



The Influence of Family and Peer Support on Healthy Lifestyles on Adolescents in Medan City

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<p>Track Record Article</p> <p>Accepted: 26 July 2024 Revised: 10 August 2024 Published: 15 September 2024</p> <p>How to cite : Atikah, G., Rochadi, K., & Lubis, Z. (2024). The Influence of Family and Peer Support on Healthy Lifestyles on Adolescents in Medan City. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 6(2), 999–1009.</p>	<p style="text-align: center;">Abstract</p> <p><i>Basic Health Research (Riskesdas) in 2018 recorded that 2.5 percent of stroke sufferers had suffered from stroke since the age of 18-24 years and 13.22 percent suffered from hypertension. In addition, non-communicable diseases found in school-age children and adolescents were cancer at 0.47 percent, asthma at 2.2 percent, diabetes mellitus at 1.6 percent, heart disease at 0.7 percent and obesity at 10 percent. Unhealthy lifestyles are the cause of non-communicable diseases in adolescents. The purpose of this study was to determine the relationship between family and peer support and a healthy lifestyle in adolescents in Medan City in 2024. This type of research is a quantitative research that is an analytical survey with a cross-sectional method. This research was conducted from February to July 2024. The study population was high school adolescents in Medan City who were selected as sample clusters in this study, namely 7679 people. The research sample was 334 respondents using the Isaac and Michael formula with the proportional random sampling method for each school. The data collection method used a questionnaire through a questionnaire. Data analysis using univariate and bivariate analysis using the Chi Square test, the results of which are described in the frequency distribution table. The results showed that the lifestyle of adolescents in Medan City was in the unhealthy lifestyle category with a percentage of 61.7 percent. There is a relationship between family and peer support and a healthy lifestyle in adolescents in Medan City. all variables obtained values ($p < 0.05$). So it can be concluded that there is a relationship between family and peer support and a healthy lifestyle in adolescents in Medan City.</i></p> <p>Keyword: Adolescents, Family Support, Healthy Lifestyle, Peer</p>
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INTRODUCTION

Health is not just physical, mental, and social well-being, but achieving a balance between growth, functional ability, and a better or prosperous state, so that a person is considered able to have a body that functions well, is able to adapt to the environment adequately, and feels better. Lifestyle is a way of life based on identifiable behavioral patterns that are determined by the interaction between a person's personal characteristics, social interactions, and socio-economic and environmental conditions (Kementerian Kesehatan RI, 2022). A healthy lifestyle is any effort to implement good habits to create a healthy life and avoid bad habits that can have an impact on health. Indicators of a healthy lifestyle include non-smoking behavior, a healthy and balanced diet, and regular physical activity (Egger, 2017). Indonesia is the fourth most populous country in the world with the majority of the population in the productive age group, namely 15-64 years or around 69.25% of the population. The third target of the Sustainable Development Goals (SDGs) in target 3.4 states that reducing premature deaths from non-communicable diseases by one third through prevention and

treatment and improving mental health and well-being. Adolescence is a vulnerable period for engaging in unhealthy lifestyle behaviors (Gaya et al., 2023). Several key health-related behaviors, including physical inactivity, long-term sedentary behavior, poor diet, obesity, and alcohol and tobacco abuse often emerge or increase during adolescence, and carry a risk of future non-communicable disease burden (Egan et al., 2024). The prevalence of sedentary behavior in German adolescents during school is around 49.5% (Kuritz et al., 2020). The prevalence of sedentary behavior in adolescents with sedentary time >2 hours per day in Debre Berhan Town, Ethiopia is 65.5% (Mohammed et al., 2020). The average self-reported sedentary behavior in Australian adolescents is 7.8 hours per day; screen time (time spent in front of computer, television, and smartphone screens) is 4.4 hours per day; 9.1 hours per day as measured by ActiGraph, and 9.5 hours per day as measured by PAL (Physical Activity Level) (Arundell, 2019).

Based on Basic Health Research or Riskesdas data in 2013, the prevalence of smokers aged 10 to 18 years was 7.2%, increasing to 9.1% in 2018. This figure is in line with the results of a survey from Global Youth Tobacco in 2019 which showed an increase in the prevalence of smokers in the school age group 13 to 15 years increasing from 18% to 19% (Kementarian Kesehatan RI, 2023). A general overview of the food intake of adolescents aged 13-17 years according to the Global School Health Survey includes: not always eating breakfast (65.2%), most adolescents do not consume enough vegetable and fruit fiber (93.6%) and often consume flavored foods (75.7%), drinking carbonated drinks once or more a day (27.3%). Consuming inappropriate and continuous food in adolescents will increase the risk of malnutrition and non-communicable diseases (Neufeld, 2022).

Non-communicable diseases in Indonesia in the population aged ≥ 15 years have increased from 2013 to 2018. One of them is the prevalence of diabetes mellitus which increased from 6.9 percent to 8.5 percent. Meanwhile, the prevalence of central obesity in the Indonesian population aged ≥ 15 years increased from 26.6 percent (2013) to 31 percent (2018) (Riskesdas, 2018). Implementing a healthy lifestyle cannot be separated from the support of those closest to them, such as support from the family. Forms of family support that can be provided include informational support, assessment support, instrumental support and emotional support as well as support from peers (Notoatmodjo, 2014).

Research conducted by (Realita & Aisyaroh, 2020) shows that most respondents in carrying out clean and healthy living behaviors are influenced by friends as many as 53 respondents or 66.22%, while as many as 27 respondents or 33.8% are not influenced by friends. Peers have a significant role in the formation of clean and healthy living behaviors,

especially in the school environment. Peers are role models or idols for other friends, meaning that if one child practices a message, he invites/reminds his friends. Based on a preliminary survey of 30 high school teenagers in Medan City, based on the results of the interview, it was found that teenagers have more unhealthy lifestyles. The data shows that 56% of teenagers smoke, 84% of teenagers rarely (do not exercise at least 3 times a week) exercise, 76% of teenagers rarely eat vegetables and fruits, 90% of teenagers often eat junk food, and 81% of teenagers like to snack at night, 93% of teenagers behave sedentary. Based on the description above, the researcher wants to analyze the factors related to healthy lifestyles in adolescents in Medan City.

METHODS

This study is a quantitative analysis study with a cross-sectional design to determine the relationship between risk factors (independent) and their impacts (dependent). Data collection was carried out simultaneously to determine the relationship between the two. The location of the study was carried out in all State High School in Medan City in February-July 2024. Due to the very wide population coverage, the researcher took 30%. The selection of schools was carried out randomly so that 7 schools were selected, namely Medan Public High School 1, Medan Public High School 2, Medan Public High School 4, Medan Public High School 4, Medan Public High School 10, Medan Public High School 13, and Medan Public High School 18. The study population was all students from State High Schools in Medan City who were selected as sample clusters in this study, namely 7679 people. The sampling technique used proportional random sampling technique for each school, then used simple random sampling technique by collecting data on the names of students in each school and then randomizing the names through a random generator until the number of samples determined in each school was met with the respondent criteria, namely all students in grades X and XI, while students in grade XII were not included with the consideration that students in grade XII could not be disturbed because they were preparing for the final exam and teenagers were willing to be research samples so that a sample of 334 samples was obtained using issac and michael.

Data collection methods in this study include collecting primary data and secondary data. Primary data is student data obtained directly by the researcher. While secondary data is student data obtained from the Ministry of Education and Culture. The data collection instrument used was a questionnaire. Family and peer support are independent variables; Each question item has two categories, namely "yes" with a value of 1, "no" with a value of 0.

Healthy lifestyle is a dependent variable, each question item has two categories, namely "yes" with a value of 1 and "no" with a value of 0. Data analysis in this study uses two types of statistics, namely univariate analysis to determine descriptive statistics and bivariate analysis with the chi square test to determine whether there is a relationship between the independent variable and the dependent variable using the SPSS Version 24 application. This research has received approval from the Health Research Ethics Committee of the University of North Sumatra number 514/KEPK/USU/2024.

RESULTS

Frequency Distribution of Respondents

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frequency	Percentage
Seks		
Male	138	41,3
Female	196	58,7
Age		
14 Years old	44	13,2
15 Years old	50	15,0
16 Years old	107	32,0
17 Years old	95	28,4
18 Years old	38	11,4
Body mass index		
Underweight	24	7,2
Normal weight	221	66,2
Overweight	74	22,2
Obesity	15	4,5
Have you ever received information about a Healthy Lifestyle?		
Yes	290	86,8
No	44	13,2
Total	334	100

According to table 1, most respondents were female, with 196 female respondents (58.7%) compared to 138 male respondents (41.3%). As many as one hundred and seven respondents in the age 16 years (32%), as many as ninety five respondents in the age 17 years (28,4%), as many as fifty respondents in the age 15 years (15%), as many as forty-four respondents in the age 14 years (13,2%), and as many as thirtyeight respondents in the age 18 years (2.0%). In the body mass index category, 221 respondents (66.2%) were more dominant

in teenagers with normal weight. In the category based on information sources, 290 respondents (86.8%) stated that they had received information about a healthy lifestyle.

Table 2. Frequency Distribution of Family and Peer Support for A Healthy Lifestyle Among Adolescents in Medan City

Variable	Frequency	Percentage
Family support		
Good	153	45,8
Less	181	54,2
Peer support		
Good	128	38,3
Less	206	61,7
Total	334	100

According to table 2, the frequency distribution of family support in a healthy lifestyle in adolescents in Medan City, the majority is 181 respondents (54.2%) with poor family support and 153 respondents (45.8%) with good family support. The frequency distribution of peer support in a healthy lifestyle in adolescents in Medan City, the majority is 206 respondents (61.7%) with poor peer support and 128 respondents (38.3%) with good peer support.

Table 3. Frequency Distribution of Healthy Lifestyles Among Teenagers in Medan City

Healthy lifestyles	Frequency	Percentage
Healthy	128	38,3
Not healthy	206	61,7

According to table 3, it is known that 334 teenagers in Medan City had more unhealthy lifestyles as many as 206 respondents (61.7%) and healthy lifestyles as many as 128 respondents (38.7%).

Table 4. Results of Bivariate Analysis of Family and Peer Support for Adolescents in Medan City

Variable	Healthy lifestyles				Total		P value	PR
	Healthy		Not healthy		n	%		
	n	%	n	%				
Family support								
Good	69	45,1	84	54,9	153	100	0,026	1,699
Less	59	32,6	122	67,4	181	100		
Total	128	38,3	206	61,7	334	100		
Peer support								
Good	59	46,1	69	53,9	128	100	0,029	1.698
Less	69	33,5	137	66,5	206	100		
Total	128	38,3	206	61,7	334	100		

According to table 4, The results of bivariate analysis using the Chi Square test showed that the variables of family and peer support had a significant relationship with a healthy lifestyle in adolescents in Medan City. The results of data analysis showed that the family support variable obtained a p value of 0.026 ($p < 0.05$), it can be concluded that there is a relationship between family support and a healthy lifestyle in adolescents in Medan City. The results of data analysis showed that the peer variable obtained a p value of 0.029 ($p < 0.05$), it can be concluded that there is a relationship between peers and a healthy lifestyle in adolescents in Medan City.

DISCUSSION

A healthy lifestyle is a lifestyle that takes into account certain factors that affect health, including food and exercise. In addition, a person's lifestyle also affects their level of health. Behavior patterns will always be different in different situations or social environments, and are always changing, nothing is permanent. Individual lifestyle, which is characterized by individual behavior patterns that will have an impact on the health of the individual and subsequently on the health of others. In a healthy lifestyle, a person can be changed by empowering individuals to change their lifestyle, but changing it not only for the individual, but also changing the social environment and living conditions that affect their behavior patterns (Nutbeam & Kickbusch, 1998). Based on the results of a study on adolescents in Medan City, as many as 206 adolescents (61.7%) had an unhealthy lifestyle and as many as 128 adolescents (38.3%) had a healthy lifestyle. The results showed that the majority of adolescents had an unhealthy lifestyle. Adolescence is a period of physical, mental and social development and habits formed during adolescence tend to continue into adulthood.

Nutritional needs in adolescents must receive attention because they play an important role in optimizing health and are related to health behavior (Daly, 2022). One of the factors that influence the emergence of a behavior is a reinforcing factor or called reinforcing factors, namely external reinforcing factors that can influence a person's behavior, ranging from positive encouragement to negative things, such as supervision, appreciation, flattery, family or friend support, sanctions or punishments (Notoadmodjo, 2005). Based on the results of the study, the chi-square test results have a p-value of 0.026 where the p-value is < 0.05 , which means that there is a significant relationship between family support and healthy lifestyles in adolescents in Medan City. Healthy lifestyles in adolescents who have good family support are 69 respondents (45.1%) and unhealthy lifestyles in adolescents who have less family support are 122 respondents (67.4%), this shows that good family support has a positive impact on

healthy lifestyles in adolescents and conversely less family support can have a negative impact on unhealthy lifestyles in adolescents. Adolescence can be said to be the healthiest time in our lives (Pratiwi & Nawangsari, 2022). Social support is needed in implementing a healthy lifestyle. This social support includes emotional support in the form of attention, empathy, affection and trust; instrumental support includes support for the implementation of material and services; information support refers to the provision of advice, recommendations and other personal information; and supporting this assessment is the provision of affirmation or constructive feedback. This support works in their personal circumstances to overcome negative circumstances (Szkody et al., 2021).

This is in line with the results of previous studies which showed that there was a significant relationship between family support and COVID-19 prevention behavior in the Jabodetabek community. The family has a role and responsibility for the health of themselves and other members, to convey or remind them of information and provide motivation to always implement preventive behavior (Kundari et al., 2020). Family support As many as 155 respondents (46.4%) had more family support in the moderate category, this is because family support is a form of interpersonal relationship so that family members feel that someone is paying attention. People who are in a supportive social environment generally fare better than their peers who do not have these benefits. Family support includes assistance that can be given to other family members in the form of information, goods, services, and advice that can make the recipient of support feel appreciated, loved, and at ease (Putra, 2019).

Adolescents who lack family support tend to choose unhealthy foods. There is a relationship between choosing healthy foods. Good family support provides opportunities for adolescents to choose healthy foods. Food choices in adolescents are built through family food choices, parenting patterns, and likes or dislikes of foods that will affect food consumption (Setiyono, 2024). The types of food consumed by adolescents at home are highly dependent on the food provided by their parents. Adolescents often eat vegetables because their parents prepare or cook them at home. Conversely, adolescents whose parents buy food outside rarely eat vegetables. Food availability at home is influenced by family food security, namely the availability of sufficient, healthy, varied and nutritious food for each person or family (Harper, 2022). This is in line with previous research which states that adolescents who receive more or less parental support are at risk of consuming 4,563 times less fruit and vegetables than adolescents who receive good parental support. This is indicated by the results of the chi square test ($p=0.001$; $PR=4.563$; $95\% CI=1.898-10.967$) (Muna & Mardiana, 2019). Research conducted by Prayudis found that compliance with taking TTD medication and family support

in adolescent girls. Family support can function as an alarm and also a reminder for adolescent girls to be obedient and not forget to take iron tablets (Prayudhistya et al., 2023).

One of the social influence factors in question is the existence of peers. In this study, peers were significantly related to diet behavior in adolescent girls. Peers have a fairly strong influence on adolescents. Peer encouragement is a motivation for adolescents to carry out diet behavior. In addition, adolescent girls tend to observe and imitate/take examples from those closest to them, including their peers (Zogara et al., 2023). The results of the study showed that there was a relationship between peers and a healthy lifestyle in adolescents in Medan City with a p value of 0.029 (<0.05), so it can be concluded that peers are related to a healthy lifestyle in adolescents in Medan City. The results of the study showed that in the good peer category, 59 respondents (46.1%) had a healthy lifestyle, and in the less good peer category, 137 respondents (66.5%) had an unhealthy lifestyle. If peers adhere to an unhealthy diet, a person may tend to follow the same pattern. However, it is important for individuals to continue to consider personal needs and values in choosing a lifestyle, not just following the flow of the group (Rahmayanty et al., 2023).

A healthy lifestyle is not only limited to diet and exercise, but involves various aspects. Includes a pattern of actions designed to maintain or improve health, including eating, maintaining regular physical activity, not smoking, maintaining a healthy weight, and maintaining a balanced diet (Sumarwati et al., 2022). Peers who provide support to exercise together, remind each other to do physical activity regularly every day, encourage each other's hobbies, make agreements to limit the time playing cellphones, watching TV, and using laptops according to recommendations will affect low sedentary behavior (Pradany, Nursalam, & Efendy, 2020). This is supported by research conducted by Chung et al (2017), that peers influence adolescent physical activity. The closer and more intimate friendships will make a person's behavior more similar to their friends and the more easily influenced by close friends in doing physical activities such as exercising. The close friends in question are friends who usually have the same gender, often spend time together and support each other. The results of previous studies show that based on the results of the study, there is an influence of peers on healthy lifestyles. The existence of this influence shows that the higher the influence of peers, the stronger the student's lifestyle. Conversely, the lower the influence of peers, the lower the student's lifestyle (Isnawati, E., & Kurniawan, R. Y. (2021).

Peer support in general contributes 7.12% to a person's healthy behavior. Based on the correlation test value, it is known that there is a significant positive relationship between healthy behavior and peer support (in general), where the higher the level of peer support (in

general) a person has, the higher the level of healthy behavior (Monica, 2018). This is in line with previous research which states that adolescents who have more or less peer support are at risk of consuming 4.105 times less fruit and vegetables than adolescents who have good peer support. This is indicated by the results of the chi square test ($p = 0.002$; $PR = 4.105$; $95\% CI = 1.733-9.726$) (Muna & Mardiana., 2019).

The majority of respondents have an unhealthy lifestyle, one of which is consuming unhealthy foods due to peer factors. The influence of peers on healthy eating behavior in children and adolescents often has a negative impact in the form of increased consumption of unhealthy, energy-dense, and unhealthy foods with low nutritional value. However, in some cases, these influences can also be positive and effective ways are needed to utilize them to encourage healthy eating behaviors in children and adolescents (Rageliene & Gronhoj, 2020). Adolescents' food choices at school often reflect their friends' food preferences. The relationship between peers and adolescents' food choices is a complex interaction. Food choices can be easily influenced by friends for several reasons and similarities. Adolescents identify peers as the main factor in food consumption at school (Ghaffar et al., 2019). Adolescents who have unhealthy lifestyles such as light smoking are those who have positive influences from peers. Adolescents who smoke also have peers who do not smoke. Peers who do not smoke provide awareness not to smoke, considering that smoking can be harmful to health. So that adolescent smokers will try to control and reduce the amount of cigarette consumption (Sholihah & Novita, 2021).

CONCLUSIONS

The number of adolescents who have good family support is 153 people (45.8%), those who have fairly good family support are 155 people (46.4%), and those who have poor family support are 26 people (7.8%). The number of adolescents who have good peers is 133 people (39.8%), those who have fairly good peers are 121 people (36.2%), and those who have poor peers are 80 people (24%). Adolescents who have a healthy lifestyle are 128 people (38.3%) and those who have an unhealthy lifestyle are 206 people (61.7%). Family and peer support have a significant relationship with a healthy lifestyle in adolescents in Medan City with p values of 0.035 and 0.029. This is due to the need for family support and peer support in supporting adolescents to behave in a healthy lifestyle. Therefore, with the very significant relationship between family and peer support and a healthy lifestyle, adolescents who have poor family and peer support are at risk of having an unhealthy lifestyle. Parents who are the most important part of a family can pay attention to unhealthy lifestyles in children such as by prohibiting, reprimanding and providing healthy food. In addition, peers also have an important

role in improving a healthy lifestyle in adolescents. A healthy lifestyle influenced by family and peer support can help adolescents behave healthily in order to implement a healthy lifestyle in everyday life.

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