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Relationship between psychosocial and consumption patterns among high school adolescents in the national capital city buffer area

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Abstract

Background: Inappropriate consumption patterns among adolescents increase chronic disease risk later in life, potentially influenced by psychosocial factors. This study analyzed relationships between psychosocial factors and consumption patterns among high school students in the NCC buffer area.

Purpose: To examine the relationship between psychosocial and consumption in high school adolescents in NCC buffer area

Method: Using a cross-sectional design, 386 high school students were selected through proportional random sampling. Data collection employed the Kessler questionnaire for psychological distress, and questionnaires measuring family and peer support, family mental health influence, school support, and consumption patterns. Chi-square tests analyzed bivariate relationships with significance at $p < 0.05$.

Results: Results showed no significant relationships between consumption patterns and psychological distress ($p = 0.798$), family and peer support ($p = 0.887$), family mental health influence ($p = 0.951$), or school support ($p = 0.301$).

Conclusion: The study concluded that psychosocial factors do not significantly impact consumption patterns among high school adolescents in the NCC buffer area. Despite non-significant findings, this research provides important baseline data on adolescent consumption patterns in this strategic buffer area and suggests investigating other factors that may influence consumption behavior in this population.

Keyword: Adolescents; Consumption Patterns; Family Mental Health; Psychological Distress; Social Support.

INTRODUCTION

The implementation of healthy consumption patterns is a critical factor in optimizing growth and development during adolescence. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 41 of 2014 concerning Balanced Nutrition Guidelines, there are ten balanced nutrition messages that serve as a reference for healthy consumption patterns. These include adequate consumption of fruits and vegetables, limitation of consumption of sugary/soda drinks, and the adoption of breakfast habits. World Health Organization (WHO) recommends the consumption of fruits and

vegetables at least 400 grams per day to prevent chronic diseases such as cardiovascular disease, diabetes, and cancer. Global data shows that fruit and vegetable consumption patterns are still low. The global average vegetable consumption is 186 grams per day (range 56-349 grams/day), with 88% of countries not meeting the minimum recommendation of 240 grams of vegetables per day (Kalmpourtzidou, Eilander, & Talsma, 2020). Soft drink consumption is high, reaching 248 grams per day, and this figure has increased by 16% between 1990 and 2018 (Lara-Castor, Micha, Cudhea, Miller, Shi, Zhang, & Mozaffarian, 2023). The habit of skipping breakfast is

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also a health problem in various countries, data shows that 45% of children and adolescents in Australia and 20% of children in South Korea do not consume breakfast regularly (Sincovich, Moller, Smithers, Brushe, Lassi, Brinkman, & Gregory, 2022).

In Indonesia, the issue of food consumption patterns among adolescents is also of significant concern. According to the results of the Indonesian Health Survey (IHS) of 2023, it has been determined that 97.5% of Indonesian adolescents aged 15-19 years exhibit a tendency to consume less vegetables and fruits, as indicated by the standard balanced nutrition guidelines. Data from the 2023 IHS study on adolescent consumption patterns (ages 15-19) revealed that 3.2% of respondents reported consuming sweetened and soft drinks at least once per day, 20.3% consumed them 1-6 times per week, and 76.5% consumed them ≤ 3 times per month (McCabe, Kaskoun, Bennett, Meadows-Oliver, & Schroeder, 2024). The prevalence of children and adolescents who do not consume breakfast regularly ranges from 16.9% to 59% (Mun & Oh, 2025). This condition underscores the significance of comprehending the factors that influence consumption patterns in adolescents. These factors encompass psychosocial elements that have the potential to influence dietary habits (Wiradijaya, Prabamurti, & Indraswari, 2020).

Psychosocial factors, including psychological distress, social support from family and peers, and the influence of family mental health and school support, have been identified as potential contributors to variations in food consumption patterns among adolescents (Putri & Rahmi, 2023). A multitude of studies have demonstrated a correlation between psychosocial stress and dietary modifications. Adolescents who encounter stress frequently exhibit an inclination toward unhealthy dietary habits (Rae & Renyoet, 2022). Social support from family and school also plays an important role in shaping healthy eating habits in adolescents 11-13 (Wahyuningtyas, Wisnusanti, & Kusuma, 2021). However, the results of research on the relationship between psychosocial factors and food consumption patterns in adolescents have been equivocal and require further research in different geographical and socio-cultural contexts (Novianti, & Chaerani, 2021). A number of

confounding factors have the potential to influence this relationship, including genetic factors, socioeconomic status, nutrition knowledge, food accessibility, media and advertising influences, as well as cultural differences and local eating habits that may modify or reduce the influence of psychosocial factors on consumption patterns (Assafa, 2023).

The buffer zone of the National Capital City is a strategic area undergoing significant social, economic, and environmental changes concomitant with the development of Indonesia's new capital city. These changes have the potential to influence individuals' lifestyles and consumption patterns, including adolescents enrolled in local educational institutions (Vilanty, 2014). Research on consumption patterns and their influencing factors among adolescents in the buffer zone of the new capital city is still very limited, even though this information is important for designing targeted health interventions. The objective of this study is threefold: first, to ascertain consumption patterns among high school adolescents in the NCC buffer zone; second, to determine psychosocial factors (psychological distress, family support, family mental health influence, and school support) among high school adolescents; and third, to analyze the relationship between psychosocial factors and consumption patterns among high school adolescents in the NCC buffer zone.

RESEARCH METHOD

The present study employed a cross-sectional design with a quantitative approach, which was conducted from October to November of 2024 in three public senior high schools located within the NCC buffer zone: namely, SMAN 9 Balikpapan, SMAN 2 Samboja, and SMAN 3 Penajam Paser Utara (PPU), East Kalimantan. The study population comprised all students enrolled in public high schools within the NCC buffer zone, with a total of 4,097 students. The sample size was determined using the Krejcie table, which yielded a total of 386 students selected through proportional random sampling. The inclusion criteria encompassed active students in grades X-XII who were willing to participate and complete the questionnaire. Conversely, the exclusion criteria included students who were indisposed or unable to

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attend during data collection.

The research instrument was a structured questionnaire consisting of a respondent characteristics questionnaire, the Kessler Psychological Distress Scale (K10) to measure psychological distress, a family and peer support questionnaire, a family mental health influence questionnaire, a school support questionnaire, and a consumption pattern questionnaire to measure fruit-vegetable consumption, soft drinks, and breakfast habits. At SMAN 16 Samarinda, validity and reliability tests were conducted on 30 respondents. These tests utilized Pearson's correlation coefficient (r), with a tabulated value of 0.361, and Cronbach's alpha, with

a minimum requirement of 0.70. The outcomes of these tests indicated the validity and reliability of all items. The data collection process involved the administration of questionnaires to respondents in each school. Data analysis included univariate analysis to describe the characteristics of respondents and the frequency distribution of research variables, and bivariate analysis using the chi-square test to determine the relationship between independent variables (psychological distress, family and peer support, family mental health influence, and school support) with the dependent variable (consumption patterns) with a significance level of $\alpha = 0.05$.

RESEARCH RESULTS

Table 1. Variety of Consumption Patterns Among the Respondents (n=386)

Variable	Results	P-value
Distribution of Consumption Pattern Fruits (n/%)		
Not consumption in last 7 days	47/12.2	
1 to 6 times in last 7 days	255/66.1	
1 to 3 times in 1 day	76/19.7	
4 or more times in 1 day	8/2.1	
Green Vegetables (n/%)		
Not consumption in last 7 days	30/7.8	
1 to 6 times in last 7 days	232/60.1	
1 to 3 times in 1 day	112/29.0	
4 or more times in 1 day	12/3.1	
Potato (n/%)		
Not consumption in last 7 days	178/46.1	
1 to 6 times in last 7 days	150/38.9	
1 to 3 times in 1 day	56/14.5	
4 or more times in 1 day	2/0.5	
Carrot (n/%)		
Not consumption in last 7 days	135/35.0	
1 to 6 times in last 7 days	187/48.4	
1 to 3 times in 1 day	58/15.0	
4 or more times in 1 day	6/1.6	
Other Vegetables (n/%)		
Not consumption in last 7 days	70/18.1	

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1 to 6 times in last 7 days	223/57.8	
1 to 3 times in 1 day	84/21.8	
4 or more times in 1 day	9/2.3	
Breakfast (n/%)		
0 days in last 7 days		
1 to 4 days in last 7 days	62/16.1	
5 to 7 days in last 7 days	158/40.9	
	166/43.0	
Consumption Pattern (n/%)		
At risk	104/26.9	
Not at risk	282/73.1	
Psychological Distress (n/%)		
High risk	173/44.8	0.798
Low Risk	213/55.2	
Family and Peer Support (n/%)		
Low	160/41.5	0.887
High	226/58.5	
Family Mental Health Influences (n/%)		
High	79/20.5	0.951
Low	307/79.5	
School Support on Mental Health (n/%)		
Low	138/35.8	0.301
High	248/64.2	

The results indicated a variety of consumption patterns among the respondents. The consumption of fruit remains modest, with 12.2% of respondents reporting no fruit consumption in the last week. The majority (66.1%) consumed fruit only one to six times per week. A comparable trend is observed in the consumption of green vegetables, where while the majority of respondents (60.1%) consume them 1-6 times per week, a significant proportion of 7.8% do not consume them at all. The consumption of colored vegetables, such as potatoes and carrots, exhibited a lower trend. The data indicates that nearly half of the respondents (46.1%) did not consume potatoes in the past week, and 35% did not consume carrots. A similar trend was observed in the consumption of other vegetables, with 18.1% of respondents reporting no consumption, and the majority (57.8%) consuming them only 1-6 times per week. Regarding soft drinks,

the majority of respondents (57.3%) reported no consumption in the past seven days, indicating a favorable trend. However, a significant proportion, amounting to 29.5%, consumed the substance between one and six times per week. Conversely, breakfast habits have been shown to yield more favorable results, with the majority of respondents (43%) having breakfast 5-7 days a week, although 16.1% of respondents do not have breakfast at all.

The results demonstrated a diverse distribution across each variable. With reference to dietary intake patterns, the majority of respondents (73.1%) were classified as non-risk, while the remaining 26.9% were designated as high-risk. With regard to psychological stress levels, the distribution was nearly equal, with 44.8% of respondents experiencing high stress and 55.2% experiencing low stress. The analysis revealed a more positive pattern with regard to family and peer

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support, with 58.5% of respondents indicating that they received high support. However, it should be noted that 41.5% of respondents indicated that they received low support. The influence of family mental health on the subject was found to be a matter of concern, with the majority of respondents (79.5%) exhibiting low positive influence from the family, and only 20.5% receiving high positive influence. Conversely, school support for mental health demonstrated superior outcomes, with 64.2% of respondents receiving substantial support from their educational institutions, while 35.8% received minimal support.

An analysis of the relationship between psychosocial factors and consumption patterns was conducted using the chi-square test. The results of this analysis showed statistically insignificant data. The psychological distress exhibited by the subjects in relation to their consumption patterns demonstrated a value of $p=0.798$ ($p>0.05$). The findings indicated that family and peer support exhibited no significant correlation with $p=0.887$ ($p>0.05$). The investigation into the relationship between family mental health and food consumption patterns yielded a value of $p=0.951$ ($p>0.05$). Conversely, school support demonstrated a p -value of 0.301 ($p>0.05$). The results of the analysis indicated an absence of a significant relationship between the psychosocial factor variables under study and food consumption patterns in adolescents. While not statistically significant, the distribution pattern demonstrated that the majority of respondents in each psychosocial category exhibited non-risky food consumption patterns, with percentages ranging from 69.6% to 75.0% across the various categories analyzed.

DISCUSSION

The results of this study indicated that the majority of respondents exhibited non-risky food consumption patterns; however, a proportion of respondents demonstrated risky consumption patterns. This finding aligns with the conclusions of prior research, which indicated that the majority of students exhibited a relatively optimal consumption pattern (Sutanto, 2022). Indicated that the majority of adolescents exhibited a consumption pattern involving three meals per day and a balanced nutritional intake (Amaliyah,

Soeyono, Nurlaela, & Kritiastuti, 2021). The consumption patterns of sugar-sweetened and soft drinks demonstrated a favorable outcome, with 57.3% of respondents reporting abstinence from canned and soft drinks during the previous seven days. This finding suggests that there is a substantial level of awareness regarding the adverse consequences of consuming high-sugar beverages and their impact on optimal nutritional status. The majority of adolescents exhibited a low soft drink consumption pattern. The nutritional status of the adolescents in this group was found to be within the normal range of 75-80%, with a relatively low prevalence of obesity (10-12.5%) (Valetina, 2023).

Adolescents exhibit inadequate consumption of vegetables and fruits, falling short of recommended intake levels. A third of respondents did not consume green vegetables at all during the past week, and only a third consumed them one to three times per week. A parallel trend was observed in potato and carrot consumption. The consumption of fruit exhibited a more favorable trend, with 49.5% of respondents reporting weekly consumption of fruit ranging from one to three times. Siregar et al.'s research yielded comparable findings, indicating that Indonesian adolescents did not adhere to the recommended levels of fruit and vegetable consumption as outlined by the WHO (Siregar & Rahmy, 2022). Adolescents who do not consume sufficient amounts of fruits and vegetables may experience micronutrient deficiencies. These deficiencies are crucial for the growth and development of adolescents due to their impact on various physiological processes, such as enzyme activity, immune function, and cellular maintenance (Hong, 2025).

The results indicated that the majority of adolescents received substantial support from their families and peers. Additionally, the majority of respondents' family mental health conditions were classified as good, and the school environment was found to provide positive support for adolescent mental health. The three psychosocial factors under consideration are interrelated and reinforce each other in their support of adolescent mental health. Established research has demonstrated that robust family and peer support systems are associated with enhanced adaptability and expedited recovery from

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psychological distress in adolescents (Barrera Jr, & Li, 2016). Adolescents who are raised in families with optimal mental health are more likely to undergo a comprehensive self-formation process and exhibit enhanced psychological resilience. Concurrently, the provision of optimal school support has been demonstrated to enhance adolescents' well-being, self-esteem, coping mechanisms, social skills, social support networks, and the alleviation of feelings of loneliness (Daly, O'Sullivan, & Kearney, 2022). Consequently, the synergy among family, peer, and school support fosters a comprehensive ecosystem that is conducive to optimal adolescent mental health (Lovyana & Humayrah, 2023).

The findings of the statistical analysis executed using the chi-square test demonstrated that there was no significant relationship between the psychosocial factor variables examined and adolescent food consumption patterns (Sree, Palanisamy, & Prashanthini, 2025). The absence of a significant relationship can be explained through several perspectives. It is possible that adolescent food consumption patterns may be influenced by a variety of factors not examined in this study, including nutritional knowledge, body shape perception, family consumption patterns, economics, food accessibility, taste preferences, and social media influence (Elnakib, Barlow, Downs, Schoolman, & Policastro, 2023). A substantial body of research has demonstrated that the dietary habits of adolescents are shaped by a multitude of interwoven factors, including individual characteristics, familial dynamics, educational institutions, and broader environmental influences (Fitzpatrick, Anderson, Browning, & Ford, 2024).

While not statistically significant, the distribution pattern exhibited a noteworthy consistency, with the majority of respondents in each psychosocial factor demonstrating non-risky food consumption patterns (69.6%-75.0%). This consistency suggests that the study respondents as a whole exhibited relatively optimal food consumption patterns, notwithstanding the variations in psychosocial factors they experienced. This phenomenon can be explained through the concept of adolescent resilience, which refers to the ability of adolescents to maintain relatively healthy behaviors despite experiencing

psychosocial stress. This phenomenon may be associated with other protective factors not measured in this study, such as health literacy, informal social support, or effective coping mechanisms (Rahmawati, Arini, Atmaka, Kusuma, Putri, Vidianinggar & Shahid, 2025).

CONCLUSION

The study's findings indicate that the majority of respondents consume food in a manner that is not considered high risk. However, there is a notable prevalence of inadequate consumption of fruits and vegetables, a factor that warrants particular consideration. While the majority of respondents received adequate psychosocial support from family, peers, and school, no significant relationship was identified between psychosocial factors and food consumption patterns. This finding suggests that adolescents' consumption patterns are influenced by a multitude of complex factors that extend beyond the scope of this study. Despite the absence of a statistically significant association, the study makes a valuable contribution to the understanding of adolescents' consumption patterns and psychosocial factors. Furthermore, it provides a solid foundation for the development of more comprehensive research.

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