

The Effect of Social Support on The Intention to Lead a Healthy Lifestyle

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Abstract—An unhealthy lifestyle has become a major health issue in Indonesia. Many researchers start to investigate factors affecting this lifestyle. This particular study sought to examine the relationship between family, peer, and community support on the intention to behave healthily. This research used a quantitative approach. The data were collected through a survey in Tangerang District, Indonesia. The number of samples was 111 respondents. Multiple regressions analysis was applied to test the conceptual model and the proposed hypotheses. The findings showed that social supports, specifically family support, have positive significant impact on intention to behave healthily. Peer and community support did not seem to have significant effect.

Keywords — Social Support, Intention to Behave Healthily, Health Lifestyle.

I. INTRODUCTION

One of the most prominent health issues in Indonesia is the mortality rate stemmed from non-communicable diseases (NCDs) [1]. The root cause of this problem was an unhealthy lifestyle [2]. The prevalence of NCDs can be suppressed through a healthy lifestyle. Thus, it is important to investigate the antecedents of healthy behaviour intention. Intention was a major predictor of actual behaviour [3]. Previous studies on health-related behaviour also used similar approach [4,5].

In the literature, one of the factors that affect intention to behave healthily was social support. Social support refers to “the supportive behaviours and resources of our social ties, including emotional support, intimacy, positive interaction, and tangible support” [6]. A study by Sun et al. (2011) examined the effect of social support on tobacco consumption in Brisbane, Australia [70]. Social support seemed to act as a major deterrent. A study by Hempler et al. (2016) empirically tested the relationship between diabetes type, social network, social support, and health behaviour [8]. Specifically, the research found that compared to people with type 1 diabetes, people with type 2 diabetes were less physically active, tended not to adhere to recommended diet (men), had less interactions with family and friends, and tended to be less unequivocal when it came to asking for help in case of grave illness.

Wen et al. (2004) studied the relationship between family support and other psychosocial factors regarding diet, exercise, and self-care behaviour among older Mexican Americans with type 2 diabetes [9]. They discovered that higher level of perceived family support and greater self-efficacy correlated with higher self-reported levels of diet and exercise. Another study by McEvoy et al. (2018) tested the effect of peer support on dietary behaviour change in adults with high cardiovascular risk [10]. They concluded that peer support intervention affected dietary behaviours.

Previous studies have investigated various types of social supports. Some studied social support in a general context, while others adopted social support from many actors, such as family or friend (peer). However, past studies have not tested the simultaneous effects of social support from various actors. Based on that gap, research that investigates simultaneous effects of

social support from various actors on intentions to behave healthily becomes important. Hence, this research aims to examine the relationship between family, peer, and community support on intentions to lead a healthy lifestyle.

II. RESEARCH MODEL & HYPOTHESES

The research model is depicted in Figure 1. The model was developed based on the Socio-ecological model. It stated that an individual's behaviour was affected by numerous social systems, which were the microsystem ("closest to the individual contains the strongest influences and encompasses the interactions and relationships of the immediate surroundings"), mesosystem ("beyond immediate interactions and includes those the individual has direct contact with, such as work, school, church, and neighbourhood"), and macrosystem ("includes societal, religious, and cultural values and influences") [11]. In other words, the core of the model was that individual's behaviour was affected by multifaceted factors (e.g., family, peer, and community) and interactions among those factors [12]. Therefore, in the context of this research, the decision to lead a healthy lifestyle might be affected by actors in the social systems, such as family, peer, and community. This theory has been used by previous researchers to explain health-related behaviours [12-15].

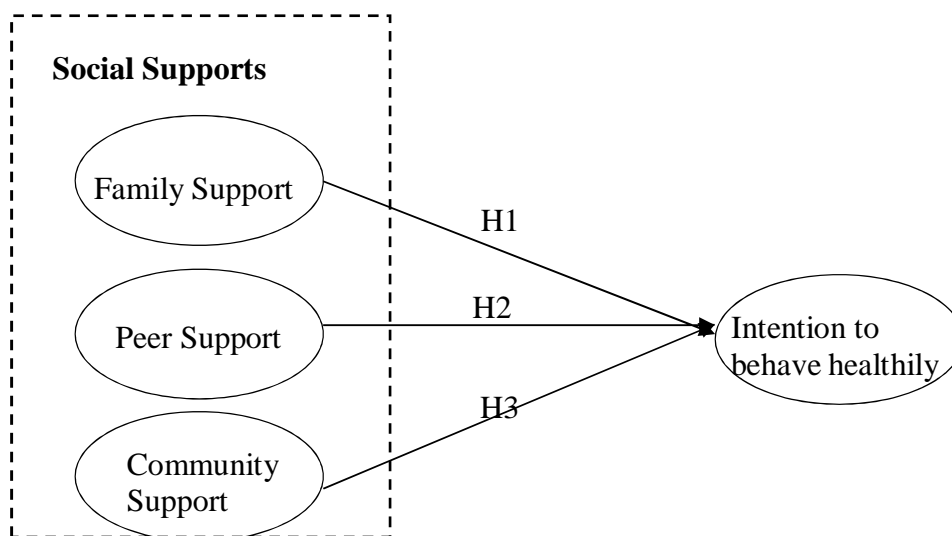


Fig. 1. Conceptual Research Model

According to the socio-ecological model, one of the most important actors in a social system was family as a part of the micro system [15,16]. The literature stated that families played an important role in changing an individual's behaviour [15]. In health-related field, Othman et al. (2012) found that family factor had a vital impact on individual's intention to engage in physical activities [4]. Similar concept also applies in tobacco use [17], alcohol consumption [18], and diet and exercise [9]. Thus, the first hypothesis of this study is as follows:

H1: Family support has a positive influence on the intention to behave healthily

Peer is another important actor in the microsystem [16]. Researchers agreed that friendships could change someone's behaviour [10]. A study by de Paiva et al. (2016) showed relationships between social support from peers and intention to engage in physical activity [5]. Other researchers also came to a similar conclusion [17-19]. Therefore, the second hypothesis of this research is formulated as follows:

H2: Peer support has a positive influence on the intention to behave healthily

The third actor is the community. According to the socio-ecological model, the community shaped an individual's behaviour. For example, a study of Bazan et al. (2020) examined the effect of perceived community support on social entrepreneurial intentions [20]. They found that the effect was positive and significant. Tsai and Kang (2019) came to a similar conclusion. Perceived community support positively and significantly the intention of knowledge seekers to reciprocate in an online professional community [21]. Yang et al. (2014) also discovered the importance of community support on the intentions to create

user-generated content [22]. Based on this consideration, this study proposes that community support would influence people's intentions to engage in a healthy lifestyle. The third hypothesis of this study is as follows

H3: Community support has a positive influence on intentions to behave healthily

III. RESEARCH METHODS

This research used quantitative approach. The data were collected using a self-administered questionnaire in Bogor District, Indonesia. The population was 15 years old and up Bogor citizens and the number of samples were 111. Based on the Lameshow formula, the number was adequate for 95% confidence interval and 10% sampling error.

In accordance with the conceptual model and the hypotheses, this research has four variables, family support, peer support, community support, and intention to behave healthily. Based on the existing literature, those are latent variables which must be measured through multiple indicators [23]. The indicators were adopted from previous research and adjusted for the context of this research. The indicators can be seen in the Appendix. The scale used for the questionnaire was a four-points Likert scale.

This research used three steps statistical analysis techniques. First, descriptive statistics to analyse the demographic profile. Second, item-to-total correlations and Cronbach's α analysis to assess the validity and reliability of the questionnaire. The questionnaire is deemed valid if the item-to-total correlation is significant at 5% [24] and reliable if the Cronbach's α is above 0.6 [24]. The third analysis is a multiple regressions analysis to test the hypotheses. The hypothesis is accepted if the β coefficient is positive and significant at 5%. All analyses were conducted using IBM SPSS Statistics 25.

IV. RESULTS & DISCUSSIONS

The respondents were the citizens of Bogor district, Indonesia. The demographic profile can be seen in Table 1. The respondents were 51% male and 49% female. Based on age, the numbers of respondents below 30 and 31-50 years old were proportionate. Based on monthly income, 40% of the respondents received monthly income between Rp2,000,000 - Rp4,000,000, and 40% fell between Rp4,000,000 - Rp6,000,000. Most respondents were high school graduates (74%).

TABLE I. THE RESPONDENTS' DEMOGRAPHIC PROFILE

Variable	Categories	Frequency	%
Gender	• Male	57	51
	• Female	54	49
Age	• ≤ 30 years old	48	43
	• 31-50 years old	50	45
	• > 51 years old	13	12
Income	• \leq Rp2,000,000	9	8
	• Rp2,000,000 – Rp4,000,000	44	40
	• Rp4,000,000 – Rp6,000,000	44	40
	• $>$ Rp6,000,000	14	12
Formal Education	• Primary school	5	4
	• Junior high school	12	11
	• High school	82	74
	• Tertiary education	12	11

Table 2 shows the results of validity and reliability tests. All indicators have high and significant correlation values. The

results indicate that all indicators used to measure all variables were valid. The questionnaire was sufficient to measure family support, peer support, community support, and intentions to behave healthily. Table 2 also reveals that all variables have Cronbach's α values of above 0.6 which means all indicators were reliable. In conclusion, the instrument consistently measured the variables.

TABLE II. THE RESULTS OF VALIDITY AND RELIABILITY TESTING

Variables	Item-to-Total Correlation	Cronbach's α
Family support	0.474 – 0.798	0.786
Peer support	0.676 – 0.858	0.881
Community support	0.251 – 0.846	0.858
Intention to behave healthily	0.631 – 0.840	0.866

The results of hypotheses testing can be seen in Table 3. The F-value was 9.869 with p-value lower than 0.05. This result indicates that the independent variables simultaneously affected the dependent variables. This study's conceptual model is useful for predicting individuals' intentions to behave healthily. The coefficient of determination (R^2) was 0.217, indicating that 21.7% of variance in intention was explained by family, peer, and community supports.

TABLE III. THE RESULTS OF MULTIPLE REGRESSION MODEL

Independent Variables ^a	Unstandardized Coefficients		β Standardized Coefficients	<i>t</i>	Sig.	R^2 (%)	F (p-value)
	<i>B</i>	SE					
(Constant)	1.267	0.424		2.988	0.003	21.7	9.869 (0.000)
Family support	0.683	0.162	0.495	4.228	0.000		
Peer support	-0.207	0.126	-0.207	-1.643	0.103		
Community support	0.162	0.122	0.150	1.329	0.187		

Note: ^aDependent variable: intention to behave healthily

This study examined the β coefficient and t-value to assess the partial impact of the independent variables. Based on the multiple regressions analysis, the first hypothesis (H_1) was accepted, while the second and third hypotheses (H_2 and H_3) were rejected. H_1 was the only one with positive β value (0.683) with significant α at 5%. Table 3 shows that peer and community support were insignificant at 5%.

This research revealed that family support has a positive significant effect on intentions to behave healthily. Family support regarding diets, physical activities, alcohol and tobacco consumptions, and regular health checks appeared to heighten an individual's intention to lead a healthy lifestyle. This finding is in line with the socio-ecological model in the context health-related behaviour. It also corroborates findings from previous studies [4,9,17,18].

This research found that peer support was insignificant even though the literature argued otherwise [5,17-19]. Peer support did not seem to influence an individual's intention to engage in healthy behaviours. The last finding of this research is that community support did not significantly affect intention to behave healthily. This finding suggests that even though an individual receives support from his or her community, it is not significant enough to trigger health behavioural changes. This finding contradicts conclusions from previous studies [20-22]. The insignificant relationship of peer and community support on intention to behave healthily might be because Indonesians are extremely used to leading an unhealthy lifestyle. This is supported by a study that discovered Indonesians' unhealthy habits and lifestyles [25]. The high percentage of individuals with unhealthy habits imply that the peers and community's environment did not provide adequate support in terms of healthy lifestyles. However, The

support from immediate family, such as father, mother, brother, and sister, might motivate someone to change his or her lifestyle. Family has a significant impact because of the nature interactions between family members was more intense compared to interactions between peers and among community members.

V. CONCLUSION

The literature suggested that social support affected health related behaviour. This research has explored the determinants of intentions to behave healthily based on social environment perspective. This research tested effect of social support from several actors in the social systems. Based on the empirical analysis, this study found that social support positively and significantly impacted intentions to behave healthily. Family support was a significant determinant of intentions to lead a healthy lifestyle. On the other hand, peer and community support were insignificant.

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Appendix. Measurement variables and indicators

A. Family Support

- My family prepares plant-based dishes
- My family provides fruits at home
- My family encourages me to consume herbal products
- My family encourages each other to exercise
- My family prohibits tobacco use
- My family prohibits me to consume alcohol
- My family encourages me to check my health
- My family provides communication facilities (PC/laptop/smartphone/TV/internet) to seek information regarding health or healthy lifestyle

B. Peer Support

- When I was with my peers, they encouraged me to eat plant-based dishes

- My peers encourage me to consume fruits
- My peers encourage me to consume herbal products
- My peers encourage me to exercise
- My peers do not agree with smoking
- My peers do not support alcohol consumption
- My peers tell me to do health checks

C. Community Support

- Vegetables are readily available in nearby stalls or stores
- Fruits are readily available in nearby stalls and stores
- Herbal products are available/sold in nearby stalls and stores
- Sport facilities are available nearby
- My community does not condone smoking
- My community does not condone alcohol consumption
- My community initiates activities to encourage a healthy lifestyle
- My community provides facilities for health checks/ facilities for health checks are available