THE ROLE OF LIFESTYLE PATTERNS IN THE CHOICE OF HEALTH-RELATED PRODUCTS AND SERVICES IN HUNGARY

Beáta Vajda - Éva Málovics - Zoltán Veres

1. INTRODUCTION

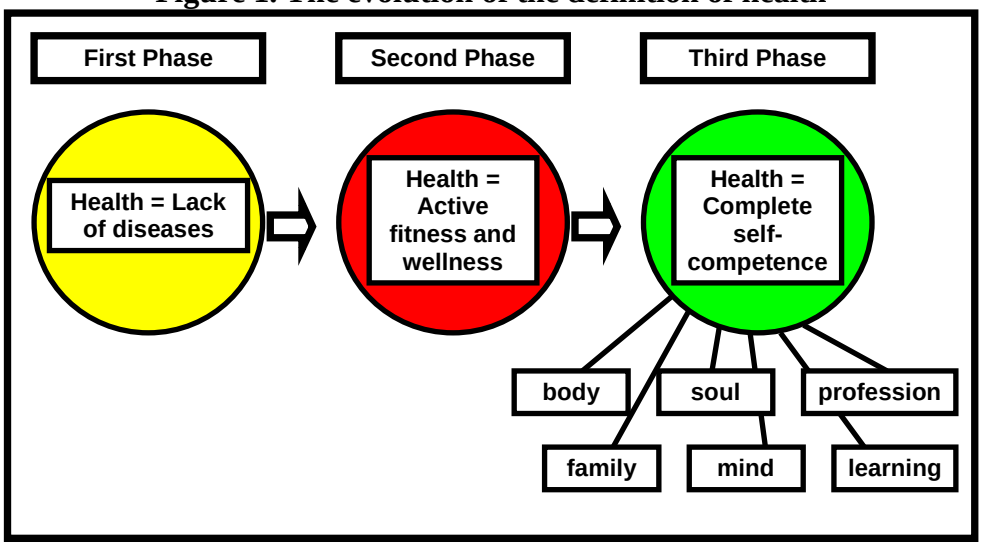
The topic of health and healthcare is becoming increasingly relevant, and economic professionals consider health-related innovations fundamental from the point of view of the future of the world economy. More and more industries get in connection with health care, social trends increasingly affect health-behaviour of people, as a result of which these trends are getting involved in the daily work of physicians.

Törőcsik (2007) summarised trends affecting health care as the followings:

1. A new interpretation of health; attending healthy people is becoming more important. Besides the market for patients, the market for healthy people is gaining bigger and bigger ground and importance. (The basic WHO definition of health, which is not limited to a biomedical definiteness of state of health[1], may predominate in more and more areas.) Globalisation is increasingly present.
2. The increasing number of regular customers on the health market, the demand for "buzz shopping". Being free from complaints is not enough; people search for activity and happiness.
3. Media effects. The media piques the attendance towards different products, services and interventions.

On the basis of the German Zukunftsinstitut (future-institute and university) we can sum the changes in the definition of health as seen in Figure 1.

Figure 1. The evolution of the definition of health



(Source: Kozák, 2008. p. 211.)

[1] According to WHO, health is a „state of complete physical, mental a social well-being and not merely the absence of disease or infirmity" (WHO, 1948).

The significance of health-behaviour is augmented by the fact that in changes in population health during the past century, such as increasing of life expectancy or gaining in height and weight are not only due to economic growth or public policies, but to lifestyle choices as well. The most frequent diseases of nowadays, such as chronic degenerative diseases are in close relation with one's lifestyle (Sassi and Hurst, OECD, 2008). This means, that the role of individuals' has increased in preserving one's health and in the conformation of diseases. This tendency is enhanced by the continuous rise of costs of healthcare services. Therefore, those lay behaviours, motivating factors and attitudes, which generate and affect health behaviour, have become considerably remarkable both for the whole society and for medical layers.

In advanced North-American and West European societies, lifestyle research has been carried out for several decades. In the past decade, lifestyle research appeared in Hungary as well. In our research, our aim is to explore how much a special type of segmentation – lifestyle-based segmentation – can be used in a Hungarian health-market setting; and to find out whether it is possible to analyse (health-related) decisions based on health behaviour and lifestyle elements.

2. THE CONCEPT OF LIFESTYLE

Lifestyle has several definitions in scientific literature. According to Lüdtke and Schneider (2001), lifestyles are patterns of everyday behaviour acquired by actors following their interests and preferences in the long term, framed by values, beliefs and other contexts of social meaning. He considers lifestyle as one's form and structure of the organization of life – this definition entails that the concept of lifestyle differs from the categories of social stratification, as it concerns less the socioeconomic structure of society, and groups people rather on the basis of their individual typical formation of life. According to Zapf (Postel, 2005), lifestyle consists of acting patterns, cultural practises and symbolic assignments. Our research has adopted the "leaner" definition of Veal (2000): "Lifestyle is the pattern of individual and social behaviour characteristic of an individual or a group."

Subsequently, lifestyle-based segmentation is based on activities, interests and opinions – these reflect one's personality (Cahill, 2006). This type of segmentation is also called psychographics; it stresses the importance of psychographic criteria as opposed to and besides purely demographic criteria in forming consumer groups.

The complexity of the concept of lifestyle is expressed in Müller (1997)'s five formal characteristics which appear in all lifestyle concepts either explicitly or implicitly:

1. Lifestyle can be grabbed by a pattern of the manner of living, structured in time and place, depending on financial and cultural resources.
2. Free will as a characteristic, manifesting itself in the possibility in the process of choosing style.
3. Creation of typical and individual patterns and styles and identification (the possibility to distance oneself from others).
4. Distribution of opportunities to choose style.
5. The dependence of individual freedom to choose from social values, norms and financial resources.

From the point of view of sociological research on lifestyle, Müller distinguishes four dimensions, in which lifestyle is manifested: leisure activities and consumption patterns belong to expressive behaviour (first dimension), interactive behaviour (second dimension), evaluation (third dimension), and cognitive behaviour (fourth dimension).

The practical application of lifestyle-based segmentation is suitable in several areas and sectors – from the market of leisure activities to Internet advertising or the non-profit sector.

However, when using lifestyle-based segmentation techniques, there are limitations which have to be considered: obtaining segments which are not only distinct, but also homogeneous within cannot always be accomplished by the psychographic method, and another problem, that there are no standardized methods for developing psychographic items (Hetesi et al, 2008).

3. THE CONCEPT OF HEALTH-BEHAVIOUR

„Maintaining the appropriate health state is the result of largely conscious endeavour and effort, as a person is not only a passive sustainer of circumstances where he/she is well or bad, but more or less he/she creates them as well. One's responsibilities and opportunities are demonstrated by the fact that the risk of diseases which most frequently cause death (cardiovascular or coronary heart diseases) can be reduced by more conscious health behaviour (reduced smoking and alcohol consumption, regular exercises and appropriate diet)." (Magyar Gallup Intézet, 2008, p.1.)

As the connection between behaviour and diseases is increasingly proven, "health-behaviour" gains bigger and bigger importance. Health-related behaviour may be diverse: health-behaviour serves for observing health, namely prevention, while disease-behaviour shows how we search for treatment (Pikó, 2003.). Naturally this distinction is only theoretical; in practise, these two types of behaviour are interlocked and based on the same beliefs and attitudes. Health-behaviour refers to, according to one of its definitions which we accept, "those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective and emotional states and traits; and overt behaviour patterns, actions, and habits that relate to health maintenance, to health restoration, and to health improvement" (Gochman, 1988).

Health-behaviour is based on a specific order of values, the core of which is accepting health as a value, and consists of habits which enhance a harmonious unfolding, but do not endanger the soundness of the organism and the personality. Health-behaviour is composed of conscious and unconscious elements, these create the so-called health-consciousness, which is part on our self-knowledge and reflects to how we approach our own state of health. Maintaining health does not go spontaneously, it requires conscious activity and social responsibility. (Szabó, 2008)

A Szonda Ipsos (Hungarian market research agency) research of 2007 deals with health-related elements of lifestyle (with the objective of a longitudinal research) on the basis of the dimensions under mentioned:

1. Actual behaviour
2. Social and environmental effects
3. Inner/personal (cognitive, affective and biological) factors

The resultant of these factors is called health-style. Segmentation of health-styles has been carried on, examining five dimensions: smoking, alcohol consumption, doing exercise, diet and weight control.[2] (Szonda Ipsos 2007).

Health-style determines many aspects of consumer behaviour, such as consumption of food, consumer goods, medications, leisure activities, or medias.

[2] The Hungarian adult population has been classified into nine so-called health-profiles: carefree gourmet, health-conscious passive, endangered passive, moderately passion pendant, cigarette pendant, uninteresting nihilist, impulsive hedonist, ambitious attractive."

As mentioned in our paper sent to the Hungarian National Scientific Research Fund, the development of lifestyle-based researches is in close connection with achieving certain levels of welfare. Table 1. shows this coherence.

Table 1. Periods in CEE-countries' lives

	Consumption	**Individual**	**Society**	**Economy**
Socialism	Compensating shortages	Survival, organizing life in the deficiency economy	Socialist mass society	Deficiency economy
The time of transition	Doing our share from the global surplus	Enjoying the new consumer sovereignty	Democratic awakening	Homogenous mass market
"The second wave of welfare"	Developing lifestyles	The society of individuals	The society of individuals	Differentiated mass market

(Source: Kozák, 2008. 187. o.)

According to Kozák (2008), we cannot state that we have reached the "second wave of welfare", and – from the point of view of the society or marketing activities – we cannot speak about significant groups which can be segmented on the basis of lifestyle elements (Kozák, 2008)

However, we still think that it is worthwhile proceeding with our research on health and lifestyles, as hygiene, besides being a sector that provides increasing profits, is a significant part of the non-profit sector. Therefore, when we intend to define lifestyle-groups, we may gain relevant information not only useful for market segmentation, but in connection with how it is possible to address these different groups about how to create a healthier lifestyle.

4. RESEARCH METHOD

In our research, we wish to find out what explanatory force lifestyle typologies have and whether it is possible to analyse health-related decisions not only based on traditional socio-demographic and status characteristics, but on lifestyle groups as well in Hungary. We launched a research, as part of a broader project, in which health-related products and services are one types of the research subjects. We gather information through in-depth interviews on activities and consumption of health-related products and services of people belonging to a lifestyle group. In the following sections, we present the method and first results of this research.

A key issue of this qualitative research is to define and recruit the research target group. We devised a recruitment questionnaire which screened out people who do not consider health-related consumption or activities important.

The structure of in-depth interviews was the following:

1. *Relationship between personality and health-related consumption*. The subject's opinion on how s/he judges the importance of supply elements of the area. Supply had to be split into two groups: those elements which are naturally part of our everyday life, and those that may give special pleasure and the feeling of success to the consumer.

2. *Principles of way of life, personality*. Here, the subject talked about the goals s/he follows and the principles s/he adheres to in life.
3. *Relationship between lifestyle characteristics and the examined area and description of the subject's own consumption.* Supply elements of the examined area that are extremely important in the subject's life. For products or services deemed important by the subject, to investigate the role of environment in affecting decision-making and the dimensions of perceived risk and brand loyalty.

All the respondents in the in-depth interviews have a gainful occupation; the data on their age and education are illustrated in Table 2.

Table 2: Qualitative Study sample

	Secondary level education	**College or university degree**
Women aged 26-35	1 person	1 person
Women aged 36-50	1 person	2 people
Men aged 26-35	1 person	1 person
Men aged 36-50	1 person	2 people

Source: Authors own construct

Due to the research subject being diversified, we think that one of the aims of the qualitative phase of our research is to formulate a working definition in connection with health-lifestyle, from which we expect to be able to narrow our list of research questions to the relevant and answerable ones.

5. RESULTS

In this section, we show a part of the findings of the qualitative phase below.

About the increased amount and diverse character of information. In connection with the amount, opinions diverge. While there are those who think there is too much information which make decisions more difficult and prices higher, contrarily, there are those who think the more the information, the more established decisions are, and in addition, information coming from medias or suppliers/sellers may substitute information that should come from doctors in connection with health, but in the lack of time or other reasons, it is not realized. The interviews also revealed a low level of trust – in multilevel-marketing systems or in the whole system as well.

Personality and consumption. The most important factors the interviewees mentioned in connection with what criteria they consider when deciding on the importance of a health-related product or service were current status or occurrent problems of health status, lifestyle habits, and personal or family preferences. It can be felt that preserving health in not always evident, the arousal of a problem is needed for a conscious health-behaviour. As one of them phrased, prevention is not part of the Hungarian culture, it is not natural to regularly expend on it. Nevertheless, there are those who have already tried to pick a conscious behaviour up. It is also important to mention that possibilities are greatly limited by discretionary income. Even those who have a greater income then the average consider health preservation an issue of money.

Principles of way of life and personality. The most important lifestyle principles (and factors determining the quality of life) included a healthy life, security and support for the family, material security and social status.

Relationship between lifestyle characteristics and the examined area and description of the subject's own consumption. There is a great variety of product and services which are important in the respondents life. While there is concordance in connection with the importance of low-fat food, and the consumption of fruits and vegetables, vitamin products and food supplements are not so unambiguously important. Medicines that can be bought without prescriptions are considered important in cases of instantly occurring problems. As for sports, naturally, habits are quite different; running, cycling or gymnastics at home are the most popular. Services such as massage or sauna are still considered as rather luxury goods and only available occasionally, according to several interviewees. Most of the respondents stated that the opinion of the environment have almost no impact on their choice – except for family heritages and habits – ,which is greatly in contrast with the behaviour that in our opinion is most characteristic of a great part of society.

As regard for nourishment, the following types of behaviour are outlined:

- Avoiding forms of health-conscious nourishment: avoiding harmful elements (fat, chemicals etc.).
- Preferring forms of health-conscious nourishment: aspiring for vitamins, calcium, bio food etc.
- Vegetarianism, with the characteristics of the previous two types.

As regard for sports, the following types of behaviour are outlined:

- Those who are doing sports regularly, are willing to sacrifice money for it, and associate fitness, wellness, and healthy nourishment with a healthy state. They are young, and have higher income.
- Those who are doing sports, but are not sacrificing money for it: they are running, cycling or walking.
- Those who acknowledge the need for sports but do not do enough.

6. DISCUSSION AND FURTHER RESEARCH

Most of the respondents consider health the most important value and objective. The gap between admitted and actually followed values has different degree with different respondents. All interviews revealed the opinion that there is an individual responsibility for our health, however, it seems that disease-behaviour is a stronger part of health-behaviour; conscious energy- and financial efforts are made rather in case of the occurrence of a health problem. Financial reasons are the most frequently mentioned burdens for the realization of the desired lifestyle.

The most important factors of healthy lifestyle are in accordance with those appointed by health professionals: healthy diet, doing exercises, avoiding risk-behaviour.

Due to recruitment, all of the respondents are interested in the topic of healthy lifestyle, while all of them refuse rushing it exaggeratedly. To gain a more valid picture on people's opinion, naturally, the range of people interviewed will have to be wider.

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