

Peer Conformity and Healthy Eating Behavior Among Adolescent

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ABSTRACT

Healthy eating behavior is a habit of consuming daily food-related to an individual's aim to implement healthy living. The occurrence of healthy eating behavior can be influenced by peer conformity. Accordingly, this study aims to assess the relationship between peer conformity and healthy eating behavior in MAN 2 Model Makassar adolescents. The participants in this study were 196 students in MAN 2 Model Makassar. Data collection was carried out using two scales, namely the scale of healthy eating behavior and the scale of peer conformity. The analysis results using Spearman's rho showed that the correlation coefficient of this study's variables is - 0.353 (P = 0.000). The correlation coefficient value shows that peer conformity and healthy eating behavior in adolescents has a negative relationship. The result shows the students with higher conformity of peers, the lower the adolescents' healthy eating behavior.

Keywords: *Healthy eating behavior, peer conformity, an adolescent*

1. INTRODUCTION

Adolescence, as a transitional period, is often an important topic in psychological studies. There is biological, intellectual, psychosocial, economic, and physical maturity in the transition process, causing various problems. Thus, it also causes changes in the adolescent's behavior. One of the behavior changes that may occur among adolescents is their eating behavior. The change may lead to healthy or unhealthy eating behavior.

Physical growth, which occurs during adolescence, requires greater nutritional intake than childhood growth [1]. Therefore, the nutritional needs of adolescents are relatively large, as they are still experiencing growth. Physical activities of adolescents higher than other ages also cause a high need for more nutritional intake in adolescents, such as carbohydrates, protein, calcium, iron, and zinc.

Adolescents outside their homes mostly perform the high intensity of physical activity. Thus, the influence of peers is a very influential factor in their eating behavior. Selection of foods, such as fast food, is one of the things that can be highly influenced by their peers [1]. It is evident from the total consumption of fast food, which increased on school days. The adolescents as the fast-food restaurant visitors are generally students in middle

school and high school level from the upper-middle-class family [2].

Various studies have shown that the majority of adolescents still have unhealthy eating behaviors [3]–[5], which include a low level of fruit and vegetable consumption with a high level of fat consumption. The composition of the food consumed daily should contain a sufficient amount and types of nutrition that in accordance with the body needs. Several factors to take into account while deciding the food to be consumed include the food diversity, physical activity, clean and healthy living behavior, and the regular monitoring of average body weight to prevent nutritional problems.

Various factors can influence adolescent eating behavior, including emotional distress and environmental factor. Emotional distress can influence adolescent eating behavior. The higher the emotional distress experienced, the worse their eating behavior would be [4]. Meanwhile, environmental factors can also influence adolescent eating behavior as it affects appetite. The increased appetite might further influence the excessive body weight in the adolescent. Compared to genetic factors, environmental factors influence the increase of adolescent's appetite [6]. It includes the social norm adopted by adolescents. Lifestyle and social life patterns of the adolescents who tend to spend a lot

of time with their peers can influence their desire to consume food together.

Peers play a very important role in the lives of adolescents. The importance of peers for adolescents is reflected by their continuous attempt to adjust and equate views and opinions with their group to remain accepted as members of the group. Conformity is an unwritten demand from a peer group for its members, but has a strong influence and can cause certain behaviors to occur among the group members. The previous study shows a positive relationship between conformity and adolescent behavior, including juvenile delinquency and the hedonic lifestyle [7].

The strong influence of peers on adolescent social life can occur because of the role of peer groups. It is a place for the adolescent to learn social skills and try various roles. Attachment among members of the peer group will continue to increase along with increasing interaction frequency among its members. Thus, it will be followed by conformity behavior. Adolescents will try to adjust and integrate with the group to be accepted by the group. Considering the critical influence of peer on adolescence, particularly on their healthy eating behavior. It is deemed important to examine the relationship between peer conformity and healthy eating behavior among adolescents.

2. METHODOLOGY

The research is a quantitative study with two types of variables, namely peer conformity as an independent variable (X) and healthy eating behavior as a dependent variable (Y). Operational definitions for the two variables used in this study are as follows:

- a. Conformity tends to adjust to group values or norms due to pressure from the group (either direct or indirect pressure). To change behavior or perception with the group members to prove their solidarity. Conformity is measured by the scale of conformity developed by the researcher based on aspects of conformity proposed by Sears, Freedman, and Peplau (1985), namely cohesiveness, agreement, and obedience.
- b. Healthy eating behavior is a habit of consuming daily food-related to an individual's aim to implement healthy living. The eating behavior is measured using the scale of eating behavior developed by the researcher based on aspects of eating behavior proposed by Levi et al. [8]. This study's eating behavior aspects consist of eating regularity, eating habits, reasons for eating, food types, and the estimated calories contained in food.

The students of MAN 2 Makassar Model are the population of this study, with 958 students. The research participants consisted of 196 students who were selected

through a purposive sampling technique. Each selected participant in this study has met the three criteria, namely (1) adolescent studying in MAN 2 Model Makassar, (2) young women and men, and (3) adolescents aged 15-18 years.

Two types of scales were utilized to collect data in this study, namely the scale of conformity and healthy eating behavior. The two types of scales are developed by researchers based on aspects that refer to the operational definition of variables by adapting a Likert scale. Scaling technique which consists of favorable and unfavorable statements. The two types of scale are as follows:

- a. The eating behavior scale developed based on eating behavior aspects proposed by Levi et al. [8], namely, eating regularity, eating habits, eating food, food types, and estimated calories in food. This scale has five answer choices, namely (VA) is very appropriate, (A) is appropriate, (N) is neutral, (IA) is inappropriate, and (VIA) is very inappropriate. The five answer choices are weighted VA = 4, A = 3, N = 2, IA = 1, and VIA = 0 for favorable categories, and VA= 0, A = 1, N = 2, IA = 3, and VIA = 4 for unfavorable categories.
- b. The conformity scale developed based on aspects of conformity proposed by Sears, Freedman, and Peplau (1985), namely cohesiveness, agreement, and obedience. This scale has five answer choices, namely (VA) is very appropriate, (A) is appropriate, (N) is neutral, (IA) is inappropriate, and (VIA) is very inappropriate. The five answer choices are weighted VA = 4, A = 3, N = 2, IA = 1, and VIA = 0 for favorable categories, and VA= 0, A = 1, N = 2, IA = 3, and VIA = 4 for unfavorable categories.

The research data were analyzed using descriptive statistical analysis using the mean, standard deviation, lowest score, and highest score. In this study, the hypothesis (Ha) proposed that "there is a negative relationship between peer conformity and healthy eating behavior among adolescents in the city of Makassar." The negative relationship between the two variables means that the more substantial the adolescents' more substantial peer conformity, the less healthy their eating behavior. Meanwhile, the weaker the conformity among their peers, the healthier their eating behavior would be. The hypothesis will be analyzed by using Spearman's rho correlation with SPSS 21.00 for windows. In correlation testing, if the value of significance > 0.05, then Ha is rejected, and H0 is accepted (not significant). Meanwhile, if the value of significance < 0.05, Ha is accepted, and H0 is rejected (significant).

3. RESULT AND DISCUSSION

The statistical test results on the empirical data (Table 1) show that the mean of peer conformity scores

among participants is lower than their healthy eating behavior score, with the mean value of 35.59 and 51.14, respectively. It is in line with the minimum and maximum score of peer conformity, which is also lower

than healthy eating behavior. The former variable has a minimum and maximum score of 15 and 55, respectively. Meanwhile, the latter variable has a maximum score of 55 and 74.

Table 1. Mean and Standard Deviation Data (Empirical and Hypothetical) Variables of Peer Conformity (PC) and Healthy Eating Behavior (HEB).

Variable	Empirical				Hypothetical			
	Min	Max	Mean	SD	Min	Max	Mean	SD
PC	15	55	35.59	8.050	0	96	48	16
HEB	29	74	51.14	7.648	0	84	42	14

3.1. Peer Conformity

Data on a categorization of peer conformity score (Table 2) shows that most adolescents (68.37%) in MAN 2 Model Makassar have moderate peer

conformity. It indicates that the influence of peers on the participants is not healthy. There were 31.63% of participants who fall into the category of low peer conformity. There were no participants included in the category of high peer conformity.

Table 2. Categorization of Peer Conformity Score

Category Level	Interval	Frequency	Percentage	Category
$X \leq (\mu - 1,0 \delta)$	$X \leq 32$	62	31.63	Weak
$(\mu - 1,0 \delta) < X \leq (\mu + 1,0 \delta)$	$32 < X \leq 64$	134	68.37	Moderate
$(\mu + 1,0 \delta) < X$	$64 < X$	-	-	Strong

Note: X= Participants score, μ = hipotetical mean.

The high percentage of participants categorized in moderate peer conformity (68.37%) indicates the weak influence of peers in their lives. This can be influenced by several factors, including self-confidence and independence. It is asserted that individuals who have self-confidence will be able to assess the surrounding environment better. It will also be able to adjust themselves to social situations more easily. With self-confidence, the adolescents will act decisively when they fail and will always be optimistic.

Meanwhile, independence is also a factor that influences the low conformity to peers. It provides the individual with the desire to be themselves and find their self-identity [6]. The age of participants in this study ranged from 15 to 18 years, reflecting that they were already in their middle to late adolescence age. Accordingly, the weak influence of peers on participants in this study could be associated with their decision-

making independence as they began to find their self-identity in their middle to late adolescence.

3.2. Healthy Eating Behavior

Data on a categorization of healthy eating behavior scores (Table 3) shows that most students (78.58%) in the MAN 2 Makassar Model have an adequate level of healthy eating behavior. There were 21.42% of the participants included in good eating behavior. There were no participants (0%) included in the low category of healthy eating behavior. Thus, it can be inferred that MAN 2 Model Makassar students have an adequate to the right level of healthy eating behavior. There are no students categorized in the low category of eating behavior.

Table 3. Categorization of Healthy Eating Behaviour Score

Category Level	Interval	Frequency	Percentage	Category
$X \leq (\mu - 1,0 \delta)$	$X \leq 28$	-	-	Low
$(\mu - 1,0 \delta) < X \leq (\mu + 1,0 \delta)$	$28 < X \leq 56$	154	78.58	Adequate
$(\mu + 1,0 \delta) < X$	$56 < X$	42	21.42	Good

Note: X= Participants score, μ = hipotetical mean.

Several factors can influence the high number of participants in this study (78.58%) who have good healthy eating behavior (Table 3). Since most MAN 2 Model Makassar adolescents are still living with their parents, their healthy eating pattern is under parents' supervision. This assertion is supported by related research that revealed that an individual eating behavior could be affected by the family members' eating and consumption habits, especially parents' habits [3]. Suppose healthy food can be easily accessed in a school environment at an affordable price. In that case, this can affect students' healthy eating behavior. This is also confirmed by related research that asserted that factors influencing an individual's food choice are the aspects other than the food itself, such as the price, the practicality, the availability, and the familiarity of food products for the consumers. Furthermore, the nutritional value contained can also be the factor that influences an individual's food choice [9].

In addition to the availability of healthy food that is easily accessible for students, MAN 2 Model Makassar is also a school that uses Islamic values to implement activities. The values of Islam instilled in the school environment could be implemented in students' daily lives, including in their eating behavior. Islamic teaching follows healthy eating behavior as it promotes a sufficient level of doing things and forbids the excessiveness of things, including in eating behavior. Something sufficient or not excessive here can be associated with consuming sufficient healthy food.

The influence of cognitive factors on healthy eating behavior among participants is shown by acquiring.

Table 4. Hypothesis Test Results

Correlation	N	Correlation Coefficient	Sig.	Category
PC - HEB	196	-0.353	0.000 < 0.05	Significant

The negative correlation of peer conformity and healthy eating behavior among adolescents in MAN 2 Model Makassar, as supported by the result of data analysis. Reflects the condition that peer conformity among the participants is categorized as moderate (68.37%) and weak (31.63%); meanwhile, their healthy eating behavior is categorized as adequate (78.58%) and good (21.42%) eating behavior. Thus, it can be inferred that the peer conformity among participants that is not strong influences the good and moderate healthy eating behavior among the adolescents in this study. Due to the participant's independence in decision-making related to food choice, they began to find their self-identity in their middle to late age of adolescence. Furthermore, their understanding of the nutritional content of the food can also influence their food choice. Participants with an understanding of the food's nutritional content are encouraged to have healthy eating behavior by the

The highest score on the item "I think fruits and vegetables are good for health," which is part of nutritional knowledge." Individuals who do not have healthy eating behavior are often influenced by their lack of understanding about the nutrients in food and the function of those nutrients for their bodies. As a result, these individuals will have difficulty choosing the food they needed to support their health. The high score acquired by participants in this study shows that the nutritional knowledge of MAN 2 Model Makassar adolescents is included in the good category.

3.3. Healthy Eating Behavior

In this study, the hypothesis (Ha) proposed a negative relationship between peer conformity and healthy eating behavior among adolescents in Makassar. The data gathered was analyzed with Spearman's rho by using SPSS 21.00 for Windows. If the significance value < 0.05, the research hypothesis (Ha) is accepted, and the null hypothesis (H0) is rejected.

Data from the hypothesis test (Table 4) shows that the correlation value between healthy eating behavior and peer conformity is -0,353, with a significant value of 0,000 < 0.05. Accordingly, the hypothesis (Ha) is accepted. This means that peer conformity and healthy eating behavior among adolescents in MAN 2 Model Makassar negatively correlate. A negative correlation between the two variables reflects that a decrease will follow an increase in peer conformity value in healthy eating behavior—the higher the peer conformity. Conversely, the lower the peer conformity, the higher their healthy eating behavior.

school environment. The school environment in MAN 2 Model Makassar advocates healthy living by providing hygienic homemade food at the canteen to promote sufficient consumption of nutritional food. Besides that, the healthy eating behavior in their family is also an influencing factor for good and moderate healthy eating behavior among the students. Since all the participants in this study still live with parents, the family has an important role in encouraging healthy eating behavior. Related research has advocated that school and family's social environment plays an important role in encouraging healthy eating behavior among adolescents [10] [11].

4. CONCLUSIONS

Peer conformity and healthy eating behavior of adolescence in MAN 2 Model Makassar shows a

negative correlation. The peer confirmation in moderate (68.37%) and weak (31.63%) category, while the healthy eating behavior is inadequate (78.58%) and good (21.42%) category.

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