

Effect of Social Influence and E-Health Literacy on Eating Behavior During Early Adulthood

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Abstract

This study aims to examine the effect of social influence and e-health literacy on eating behavior during early adulthood. The study procedures used quantitative methods, and data were collected using a questionnaire, consisting of demographic data. Furthermore, the questionnaire comprised eating behavior, social influence, and e-health literacy scales with alpha values of 0.82, 0.81, and 0.93, respectively. The sample population consisted of 285 participants who met the predetermined criteria and were selected using the purposive sampling method. The data obtained were analyzed using a multiple regression test. The analysis results showed that social influence and e-health literacy had a 12.3% and 7.9% impact on eating behavior, respectively, with a combined effect of 16.8%.

Keywords: Eating Behavior, Social Influence, and E-health Literacy.

Introduction

Eating is a fundamental daily activity aimed at fulfilling the body's physiological needs. Furthermore, this notion is supported by Abraham Maslow's psychological theory, "A Theory of Human Motivation," which explains the hierarchy of human needs. At the foundation of this hierarchy lies vital requirements, such as sustenance through eating and drinking [1].

Developing countries, such as Indonesia have taken significant steps towards regulating sustainable development through Presidential Regulation Number 59 of 2017, which focuses on Sustainable Development Goals (SDGs). SDGs are a comprehensive global action plan, supported by world leaders, including Indonesia, with the ultimate aim of eradicating poverty, reducing inequality, and protecting the environment. The regulation also emphasizes critical aspects, such as responsible consumption and production, along with good health and well-being, which bear relevance in this current study.

Despite ongoing efforts, problems related to eating habits continue to persist at a high frequency. These issues can often be attributed to errors in dietary choices, with many individuals failing to pay attention to their body's needs for energy and food [2]. Consequently, there has been a notable increase in non-communicable diseases, primarily caused by unhealthy dietary practices and lifestyle choices [3]. Irresponsible eating behavior has also been reported to contribute to the depletion of natural resources, thereby amplifying environmental concerns [4].

According to [5], eating behavior constitutes a sequence of actions that establish a relationship between humans and food. It encompasses not only the quantity and variety of food but also the habits and emotions intertwined with these food-related actions. This study focuses on elucidating eating behavior as a regular pattern of daily food consumption that individuals typically adopt to meet the body's requirements for performing normal physiological functions.

Assert that eating behavior is significantly influenced by social environment [6]. As social beings, individuals are inevitably impacted by the people around them. This environment plays a pivotal role in shaping behaviors, habits, attitudes, beliefs, and values that are considered important [7]. This is in line with [8], that decision-making is affected by social influence. [9] also showed that social influence had a significant effect on eating behavior, revealing its power to sway food choices. Socio-cultural aspects, including the surrounding environment, customs, habits, advertising, and public education, can affect an individual's eating behavior [10].

Apart from social influence, good eating behavior also requires e-health literacy. According to [11], e-health literacy is the ability of individuals to obtain, process, and understand health information and services needed to maintain and improve their health. [12] stated that it referred to an individual's skill to understand, evaluate, and apply health information through information technology facilities in dealing with health-related problems. People with good e-health literacy are more likely to make informed choices regarding their food intake, considering factors, such as calories, nutrients, and vitamins needed by the body. These findings are consistent with the results of a previous study that there was a relationship between e-health literacy and eating behavior [13]. Therefore, this study aims to analyze effect of social influence and e-health literacy on eating behavior during early adulthood.

Method

This study collected data using a questionnaire, consisting of demographic data, as well as eating behavior, social influence, and e-health literacy scales. Eating behavior was measured by modifying the scale proposed by [14]. Social influence was measured by modifying the scale designed by [15]. Meanwhile, e-health literacy was assessed with a modified scale from [16].

Readability tests, content validity, and face validity were also carried out in this study. A CVR or content validity ratio was performed, followed by a principal component analysis (PCA) of the variables. The reliability value on the measurement scale is presented in Table 1.

Table 1. Measurement Scale Reliability Criteria

Variable	Reliability Value
<i>Eating behavior</i>	0.82
<i>Social Influence</i>	0.81
<i>E-Health Literacy</i>	0.93

The respondents were selected using a purposive sampling technique to ensure that the samples could represent the previously recognized characteristics of the population. The characteristics used in this study included early adults within the productive age who were already working, had an income and were in good health without any diagnoses of certain diseases by doctors. The sample population consisted of 285 participants who met the predetermined criteria. Subsequently, the data obtained were analyzed using a multiple regression test.

Result

The data were analyzed with a multiple regression analysis using the Amos ver.22 program to determine the level of effect social influence and e-health literacy had on eating behavior during early adulthood. CFA and PCA tests were initially carried out on construction to obtain effect of aspects on each variable

in the study model due to the scale items that measured the various aspects.

The analysis results showed that social influence and e-health literacy had a 12.3% and 7.9% effect on eating behavior, respectively, with a combined impact of 16.8%. A descriptive analysis of measurements was carried out to determine each variable's empirical mean and standard deviation as well as to categorize the respondents based on each variable. The descriptive variable results are presented in Table 2 below.

Table 2. Descriptive Analysis of Variable Measurement Results

Variable	Empirical Mean	Hypothetical Mean	SD	Category
<i>Eating Behavior</i>	76.98	70	19	Moderate
<i>Social Influence</i>	31.41	25	7	Moderate
<i>E-Health Literacy</i>	29.56	20	5	High

Some descriptive data were obtained from the field data collection, as shown in Table 3.

Table 3. Descriptive Analysis of Individual Self Data

Gender	Empirical Mean	N	% N Total
Male	70.70	66	23%
Female	78.87	219	77%
Age			
21-25 Years	79.86	99	35%
26-30 Years	76.14	91	32%
31-35 Years	76.86	66	23%
36-40 Years	73.71	29	10%
Purchase of Foods			
Needs	76.28	134	47%
Wants	77.60	151	53%
Managing Weight			
Yes	76.80	82	29%
No	77.05	203	71%

The results showed that eating behavior was affected by internal and external factors. These findings were consistent with previous studies, where similar results were obtained [17]. Internal factors referred to e-health literacy, while external factors were explained by social influence. Individual eating habits can significantly be influenced by visual stimulation by heightening the desire to eat. Furthermore, socio-cultural aspects, such as the surrounding environment, customs, habits, advertising, and public education, were also shown to have effect.

Conclusion

In conclusion, the analysis results showed that social influence and e-health literacy had a 12.3 and 7.9% impact on eating behavior, respectively, with a combined effect of 16.8%.

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