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Underlying Factors of The Young Men's Intention to Take Diet and Physical Exercise: An Exploratory Study in Jakarta

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It is the truth that most men are the breadwinner in nearly all family systems across the world. Breadwinner husband becomes an essential factor in marriage. However, the fact is men's health outcomes continue to be substantially worse than women's. Overweight and obesity constitute a major risk factor for most major Non-Communicable Diseases (cardiovascular diseases, diabetes, and cancer). Considering an early onset of obesity is potentially facing the high cumulative incidence of several diseases, also preventing the initial stage is much better, it would be very best to call out all the healthy stakeholders to figure out what factors influencing young men to intent to take food and physical exercise to change the young men's behavioral risk factors (unhealthy diet and lack of physical activity). A qualitative methodology was undertaken in a sample of the male who domiciled in *Jabodetabek* (Jakarta, Bogor, Depok, Tangerang, and Bekasi) Indonesia yet had a job or went to school in Jakarta, who had the Body Mass Index (BMI) overweight, obese, also normal, and aged between 18 years old and 29 years old. This research used quota sampling with in-depth interviews due to the sensitivity of the case. Interviewees were approached in some Jakarta malls using means of purposeful sampling strategy. The total of the respondents was 40 interviewees. Thematic analysis was used to gain insights. The empirical results indicate that the underlying factors of the intention to participate in a diet and physical exercise are composed of seven elements, and they are labeled as health perception, body image, perceived severity, perceived health benefit, self-esteem, social media usefulness, and perceived barrier. This exploratory study contributes a fundamental insight that needs to be studied further in quantitative research regarding the effort to move young men in Jakarta to take diet and physical exercise so that they will be healthier now and in the future.

Key words: *health marketing, men's health, obesity, overweight, social marketing*

Introduction

In most countries in the world, men are the breadwinner in the family system. Breadwinner husband becomes a crucial factor in marriage as much research shows that it will affect marital stability (ElHage, 2016). Therefore, it requires men to take care of their health to be able to perform as the breadwinner. This health behavior will affect the woman, kids, and the entire family. However, the fact is men's health outcomes continue to be substantially worse than women's, although there is considerable variation between men and countries where men live. Baker et al. (2014) in the WHO Bulletin argued that men tend to be in worse health than women globally had now been confirmed clear by robust evidence from various sources. It is indicated by life expectancy at birth, which explains a mortality rate of a population. In Indonesian, on average, men die four years younger than women in 2015 and seen always die younger than women from 2011 until 2015.

What do make men at the poorer survival rates? Several factors indicate men in the not-so-good situation. Platts et al. (2013) found that men had been exposed to more strenuous and dangerous working conditions than women. According to the WHO European Region's review of the social determinants of health (Baker et al., 2014), behaviors associated with male norms of risk-taking and adventure, health behavior paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they visit a doctor, are less likely to report on the symptoms of disease or illness are primary factors that put men at the poorer health outcomes. Gough (2006) argues that men are associated with many claims such as men do little or nothing to protect their health; men are strong; therefore, they cannot be sick.

Furthermore, Sabo and Gordon (1995) were very clearly pointing out that the categories of 'men' and 'masculinity' have remained primarily taken for granted as the gender spotlight focused on women. As a consequence, these factors make men vulnerable to diseases. Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases are one of the significant health and development challenges of the 21st century. Even lead to deaths, particularly in the low and middle- income countries including in the South-East Asia Region. NCD mortality rates were reported to be increased with age and are higher in males than females. Men's Health Forum also has conveyed wryly about the vulnerability of men to disease than men are best with the major killer disease (NCDs) such as heart disease, and lung cancer (Gough, 2006).

WHO Regional Office for South-East Asia reported that there are four major behavioral risk factors of NCDs – tobacco use, lack of physical activity, harmful use of alcohol, and unhealthy diet, and these behavioral risk factors are very close to the male population. Furthermore, all the behavioral risk factors lead to four major metabolic risk factors – overweight/obesity, high blood pressure, raised blood sugar, and raised blood cholesterol. As

overweight and obesity is a major risk factor for most major NCDs (cardiovascular diseases, diabetes, and cancer), it would be very best to call out all the healthy stakeholders to change the men's behavioral risk factors such as unhealthy diet and lack of physical activity. Improvement in behavioral risk factors would lead to overweight and obesity prevention and non-communicable disease prevention.

According to the current update from the World Health Organization (WHO), obesity is becoming an outbreak globally, with at least 2.8 million people dying each year as a result of being overweight or obese. Overweight and obesity is abnormal or excessive fat accumulation that may impair health. It is defined based on body mass index (BMI). BMI calculates a person's weight in kilograms (weight in kg) divided by the square of his height in meters (height in meters)^2. A man with a BMI between 25.00 and 29.99 is considered overweight (pre-obese), and ≥ 30.00 is deemed to be obese. Obesity has become a global health issue both in developed and developing countries. The Global Burden Disease (GBD) study in 2015 reported that the most worrisome finding is the approximately tripling of obesity seen in young adults of developing, middle-income countries, including Indonesia, as the 10th highest rate of obesity in the world (Stephens, 2014).

According to the 2018 Basic Health Survey, it was reported that the prevalence of obesity had increased. The survey found that 31% of Indonesians aged 15 and above had central obesity (excessive fat around the abdomen). On top of that, Jakarta as the capital of Indonesia which offers a metropolitan lifestyle, placed as the most province with obesity case for the young adult population by Katadata that referred to the Ministry of Health, Republic of Indonesia, Harvard, and Stanford data (Nandini, 2018).

Young men in Jakarta are not concerned with their health, especially overweight/obesity. It is unknown the factor that makes young adult men do not take diet & physical exercise. Men are not only important for the family but also for the country's economy. Hence, this study will focus on several research problems; (1) young men in Jakarta are not concerned with health, overweight/obesity in particular (2) it is unknown what factors make men in Jakarta (young adult population) intent to take diet & physical exercise. Through this study, it is expected that the outcomes would become great insights for all social marketers to investigate further for all parties to make young men concerned with their health.

Literature Review

The successful promotion and protection of health make a profound and positive difference to our lives in many ways – healthier adults are more productive and take less sick leave. Healthier older people keep their independence for longer. Marketing health to the public is not a magic bullet. Still, when so many of our health challenges necessitate large-scale public behavior change, it seems to make sense to embrace an approach like social marketing

approach that is predicated upon civic engagement. There is much evidence that shows that 21st-century marketing is an impactful and cost-effective way to support people and deliver positive change. Social marketing approaches have real potential to strengthen the impact and effectiveness of national and local health improvement (Choi, Yoo, So, & Jang, 2017; Griffiths, Blair-Stevens, & Parish, 2009). Over the last 40 years, social marketing has increasingly become a widely utilized approach to drive awareness and behavior change-focused initiatives, campaigns, and programs around the world (Beall et al., 2012). Social marketing has developed rapidly over recent years as part of a wider movement in alleviating poverty, increasing social capital, and implementing programs that address fundamental human needs (Lee & Kotler, 2009; Micheelsen, Holm, & Jensen, 2013). Social marketing is aiming to make the world a better place for everyone (Andreasen, 2012; Noreen & Han, 2016). Kotler & Lee (2008) argue that social good is the fundamental goal of social marketing.

Furthermore, Hill (2001) states that the goal of social marketing is changing attitudes and behaviors in ways that would be beneficial to both the individual and society as a whole. It was found that social marketing is needed to drive future awareness and behavior change in obesity. Among the top ten areas, obesity and chronic illness led the list of emerging priorities, followed by environmental stewardship, substance and alcohol abuse, and global health epidemics (Beall et al., 2012; Dicicco-Bloom & Crabtree, 2006).

Social marketing, particularly for male's health marketing program, should be done by understanding the male's characteristics and utilizing the relevant theory or framework. A related framework or method will determine the development of social marketing strategies in practice (Ahn & So, 2018; Ewless & Simnett, 2003; Manikam & Russell-Bennet, 2016). One of the most used theories in social marketing is the Health Belief Model (HBM) theory. HBM has been used widely in social marketing and is one of the earliest models developed to explain health behavior (Champion & Skinner, 2008). It is a psychological framework that attempts to find out and predict health behaviors. The HBM was initially created to explain why people fail to participate in activities designed to detect or prevent disease, even when the benefits of participation are widely known (Borowski & Tambling, 2015). HBM has been developed in the past two decades. It identifies several primary concepts; perceived susceptibility, perceived severity, perceived threat, perceived benefits, perceived barriers, perception about cues to action, and, most recently, self-efficacy (Champion & Skinner, 2008).

As many studies support that obesity is one of today's most blatantly visible – yet most neglected – public health problems, overweight and obesity constitute a major risk factor for most major non-communicable diseases such as cardiovascular diseases, diabetes, and cancer. On the other hand, although the health science of this century has used frequently males as study subjects, research typically neglects to examine males and the health risks

associated with male's gender. Little is known about why men engage in less healthy lifestyles and adopt fewer health-promoting beliefs and behaviors. This leads to the fact that men's health outcomes continue to be substantially worse than women's. Considering an early onset of obesity is potentially facing the high cumulative incidence of several diseases and also preventing in the early stage is much better, it would be very best to call out all the social marketers to change the young adult's behavioral risk factors – unhealthy diet and lack of physical activity – started by figuring out what factors influencing young adult to intent to take diet and physical exercise.

Therefore, a proposition is developed for the present study as follow:

P1: There will be specific underlying factors of the young men in Jakarta about their intention to take diet and physical exercise

Methods

A qualitative methodology was undertaken in this study to achieve the general and specific objectives present study. This qualitative methodology aimed to gain a more in-depth insight into the situation of this current study. This insight would be good to give a sophisticated look at the phenomenon. The expected insights would provide more factual factors regarding the influencing factors of intention to participate in a diet and physical exercise activities. The study population was male who domiciled in *Jabodetabek* (Jakarta, Bogor, Depok, Tangerang, and Bekasi) yet had a job or went to school in Jakarta, who had the BMI overweight and obese, and aged between 18 years old and 29 years old. This research included young men who have BMI normal also to gain better insights from a different perspective. Quota sampling was taken to set out several categories and a minimum number of cases required for each type (Mason, 2002).

Several in-depth interviews were taken due to the sensitivity of the case; overweight & obesity. Instead of brought all together with the overweight/obese participants in one place to discuss, this study preferred to gain insights through one-on-one interviews in the participants' convenience in time and place of the meeting. The personal interview is deemed as the most useful qualitative approach to assimilating in-depth information (Perry, 1998). BMI normal, overweight, and obese from the Ministry of Health, Republic of Indonesia was used instead of WHO's to fit with Indonesian. Ministry of Health, Republic of Indonesia, defines BMI normal, overweight, and obese cut-off points as follows; ≥ 18.5 - 24.99 healthy, ≥ 25.0 - 26.99 overweight, and ≥ 27.0 obese according to the 2018 Basic Health Survey.

Participants for the in-depth interviews (interviewees) came from several categories to gain insights; (1) 9 interviewees from overweight category with BMI ≥ 25.0 - 26.99 who do not take diet and physical exercise program in the last one year (2) 8 interviewees from overweight category with BMI ≥ 25.0 - 26.99 who take diet and physical exercise program

regularly in the previous one year (3) 10 interviewees from obese category with BMI ≥ 27.0 who do not choose a diet and physical exercise program in the last one year (4) 8 interviewees from obese category with BMI ≥ 27.0 who make diet and physical exercise program routinely in the previous one year (5) 5 interviewees from the normal group with BMI ≥ 18.5 - 24.99 who take diet and physical exercise program regularly in the last one year.

The total of the interviewees for the in-depth interviews was 40 interviewees. Since an early onset of obesity is potentially facing the high cumulative incidence of several diseases (type 2 diabetes, hypertension, chronic kidney disease) and also preventing in the early stage is much better, this study focused on the young adult population in which the age range is considered to be 18 to 29 years of age, split into two fields of age; (1) 18 - 23 years old and (2) 24 - 29 years old to make it representative. Interviewees were approached in some Jakarta malls using means of purposeful sampling strategy to ensure the sample was representative of the study population (Onwuegbuzie and Leech, 2007). Before the actual interview conducted, a pilot study was carried out with two people on separate occasions to check whether interview questions were clear enough for the interviewees to give relevant responses. After received approval from the interviewees in the mall, several screening items were delivered; (1) domicile, (2) yes-no question whether working or going to school in Jakarta, (3) weight, (4) height, (5) age, and yes-no question whether taking diet and exercise activities in the last one year. The interviewees did not report themselves whether they were overweight, obese, or normal. Through information about weight and height, the authors did a calculation to get the BMI. Funnel approach was used, starting with a broad question, such as 'what comes to mind when you think about healthy lifestyle,' and 'what comes to mind when you think about diet,' and 'what comes to mind when you think about exercise,' and 'could you tell me the people, whom you regard as important, who would like to see you in good health', and ending with specific questions about the reasons why the interviewees do not/do take diet and exercise program in the last one year and a question about the barriers to take the recommended behavior.

The actual interview took place in February 2019, and 40 interviews were conducted. All interviews were audio-recorded and subsequently transcribed. Transcripts were later checked to match the audio records (Kurasaki, 2000). Thematic analysis was implemented as it does not only focus on the coding of the theme in the qualitative data but also the frequency counts. Braun and Clarke (2006) explained that a lot of thematic analysis claimed as something else such as content analysis or thematic DA (thematic decomposition analysis). Accordingly, themes related to the reasons in the transcripts were firstly coded independently and were later put together to gauge the inter-coder agreement.

Result

The study focused on the young adult population, and the interviewees were dominantly either college or university students or private employees with monthly income or pocket money distribution was quite even from under 2 million rupiahs until more than 10 million rupiahs. Table 1, the highest number of the interviewees domiciled in Jakarta, followed by Tangerang, Depok, Bekasi, and Bogor.

Table 2, in turn, presents a list of underlying factors of the intention to participate in a diet and physical exercise program using thematic analysis. Seven elements were generated and coded as themes for the underlying factors, and they are health perception, body image, perceived severity, perceived health benefit, self-esteem, social media usefulness, and perceived barrier.

Health perception is found to be a prominent underlying factor of the intention to participate in a diet and physical exercise. It expresses a person's desire to be healthy. Their perceived health is essential as a way of living.

*Keeping myself in good health all year round is very important. It is not cool if you're not in good health (**Interviewee 5**).*

*Feeling I am in good health is very important. Good health will take care of my spirit, my mood, my energy. It will lead to my performance at works (**Interviewee 11**).*

*Keeping myself fit is very important. I need to be fit. I cannot do anything if I am sick (**Interviewee 32**).*

*Feeling I am in good health is everything to me. It leads to many things (**Interviewee 39**).*

Body image is another primary reason found in influencing men to take diet and physical exercise. It is about a person's subjective evaluation of their own body. It refers to your thoughts and feelings about the way your body looks. Poor body image comes from negative thoughts and feelings about your appearance. A healthy body image is made up of positive thoughts and feelings. Young men with right body image will have an urge to maintain it and vice versa.

*My weight makes me unhappy. I don't feel right (**Interviewee 6**).*

*I like what I look like in pictures. I need to maintain it. It helps me in my social life (**Interviewee 22**).*

*My looks could help me get dates. I don't like my body (**Interview 36**).*

Perceived severity is one of the reasons young adults will take action to participate in a diet and physical exercise. It is about how severe disease will have caused by overweight or obesity. Most of the interviewees knew the risk of being overweight and obese, but they did not understand it. Even for the interviewees who take diet and physical exercise, they did not conceive the health consequences. Once they know the health consequences, they will act consciously.

*I know diabetes. My mom has diabetes. It is not good if you have diabetes (**Interviewee 17**). What? Obesity or overweight can lead to cancer? It's horrible. If you ask me whether I will do start to exercise, yes, I will (**Interviewee 23**).*

The perceived health benefit is also found to be an essential factor in the intention to participate in a diet and physical exercise. Men do diet and physical activity because they believe it could maintain their health.

*I know having serious diseases in the future is not good. I could lower my chances of developing serious diseases (**Interviewee 2**).*

*I will move easier if I do some regular exercise. I know it! (**Interviewee 18**).*

*I think I would feel more energetic if I do those recommended health behaviors (**Interviewee 30**).*

Self-esteem is about a person's subjective evaluation of their worth. It shows feeling good about his/her beings. People with self-esteem would feel liked and accepted. They are proud of what they do and believe in themselves. Healthy self-esteem is found at the interviewees with normal BMI. They were happy with themselves and felt a person of worth. Low self-esteem is also spotted at the interviewees with BMI overweight and obese who do not take diet and physical exercise.

*I am proud of what I have now. Excellent work, good company, good money. I need to perform well in my actions (**Interviewee 9**).*

*I am happy with life. To maintain it, I need to be healthy, definitely! (**Interviewee 30**).*

Social media usefulness is found as an essential factor as well in influencing young men to do diet and physical exercise. Social media – like Instagram – is believed useful to build social performance. It is presumed competent to portray someone's image.

*I am proud of my healthy lifestyle. It's fun to post my healthy lifestyle on Instagram (**Interviewee 2**).*

*If I'm in the mood of building my image in my social media, I will do exercise to be posted on my Instagram account! (**Interviewee 12**).*

*It's really important to maintain my image on social media. And, I think it is a good thing to give inspiration to other people to have a healthy lifestyle like mine (**Interviewee 27**).*

Perceived barrier is found as the obstacle young men will take diet and physical exercise activities. It is about an individual's assessment of the challenges to health behavior change.

*I will do exercise if I have free time (**Interviewee 10**).*

*I don't have time to do exercise! I'm too busy! (**Interviewee 26**).*

*I have many things to do. I cannot diet and exercise! (**Interviewee 40**).*

Conclusion

This research studied the underlying factors that are influencing young men to take diet and physical exercise. A qualitative methodology was undertaken due to the nature of the study. The study population was young men who domiciled in Jakarta, Bogor, Depok, Tangerang, and Bekasi yet had a job or went to school in Jakarta, who had BMI (Body Mass Index) overweight, obese, and also normal, aged between 18 years old and 29 years old. Quota sampling was taken with three categories: overweight (BMI ≥ 25.0 – 26.99), obese (BMI ≥ 27.0) with each divided into do not take diet and physical exercise and take diet and physical exercise program regularly in the last one year and split again into two categories of age (18 – 23 years old and 24 – 29 years old). For BMI normal category, it only took diet and physical exercise program regularly in the last one year and 18 – 29 years old. The selected qualitative technique was in-depth interview due to the sensitivity of the case, obesity. Participants were approached in some malls in Jakarta using means of purposeful sampling strategy, and collected 40 participants or interviewees. With thematic analysis, specific underlying factors of the young men's intention to take diet and physical exercise have been generated, composed of seven elements, and labeled as health perception, body image, perceived severity, perceived health benefit, self-esteem, social media usefulness, and perceived barrier. Young men in Jakarta will intent to take diet and physical exercise programs if they have good health perception, right body image, well-perceived severity, good perceived health benefit, good self-esteem, useful perceived social media usefulness, and low perceived barrier.

It would be better if these findings would be examined further in the quantitative study. With the same study population, quantitative research could confirm the underlying factors regarding the young men's intention to take diet and physical exercise for the generalization matter. The quantitative analysis will examine the seven underlying elements of the plan to make diet and physical exercise program.

Table 1. Sample Information

Demographics	Frequency	Percentage
Body Mass Index (BMI)		
Overweight (≥ 25.0 - 26.99)	17	42.5%
Obese (≥ 27.0)	18	45.0%
Regular (≥ 18.5 – 24.99)	5	12.5%
Health Behavior		
Do not take diet & physical exercise program in the last one year	19	47.5%
Take diet and physical exercise program regularly in the previous year	21	52.5%
Age		
18 to 23 years old	19	47.5%
24 to 29 years old	21	52.5%
Domicile		
Jakarta	23	57.5%
Bogor	1	2.5%
Depok	4	10.0%
Tangerang	9	22.5%
Bekasi	3	7.5%
Last Completed Education		
Junior high school (SMP)	2	5.0%
Senior high school (SMA)	17	42.5%
Diploma 1/2/3	1	2.5%
Undergraduate degree (S1)	18	45.0%
Postgraduate degree (S2/S3)	2	5.0%
Current Main Occupation		
High school student	2	5.0%
College/university student	17	42.5%
Private Employee	15	37.5%
Civil servants	2	5.0%
Professionals (Doctor, Lawyer, Lecturer, Notary, etc.)	1	2.5%
Entrepreneur	3	7.5%
Monthly income/pocket money		

< Rp 2.000.000	8	20.0%
Rp 2.000.000 - Rp 5.000.000	10	25.0%
Rp 5.000.001 - Rp 8.000.000	8	20.0%
Rp 8.000.001 - Rp 10.000.000	9	22.5%
> Rp 10.000.000	5	12.5%
Marital status		
Married	8	11%
Single	32	89%

Table 2. Elicited Themes of the Underlying Factors

No.	The Underlying Factors of the Intention to Participate in Diet and Physical Exercise
1.	Health Perception
2.	Body Image
3.	Perceived Severity
4.	Perceived Health Benefit
5.	Self-Esteem
6.	Social Media Usefulness
7.	Perceived Barrier

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