

BODY MASS INDEX, BODY DISSATISFACTION, AND SOCIAL ENVIRONMENT CORRELATED TO UNHEALTHY DIETARY BEHAVIORS IN ADOLESCENT GIRLS

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ABSTRACT

The physical changes in adolescent girls raise concerns about body weight and shape, thus encouraging adolescents to go on a weight-control diet is necessary. This study aimed to analyze the relationship between body mass index, body dissatisfaction, and social environment on unhealthy diet behaviors of adolescent girls. This study used a cross-sectional design with 80 adolescent girls aged 16-18 years recruited as the study participants by purposive sampling. Data were obtained from height and weight measurements, the Body Shape Questionnaire (BSQ-34), the social environment questionnaire, and the diet behavior questionnaire. Analysis of the relationship between variables using Somers' d test. The results of this study indicated that most of the respondents were 16 years old (53.8%), had good nutritional status (58.8%), and had daily pocket money of 15,000-20,000 IDR (51.3%). There was a correlation between body mass index ($p < 0.001$, $d = 0.545$), body dissatisfaction ($p < 0.001$, $d = 0.624$), and social environment ($p < 0.001$, $d = 0.697$) on unhealthy diet behavior in adolescent girls. Wrong perceptions of body weight status will increase dissatisfaction with the body and quickly get pressure from the social environment, thus encouraging the desire to go on a diet to control weight which tends to be unhealthy. Therefore, preventing unhealthy diet behavior in adolescent girls can be done by providing nutritional education about calculating body mass index values and efforts to control healthy weight.

Keywords: *unhealthy diet, social environment, body dissatisfaction, body mass index*

INTRODUCTION

Behavior is an individual reaction to environmental stimuli in an active form, which is with real actions, or in passive which is without real actions (Manuntung, 2019). Dieting behavior is a reaction of adolescents to changes in body shape that they experience (Putri & Indryawati, 2019). Leal *et al.* (2020) report that adolescent girls are 2.266 times more likely to have an unhealthy diet than male adolescents. Diet is one of the most widely used efforts to control weight and can be done healthily, but many individuals still diet unhealthily (Hanum *et al.*, 2014).

An unhealthy diet attempts to lose weight with behaviors that endanger health, such as skipping meals intentionally, taking appetite suppressant drugs, and weight control drugs (Safarina & Rahayu, 2019). The results of Pollina-Pocallet *et al.*, (2021) among all subjects of 2,496 adolescents in Spain aged 12 to 19 years show that 257 (10.4%)

adolescents reported unhealthy weight control behaviors in the last 12 months, 205 (8.26%) adolescents fasted very strictly, 23 (0.92%) adolescents took laxatives, 11 (0.44%) teenagers took diuretics, and 11 (0.44%) adolescents took diet pills. Internal and external factors drive unhealthy dietary behaviors in adolescents. The dominant internal factor driving unhealthy diet behaviors is the perception of the ideal body shape. External factors that encourage unhealthy dietary behaviors are the influence of the social environment (Abdurrahman, 2014).

The influence of the social environment causes adolescents to believe that being ideal is to follow the demands desired by their social environment, including the criteria for a perfect body shape (Putri & Indryawati, 2019). The social environment includes family, peers, neighbors, and the general public outside the surrounding environment or other people around who are

not yet known (Dwiranty, 2014). Abdurrahman (2014) explains that negative opinions from peers easily influence adolescents because they do not distinguish between positive and negative opinions which causes a decrease in self-confidence. In the family environment, this comes from parents' or relatives' criticism regarding weight (Melani *et al.*, 2021). Adolescent girls who believe in an ideal body shape according to the criteria in the social environment will find it easier to feel dissatisfied with their body if the ideal body criteria are not met (Putri & Indryawati, 2019).

Body dissatisfaction is a part of body image. A negative body image assessment can create dissatisfaction with the body. Body dissatisfaction is a conceptualization of differences or dissatisfaction with the body's shape and size (Gifari, 2021). Body dissatisfaction is a negative body judgment because body shape and size do not follow the ideal body shape and size (Yuanita & Sukamto, 2013). The research results by Leal *et al.*, (2020) report that adolescents with a sense of body dissatisfaction are 1.752 more likely to have an unhealthy diet. In line with the results of Yonaniko's research (2017), which state that out of 41 adolescent girls who have body shape dissatisfaction, 30 (73.2%) have an unhealthy diet and 11 (26.8%) others have a healthy diet. The urge to go on an unhealthy diet comes from an unrealistic self-concept of an ideal body, causing adolescent girls to misunderstand an ideal body weight. Therefore, it causes excessive anxiety about obesity that occurs in the body even though it has a body mass index value that is included in the normal category (Abdurrahman, 2014).

This study aims to analyze the relationship between body mass index, body dissatisfaction, and social environment on unhealthy dietary behavior in adolescent girls.

METHOD

This research is an analytic observational research with a cross-sectional approach. This research was conducted from December 2021 to October 2022 at Public Senior High School 2 (SMA Negeri 2) and Public Senior High School 5 (SMA Negeri 5), North Magelang District, Magelang City with a population of 764 adolescent

girls. The sampling technique used in this study was a purposive sampling based on inclusion and exclusion criteria. The minimum subject size was calculated using the Lameshow formula (1990), and an additional of 10% was added as a follow-up loss so that the results of the research subject were 80 adolescent girls. The inclusion criteria set were young women who attended schools in North Magelang District, adolescent girls aged 16-19 years and adolescent girls who were practicing diets. The exclusion criteria set were adolescent girls with a history of degenerative diseases and those who moved schools from the set location.

Data were collected through primary data through interviews with questionnaires. Data of the respondent characteristics include age, classification of nutritional status based on BMI/U, and amount of pocket money. Data on body mass index values and nutritional status were obtained from measuring weight using a digital scale with the GEA brand with an accuracy of 0.1 kg, and the result of measuring height was obtained from a General Care microtoise with an accuracy of 0.1 cm. Data on perceptions of body dissatisfaction were obtained through interviews using a modified Body Shape Questionnaire (BSQ-34) developed by Cooper *et al.* (1987) to measure the body dissatisfaction due to their feeling that they have a fat body or not ideal (Yuanita & Sukamto, 2013). Modifying the BSQ-34 questionnaire with 25 question items was declared valid and reliable with an $r_{\text{alpha value}}$ of 0.951. Data on the influence of the social environment were obtained through interviews using a questionnaire prepared by the researcher with 8 question items declared valid and reliable with an $r_{\text{alpha value}}$ of 0.783. Diet behavior data were obtained through interviews using a questionnaire prepared by the researcher with 15 question items declared valid and reliable with an $r_{\text{alpha value}}$ of 0.858.

The grouping of nutritional status based on BMI/U used a classification according to the Regulation of the Minister of Health of the Republic of Indonesia number 2 of 2020, namely undernutrition (-3 SD to <-2 SD), good or normal nutrition (-2 SD to $+1$ SD), overweight ($+1$ SD to $+2$ SD), and obesity ($> +2$ SD). The grouping of body mass index values used the classification according to the Regulation of the Minister of

Health of the Republic of Indonesia number 41 of 2014, namely very thin (< 17), thin ($17 - < 18.5$), normal ($18.5 - 25$), fat ($25.1 - 27$), and obesity (> 27). To find out the perception of body dissatisfaction, this research used a questionnaire with the categories of less attention (< 66.7), enough ($66.7 - < 108.3$), and high (≥ 108.3). To determine the influence of the social environment, it applied a questionnaire with the influence category of low (< 21.3), enough ($21.3 - < 34.6$), and high (≥ 34.6). To find out dietary behavior, it used a questionnaire with these categories; tend to have an unhealthy diet low (< 40), tend to have an unhealthy diet moderately ($40 - < 65$), and tend to have an unhealthy diet high (≥ 65). The three score categorizations in this study were a modification of Savitri (2021) who categorized diet behavior into three categories based on Azwar's (2015) theory about three-level categorization.

The data analysis used in this study was descriptive analysis. The data were presented in a table showing the frequency distribution of the respondents' characteristics. The statistical analysis used the Somers'd correlation test to analyze the correlation among the research variables.

This research was reviewed by the Research Ethics Committee of the Faculty of Medicine, Sebelas Maret University and it passed the ethical review with the protocol number of 01/02/09/2022/114.

RESULTS AND DISCUSSION THE STATI

Characteristics of Respondents

Most of the adolescent girls in this study were 16 years old (53.8%). The nutritional status of most of the respondents was in the category of good nutritional status (58.8%) and the amount of the respondents' daily allowance was 15,000-20,000 IDR (Indonesian Rupiah), which was among 41 respondents (51.3%) (Table 1).

Adolescents at the age of 14-21 years are the adolescent phase experiencing physical changes associated with the puberty phase. The growth and physical development period in adolescents will generally be completed in late adolescence (age 18-21 years). In this phase, adolescents become

more sensitive and pay attention to their physical appearance (Brittany & Helen, 2019). This is supported with the results of a study by Safitri *et al.*, (2020) that there is a correlation between body dissatisfaction and diet behaviors in 204 adolescent girls aged 15-19 who are on a wight control diet. One of the physical changes in adolescents is an increase in body weight which impacts changes in body shape. This will lead to an urge to control body weight if the body shape is not ideal (Safitri *et al.*, 2020). Weight control behavior in adolescents will affect their nutritional status. Nutritional status is a picture of the body's condition according to the food and drinks consumed. Consumption patterns that do not meet the needs will increase the risk of deficient and excess nutrients which can affect the nutritional status (Yunita *et al.*, 2020). The amount of pocket money received daily can influence food and beverage consumption patterns in controlling body weight. Because the more significant the nominal allowance is given, adolescents can choose the food or drink they will consume (Rahman *et al.*, 2021).

Table 1. Frequency Distribution of Respondents' Characteristics

Characteristics	Amount (n)	Percentage (%)
Age (Years)		
16	43	53.8
17	30	37.5
18	7	8.8
Nutritional status		
Good Nutrition	47	58.8
Overweight	16	20
Obesity	17	21.3
Big Pocket Money		
< Rp 15.000,-	24	30
Rp 15.000 - < Rp 20.000	41	51.3
Rp 20.000 - < Rp 25.000	11	13.7
Rp 25.000 – Rp 50.000	3	3.7
>Rp 50.000,-	1	1.3

Unhealthy Diet Behavior

Assessment of diet behavior in this study includes two aspects: efforts to control unhealthy weight and control weight healthily. The following details show the indicators based on aspects of the dietary behavior assessment (Table 2).

Table 2. Diet Behavior Questionnaire Indicators

Aspects	Indicators
Attempts to unhealthy weight control	<ol style="list-style-type: none"> 1. Skipping breakfast and dinner (only eat at noon) 2. Avoiding consuming rice by consuming bread or noodles 3. Assuming that a small size of food has low calories 4. Not eating at all and only drinking water for more than 14 hours 5. Skipping meals on purpose 6. Taking weight loss drugs and appetite suppressants 7. Only consuming vegetables and fruit as a substitute for the main meal 8. Doing more than 30 minutes of physical activity and exercising every day.
Attempts to healthy weight control	<ol style="list-style-type: none"> 1. Eating three times a day with a sufficient amount 2. Having dinner at an earlier time 3. Reducing snacks that contain high calories 4. Drinking 6 to 8 glasses of water a day 5. Limiting the intake of saturated fat 6. Eating food according to balanced nutrition guidelines

The results showed that most respondents had the tendency to have an unhealthy diet with 46 adolescent girls (57.5%). Respondents who had a low tendency to have an unhealthy diet were 4 adolescent girls (5%), and respondents who had a moderate tendency to have an unhealthy diet were 30 adolescent girls (37.5%) (Table 3).

Diet is generally described as an effort to regulate eating, drinking, and physical activities to control the proportion of body weight and the quality of good health. The term “diet” is often interpreted as a weight loss effort (Abdurrahman, 2014). Dieting behavior is an individual activity in setting eating, drinking, and physical activity patterns based on the stimuli from the surrounding environment to lose weight. Healthy diet behavior is carried out appropriately, while unhealthy diet behavior is carried out excessively (Safarina & Rahayu, 2019). Unhealthy diet behavior is an individual’s attempt to improve body appearance by controlling weight which tends to harm their health, such as skipping meals on purpose, consuming appetite suppressant drugs, taking weight loss drugs, and deliberately vomiting food (Savitri, 2021).

Table 3. Unhealthy Dieting Behavior of Respondents

Category	Total (n)	Percentage (%)
Low	4	5
Moderate	30	37.5
High	46	57.5

Social environment

The social environment assessment in this study includes three aspects: family, peer, and community influences. The following depicts the indicators based on aspects of the social environment assessment (Table 3).

Table 3. Social Environment Questionnaire Indicators

Aspect	Indicator
Family influence	<ol style="list-style-type: none"> 1. The family suggests going on a diet 2. The family recommends diet methods 3. The family supports the decision to go on a diet
Peer influence	<ol style="list-style-type: none"> 1. Friends suggest going on a diet 2. Seeing a friend’s body which is considered ideal creates a desire to go on a diet 3. Friends recommend diet methods 4. Friends invite to go on a diet together
Community influence	The views or judgments of the people around the subject (e.g.: neighbors) about the ideal body raises the desire to go on a diet

The results showed that most of the respondents received a high influence from their social environment with the number of 39 adolescent girls (48.8%). Meanwhile, respondents with a low influence from their social environment were 23 adolescent girls (28.7%) and respondents with a moderate influence from their social

environment were 18 adolescent girls (22.5%) (Table 4). The social environment is an individual or group around community life, such as the family environment, peers, neighbors, and the general public outside the surrounding environment or other people who are unknown (Dwiranty, 2014). Adolescents who have low self-confidence will easily receive the pressure from the surrounding environment which can affect their views of body shape, and later affect adolescents' daily diet behavior (Yunita *et al.*, 2020)

Table 4. Influence of Respondents' Social Environment

Category	Total (n)	Percentage (%)
Low Impact	23	28.7
Enough Influence	18	22.5
High Influence	39	48.8

Body Dissatisfaction

The results showed that most of the respondents, which was 40 adolescent girls (50%), had a high concern for the body shape. On the other hand, 15 adolescent girls (18.8%) had low attention to body shape and 25 adolescent girls (31.3%) had a sufficient concern (Table 5). Body dissatisfaction is an indicator of negative body image. A negative body image characteristically indicates dissatisfaction with the body or specific body parts. It is highly concerned about the body appearance, thus the person with a negative body image often behaves like a mirror, weighs themselves, and avoids large crowds (Spreckelsen *et al.*, 2018). The feeling that the body not fulfilling the desired ideal body criteria causes a negative assessment of physical appearance which results in the dissatisfaction with the body shape one has. Attention to physical appearance and ideal body image will encourage a person to make various efforts to improve their body shape as desired, one of which is by going on a diet (Putri & Indryawati, 2019).

Table 5. Respondents' body dissatisfaction

Category	Total (n)	Percentage (%)
Low Attention	15	18,8
Moderate Attention	25	31,3
High Attention	40	50

Body Mass Index (BMI)

The results showed that most respondents had normal body mass index values with the number of 49 adolescent girls (61.3%). One respondent with a very thin body shape and low body mass index values was 1 adolescent girl (1.3%). While the respondents who had a body mass index value for obesity were 9 adolescent girls (11.3%), Respondents who had a body mass index value for obesity were 20 adolescent girls (25%) (Table 6). Wrong perceptions about body weight cause adolescents who have normal weight to think that they are overweight, giving rise to an urge to control their weight by going on a diet (Safitri *et al.*, 2020). Body Mass Index (BMI) is a number that is a standard assessment in determining whether an individual's weight is normal, underweight, overweight or obese. The BMI value is obtained from a comparison of body weight (in kilograms) and height (in meters) (Rachmi *et al.*, 2019).

Table 6. Respondents' Body Mass Index

Category	Total (n)	Percentage (%)
Very thin	1	1.3
Thin	1	1.3
Normal	49	61.3
Fat	9	11.3
Obesity	20	25

Correlation between Body Mass Index, Body Dissatisfaction, and Social Environment on Unhealthy Diet Behaviors in Adolescent Girls

The results showed that most of the respondents with a normal body mass index value had a moderate tendency to have an unhealthy diet with a number of 27 adolescent girls, and there were 20 adolescent girls with a body mass index value in the obese category that had a high tendency to have an unhealthy. In the body dissatisfaction variable, most of the respondents with high concern for their bodies had a high tendency to have an unhealthy diet with a number of 37 adolescent girls, meanwhile, 15 other adolescent girls with their sufficient attention had a moderate tendency to have an unhealthy diet. Most respondents with high social environment influence had a high tendency to have an unhealthy diet,

which were 38 adolescent girls, and respondents with low social environmental influence had a

moderate tendency to have an unhealthy diet, which were 19 adolescent girls (Table 7).

Table 7. Correlation of Body Mass Index, Body Dissatisfaction, and Social Environment to Unhealthy Diet Behavior in Adolescent Girls

	Unhealthy Dieting Behavior			p-value	d
	Low	Moderate	High		
	n	n	n		
Body mass index					
Very thin	0	1	0	< 0.001	0.545
Thin	0	1	0		
Normal	4	27	18		
Fat	0	1	8		
Obesity	0	0	20		
Body Dissatisfaction					
Low Attention	2	12	1	< 0.001	0.624
Moderate Attention	2	15	8		
High Attention	0	3	37		
Social environment					
Low Impact	3	19	1	< 0.001	0.697
Moderate Impact	1	10	7		
High Impact	0	1	38		

The results of the analysis of the correlation test between body mass index and unhealthy diet behavior obtained a p-value ≤ 0.05 ($p < 0.001$) with the category of strong correlation strength ($d = 0.545$) (Table 7). This means there is a strong correlation existing between body mass index and unhealthy dietary behaviors in young women or adolescent girls. The results of this study are in line with the research by Gutiérrez-Pliego *et al.* (2016) which stated that there was a correlation between body mass index and unhealthy diet behavior in adolescents ($p < 0.001$). In addition, the results of Chatelan & Carrard (2021) study revealed that a high body mass index was associated with a higher weight dissatisfaction and a desire to lose weight ($p < 0.001$). The ideal body image is that a thin body has become the standard of beauty for women, so young women often judge a thin woman's body as "normal or ideal weight" and a woman's body with normal weight is considered "overweight" (Zhang *et al.*, 2018). This is associated with the tendency of adolescent girls to lose weight by having a healthy or unhealthy diet (Yonaniko, 2017).

The analysis results of the correlation test between body dissatisfaction with unhealthy diet behaviors obtained a p-value ≤ 0.05 ($p < 0.001$)

with a strong correlation strength category ($d = 0.624$) (Table 7). This means a strong relationship exists between body dissatisfaction and unhealthy diet behaviors in adolescent girls which is in line with the results of Meiliana *et al.* (2018) which stated that there was a correlation between body dissatisfaction and dietary behaviors in adolescents ($p < 0.001$). Safarina and Rahayu's (2019) study also revealed an association between body dissatisfaction and unhealthy dietary behavior with a correlation value of 0.408. The more dissatisfied someone is with their body shape, the higher possibility they will develop dietary behaviors to improve their body shape according to the desired ideal body criteria (Prima & Sari, 2013).

The analysis results of the correlation test between the social environment and unhealthy diet behavior in young women obtained a p-value ≤ 0.05 ($p < 0.001$) with a strong correlation value category ($d = 0.697$) (Table 7). This means a strong correlation exists between social environment and unhealthy diet behaviors in adolescent girls. It is in line with the research of Rahmayanti *et al.* (2021) which stated that there was a significant correlation between the influence of family ($p = 0.016$) and peers ($p < 0.001$) and the tendency

for unhealthy diet behavior in adolescents. The surrounding environment dramatically influences an individual's diet behavior in the family, friends, and community environment. The prevailing beliefs cause this in the surrounding environment related to physical appearance, especially the ideal body criteria (Husna, 2013). According to Fitri (2018), peers can exert social pressure and negative influence, such as efforts to lose weight by following an unhealthy diet if the body is considered not to meet the ideal body standards that apply to the peer group.

CONCLUSION AND SUGGESTION

Body mass index, body dissatisfaction, and social environment are related to unhealthy diet behaviors in adolescent girls. The lack of the understanding of adolescent girls regarding the perception of ideal body weight can increase the attention to body shape, resulting in dissatisfaction with the body. Higher body dissatisfaction results in a decline in self-confidence in a social environment which affects the efforts to improve one's appearance by going on a diet. Adolescents are expected to increase their nutrition knowledge, including calculating body mass index to determine accurate weight status and efforts to control healthy weight.

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