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Healthy Living Behavior, Life Satisfaction and Social Support In Productive Age Individuals

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Abstract. Indonesia will face an era of demographic bonus and the health of the productive age is valuable capital for accelerating development. The aim of the research is to determine the effect of healthy behavior on life satisfaction with social support as an intervening variable. Research population of individuals of productive age in Indonesia. The research sample was individuals aged 21 to 45 years who lived in Semarang, Solo, Jakarta, Surabaya and were not on a medical diet. The sampling technique is accidental sampling using Google Form. The data analysis technique uses intervening variable regression with the path analysis method with the SPSS application. The results of data analysis from 245 respondents showed that there was a significant direct influence of healthy living behavior on life satisfaction of 0.182 and there was a significant indirect influence of healthy living behavior on life satisfaction through social support of 0.285. Healthy living behavior must be carried out continuously to support productivity so that it contributes to life satisfaction in the future.

Keywords**:** *Healthy Living Behavior; Social Support; Life Satisfaction*

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Introduction

Indonesia is projected to experience a demographic bonus era from 2030 to 2040. This demographic bonus refers to a period when the productive age population will significantly outnumber the non-productive age population (65 years and above), constituting more than 60% of Indonesia's total population (Kominfo, 2020). The abundance of individuals in the productive age group represents an invaluable resource for accelerating Indonesia's development. One study indicates a significant correlation between physical, psychological, and health conditions and the performance of martial arts athletes at PON XIX (Yusuf et al., 2017). The quality of health will determine the quality of Indonesia's demographic bonus (Indraswari, 2023). Research conducted before and after the COVID-19 pandemic shows that individual health conditions influence life satisfaction. Individuals with poor health are likely to develop adverse working conditions, which, in turn, reduce life satisfaction. The presence or absence of risky health behaviors and balanced working conditions contribute to individual life satisfaction. However, anxiety over uncertain job conditions and limited access to family support led to decreased life satisfaction in 2020 (Bakkeli, 2021).

Regarding healthy living behavior, data from the Ministry of Health indicates that only 20% of Indonesians understand healthy living behavior (Arlinta, 2019). Similar data is presented in the 2021 National Sport Development Index (SDI) reported by the Ministry of Youth and Sports (Kemenpora), which shows that 53.63% of Indonesians fall into a very low health category, and 76% are categorized as unhealthy. This low health level is attributed to a lack of exercise or physical activity(Koran Sindo, 2022) Unhealthy individuals tend to have low productivity, tired easily, complain frequently, and eventually miss work (Maksum in Koran Sindo, 2022) Research by Yuniati & Kamso (2021) highlights the link between quality of life and health among productive age respondents. The study, involving 13,368 participants aged 15 to 64 from 23 provinces in Indonesia, revealed that the prevalence of quality of life in the productive age group is still low (54%), influenced by demographic characteristics, smoking behavior, and chronic diseases. This aligns with the Burden of Disease study (2018, in Purwanto, 2022) which shows a rising trend in non-communicable diseases such as cardiovascular disease, diabetes mellitus, and chronic lung illnesses, which particularly affect the productive age group. Data from the National Team for Accelerated Poverty Reduction (TNP2K) and the Social Security Administration (BPJS) indicate a continuous increase in cases and funding for catastrophic diseases (heart disease, kidney failure, cancer, and stroke) from 2014 to 2018. The 2018 Basic Health Research found that adults (aged 20 to 49) are significantly affected by non-communicable diseases (Purwanto, 2022). Another study on 195 adult respondents with hypertension found that 123 respondents (95.3%) exhibited low self-care behaviors (Pertiwi et al., 2021).

According to the International Diabetes Federation (IDF) report, the number of type 1 diabetes patients in Indonesia reached 41.8 thousand people aged below 20 to 59 in 2022 (Ahdiat, 2023). Another study involving 20,000 employees found that those with unhealthy eating habits were 66% more likely to experience productivity loss. Similarly, individuals who rarely consume fruits and vegetables have a 93% potential to be unproductive at work. From a business income perspective, this translates to revenue loss, underscoring the importance of having healthy employees (CoreHealth, 2023). This is further supported by a longitudinal study by Stenlund et al., (2021) involving 11,000 working-age respondents in Finland, which found that healthy living behavior since 2003 contributed to life satisfaction nine years later, controlling for age, gender, education, and major diseases.

Research by Azis et al., (2024) shows a relationship between respondent behavior variables and hypertension control in the productive age group. There is a significant difference in diastolic and systolic blood pressure among respondents practicing "smart" behaviors such as routine health checks, avoiding cigarette smoke, regular exercise, maintaining and regulating diet, adequate rest, good stress management, and physical activities) compared to those who do not. This study highlights the importance of healthy living behavior in controlling hypertension in the productive age group. It also reveals that family support plays a crucial role; respondents with family support showed better hypertension control than those without.

Previous research has extensively revealed the connection between social support, healthy living behavior, and life satisfaction. One such study by Mo et al., (2022) involving young (aged 12 to 35) and older respondents (over 55) in Hong Kong shows that social support positively impacts subjective well-being directly and indirectly through the promotion of healthy livestyle across all age categories. Social support contributes to promoting healthy livestyle, but the relationship between social support and quality of life and subjective well-being has different mechanisms. Similar studies also indicate that social support plays a crucial role in individuals' healthy lifestyle. Findings show that social support in the form of informational, appreciative, instrumental, and emotional support affects healthy living behavior among healthcare workers (Isranda et al.,2021).

Given that Indonesia is currently entering the demographic bonus era, characterized by a surplus of the productive age population, it is concerning that the number of non-communicable disease cases continues to rise year by year in this age group. This raises the question of whether individuals in the productive age group understand the importance of healthy living behaviors. Meanwhile, various theoretical studies and research indicate that healthy living behaviors contribute to future life satisfaction. Research also reveals that social support contributes to healthy living behaviors, productivity, and individual performance in life. Based on the above

discussion, this study aims to investigate the impact of healthy living behaviors on life satisfaction among individuals in the productive age group, with social support as an intervening variable.

Method

This study employed a quantitative approach to determine the influence of healthy living behaviors (independent variable) on life satisfaction (dependent variable) with social support as an intervening variable. The population for this research consisted of individuals in the productive age group in Indonesia. The sample was drawn from individuals aged 21 to 45 who were not undergoing any medical diet programs and resided in Jakarta, Surabaya, Surakarta, and Semarang. The selection of these locations was based on the high percentage of the productive age population in Java, which accounted for 56.10% of Indonesia's total population (Kominfo, 2021). The age range for the sample was determined based on developmental theory perspectives, where individuals in early and middle adulthood enter the achieving stage (Schaie in Mariyati & Rezania, 2021).

Accidental sampling was utilized due to its ease and efficiency in reaching the research sample areas. Data were collected using questionnaires distributed via Google Forms. Each respondent was asked to complete the questionnaire voluntarily and anonymously. The research was conducted over a specific period of time to ensure the collected data were relevant and valid.

Data collection instruments of life satisfaction was measured using The Satisfaction with Life Scale (Diener et al.,1985) adapted by Vereswati (2014). This scale consisted of five items with validity values ranging from 0.755 to 0.851 and a reliability coefficient of 0.853. Social support was measured using The MOS Social Support Survey (Sherbourne & Stewart, 1991). The scale also adapted by Vereswati (2014). This scale comprised 19 items with validity coefficients ranging from 0.626 to 0.850 and a reliability coefficient of 0.952. Healthy living behaviors were measured using the Health Behavior Checklist (Vickers et al., 1998 in Rahmadian, 2011) adapted using the CFA method, which showed a model fit (Chi-Square = 15.82, df = 10, P-value = 0.10499, RMSEA = 0.055). Intervening variables with regression was used as data analisis. The data were analyzed using path analysis to examine the direct and indirect effects between the independent variable, dependent variable, and intervening variable. The analysis was conducted using the Statistical Package for the Social Sciences (SPSS) software version 20. Below is the explanation of the path analysis model:

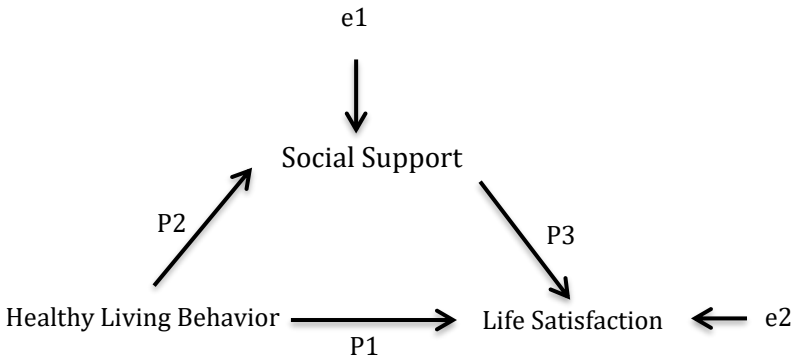

Figure 1. *Path Analysis* Model

Results

The following are the research results obtained through accidental sampling data collection via Google Forms. Data collection was conducted from November to December 2023, yielding a total of 245 respondents aged 21 to 45 from Semarang, Surabaya, Jakarta, and Surakarta. The research results are presented in the subject profile table, assumption test tables (normality, linearity, multicollinearity, autocorrelation, and heteroscedasticity), and hypothesis test tables (regression equation test).

Table 1.
Profile of Research Subjects

Description Gender	F	%
Male	77	31.4
Female	168	68.6
Total	245	100
Domicile		
Jakarta	55	22.4
Semarang	85	34.7
Surabaya	51	20.8
Surakarta	54	22
Total	245	100
Education Level		
SMK/SMA	1	4
D1/D2/D3	23	9.4
S1	111	45.3
S2	35	14.3
S3	1	4
Total	245	100
Employment Status		
Employed	145	59.2
Students	62	25.3
Housewifes	21	8.6
Others	13	5.3
Unemployed	4	1.6
Total	245	100

Table 1 shows that the respondents were predominantly female, accounting for 68.6%, while males comprised 31.4%. The respondents' domiciles were distributed as follows: 22.4% from Jakarta, 34.7% from Semarang, 20.8% from Surabaya, and 22% from Surakarta. The majority of respondents held a bachelor's degree as their highest level of education, making up 45.3% of the sample. In terms of employment status, 59.2% of respondents were employed, 25.3% were students, 8.6% were housewives, 5.3% fell into other categories, and 1.6% were unemployed.

Table 2.
Normality Test

Variables	KS-Z	Sig.	Description
Life satisfaction	1,188	0,119	Normal
Healthy Living Behavior	0,875	0,428	Normal
Social Support	0,969	0,304	Normal

The normality test results were indicated by the Kolmogorov-Smirnov (KS-Z) values and the significance levels. Table 2 demonstrated that the normality tests for the variables of healthy living behaviors, life satisfaction, and social support exhibited a normal data distribution, with significance values exceeding 0.05 (> 0.05).

Table 3.
Linearity Test

Variables	F	Sig.	Description
Healthy Living Behavior and Life Satisfaction	22.543	0,000	Linear
Healthy Living Behavior and Social Support	13,286	0,000	Linear

The linearity test was indicated by the significance value. Table 3 presented the linearity test for the variables of life satisfaction and social support, showing values less than 0.05 (< 0.05), which indicated that each variable had a linear relationship.

Table 4.
Multicollinearity Test

Variables	Tolerance	VIF	Description
Life Satisfaction	0,947	1,056	No multicollinearity
Social Support	0,947	1,056	No multicollinearity

Multicollinearity was assessed using the Variance Inflation Factor (VIF) and Tolerance values. Table 4 indicated that there was no multicollinearity between the life satisfaction variable and the social support variable, as evidenced by VIF values not exceeding 10 and Tolerance values being less than 0.10.

Table 5.
Autocorrelation Test

Variables	Durbin - Watson	Description
Healthy Living Behavior and Social Support	1,932	No autocorrelation
Healthy Living Behavior, Social Support and Life Satisfaction	1,967	No autocorrelation

The autocorrelation test was indicated by the Durbin-Watson value. Table 5 demonstrated that there was no autocorrelation, as evidenced by the Durbin-Watson value (1.932), which falls between one and three (Durbin-Watson (DW) 1 < DW < 3).

Table 6.
Uji Heterokedastisitas

Variables	Sig.	Description
Healthy Living Behavior	0,599	No heteroscedasticity
Social Support	0736	No heteroscedasticity

The heteroscedasticity test was conducted using the Spearman Rho test technique. Table 6 indicated that neither variable exhibited heteroscedasticity ($p > 0.05$).

Table 7.
Regression Equation (1)

Model	S-Beta	t-value	p-value	R	R Square
Healthy Living Behavior → Social Support	.230	3.678	.000	.230	.053

The results presented in Table 7 indicated that the standardized beta value for healthy living behavior in regression equation (1) was 0.230 and statistically significant at $p = 0.000$, indicating that healthy living behavior had a significant impact on social support. The R Square value was 0.053, suggesting that healthy living behavior contributed 5.3% to social support. The residual value, e1, was calculated as $(1 - 0.053)^2 = 0.897$. The standardized beta coefficient value of 0.230 represented the path value, denoted as path p2.

Table 8.
Regression Equation (2)

Model	S-Beta	t-value	p-value	R	R Square
Healthy Living Behavior → Life Satisfaction	.182	3.228	.001	.522	.272
Social Support → Life Satisfaction	.449	7.973	.000		

The results in Table 8 showed the standardized beta value of healthy living behavior in regression equation (2). The standardized beta value for healthy living behavior was 0.182 with a significance level of 0.001, and for social support, it was 0.449 with a significance level of 0.000,

both of which were significant. The standardized beta value of healthy living behavior, 0.182, represented path p1, while the standardized beta value of social support, 0.449, represented path p3. The value of e2 was calculated as $(1 - 0.272)^2 = 0.530$.

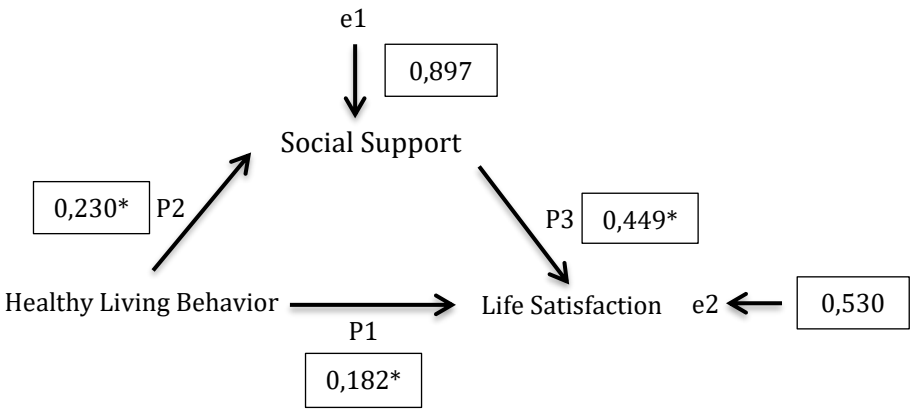

Figure 2. Path Analysis Results

The results of the path analysis indicated that the direct effect of healthy living behavior on life satisfaction was 0.182. On the other hand, the indirect effect of healthy living behavior on life satisfaction through social support was calculated by multiplying the beta value of healthy living behavior on social support: 0.230 x 0.449 = 0.103. Therefore, the total effect of healthy living behavior on life satisfaction was the sum of the direct and indirect effects, namely: 0.182 + 0.103 = 0.285. Based on these calculations, the direct effect was 0.182, while the indirect effect was 0.285, indicating that the indirect effect was greater than the direct effect. These findings suggest that healthy living behavior, indirectly mediated by social support, has a significant impact on life satisfaction.

Discussion

This study aimed to examine the influence of healthy living behaviors on life satisfaction with social support as an intervening variable. The path analysis results indicated that the direct influence of healthy living behaviors on life satisfaction was 0.182 (18.2%). Additionally, the study demonstrated the indirect influence of healthy living behaviors on life satisfaction through social support, which was obtained by multiplying the beta value of healthy living behaviors on social support (0.230) with that of social support on life satisfaction (0.449), resulting in an indirect influence of 0.103. Thus, the total influence, combining the direct influence of healthy living behaviors on life satisfaction (0.182) and the indirect influence (0.103), was 0.285 (28.5%). These results suggest that the indirect influence of healthy living behaviors through social support (28.5%) is greater than the direct influence of healthy living behaviors on life satisfaction (18.2%).

This finding implies that social support plays a significant role in the relationship between healthy living behaviors and life satisfaction. This conclusion aligns with Diener's theory (2008 in Riadi, 2021) that life satisfaction is a cognitive assessment of how well and fulfilling individuals perceive their overall life and key life areas (domain satisfaction) such as interpersonal relationships, health, work, income, spirituality, and leisure activities.

According to Green's theory (in Nusra et al., 2022) healthy living behaviors are influenced by both behavioral and non-behavioral factors. Behavioral factors include predispositions (such as education, knowledge, perceptions, personal values, and personality), enabling factors (such as facilities and health services), and reinforcing factors (such as support from family, school, peers, environment, healthcare professionals, and significant others).

The study's results showed that healthy living behaviors contributed 18.2% to life satisfaction. This is consistent with previous research indicating a positive relationship between exercise and life satisfaction among early, middle, and late adults. Respondents who exercised frequently and moderately were significantly correlated with higher life satisfaction (An et al., 2020). Papalia et al., (2009 in Mariyati & Rezania, 2021)suggested that individuals in adulthood undergo a transition process that ensures they become mature adults. Physically and health-wise, early adults have excellent physical and sensory abilities, and cognitively, they can think reflectively based on logic, environment, instincts, and emotions. Similar studies have also shown a connection between health behaviour and life satisfaction among 17,000 respondents aged 17-30 in 21 countries, indicating that early adult life satisfaction positively correlates with non-smoking, regular exercise, sunscreen use, fruit consumption, reduced fat intake, and avoiding alcohol and heavy consumption (Gratt et al., 2009 in Mariyati & Rezania, 2021).

Despite the direct contribution of healthy living behaviors to life satisfaction, the percentage is smaller (18.2%) compared to the influence of healthy living behaviors on life satisfaction through social support (28.5%). According to Bloom's theory, community health status is influenced by four factors: environment, behavior, health services, and genetics (in Pakpahan et al., 2021). Of these, environmental factors (physical, biological, and social) contribute 40%, health behaviors contribute 30%, access to and availability of health services contribute 20%, and genetics contribute 10% (in Pakpahan et al., 2021).

Green's theory (2005 in Pakpahan et al., 2021) states that several factors can motivate individuals to engage in healthy living behaviors, including knowledge, attitudes, cultural values, perceptions of individual characteristics (age, gender, education level, and occupation). The research involved respondents ranging from early to middle adulthood (ages 21 to 45). According to Erickson (in Mariyati & Rezania, 2021)individuals in early adulthood (20 to 30 years) and middle adulthood (40 to 65 years) both enter the achieving stage (focused on career and family).

Although individuals in early and middle adulthood are at the peak of their achievements, early adults experience a value transition influenced by factors such as the desire for acceptance and recognition from peer groups, social groups, and economic considerations. Early adults often think about lifestyle choices affecting their health, though many do not, such as irregular eating habits and relying on snacks. Middle adults face a transition of physical and psychological changes and may experience stagnation if they lack determination or success if they have strong willpower in adapting to life changes (in Mariyati & Rezania, 2021). Evaluation of past life experiences affects behavior in middle adulthood.

According to Green's theory, healthy living behaviors are influenced by cultural values (2005 in Pakpahan et al., 2021). Menaldi & Meinarno (2023) stated that cultural factors reinforce healthy living behaviors. Culture influences human psychological processes, shaped by socio-economic background and ethnicity. For example, Sumatra communities are accustomed to coconut milk-based diets, and dietary patterns differ across regions in Indonesia. This cultural diversity affects individuals' perceptions of health and healthy behaviors. Adequate health knowledge is necessary for individuals to have accurate perceptions of health and health behaviors related to culture.

Various studies also reveal that income and earnings influence healthy living behaviors. Research shows a strong relationship between income levels and the utilization of health services and preventive measures against illness. Seeking employment and working are necessary activities for individuals to support personal and family life. Individuals with higher incomes can make better efforts to prevent illness and utilize health services, while those with limited finances have restricted means to maintain health quality (in Pakpahan et al., 2021).

Karr's theory states that a person's decision to engage in healthy behaviors is influenced by five factors: the intention to act related to health, social support, situational factors enabling or preventing action, the availability of health information, and personal autonomy Pakpahan et al., 2021). A prominent sports psychology professor at Surabaya State University suggested that low participation in sports is due to sports behavior not being a habit or lifestyle. People engage in sports when advised by a doctor, have a family member with a specific illness, or other reasons. Social situations influence decisions to engage in healthy behaviors, such as preferring to ride a motorcycle for short distances rather than walking because others do the same. This indicates that social environments and policies influence individual behaviors (Maksum in Koran Sindo, 2022)

Social support plays a crucial role in promoting healthy living behaviors. In society, individuals tend to require community support for their behaviors. Without support, individuals feel uncomfortable or refrain from displaying certain behaviors (in Pakpahan et al.,2021). These

findings proof that social support contributes more significantly than the direct influence of healthy living behaviors on life satisfaction. Previous research also shows a relationship between family support and clean and healthy living behaviors among family members during the COVID-19 pandemic (Miswarman et al., 2022). Another study revealed a direct and significant relationship between social support and health promotion among pregnant women aged 18 to 40 in Iran. Pregnant women with better perceptions of social support adopt healthier lifestyles (Kazemi et al., 2021).

Lieberman, a Harvard University paleoanthropologist (in Rahmawati & Nofiana, 2021) noted that individuals who consistently exercise strive to find intrinsic motivation to maintain healthy living behaviors. A friend who accompanies physical activities provides positive reinforcement and accountability. Bringing a partner or friend increases social bonds, friendship, and commitment to exercise. Studies show that social networks positively contribute to mental and physical health and stress management. Social support helps individuals maintain mental and physical health and adopt healthy living behaviors (Its Time Texas, 2020)

Cohen & Syme (1985) asserted that social support is a resource provided to help others. Social support can have positive or negative effects on health, assisting individuals in recovering from health and psychological issues. Positive relationships between social support and health occur because support enhances health and psychological well-being, not to mention the stress level. This is reinforced by research on adults (aged 45 and above), showing positive correlations between life satisfaction and physical and mental health status, the presence of chronic illnesses, relationships with friends and family, independence, and the absence of trauma or violence. This study also found that individuals who never engaged in risky unhealthy behaviors (never smoked, never consumed alcohol, and exercised) had high life satisfaction. Furthermore, there was a positive correlation between social relationships (family and friends) and life satisfaction, with varying levels of life satisfaction. Those close to their families and those with social activities had high life satisfaction (Bramhankar et al., 2023). A broad social network provides multiple resources, such as access to health information and the effective use of health services, helping individuals avoid stress or risky situations (Cohen, 2004).

Forming healthy behaviors requires an individual or collective process. Psychological interventions are necessary to develop habitual behaviors and create a healthy lifestyle culture, making healthy behaviors a daily need (Menaldi & Meinarno, 2023). Desired healthy behaviors should be sustainable, regardless of social support, to maintain health, support individual productivity and performance, and ultimately provide overall life satisfaction. Although early and middle adults are in similar developmental stages and productive age ranges, they have different characteristics, necessitating appropriate health education and promotion based on these

characteristics. Given Indonesia's diverse ethnicities and cultures, future research should explore the relationship between healthy living behaviors and culture. Future studies should also examine healthy living behavior patterns over time, gender differences, and the impact of social support on healthy living behaviors and their correlation with economic status, income levels, employment, and life satisfaction.

Conclusion

The results of the path analysis indicated that healthy living behaviors had a direct effect on life satisfaction and an indirect effect on life satisfaction through social support as an intervening variable. Healthy living behaviors contributed to life satisfaction, influenced by both internal and external factors. Social support played a crucial role, providing a significant contribution to healthy living behaviors and life satisfaction among individuals in the productive age group. Social support acted as positive reinforcement for individuals engaging in healthy living behaviors. The design of educational and promotional activities for healthy living behaviors should consider the characteristics of early and middle adulthood. Future research should examine several aspects, including the relationship between healthy living behavior patterns and cultural factors, the impact of healthy living behavior patterns on life satisfaction over specific periods, and the most influential forms of social support for healthy living behaviors with socioeconomic status, education level as well as income and employment variables and their impact on life satisfaction.

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