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To Love Yourself: Psychological Approach to Predict Healthy Lifestyle Behaviour in Adolescents

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Abstract

Adolescents were susceptible to problems and negativity during the pandemic times. There was an increase in adolescents' consumption of unhealthy foods by 36%, an increase in body weight by 48%, and a decrease in physical activity and exercise by 43% globally. To function optimally in this situation, adolescents needed to do healthy lifestyle behaviour. Adolescents tended to do this when they could love themselves, which was carried out by applying self-compassion and participating in activities that benefit health. This study was conducted in 2021 and aimed to determine the relationship between self-compassion and adolescent participation in healthy lifestyle behaviour. This study used a cross-sectional design. The population was adolescents in Kediri, aged 15-19. The sample was obtained by cluster sampling, totaling 111 respondents. Independent variables were self-compassion and adolescent participation. The dependent variable was healthy lifestyle behaviour. Data were collected by questionnaires and analyzed by regression. Results showed that variables related to healthy lifestyle behaviour were self-compassion and adolescent participation ($p<0.001$). There was a significant relationship between self-compassion ($p=0.02$) and participation ($p<0.001$) with healthy lifestyle behaviour. Self-compassion and participation were predictors of healthy lifestyle behaviour, simultaneously and individually. Based on the results, adolescents needed to increase their understanding and practice of self-love in performing healthy lifestyle behaviour.

Introduction

During the current pandemic due to coronavirus disease, health is an important issue that is the focus of various levels of society in several countries in the world, including Indonesia (Atmadja et al., 2020). The pandemic has been going on since March 2020 in Indonesia and has caused disruptions in the health sector (Singh et al., 2020). Being healthy is the goal of the majority of each person so that they can continue to perform their life functions optimally in this situation. Various efforts to improve, maintain, and improve health status are carried out by elements of society in many sectors and with various approaches. The health promotion sector has an important role in health efforts, especially promotive and preventive health efforts. One of the efforts in the health promotion sector can be studied using various approaches, including a psychological (Taylor, 2018).

Various health-related challenges and changes during the pandemic among groups of people, including the youth (Oral and Cetinkaya, 2020; Phillipou et al., 2020). Adolescents are a group that is vulnerable to experiencing difficult conditions and health-related negativity in these conditions (Zvolensky et al., 2020). Adolescents are becoming increasingly vulnerable to health problems because, at this age, they are searching for self-identity and experiencing several conditions of self-instability and various conflicts related to their developmental tasks (Taylor, 2018). The current global situation also

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triggers teenagers to become digital natives, who are exposed to several unhealthy lifestyle behaviors, especially during the pandemic, for example carrying out excessive passive behavior (sedentary behavior), which harms adolescent health (Park et al., 2020). However, even though adolescents are vulnerable and experience several health-related problems and disorders, they need to survive in these negative situations to maintain or improve their health status during this pandemic.

As a form of adolescent efforts to maintain and protect their health, adolescents need to apply healthy lifestyle behaviors in their daily lives (Krirkgulthorn et al., 2021). Healthy lifestyle behaviors are behaviors displayed by individuals to improve or protect their health by regulating their behavior related to health promotion and disease prevention (Park, 2020). In implementing healthy lifestyle behaviors in everyday life during a pandemic, adolescents can experience several difficulties and challenges. In this condition, adolescents can experience failure in implementing healthy lifestyle behaviors. It is stated by research on unhealthy lifestyle behaviors carried out by adolescents, namely an increase in appetite by 34%, an increase in consumption of unhealthy foods by [illegible]%, an increase in body weight by 48%, and a decrease in physical activity and exercise by 43% (Robertson et al., 2021).

To make health efforts, in this case, implementing healthy lifestyle behaviors in their daily lives, adolescents need to love themselves first (Holden, Rollins and Gonzalez, 2020). Adolescents who have self-compassion or the ability to love and love themselves tend to seek positive things for their good, including in terms of health. Adolescents who love themselves tend to have the initiative and are proactive in carrying out behaviors that bring positive benefits to themselves and their health, namely healthy lifestyle behaviors (Reyes-Olavarría et al., 2020). Adolescents who can perform healthy lifestyle behaviors in everyday life are predicted and facilitated by several things. In this study, it is assumed that self-compassion (Mantzios and Egan, 2017; Horan and Taylor, 2018) and participation in youth group activities related to health (Pyas and Satlita, 2017).

Self-compassion is a tendency to care for, care for, and accept oneself, and not to judge and criticize oneself too harshly regarding one's shortcomings and weaknesses in the face of a life experience (Elices et al., 2017; Khumas et al., 2019). Self-compassion is also a positive or healthy attitude that individuals do toward themselves, which is useful for maintaining their health (Sugianto, Sutanto and Suwartono, 2020). Self-compassion plays a role in facilitating and helping adolescents in seeking goodness in terms of health and healthy living behavior in themselves (Gedik, 2019). In addition to self-compassion, in this study, it is assumed that the participation of adolescents in a group of health-related activities can facilitate adolescents in implementing healthy lifestyle behaviors in everyday life. The youth activity group related to health is a forum for seeking protection and resilience for adolescent health, carried out in promotive and preventive efforts (Pyas and Satlita, 2017; BKKBN, 2020). One of the state institutions that facilitates group activities for youth in terms of health is the National Population and Family Planning Agency (BKKBN) (BKKBN, 2020). Through the Generation Planning (GenRe) program, BKKBN facilitates youth resilience in various regions with youth activity groups, namely the Youth Family Development group (BKR) and the Youth Information and Counseling Center (PIK-R) (Pyas and Satlita, 2017). The youth activity group aims to seek the health status of adolescents through various promotive and preventive efforts, namely by facilitating and assisting adolescents through the provision of support, education, motivation, coaching, communication, socialization, and skills training related to the application of healthy lifestyle behaviors in adolescents (Astuti, 2020).

Several previous studies have similar topics to this study (Alzahrani et al., 2019). But this research is vital because it uses a new and different approach to some of these studies. This study focuses on healthy lifestyle behavior from a psychological point of view. Namely personal psychological factors for adolescents. While in other previous studies, healthy lifestyle behavior was studied with a physical health-based approach or based on the social environment in adolescents. This study aims

to predict the factors associated with healthy lifestyle behavior carried out by adolescents, both simultaneously and individually, and to determine the contribution of these factors to the application of healthy lifestyle behavior in adolescents. Through this research, a comprehensive understanding and study can be obtained regarding healthy lifestyle behavior in adolescents by a different approach, namely a psychological approach.

Method

This research is a descriptive-analytic study conducted with a cross-sectional design. The research population was 300 adolescents in Kediri aged 15-19 years. Determination of the research sample size of 111 respondents was carried out using the guideline for determining the number of samples developed by Isaac and Michael (Neff, 2020). Sampling used a double-stage cluster random sampling technique, which was carried out by dividing the research area, namely the City of Kediri, into three sub-districts and randomly selecting several sub-districts. The selected sub-districts were divided into villages, and several villages were randomly selected. Respondents were then selected from each selected village according to the research sample size, namely 111 respondents. This study aims to determine the relationship between self-compassion and adolescent participation in healthy lifestyle behaviors simultaneously and individually. The independent variables were self-compassion and youth participation in youth activity groups. The dependent variable of the study is the behavior of a healthy lifestyle.

The instrument used in this research is a questionnaire. Resilience was measured using a questionnaire adopted from the questionnaire in Hedo and Simarmata's research (Hedo and Simarmata, 2021), with the validity of the item scale moving from 0.25 to 0.67, while the reliability was 0.82. Self-compassion is measured using a questionnaire adopted from the questionnaire in the research of Sugianto, Suwartono, and Sutanto (Sugianto, Suwartono and Sutanto, 2020) with the validity of the item scale moving from 0.26 to 0.60, while the reliability is 0.87. Youth participation in youth activity groups was identified through a questionnaire about youth participation in youth activity groups, namely the Youth Family Development Group (BKR) and the Youth Counseling Information Center (PIK-R). Healthy lifestyle behavior was measured using a questionnaire adopted from the questionnaire in Damayanti, Dino, and Donnelly's research (Damayanti, Dino and Donnelly, 2020).

Data were collected using research instruments in questionnaires distributed to research respondents from December 2021 to January 2022. Respondents filled out the questionnaires in accordance with research ethics related to the confidentiality of respondents' identities, not harming respondents, and the availability of respondents' consent forms. This research has been ethically approved by the ethics committee of the Faculty of Public Health, Indonesian Strada Institute of Health Sciences with Ethics Certificate number 2485/KEPK/VIII/2021. This study carried out several analyzes of the resulting data. Univariate analysis was conducted to describe the characteristics of research respondents. In addition, bivariate and multivariate analyzes were also carried out using regression at the significance level <0.05 to determine the relationship between the independent and the dependent variables, both individually and simultaneously.

Results and Discussions

Table 1 shows the analysis results related to the characteristics of the research respondents by age, gender, and education. In addition, it also includes information about the respondent's condition related to the state of self-compassion in him and his participation in youth activity groups.

Table 1. Respondents' Characteristics

Characteristics	N	Percentage
Age		
15	64	57.7%
16	11	9.9%)
17	13	11.7%
18	12	10.8%
19	11	9.9%
Gender		
Male	49	44.1%
Female	62	55.9%
Education		
Junior High	64	57.7%
Senior High	36	32.4%
Graduate	11	9.9%
Self-compassion		
Low	29	26.1%
Medium	53	47.7%
High	29	26.1%
Participation in Youth Activity Groups		
Participate	50	45%
Does not Participate	61	55%
Healthy Life Style Behavior		
Low	12	10.8%
Medium	85	76.6%
High	14	12.6%

Source: Primary Data, 2021

Based on education, most research respondents were junior high school students, as many as 64 people (57.7%). Most research respondents were 15 years old, as many as 64 people (57.7%). Based on gender, most research respondents were female, as many as 62 people (55.9%). Most research respondents have self-compassion in the moderate category, as many as 53 people (47.7%). The data also shows that 14 respondents (12.6%) have implemented a high level of healthy lifestyle behavior, and 61 respondents (55%) did not participate in the youth activity group.

Table 2. Cross Tabulation Result

	Healthy Life Style Behavior					
	Low		Medium		High	
	N	%	n	%	n	%
Self-compassion						
Low	9	31	20	69	0	0
Medium	3	6	43	81	7	13
High	0	0	22	76	7	24
Participation In Youth Activity Groups						
Participate	0	0	36	72	14	28
Does not Participate	12	20	49	80	0	0
Education						
Junior High	3	5	51	80	10	16
Senior High	6	17	26	72	4	11
Graduate	3	27	8	73	0	0
Age						
15	3	5	51	80	10	16
16	1	9	8	73	2	18
17	3	23	9	69	1	8
18	2	17	9	75	1	8
19	3	27	8	73	0	0
Gender						
Male	5	10	38	78	6	12
Female	7	11	47	76	8	13

Source: Primary Data, 2021

In table 2, there is an explanation that the majority of respondents have moderate self-compassion and perform healthy lifestyle behaviors, which are also in the medium category (81%). Most respondents with low self-compassion also perform healthy lifestyle behaviors in the moderate category (69%). But no respondents with low self-compassion who have healthy lifestyle behaviors in the high category (0%). Likewise, no respondents with high self-compassion have low healthy lifestyle behaviors (0%). The results described in table 2 show new results compared to Dunne et al., which revealed that individuals who have high self-compassion tend to adopt moderate to high health behavio[14] Dunne, Sheffield and Chilcot, 2018). While the results of this study stated that individuals who have low self-compassion also apply moderate healthy lifestyle behaviors. Although, there are no individuals who have low self-compassion apply high healthy lifestyle behaviors.

The data in table 2 also states that the respondents who participated in the youth activity group performed healthy lifestyle behaviors in the medium (72%) and high (28%). No respondents who did not participate in the group of activities for teenagers to carry out healthy lifestyle behaviors in the high category (0%). If viewed based on the education of the respondents, the majority of respondents who perform healthy lifestyle behaviors in the high category are respondents at the junior high school education level (16%). Meanwhile, respondents who do not perform high healthy lifestyle behaviors are those having a graduate education level (0%). When viewed by age, respondents who apply healthy lifestyle behaviors in the high category are respondents aged 15 years (16%). While respondents who did not perform high healthy lifestyle behaviors were aged 19 years (0%). In terms of gender, male and female respondents applied healthy lifestyle behaviors in the moderate category. The results described in table 2 show new results compared to Lawrence et al., which revealed that younger individuals were less likely to adopt healthy lifestyle behaviors than older individuals (Lawrence, Mollborn and Hummer, 2017). The results of this study stated that adolescents applying medium and high healthy lifestyle behaviors were younger (15 years) than other ages (16, 17, 18, and 19 years).

From the results of hypothesis testing in

this study, simultaneously there is a significant relationship between self-compassion and adolescent participation in group activities with healthy lifestyle behavior ($p < 0.001$). There is a significantly strong relationship between self-compassion and adolescents' participation in group activities. Simultaneously with healthy lifestyle behaviors of 69.2%. While the contribution of self-compassion and youth participation in group activities simultaneously on healthy lifestyle behavior is 47.8%, and the remaining 52.2% is influenced by other variables not examined in this study. Data analysis predicts healthy lifestyle behavior in adolescents can be based on self-compassion and youth participation in activity groups. Prediction through the regression equation is Y = 113.271 + 0.207 (X1 self-compassion) + 11.074 (X2 youth participation in activity groups). It means that if the variables of self-compassion and youth participation in group activities are considered constant, then the amount of healthy lifestyle behavior in adolescents is 113,271.

If viewed from a theoretical approach, the results of this study which show that self-compassion and adolescent participation in group activities simultaneously have a significant relationship with healthy lifestyle behavior can be explained in the following discussion. Self-compassion and youth participation in group activities can both work or process within adolescents by enabling adolescents to have positive attitudes and reduce negativity related to their health. in this context, namely healthy lifestyle behavior. Adolescents who have self-compassion in themselves and participate in a group of youth activities tend to have a protective-buffering effect that helps them implement healthy lifestyle behaviors both in normal situations or in difficult and problematic situations (Biber and Ellis, 2017). These adolescents also tend to be able to accept and respond to conditions related to their health in a calm and balanced manner and can realize and understand the efforts to maintain and improve their health by implementing healthy lifestyle behaviors in everyday life. (Taylor, 2018; Astuti et al., 2020).

Table 3 also shows that each variable of self-compassion and youth participation in the activity group has a significant relationship with healthy lifestyle behavior ($p<0.05$). From the resulting regression equation, predictions of healthy lifestyle behavior based on self-compassion can be made. Namely, every increase in the self-compassion variable by 1 unit will increase healthy lifestyle behavior in adolescents by 0.207. While predictions can be made on healthy lifestyle behavior based on adolescent participation in activity groups. A change in the participation status in youth activity groups from not participating (0) to participating (1) will produce a difference of 11,074 in teenagers' healthy lifestyle behavior.

If viewed from a theoretical approach, the results of this study which show that self-compassion has a significant relationship with healthy lifestyle behavior can be explained in the following discussion. Self-compassion in adolescents can bring up the experience of self-acceptance and self-warmth when addressing and displaying attitudes or behaviors in everyday life (Gill et al., 2018; Khumas et al., 2019). This self-acceptance and warmth facilitate adolescents to do something good or positive for themselves, which in the context of health is doing healthy lifestyle behaviors. Adolescents who have self-compassion in themselves are also less likely to behave harshly and judge themselves and the circumstances associated with them. These teenagers tend to be able to accept their failures and shortcomings as a life-learning process that is common to all humans (Cleare et al., 2018; Neff et al., 2020). Concerning healthy lifestyle behavior, adolescents who have self-compassion tend to be able to face failures or difficulties they experience related to the application of positive healthy lifestyle behaviors, namely calm and balance, and make this a learning process for their good (Elices et al., 2017; Konaszewski, Niesiobędzka and Surzykiewicz, 2021). Self-compassion can act as a buffer for adolescents in dealing with difficult situations related to the application of healthy lifestyle behaviors (Marsh, Chan and Macbeth, 2018). They become not focused only on their shortcomings or mistakes and blame themselves continuously, but can still treat themselves well. Adolescents who have self-compassion in themselves will also receive positive benefits in the form of healthy emotions in implementing

healthy lifestyle behaviors daily. So that they can help adolescents to start, maintain, or improve their healthy lifestyle behaviors (Taylor, 2018; Romero-Blanco et al., 2020). Self-compassion in adolescents also supports them to do good to themselves, enabling them to act proactively in making themselves healthy or maintaining and improving their health by engaging in healthy lifestyle behaviors (Dunne, Sheffield and Chilcot, 2018).

The results show that the adolescents' participation in the activity group has a significant relationship with healthy lifestyle behavior. It can be explained in the following discussion. Various groups of youth activities related to health have the primary goal of improving, maintaining, and developing the overall health status of adolescents (Astuti, 2020). Adolescents who participate in a health-related youth activity group receive several positive benefits that help and facilitate them in carrying out healthy lifestyle behaviors with the existence of several activities in the health-related youth activity group. It helps adolescents understand health issues that are useful to make health efforts for themselves (Pyas and Satlita, 2017). Youth activity groups provide alternative solutions to health-related problems, form support groups related to healthy living behavior in adolescents and their peers (Astuti, 2020), provide socialization, education, and assistance related to adolescent health (Astuti et al., 2020). In this group of activities, youth are fostered and educated regarding several health issues. Such as healthy life skills, adolescent reproductive health, adolescent mental health, adolescent nutrition improvement, prevention of the use of narcotics and alcoholic beverages, the need for adolescents to do physical activity, how to do early detection and prevention of non-communicable diseases (NCD), psychosocial support related to adolescent health, and other knowledge and information related to adolescent health (Astuti et al., 2020). It is useful to help adolescents realize and understand information or knowledge related to their health, as well as master health-related life skills, such as healthy lifestyle behaviors applied in everyday life (Astuti et al., 2020).

Conclusions

This study states that several variables relate to and contribute to predicting healthy lifestyle behavior in adolescents. The results show a significant relationship between self-compassion and adolescent participation in youth activity groups simultaneously with healthy lifestyle behavior in adolescents. In addition, each independent variable, namely self-compassion, and participation in youth activity groups have a significant relationship with healthy lifestyle behavior in adolescents. Self-compassion and youth participation in youth activity groups are predictors of healthy lifestyle behaviors carried out by adolescents. It can happen because self-compassion and adolescent participation in group activities are both processes within adolescents by making adolescents able to have a positive attitude and reduce negativity related to their health, namely by adopting healthy lifestyle behaviors. In addition, adolescents who have self-compassion and participate in a group of adolescent activities tend to have a protective effect that serves to help adolescents carry out healthy lifestyle behaviors in everyday life.

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