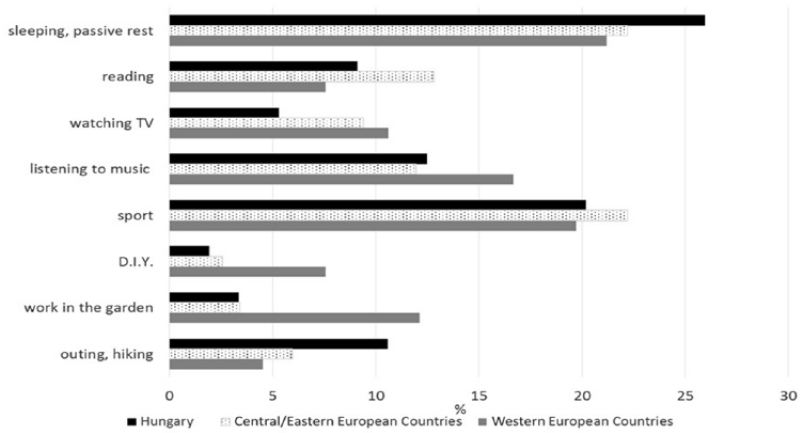
Figure 6. The meaning of wellness for each respondent (closed question) (%)



Source: Own elaboration.

Half the young people surveyed spend their leisure time on totally passive relaxation, only 19.7-22.2% of them do any sport, and only 4.5-10.6% of them go hiking or touring. More than twice as many Hungarian young people leave their house to do physical activity than their fellow respondents from Eastern/Central Europe and Western Europe, but this is also a low number since this represents barely more than 10% of respondents (Figure 7).

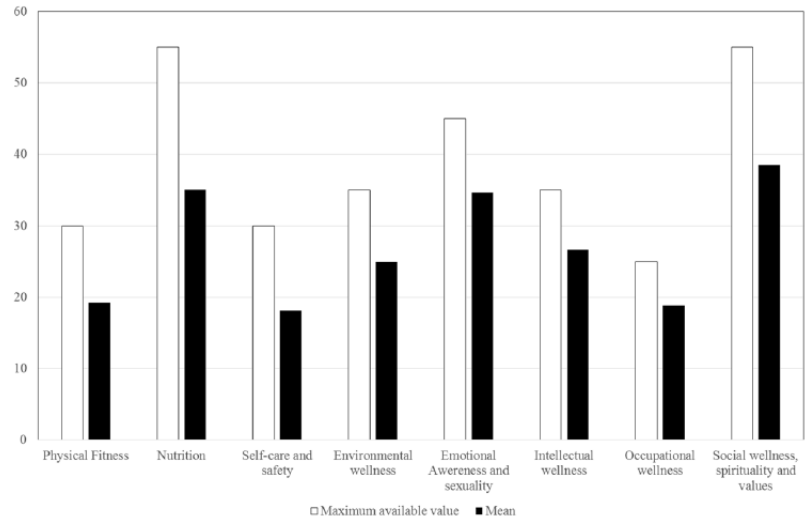
Figure 7. The most frequent way of spending leisure time (% of respondents)



Source: Own elaboration.

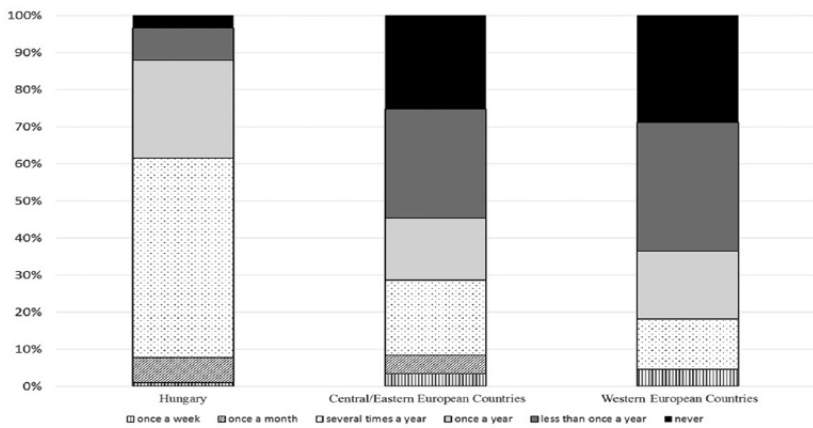
The proper way to relax is very important for stress relief and the regeneration of the human body. This is what the traveller may get help with during an occasional wellness trip. The maintenance of the body-mind-soul unit is indispensable for a balanced, healthy life. At a younger age, due to lower discretional income, visits to more distant wellness hotels are less typical; however, there are plenty of possibilities to experience the wellness lifestyle even at this time. It is a good opportunity for active recreation through visiting nearby spas and fitness centres. Our questionnaire revealed that the healthy lifestyle is most impaired in the field of physical activity, besides self-care and safety (Figure 8).Youth in Hungary have the longest tradition of visiting spas, so it was surprising that this activity was least typical for Western European youth (Figure 9).

Figure 8. The scores achieved by students in each wellness dimension compared to the maximum



Source: Own elaboration based on Printz-Markó-Ivancsó Horváth 2017.

Figure 9. Frequency of spa visits among the respondents, broken down by territory



Source: Own elaboration.

When asked what they think health depends on, lifestyle and spiritual health (24.4-32.7% of the respondents) were described as the most important factors, without any significant deviation (60.6-62.1% of the respondents). This means that it is clear what is important to them in theory, but in reality they tend to spend their leisure time passively and use fewer wellness-related services; if they do, it is rather limited to more fun elements, such as aquaparks, sauna, and fitness. Hungarians tend to prefer steam baths, while in the case of Eastern/Central European youth treatments related to beauty care are slightly more favoured. Neither preventative services such as status evaluation, nor meditation and lifestyle guidance, appear to hold much importance for today's youth.

As shown in Figure 8, wellness thinking in the fields of nutrition, physical activity, social, spiritual and belief is significantly below the desired level.

In the case of youth, education and attitude-shaping might be used to encourage them to live their lives according to a more healthy philosophy which treats the body, mind and soul holistically. In this case there would be a higher demand for real wellness services offered at wellness facilities. The view of wellness in the case of youth from different countries is not uniform, and so this should also be taken into consideration when launching a more conscious, healthier program with the help of communication based on the traditional principles of wellness, which is richer in physical activity, with an emphasis on prevention, status evaluation, stress management and balance of the mind and the soul- instead of following current trends - in which the market players interested in wellness services could also take part.

For the providers, it is worth considering supporting familiarisation with the real content of wellness as part of their marketing communication and incorporating ever more interesting and active programs into the packages offered.

4. Discussion

In our research we examined the relationship between youth and wellness philosophy as a determining factor with regard to their later participation in wellness tourism. Based on the attitude-related questions from the questionnaire, we modified our wellness roulette with a factor analysis of11 sections which, in our opinion, are the factors which fine-tune the unity of body, mind and soul. As a result, our research determined that the individual lifestyle is determined by the part of Europe in which a given individual has grown up.

Cultural convictions about health affect how we think about our health, medical problems, when we ask for health protection and from whom, how we respond to recommendations to change lifestyle, health preservation interventions and how closely we follow treatments. The cultural, social and family effects form attitudes and convictions, and subsequently health awareness (Nielsen-Bohlman et al. 2004; Nagy and Barabás 2011).It is important to note that in Hungary, the concepts of health development and health education are often used as synonyms for each other. In health education, the knowledge of the individual has a critical effect on the establishment of health. Health development is a wider notion which includes measures for the improvement of health and the health education within (Hidvégi et al. 2015).

The attitude of Western European and Eastern / Central European youth differs in the fields of self-care and safety, environmental wellness, emotional awareness and sexuality, intellectual wellness, and occupational wellness. Spas are used most frequently by Hungarians; however, water contributes not only to physical relaxation, but to spiritual and mental relaxation as well. Spending leisure time is characterised mostly by passive forms of relaxation. To be able to change this, greater emphasis should be placed on educating young people about the values of a healthy lifestyle. The first step may be to conduct tests pertaining to health status and lifestyle. As a form of good practice, a starting point may be provided by the Attitude Profile (Recker and Peacock 1981), Life Orientation Test (Scheier and Carver 1985), Sense of Coherence Scale (Antonovsky 1987), and the Perceived Wellness Survey (Adams et al. 1997). In our opinion the BMS-Roulette for the holistic approach, created as a result of our research, may fulfil this. Beyond this we think that simply conduct-

ing a test is still insufficient for supporting a healthy lifestyle. We consider it important to create a course which enables the test to be carried out, the communication of the results, the deepening of knowledge related to a healthy lifestyle, and the provision of advice and guidance. Repeating the test at the end of the given course could even be useful. This may facilitate feedback and following up changes. It would not require the modification of the curriculum network of the individual courses if, for example, it could be carried out under the auspices of a P.E. course. This would suit the HPS method superbly. According to the WHO, intervention by schools may contribute to an increase in physical activity and fruit/vegetable consumption (WHO/NMH/PND/17.3 2017). The results of our present research are disconcerting, since half of the young people surveyed spend their leisure time on totally passive relaxation, and in terms of nutrition, the consumption of fruit and vegetables was unsatisfactory. It is to be noted and considered that, for example, in Tennessee (USA), secondary schools had already introduced the "Lifetime Wellness" course by 1994 (Lifetime Wellness Curriculum Framework, 1994).

Overall, the young people who participated in the present research are considered to be atypical tourists when it comes to wellness tourism. The key factor of the reversal of this phenomenon is the embedding of the wellness philosophy into everyday life. A change in the stressful, rushed, so-called "fast food lifestyle" may begin with such a cheap and easy step as, for example, incorporating walking into one's daily routine or abandoning harmful habits. Additionally, the role of the cultural (family, social) patterns and norms provided by educational institutions is not to be overlooked. As a propagating effect of the health-conscious lifestyle, the demand for health consciousness can be projected. Therefore, wellness appears as a motivational factor among the three basic pillars of touristic demand - besides available leisure time and discretional income. Thanks to this, young people can be said to comprise the 'health-conscious' target group (Budai – Székács, 2001) for wellness tourism. This generation is the fastest growing segment in the tourism industry.

According to the Ministry of Education (Hungarian abbreviation: OM) Decree OM 28/2000. (IX. 21.) "The local curriculum of the school - connected to the head teacher's educational work - shall include education on what constitutes a healthy lifestyle and the material for health protection, the time frame of which at *years 5-12* shall not be less than *10 classes* per academic year (10. § (5.)". At secondary school, health education programs are finished; however, young adults also need to raise awareness, which could be carried out partly at institutes of higher education in the form of wellness courses, and partly, in the case of those not participating in higher education, at various bathing locations and wellness hotels. In Hungary, this can be supported by the Széchenyi Recreation Card (SZÉP-Card) which replaced the Holiday Cheque in 2011. The SZÉP-Card is a universal electronic voucher in card format which the employer can provide as an employee benefit with a value of 450,000 HUF (approx. 1385 EUR; 1 EUR=325 HUF). The SZÉP-Card can be used to pay for inland holidays, hot meals, various health and beauty treatments, wellness and sports services and cultural and entertainment possibilities (Széchenyi Pihenőkártya 2018). Payment by SZÉP-Card has increased among the active employed population. While this was 1.36 billion HUF in 2013 (Szebeni, 2014), in 2014 this reached 2.5 billion HUF. The card can be used for admission to baths and the associated services. In 2014 this was usually used by spa visitors for purchasing

admission. By accepting the SZÉP-Card, the majority of Hungarian bath facilities contribute to preserving the health of the Hungarian population. Since medicinal water is not only a means for bathing but can be used as a medicine-free medical service without side effects (Vajda and Vadas , using this natural treasure to preserve our health is recommended. Additionally, it is important to emphasise that the use of alternative treatment processes to aid recovery after sports injuries, post-accident and other surgeries tends to be more readily accepted in Hungary (Hojcska 2015).

The growth in the number of visits to spa locations may help to provide a higher level of lifestyle consultancy in the future, thus improving the knowledge of the adult population when it comes to health preservation. As an example of best practice, it is worth mentioning the internationally renowned spa Bükfürdő (Vas County, Western Hungary) where they established the so-called 'Fit Point' which enables individual status assessments and program recommendations. The fact that the Fit Point has developed into the Medical Wellness Centre can be considered a response to the prevalent trends of the day.

Conclusions

In our research, in order to provide the validity and reliability of the results, we refined and used the definitions consistently in the case of the fields studied. In spite of this, the generalisability, validity and reliability of the research is limited, for the following reasons:

- due to financial and time limitations, we did not have the chance to conduct questionnaires with a wider range of students of additional Hungarian and foreign institutes of higher education;
- due to the time between conducting the research and the processing and evaluation of the results, the opinions and perspectives observed may not be current.

Our research is a kind of exploratory analysis. With the exact description of the research results, the research can be used in several fields and can be repeated.

In a narrower sense, our research, namely the components of the wellness roulette, can be incorporated into the subject agenda of the courses which we run, such as Health Tourism, Health Tourism in Hungary, and Recreation, at thermal baths. In our opinion this may support the health literacy and health behaviour development of young adults. This points beyond the programme of a promotional healthy lifestyle day. Additionally, it may mean that in the future, some forms of health tourism place more emphasis on how to spend leisure time to reduce the risk of developing diseases, the costs of illnesses and the number of days spent on sick leave. Naturally, the ripple effect of the healthy approach is to be highlighted, which is passed on by students to their family and social network, due to education.

From a broader perspective, the contents of our research, its methods of examination and the results may provide a starting point to establish further comprehensive analyses. The experiences gained from the surveys can be standardised as primary data collection. The questionnaire prepared for the students bears exceptional potential. For measurements of adequate precision, this can be spatially expanded, carried out and repeated annually in a longitudinally ordered framework using a wider sample.

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