THE EFFECT OF BODY DISSATISFACTION, HEALTH BELIEFS MODEL AND SOCIAL SUPPORT ON HEALTHY DIETARY BEHAVIOR IN EARLY ADULTHOOD

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ABSTRACT

Everyone wants to have a healthy body, ideal body shape and weight. This is not only for health reasons, body shape and weight also often affect a person's appearance. Appearance is something that often gets special attention and every individual tries to make their appearance look perfect in their social environment. A healthy diet is an easy way and is often relied on to keep the body fit and healthy. A healthy diet is done by consuming good, nutritious food and doing physical activity will of course increase body stamina, so that our health will always be maintained. The purpose of this study was to determine the effect of body dissatisfaction, health belief model (perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy) and social support (emotional support or appreciation, real and instrumental support, information support and friendship support) on healthy diet behavior. The sample in this study was 151 people in early adulthood who were on a diet (reducing consumption of food, drinks containing high calories, high fat and doing physical activity) for at least one month. The results of the hypothesis test show the value of R Square = 0.321, meaning that the proportion of variance of healthy diet behavior explained by all independent variables is 32.1%, while 67.9% is influenced by other variables not studied. There are two variables that have a significant influence on healthy diet behavior, namely body dissatisfaction and perceived barriers.

Keywords: Healthy Diet Behavior, Body Dissatisfaction, Early Adulthood, Health Belief Model, Social Support.

INTRODUCTION

Health is one of the important aspects in human life. Health according to WHO can be defined as a state of complete physical, mental and social health and not merely a state free from disease, disability and weakness (Smet, 1994). In health promotion and disease prevention, America has a high level of concern in the field of nutrition.

Food is a popular topic in newspapers, magazines and talk shows. The government also issues regular health reports and research on the subject is often reported on television before scientific journals are distributed to college and university libraries throughout the country. Unfortunately, much of the information available to the public is unreliable and not based on scientific knowledge. This adds to the confusion of differences of opinion among scientists and understanding among even the most well-informed public (Jansen, 1990).

Belloc and Breslow (1972) said that there are several categories in non-medical behavior on health status and health risks that exist in each person's daily life. These behaviors include sleep duration, eating habits, amount eaten, weight management and physical activity (sports,

swimming, walking).

A sedentary lifestyle that makes the body not move much has a negative impact on health. Many are aware of this but it is not easy to avoid so that this unhealthy lifestyle is still a part of everyday life. In the midst of the limited time left for exercise, various diet patterns have become a choice of solutions to maintain weight and health in general. (Kompasiana, 2013).

Healthy diets are becoming very interesting nowadays, with unlimited eating patterns, many choices and high taste, sometimes causing obesity and making the body less healthy. The results of basic health research in 2010 revealed that 21.7% of Indonesian adults are overweight (including obesity) and women have a higher prevalence (26.9%) than men (16.3%) (Health Research and Development Agency, 2010).

According to Dariyo (2003) obesity problems can attack anyone at any age from children to the elderly. One group that has a high vulnerability to obesity problems is early adulthood. The emergence of obesity problems in early adulthood can be triggered by several factors such as past dietary errors, financial freedom to buy any desired food and the burden of stress experienced by adults related to developmental tasks, namely work (Hurlock, 1999).

The results of a study by the Women's Health Institute stated that 44% of obese women will have a higher susceptibility to heart disease and experience death in the first year (Pikiran-rakyat, 2006). Obesity problems experienced by early adults also cause psychological problems such as feelings of anxiety, stress, depression, self-confidence and anxiety. Based on these dangers, obesity problems experienced by early adult women can be categorized as chronic health problems and require serious treatment (Dariyo, 2003).

One way that obese people can overcome the problem of obesity is by following a healthy diet (Pikiran-rakyat, 2006). A healthy diet is a plan or arrangement of food and drink patterns that aim to control body weight and maintain health (Dariyo, 2003). This is supported by the opinion of Papalia, Olds and Feldman, Turner & Helms (2009) who stated that a healthy diet is a way to form or achieve a balanced proportion of body weight and health levels through regulating eating patterns, drinking and physical activity. Based on the description above, what is meant by healthy diet behavior is the behavior that a person takes to regulate their body weight by modifying the amount of food intake and doing physical activity.

Diet has important implications for physical and mental health. Among women, dieting is more often associated with irregular eating and poor body image (Gillen, 2012). A healthy diet is not only done by people who are overweight. Diet is also done by people who are of normal weight but still want to maintain their health. Many people compete to make their bodies slim to look healthy. Doing a healthy diet means carefully limiting the consumption of calories or certain types of food, as long as it is done proportionally by paying attention to the body's needs, diet can reduce weight and keep the body healthy. However, if done carelessly it can be fatal (Laila, 2013).

Researchers conducted interviews with ten people, eight women and two men at UIN Jakarta Psychology Students. Ten early adults know how the diet phenomenon occurs in society. Ten people interviewed are on a diet. They admitted to knowing how to diet from friends or from diet tips they got from the mass media. Eight out of ten people interviewed admitted to trying to lose weight in various ways including skipping dinner, only consuming apples and vegetables in a day, not consuming carbohydrates and doing exercise. Two others tried to lose

weight by using laxatives. According to Four out of ten people interviewed, they feel their bodies are still fat so they look less attractive. And six others feel insecure and embarrassed if their weight increases. According to them, a slim body is more attractive to look at and they feel more confident therefore they decided to go on a diet.

Researchers found that people who have been on a diet and felt the benefits of the diet will help their other friends to go on a healthy diet. Likewise with early adults who go on a diet, at the age of 20 - 30 years old, dieting is not only to beautify themselves but also to maintain their health (Papalia, 2009). Research conducted on 803 people in America, showed that compared to men, women pay more attention to their health and body (Wood, 2006).

Social media also provides many conveniences for people who want to go on a healthy diet. Many catering services offer a very diverse food menu specifically for people who are on a diet. Such as the mayo diet, keto diet, vegan diet and others. With the convenience available on social media, it increasingly encourages someone to go on a diet.

One of the strong factors that can influence diet behavior is body dissatisfaction. Body dissatisfaction has been found to be an important predictor of weight loss behavior (Stice & Agras, 1998). Theoretically, women who internalize the ideal body shape according to society into themselves will be more likely to have body dissatisfaction if the ideal body shape standards are not met. One of the developmental tasks of early adult women is choosing a life partner.

Attempts to lose weight by restricting food may be more likely to occur in someone who is overweight because they want to appear thinner. However, people who are normal weight and thin also diet regardless of their weight, a person may be so dissatisfied with their body because they have adopted the value of thinness as a standard of beauty (Lam, 2008).

Body dissatisfaction or negative body image is a distortion of perception of one's own body shape, believing that other people are more attractive, feeling that one's body size/shape is the cause of personal failure, feeling ashamed, anxious about one's body and feeling uncomfortable and strange with one's body (National Eating Disorders Association, 2003).

This is in line with the results of Winzeler's study (2005) which stated that men are prouder of their bodies and more satisfied with their weight by 73% than women who are only 47%. This dissatisfaction can ultimately make individuals become insecure figures. Dissatisfaction with body shape in women generally reflects the desire to be slimmer. Body dissatisfaction is included in one of the external factors of diet behavior, namely the social value of society towards the attractiveness and slimness of the body. (Prima 2013).

In addition to body dissatisfaction, which can influence diet behavior is health behavior, Rosenstock (1966) developed a model of how individual beliefs influence someone to choose healthier behavior. His theory is known as the health belief model or abbreviated as HBM. The main factor of the health belief model theory is the various beliefs held by an individual that influence their healthy behavior. By focusing on individual beliefs or assessments about their health, this theory focuses on individual beliefs about their health, this theory organizes information about their health and factors that influence individuals in changing their healthy behavior.

The health belief model (HBM) has long been recognized as one of the most influential and

popular models in explaining health behavior. This theory emphasizes the often overlooked cognitive aspect in studying health behavior (Sarafino, 2008).

This theory assumes that in order for someone to be motivated to take healthy steps, the individual needs to be personally convinced that his/her health is susceptible to disease (perceived susceptibility), and the disease is classified as serious (perceived severity), in addition the benefits obtained by the individual (perceived benefits) are greater than the negative aspects (perceived barriers) obtained when carrying out healthy behavior, as well as an assessment of who and what makes him/her moved (cues to action) to carry out healthy behavior and the belief that he/she will succeed (self-efficacy) in carrying out the behavior. The four types of beliefs, cues to action, self-efficacy from HBM have more influence on an individual's decision whether to take steps to behave healthily or not (Glanz 2008).

It is not easy for someone to decide to go on a diet. Support such as providing information about a healthy diet, providing a healthy food menu and appreciation for choosing a healthy food menu is very necessary for someone who wants to run a healthy diet program. For that, the influence of social support from the environment is needed.

Related to diet behavior according to Gorin, Powers, Koestner, Wing, & Raynor, (2014) in a study related to social support with weight control behavior since the mid-1990s, someone believes that social support is one of the factors that can make a diet program successful. However, the types of social support have not been specifically seen to influence diet behavior.

One form of social support is emotional support in the form of attention and care. Many people are on a diet, but not many people are on a healthy diet. Dieting can be done by consuming weight loss drugs, but of course that is not a healthy diet. That is why attention and care from those closest to people are needed for people who decide to go on a diet. Attention and care from those closest to them can influence someone to go on a healthy diet. Someone who wants to go on a diet will go on a healthy diet when the people around them care about their diet, the food they consume and how they go on a diet. Social support from within the household and from coworkers is positively related to improvements in fruit and vegetable consumption and to successive stages of improving eating habits (Sorensen, 2005).

People who are overweight but are not aware of their condition are very likely not to diet. If this happens to a child, then social support in the form of instrumental support from the mother greatly influences changes in their eating patterns (Ireland, 2010). This instrumental support can be in the form of providing a healthy food menu to be consumed every day so that they can have a healthy diet. In addition, dieters basically need support in the form of appreciation when dieting, especially a healthy diet. With appreciation for a healthy diet, it will influence someone to have a healthy diet rather than buying drugs to get instant results.

Based on the phenomenon and several studies that have been conducted, the researcher is interested in conducting further research on body dissatisfaction, Health belief model and social support related to healthy diet behavior. Therefore, the researcher conducted a study entitled "The effect of body dissatisfaction, Health belief model and social support on healthy diet behavior in early adulthood".

HEALTHY DIET BEHAVIOR

Diet comes from the Greek diaita, and the French diete which means a way of life. A healthy diet is a plan or arrangement of food and drink patterns that aim to control body weight or

maintain health (Dariyo, 2003). This is supported by the opinion of Papalia, Olds and Feldman, Turner & Helms (2009) who stated that a healthy diet is a way to form or achieve a balanced proportion of body weight and health levels through regulating eating patterns, drinking and physical activity. Based on the description above, what is meant by healthy diet behavior is the behavior taken by someone to regulate their weight by modifying the amount of food intake and doing physical activity.

A healthy diet is an effort to reduce or control food intake with the aim of maintaining body weight according to individual desires (Hawks, 2008). According to French, Perry, Leon and Fulkerson (1995) explained that diet is an effort to control body weight by regulating healthy eating patterns and doing physical activities such as exercise. A healthy diet reflects eating patterns and physical activities that use healthy strategies to maintain body weight such as eating more vegetables and fruits and exercise (Gillen, 2012).

A healthy diet according to Kim and Lenon (2006) is changing eating patterns by consuming low-calorie or low-fat foods, and increasing physical activity in a reasonable manner. This is in line with the opinion of Herman & Polivy, Laessle et al., Waden et al., Wilson (in Stice et al, 2005) who stated that diet is an effort to limit food that is deliberately done by someone and continues continuously with the aim of controlling body weight.

From the definitions mentioned above, the researcher chose to use the theory put forward by French, Perry, Leon and Fulkerson, (1995) who define healthy dietary behavior as an effort to control body weight by regulating healthy eating patterns and carrying out physical activities such as exercise.

BODY DISSATISFICTION

According to (Cooper, Taylor, Cooper, Fairburn, 1987) Body dissatisfaction is the difference in individual perception of body size and the perception of the ideal body they want. Littleton and Ollendick (Skemp-Arlt et al., 2006) also stated that body dissatisfaction is a subjective feeling of dissatisfaction with one's physical appearance. Body dissatisfaction is a feeling of being unhappy with body weight and shape (Bearman et al., 2006). Thompson et al. (Prima 2013) stated that body dissatisfaction is a continuation of disturbances in body image or from increasing attention to one's body image.

According to (Polivy & Herman, 1978) Body dissatisfaction has been defined as the difference between actual and ideal body weight in weight and shape. However, this definition is not accurate considering that some people who are close to the ideal may be dissatisfied with their bodies and vice versa. (Stice and Shaw 2002) also define Body dissatisfaction as a reference to subjective negative evaluation of one's physical body such as weight, stomach and hips.

In further research by Cash et al., (2002), body dissatisfaction is a person's negative evaluation of their appearance and the desire to look more physically attractive. Furthermore, Shroff et al., (2006), defines body dissatisfaction as a person's displeasure or dissatisfaction with aspects of the body (cognitive, affective and behavioral).

From the definitions mentioned above, the researcher chose to use the theory proposed by Shroff et al., (2006) who argue that body dissatisfaction is a negative perception of body image in the affective, cognitive and behavioral components towards physical appearance which includes body shape and causes feelings of displeasure or dissatisfaction with one's body.

HEALTH BELIEF MODEL

Health Belief Model (HBM) is the most commonly used theory in health education and health promotion (Glanz, Rimer, & Lewis, 2008). Health Belief Model was first introduced in the 1950s by a group of psychologists working in the US Public Health Service. Health Belief Model was formulated by Rosentock (1966) to predict the likelihood of individuals engaging in healthy behaviors or not, the concept of Health belief model contains several key concepts that predict why people will take action to prevent, to screen or to control disease conditions.

The Health belief model theory has been widely applied to studies on various health behaviors. The original concept underlying the Health belief model is that health behavior is determined by beliefs about taking action to prevent and control disease conditions. In general, individuals will take preventive action if they perceive themselves to be vulnerable to conditions that they believe will have serious consequences.

According to (Sine, 1994) Health belief model (HBM), the possibility of individuals taking preventive action directly on the results of Health belief beliefs, namely: perceived threat where the individual's assessment of the perceived threat of health problems that may be at risk of their illness (perceived susceptibility and perceived severity), such as diabetes complications and considerations of advantages and disadvantages (benefits and cues to action). The first assessment is the perceived threat to the risk that will arise. This refers to the extent to which a person thinks illness or pain is really a threat to him/her. The assumption is that the perceived threat increases, then the behavior to reduce the risk of illness will also increase.

From the definitions above, the researcher chose to use the theory proposed by (Glanz, Rimer, & Lewis, 2008) which defines the Health Belief Model (HBM) as the most commonly used theory in health education and health promotion.

SOCIAL SUPPORT

According to Taylor (2009) social support is information from others that someone is loved and cared for, respected and appreciated, and is part of a network of communication and shared obligations. Social support can be given from parents, partners or lovers, relatives, friends and social relationships and communities. Sarafino (2011) defines social support as an individual's perception of comfort, attention, appreciation, information or assistance received from others. In this study, researchers divided social support into four parts based on the types of social support explained by Sarafino, namely; emotional support or appreciation, tangible support and instrumental support, information support and friendship support.

Meanwhile, according to Cohen (Papalia, 2009) social support refers to material, information and psychological resources obtained from social networks, where someone can control it to help cope with stress. In high stress situations, someone who is close to others may find it easier to eat and sleep, get enough exercise and be away from violence and have little chance of suffering from anxiety or depression or even dying.

Social support according to (House, 1981) is an interpersonal transaction that includes: (1) emotional attention (liking, loving empathy), (2) instrumental assistance (goods or services), (3) information (about the environment) or (4) assessment of information that is relevant to self-evaluation). The concept of social support is a popular concept among stress researchers in the fields of psychology and medicine for two reasons. First, social support appears to mediate the effects of life stress and health. Second, interventions for stress in individuals that include social support appear promising to reduce distress and facilitate adjustment.

Weiss (in Cutrona & Russell, 1987) describes six different social functions or provisions that may be derived from relationships with others. These social functions can be conceptually divided into two broad categories: assistance-related and non-assistance-related. The assistance-related category includes functions that are directly relevant to problem solving in stressful contexts. Non-assistance-related, on the other hand, does not contribute directly to problem solving and appears to have beneficial effects on the subject's condition under both high and low stress conditions.

From the definitions above, the researcher chose to use the theory proposed by Sarafino (2011) which defines social support as an individual's perception of comfort, attention, appreciation, information or assistance received from others. In this study, the researcher divided social support into four parts based on the types of social support explained by Sarafino, namely; emotional support or appreciation, real support and instrumental support, information support and friendship support.

FORMULATION OF THE PROBLEM

Referring to the background that has been explained, the researcher formulates the problem as follows:

1. Is there an influence between body disstisfaction, health belief model (perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to Action, and self-efficacy) and social support (emotional support, instrumental support, information support, social group support) on healthy diet behavior in early adulthood?
2. What variables have a big influence on healthy diet behavior in early adulthood?
3. What is the proportion of variance of each variable?

RESEARCH METHODS

The population in this study were men and women who had the following characteristics:

a. Age 20 to 30 years because it is included in the early adult category.
b. Doing a healthy diet for at least one month.
c. Domiciled in JABODETABEK.

The data collection instrument will use two methods, either filling out the questionnaire directly or online. The research subjects used were 151 respondents. The sampling technique used in this study is non-probability sampling, namely not every member of the population has the same opportunity to become a research sample. Furthermore, the sample was taken based on the incidental sampling technique, namely a method of selecting sample size from a population where the sample is taken based on the ease of the data needed, such as easy to find, reach, or coincidentally meet the researcher and are willing to become respondents. Data analysis in this study uses statistical methods through the Lisrel 8.70 and SPSS 20.0 programs.

Measurement of Healthy Dietary Behavior

The healthy diet behavior scale used in this study was created based on the weight loss behavior scale (WLBS) compiled by (French, Perry, Leon and Fulkerson) to be used as an indicator. Researchers only took 11 of the 23 weight loss strategies on the scale, because they were considered to represent everything they wanted to measure. The healthy weight loss or diet method on the scale reflects a healthy diet and exercise. This method consists of: reducing calories, increasing exercise, increasing fruit and vegetable consumption, reducing snacks, reducing fat intake, reducing sweets or sweet foods, reducing portion sizes, changing food types, reducing meat consumption, reducing high-carbohydrate foods and consuming low-calorie foods.

Body Dissatisfaction

The body dissatisfaction scale used in this study was a scale developed by Mayville 1999, namely the Body Image Rating Scale, then re-adapted by Mayville 2002 which focused on measuring a person's satisfaction with muscles called the Masculer Appearance Satisfaction Scale. After that, Gonzalez-Marti et al (2012) re-adapted the MASS measuring instrument but for different ethnicities in Spain. Then it was adapted by researchers to be easily understood by respondents by considering ethnic differences. Researchers also used the name Body Image Rating Scale as a measuring instrument used in the study, because it is in accordance with the theory put forward by Shroff et al., (2009).

Health Belief Model

The scale used to measure the health belief model is the health belief model theory construct (Glanz, 2008) which divides the dimensions of the health belief model into perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy.

Social Support

Social support is measured using the social support theory construct scale from Sarafino (2011) which divides the dimensions of social support into emotional support or appreciation, real support or instrumental support, information support and friendship support.

Data Analysis Techniques

To see the influence of independent variables on dependent variables, researchers will use multiple regression analysis. Multiple regression is a statistical method used to form a model of the relationship between DV and more than one IV. The multiple regression equation of this study is:

$$Y = a + b1X1 + b2X2 + b3X3 + b4X4 + b5X5 + b6X6 + b7X7 + b8X8 + b9X9 + b10X10 + b11X11 + e$$

Description:

Y = Healthy Diet Behavior
a = Intercept or Constant
b = Regression Coefficient
X1 = Body Dissatisfaction
X2 = Perceived Susceptibility
X3 = Perceived Severity
X4 = Perceived Benefits
X5 = Perceived Barrier
X6 = Cues to Action
X7 = Self-Efficacy
X8 = Emotional Support
X9 = Instrumental Support
X10 = Information Support
X11 = Friendship Support
e = error

Research Result

Based on table 1, we can see the R square obtained by 0.321 or 32.1%. This means that 32.1% of the variation in healthy diet behavior can be explained by the variation of all IV (body dissatisfaction, perceived susceptibility, perceived severity, perceived benefits, perceived

barriers, cues to action, self-efficacy, emotional support or appreciation, real support or instruments, information support and friendship support) while the remaining 67.9% is influenced by other variables outside this study.

Table 1: R Square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.567[a]	.321	.267	8.56007

a. Predictors: (Constant), body dissatisfaction, emotional support, instrumental support, information support, friendship support, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, self-efficacy

The second step, the researcher analyzed the impact of all independent variables on body dissatisfaction. The results of the F test can be seen in table 2 below:

Table 2

Model	Sum of squares	df	Mean squares	F	Sig.
Regression	4814.815	11	437.710	5.974	.000[a]
Residual	10185.185	139	73.275		
Total	15000.000	150			

a. Predictors: (Constant), body dissatisfaction, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, self-efficacy, emotional support, instrumental support, information support, friendship support.
b. Dependent Variable: Healthy Diet Behavior

Based on the F test in table 4.17, it can be seen that the p value (Sig.) in the rightmost column is p = 0.000 with a p value <0.05. So, the null hypothesis which states "there is no influence of body dissatisfaction, health belief model and social support on healthy diet behavior" is rejected. This means that there is a significant influence of body dissatisfaction, health belief model and social support on healthy diet behavior.

In the next stage, the researcher looks at the regression coefficient of each IV. If sig <0.05, then the regression coefficient is significant, which means that the independent variable has a significant influence on the dependent variable. The magnitude of the regression coefficient of each independent variable on the dependent variable can be seen in table 3.

Table 3: Regression Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	11.759	6.995		1.681	.095
	Body dissatisfaction	.196	.086	.196	2.285	.024
	Perceived susceptibility	.238	.178	.238	1.336	.184
	Perceived severty	-.078	.140	-.073	-.524	.601
	Perceived benefits	.106	.154	.106	.691	.491
	Perceived barriers	.259	.096	.259	2.711	.008
	Cues to action	-.024	.092	-.024	-.257	.798
	Self-efficacy	.083	.155	.083	.534	.594
	Emotional support	.070	.094	.070	.075	.458
	Instrumental support	-.130	.091	-.130	-1.433	.154
	Informational support	.097	.099	.097	.977	.330
	Friendship support	-.057	.108	-.075	-.522	.603

a. Dependent Variable: Healthy diet behavior

Healthy diet behavior = 11.759 + 0.196 body dissatisfaction* + 0.238 perceived susceptibility + -0.073 perceived severity + 0.106 perceived benefits + 0.259 perceived barriers* + -0.024 cues to action +0.83 self-efficacy + 0.70 emotional support + -0.130 instrumental support + 0.097 information support + -0.057 friendship support.

Information
Sign (*) = Significant Variable
From the regression equation, it can be seen that there are two variables whose regression coefficient values are significant, namely; (1) body dissatisfaction; (2) perceived barriers. While the other 9 variables are not significant.

DISCUSSION

This study attempts to determine the factors that influence healthy diet behavior in early adulthood. As previously explained, concern about health and weight has now become common in early adulthood. Many men and women decide to reduce or maintain their weight to achieve an ideal body shape to look more attractive. This is one of the triggers for healthy diet behavior, namely the behavior of regulating, reducing, controlling food intake and exercising to lose or maintain weight.

In this study, the independent variables are body dissatisfaction, health belief model, and social support along with all dimensions in these variables. However, based on the regression coefficient test, only the body dissatisfaction variable and the perceived barriers dimension of the health belief model have a significant influence on healthy diet behavior in early adulthood.

Based on the regression coefficient in this study, it was found that body dissatisfaction has a positive effect on healthy diet behavior. This means that when body dissatisfaction is high, a person will be more likely to do a healthy diet. According to (Grogan, 2008) body dissatisfaction is a person's negative thoughts about their own body. This includes judgments about size and shape, generally involving differences between their own body type and the ideal body type. Theoretically, women who internalize the ideal body shape according to society into themselves will be more likely to have body dissatisfaction if the ideal body shape standards are not met (Bearman, Martinez, & Stice, 2006). A person's dissatisfaction with their body can cause anxiety. Anxiety about getting fat and categorizing body size also describe how the person's body image is.

This concern for the ideal body shape can lead to obsessive efforts to control body weight. This is what causes the body dissatisfaction variable to have a positive influence on healthy diet behavior. Dissatisfaction with body shape can encourage people to diet, exercise, do body treatments, consume slimming drugs and others to get some ideal body weight (Dacey & Kenny in Andea, 2010).

The next finding in this study, the perceived barriers dimension of the health belief model has a positive effect on diet behavior. This explains that the higher the perceived barriers variable will encourage someone to do a healthy diet. Perceived barriers are individual beliefs about the magnitude of the barriers encountered in adopting recommended health behaviors, such as financial, physical and psychosocial barriers.

The biggest barrier for dieters is the social environment, namely the eating behavior of friends and family members. However, it is interesting to note that, for the majority of dieters, even though they feel the barrier to doing is big, they still believe that they have a support system to

help them eat healthier (Hoang, 2016). It is possible that dieters have an optimistic view of their goal to eat healthier. Dieters believe that they will succeed in their goals and their social system will succeed in their role as well.

The findings in this study are very interesting. Based on these findings, it can be said that when the challenges felt when dieting are high, then a person will be more likely to diet. The researchers then tried to interview several respondents who were on a diet. It turned out that, based on the results of the interviews conducted by the researchers, they said that when the challenges were higher, they would try harder to diet. This is because they want to prove to their environment that they are able to diet.

Furthermore, in this study, all dimensions of social support were found to have no significant influence on healthy diet behavior. This is very interesting because it is different from the findings of previous studies. According to Gorin, Powers, Koestner, Wing, & Raynor (2014), social support is one of the factors that can make a diet program successful. It is not easy for someone to decide to go on a diet, especially a healthy diet. Support such as providing information about a healthy diet, providing a healthy food menu and appreciation for choosing a healthy food menu is very necessary for someone who wants to run a healthy diet program. For this reason, the influence of social support from the environment is needed.

According to the theory, friendship support and instrumental support are the availability of others to spend time with an individual, thus providing a feeling that the individual is part of a group that shares similar interests and social activities. In the context of diet behavior, it can be assumed that someone who does an activity such as jogging together, aerobics, or other physical activities will get support from other members who also follow similar activities to carry out a diet program through interactions that occur during the activity. However, this was not found in this study.

Attention and concern from people closest to them can influence someone to do a healthy diet. Someone who wants to do a diet will do a healthy diet when people around them care about their diet, the food they consume and how they do the diet. Social support from within the household and from coworkers is positively related to improvements in fruit and vegetable consumption and to successive stages of improving eating habits (Sorensen, 2005).

The findings in this study indicate that the presence or absence of support from the social environment does not affect a person's desire to go on a healthy diet. There are other factors that have a greater influence on a person's desire to go on a diet. According to researchers, this can happen when someone feels dissatisfied with themselves, even though they do not get support from their environment, a person will still go on a diet.

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