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Adolescents' Empathy and Its Influence on Healthy Living Behaviors

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Abstract

The state of an individual's health is influenced not only by biological factors but also by behavioural elements, particularly healthy living behaviours. These behaviours are crucial for maintaining human health and preventing disease. Unhealthy behaviours, such as smoking, excessive alcohol consumption, and high-fat food intake, have detrimental effects on health. In contrast, promoting healthy behaviours, including regular exercise and fruit consumption, is beneficial for protecting individuals from illness. Recent research has emphasized that physical health is closely related to mental health, highlighting the interdependence between the two. One psychological factor believed to influence healthy living behaviours is emotional intelligence, particularly empathy, which manifests as emotional responses, including affection and behaviours rooted in emotions. This study aims to explore the significant relationship between healthy living behaviours and empathy among adolescents, a group particularly vulnerable to risk behaviours that can negatively affect health. Despite the importance of empathy in promoting healthy behaviours, there is a gap in understanding how these psychological traits influence adolescent health behaviours. Furthermore, previous studies have largely overlooked the role of demographic factors, such as gender and parental economic status, in this context. The novelty of this research lies in examining how empathy, as a psychological factor, contributes to healthy living behaviours in adolescents and how demographic factors mediate this relationship. A quantitative approach was used in this study, with data collected from approximately 60 adolescent respondents in Tangerang. The study employed non-probability sampling and used the Health Behaviour Checklist to measure healthy behaviours and an adapted empathy scale from Lailatul Badriyah's S2 UGM thesis for measuring empathy. Data analysis was conducted using the Product Moment correlation technique. The results reveal a significant relationship between healthy living behaviours and the level of empathy in adolescents, suggesting that higher empathy is associated with healthier lifestyle choices. This study contributes to the understanding of how psychological factors, specifically empathy, influence health behaviours in adolescents, offering valuable insights for promoting public health initiatives targeting this age group.

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INTRODUCTION

The ancient adage "*Mensano in corpore sano*," coined by the poet Decimus Iunius Juvenalis in his work "Satire X" in the second century AD, encapsulates the idea that a sound mind resides in a healthy body. This principle, which transcends generations, has been continuously validated, particularly in the 19th century when it became a cornerstone of educational mottos in Europe. In Indonesia, this motto has gained prominence, especially in the face of the recent COVID-19 pandemic, which significantly affected both physical and mental health (Humas UPI, 2021). The pandemic period underscored the intricate relationship between a healthy body and a resilient mind, as people faced various restrictions that not only impacted physical health but also exacerbated mental health challenges (Bhuiyan et al., 2021). This period has highlighted the importance of healthy living behaviours in protecting individuals against diseases, both physical and psychological. Advocating for exercise, healthy eating, and proper sleep became critical in mitigating the mental strain caused by the pandemic's social and mobility restrictions (Narullah, 2017).

Various studies have explored the close relationship between physical and mental health, demonstrating that psychological and emotional disturbances can lead to physical ailments and vice versa (Smith & Smoll, 1990). This concept, which can be observed in psychosomatic disorders, supports the notion that both aspects *body and soul* are inseparable in maintaining human well-being. Research has demonstrated that the pandemic had a profound effect on mental health, with surveys revealing that a large portion of the population experienced anxiety, depression, and psychological trauma during this period (Wulandari & Sitio, 2021). These findings highlight the importance of addressing both physical and mental health simultaneously, as each influences the other in significant ways (Cohen et al., 2002).

The importance of promoting healthy living behaviours extends beyond physical health; it also plays a crucial role in reducing mental health issues. For example, the U.S. Department of Health and Human Services reported that healthy living behaviours *such as regular exercise, proper nutrition, and adequate sleep* are not only essential for preventing and managing mental illness but also help alleviate the financial burden on public health systems (Olden & Clement, 2000). Adolescents, in particular, are at a critical juncture in life where they are most vulnerable to engaging in risky health behaviours. As young people, they have the potential to adopt healthy living habits that can positively influence their physical and mental health, not only during adolescence but throughout their lives. Thus, fostering healthy living behaviours in adolescents is crucial, as it fortifies their resilience against future health challenges (Goleman, 2020; Santrock, 2011).

The link between physical health and mental well-being is not just theoretical; it has practical implications. Health organizations, such as the World Health Organization (WHO), define health as a state of complete physical, mental, and social well-being, not merely the absence of disease. Yet, despite widespread awareness, many individuals, particularly adolescents, lack consistent engagement in healthy living behaviours. Adolescents, despite their physical vitality, often neglect to cultivate these behaviours, potentially leaving them vulnerable to mental health issues in later life (Goleman, 2020; Olden, 2003). According to data from the Indonesian Ministry of Health (Muhani & Yuliantini, 2019), the prevalence of mental health disorders among adolescents is alarmingly high, with symptoms such as depression and anxiety affecting a substantial proportion of the youth population. This disparity raises questions about whether Indonesian adolescents, despite their physical vitality, lack the necessary healthy living

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behaviours that could prevent mental health issues (Muhani & Yuliantini, 2019). Furthermore, it begs the question of whether a physically healthy adolescent can maintain a strong mental state if they are not equipped with the necessary emotional intelligence to cope with the challenges they face (Van Kleef, 2009).

One key factor that influences an adolescent's ability to maintain both physical and mental health is emotional intelligence, particularly empathy. Emotional intelligence, as described by Goleman (2020), is crucial for regulating emotions and fostering social relationships. Adolescents with higher levels of empathy are often better at managing their emotions and are more likely to engage in healthy living behaviours that promote both physical and mental health (Goleman et al., 2013; Santomero & Babbel, 1997). However, studies have shown that many adolescents experience a decline in emotional intelligence during puberty, making them more susceptible to mental health issues (Bar-On, 2006). This phenomenon suggests that there may be an imbalance between physical and emotional development in adolescents, which could have significant implications for their overall well-being (Maslach & Leiter, 1997).

Despite the growing body of research on the relationship between healthy living behaviours and mental health, there is a notable gap in the literature concerning the role of empathy as a mediating factor in this relationship among adolescents. Previous studies have largely focused on either physical health or emotional intelligence, but few have explored how these two factors interact in shaping the health behaviours of adolescents (Ling et al., 2017). This gap in research presents an opportunity to examine the correlation between healthy living behaviours and empathy in adolescents, and to investigate how emotional intelligence might influence the adoption of healthy behaviours (Santrock, 2003). By addressing this gap, the study aims to provide insights that could inform interventions designed to promote both physical and mental health in adolescents, especially in the context of Indonesia, where mental health issues among youth are on the rise.

The motivation for this study stems from the urgent need to understand the complex interplay between healthy living behaviours and emotional intelligence, particularly empathy, in adolescents. By exploring this relationship, the research aims to shed light on the factors that contribute to better physical and mental health outcomes among adolescents (Ling et al., 2017). Additionally, this study seeks to determine whether cultivating empathy could serve as a protective factor, encouraging adolescents to adopt healthier lifestyles and mitigate the risk of mental health issues in the future (Ekinci, 2016).

The objective of this study is to examine the relationship between healthy living behaviours and empathy in adolescents, with a particular focus on how empathy influences the likelihood of adolescents engaging in healthy behaviours. Furthermore, the study aims to assess the role of demographic factors, such as gender and socioeconomic status, in shaping these behaviours (Ekinci, 2016). The research seeks to provide a more nuanced understanding of how psychological factors, such as emotional intelligence, can enhance the promotion of healthy living behaviours among adolescents, and how these behaviours, in turn, affect their mental well-being.

This study seeks to bridge the gap between physical health and mental health by exploring the role of empathy in influencing healthy living behaviours in adolescents. This research has the potential to inform public health policies and interventions aimed at fostering healthier, more resilient adolescents who are equipped to navigate the challenges of adolescence and adulthood (Diepstraten & van der Cruijsen, 2019; Ekinci, 2016), and will contribute to the existing body of knowledge on adolescent health, offering new insights into how emotional intelligence, specifically empathy, can promote healthier lifestyles and reduce the risk of mental health issues.

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LITERATURE REVIEW

Variety of Healthy Living Behaviours

The concept of healthy living behaviours encompasses a wide range of actions that individuals can take to improve or maintain their physical and mental health. Vickers Jr et al. (1990) categorize healthy behaviours into four main types: behaviours that reduce the risk of overloading the body's adaptive capacity, those involving risk-taking behaviours, behaviours that help prevent the onset of disease, and behaviours that improve health rather than just prevent disease. These categories are essential in understanding the variety of health behaviours and how they are reflected in daily life.

According to Vickers Jr et al. (1990), **preventive behaviours** such as care, maintenance, and accident prevention play a crucial role in maintaining health. **Risky behaviours**, like substance use and traffic-related risks, are detrimental to health and can lead to long-term negative outcomes (Vickers Jr et al., 1990). Meanwhile, **health-promoting behaviours**, such as regular physical exercise, eating a balanced diet, and avoiding harmful substances, have been widely shown to reduce the incidence of chronic diseases like heart disease, diabetes, and cancers (Michael, 1989; E. S. Taylor et al., 2009).

In the context of this study, four specific healthy living behaviours—**eating behaviour**, **exercise**, **smoking**, and **alcohol consumption**—are analyzed. Eating behaviour in this context refers to balanced dietary habits, where food intake is both sufficient in quantity and rich in essential nutrients. A balanced diet is crucial for maintaining health and preventing diseases such as obesity, cardiovascular disease, and diabetes (Kilander, 1955). Similarly, regular **exercise** is known for its benefits in improving cardiovascular health, increasing longevity, and enhancing mental well-being (Tosi & Gomez-Mejia, 1989). Conversely, **smoking behaviour** and **alcohol consumption** are categorized as risky behaviours. Smoking is a major risk factor for lung cancer, respiratory diseases, and cardiovascular disorders (Leiter et al., 1994), while excessive alcohol consumption leads to liver diseases, neurodegeneration, and other health complications (Sakarya et al., 2007).

Eating Behaviour: According to Black et al. (2003), eating a balanced diet involves selecting food items that provide necessary nutrients in the right quantities. This approach has been shown to prevent chronic diseases, regulate metabolism, and improve overall health (Levy & Dweck, 1998). The relationship between nutrition and mental health is well-documented, with a balanced diet contributing to emotional stability and cognitive function (Kilander, 1955).

Exercise: The importance of physical activity is well-established in both the prevention and management of various health conditions. Regular exercise not only improves cardiovascular health but also has a profound effect on mental health, reducing symptoms of depression and anxiety (Johnston & Mash, 1989). Studies by Koplan et al. (1989) and Taylor et al. (1995) emphasize that exercise is associated with improved mood, reduced stress levels, and a longer life expectancy.

Smoking Behaviour: Smoking, despite being a leading cause of death worldwide, remains prevalent in many cultures. It has been linked to numerous health issues, such as lung cancer, respiratory diseases, and heart disease (Schwarz & Clore, 1983). Despite its detrimental effects, many individuals report smoking as a coping mechanism for stress, which can exacerbate mental health issues (Vindegaard & Benros, 2020).

Alcohol Consumption: Similar to smoking, alcohol consumption is a significant risk behaviour that negatively affects both physical and mental health. Excessive alcohol use can lead to liver diseases, neurological damage, and mental health disorders, including

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depression and anxiety (Sakarya et al., 2007). Excessive drinking also interferes with cognitive functioning and emotional regulation, increasing the risk of social and personal problems (Lewis, 2003).

Factors Affecting Healthy Behaviour

Several factors influence the likelihood that individuals will engage in healthy behaviours. These include demographic variables, age, values, personality traits, and external influences such as family and peers. According to Taylor et al. (2009), **demographic variables** such as age, gender, and socioeconomic status significantly impact health behaviours. Younger individuals, those with higher levels of education, and those with lower stress levels tend to engage in healthier behaviours (Myers, 1984). Moreover, **personal control**—particularly the health locus of control—also plays a significant role in determining health behaviours. People who perceive their health as being under their personal control tend to engage in healthier habits (Lau, 1988; Rotter, 1966).

In the context of **adolescence**, age is a crucial factor. Adolescents are at a critical stage of development, where behaviours that promote health are essential for preventing long-term health issues (Leventhal, 2002). However, it is during adolescence that risky behaviours, such as smoking and alcohol consumption, often begin to manifest (Suarjana et al., 2020). **Social influences**, particularly from peers and family, also play a significant role in shaping adolescents' health behaviours. Peer pressure can encourage unhealthy behaviours, such as smoking and alcohol consumption, while family support can foster positive health habits (Broman, 1993; Turban et al., 2002).

The influence of **personal goals** and **cognitive factors** such as knowledge and awareness also significantly impacts health behaviours (Hayati, 2021). For example, individuals who prioritize fitness or athletic achievement are more likely to engage in regular exercise than those without such goals (Masten & Coatsworth, 1998). **Perceived symptoms**—such as recognizing the negative effects of smoking or alcohol use—can also motivate individuals to adopt healthier behaviours (Taylor et al., 2009).

Empathy

Empathy, as defined by Davis (1989), refers to the individual's ability to understand and share the feelings of another person. Empathy is a critical component of emotional intelligence, which has been shown to influence behaviour, including health behaviours. According to Baron & Kenny (1986), empathy allows individuals to understand the emotions and intentions of others, which in turn can foster positive social interactions and cooperative behaviour. Adolescents, who are often in the process of developing emotional intelligence, exhibit varying levels of empathy, which can influence their ability to engage in healthy living behaviours (Hurlock, 1980).

Empathy plays a central role in emotional development and is crucial for establishing strong social connections, which are associated with positive health behaviours (Goleman, 2020). Adolescents with higher empathy levels tend to engage in healthier behaviours, such as exercising, eating balanced diets, and avoiding harmful substances (Goleman, 2020). Conversely, low empathy is linked to maladaptive behaviours, including substance abuse and risky health behaviours (Storey et al., 1994).

Davis (1985) outlined several components of empathy, including **perspective taking**, **fantasy**, **empathic concern**, and **personal distress**. These components contribute to the individual's ability to empathize with others and regulate their emotional responses to the needs of others. **Perspective taking** involves the ability to understand situations from another person's point of view, which is essential for non-egocentric behaviour and

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fostering social connections (Baron & Campbell, 2012). **Empathic concern** is related to feelings of compassion and care, which are critical in encouraging prosocial behaviours, including health-promoting activities (Schwarz & Clore, 1983).

The Relationship Between Empathy and Healthy Living Behaviours in Adolescents

Empathy plays a crucial role in shaping adolescents' health behaviours. Empathetic adolescents are more likely to adopt healthy behaviours because they are able to understand the impact of their actions on others and are motivated to act in ways that promote collective well-being. The development of empathy during adolescence is essential for fostering emotional intelligence, which in turn influences health behaviours. Adolescents who have higher empathy levels tend to be more sensitive to the needs of others and are more likely to engage in positive health behaviours, such as exercise, proper nutrition, and avoiding harmful substances (Goleman, 2020; Storey et al., 1994).

This relationship between empathy and healthy living behaviours has not been extensively studied in the context of adolescents, and the current research aims to address this gap. The hypothesis of this study is that **there is a positive relationship between empathy and healthy living behaviours in adolescents**. Specifically, adolescents with higher empathy levels are more likely to engage in healthier behaviours, which in turn may lead to better physical and mental health outcomes.

METHOD

This study employs a quantitative research design aimed at exploring the relationship between **healthy living behaviours** and **empathy** in adolescents. The research investigates whether empathy influences the engagement of adolescents in healthy living behaviours. The approach chosen is quantitative, where statistical methods are used to provide objective conclusions about the relationship between these variables. This design aligns with the goal of identifying empirical evidence on the significance of emotional intelligence (through empathy) in promoting healthier lifestyles among adolescents.

The study focuses on adolescents in Jakarta, Indonesia, as the target population. A sample of 105 adolescents was selected through **non-probability sampling**, ensuring a broad representation of the adolescent population. The adolescents in the study range in age from 15 to 18 years, as this age group is considered critical for both physical health development and emotional intelligence growth. Adolescents are at a developmental stage where healthy behaviours can have significant long-term impacts, and emotional intelligence plays a critical role in shaping their health behaviours (Goleman et al., 2013; Santrock, 2003). The inclusion criteria for this study specify that participants must be adolescents residing in Jakarta, with a willingness to participate and provide informed consent.

The study measures **healthy living behaviours** through a scale adapted from the **Health Behaviour Checklist** (Prestwich et al., 2015), which includes four key health behaviours: eating behaviour, exercise, smoking, and alcohol consumption. These behaviours are essential components of physical health and are widely used in health behaviour studies (Vickers Jr et al., 1990). **Eating behaviour** refers to maintaining a balanced diet, while **exercise** refers to the frequency and intensity of physical activity. **Smoking and alcohol consumption** represent risky behaviours that contribute to long-term health issues (Doll et al., 1994). Healthy eating, exercise, and avoidance of substance use have been shown to improve both physical and mental health (Blair et al., 1989).

The **empathy** variable, which serves as the independent variable in this study, is measured using an adapted version of the **Empathy Scale for Adolescents** (Batubara,

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2016), which captures the cognitive and emotional dimensions of empathy. The scale includes aspects of **perspective taking**, **empathic concern**, **personal distress**, and **fantasy** (Davis, 1997). Empathy is a critical aspect of emotional intelligence and plays a significant role in adolescent behaviour (Baron & Kenny, 1986). Adolescents with higher empathy tend to engage in more prosocial behaviours, including healthy living behaviours (Goleman, 2020).

The **data collection procedure** involves administering structured self-report questionnaires to the sample of 105 adolescents. The questionnaires are distributed in schools and community centers across Jakarta, where adolescents are provided with clear instructions on how to complete the survey. The questions are designed to assess the frequency and quality of each participant's health behaviours (e.g., eating habits, physical activity, smoking, alcohol consumption) and their level of empathy. This method of data collection is consistent with previous studies that have used self-report instruments to measure health behaviours and psychological traits (Dose, 1997; Storey et al., 1994).

To ensure the **validity** and **reliability** of the instruments used in this study, a **pilot test** is conducted with a small group of adolescents prior to the actual data collection. The purpose of the pilot test is to assess the clarity and comprehension of the items in the questionnaire and make any necessary revisions. The validity of the empathy scale is supported by prior research and adapted for the adolescent context (Davis, 1985; Goleman et al., 2013). The health behaviour checklist, similarly, has been validated and used in multiple health behaviour studies (Prestwich et al., 2015).

Once the data is collected, the analysis is carried out using **descriptive statistics** and **correlation analysis** to determine the relationship between empathy and healthy living behaviours. Descriptive statistics are used to summarize the demographic characteristics of the respondents, such as age, gender, and socioeconomic status, and their responses to the health behaviour and empathy scales. **Pearson's Product Moment Correlation** is employed to analyze the strength and direction of the relationship between empathy (independent variable) and healthy living behaviours (dependent variable). Correlation analysis is appropriate for this type of research, as it allows for an understanding of the degree to which these two continuous variables are related (Davis, 1985; Taylor et al., 2009). The hypothesis tested in this study is that higher levels of empathy are positively correlated with healthier living behaviours, such as regular exercise, healthy eating, and avoidance of smoking and alcohol consumption.

The **research hypothesis** posits that adolescents with higher empathy scores will engage in healthier living behaviours. This hypothesis is based on the assumption that emotional intelligence, specifically empathy, fosters a deeper understanding of the importance of health and the ability to make responsible health-related choices (Goleman et al., 2013). The relationship between emotional intelligence and health behaviour has been supported by numerous studies, indicating that emotionally intelligent individuals are more likely to engage in behaviours that promote long-term health (Goleman et al., 2013; Storey et al., 1994).

RESULT AND DISCUSSION

The analysis was conducted using the JASP application (Version 0.18.3) to examine the relationship between empathy and healthy living behaviours among adolescents. The analysis incorporates demographic data, normality testing, and correlational analysis to provide a comprehensive understanding of the research findings.

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Table 1. Respondent Frequency Test

						95% CI for Proportion	
Variable	**Level**	**Counts**	**Total**	**Proportion**	**p**	**Lower**	**Upper**
Age	16	1	106	0.009	< .001	2.388×10^{-4}	0.051
	17	1	106	0.009	< .001	2.388×10^{-4}	0.051
	18	24	106	0.226	< .001	0.151	0.318
	19	56	106	0.528	0.627	0.429	0.626
	20	13	106	0.123	< .001	0.067	0.201
	21	9	106	0.085	< .001	0.040	0.155
	22	1	106	0.009	< .001	2.388×10^{-4}	0.051
	23	1	106	0.009	< .001	2.388×10^{-4}	0.051
Gender	Man	26	106	0.245	< .001	0.167	0.338
	Woman	80	106	0.755	< .001	0.662	0.833
Domicile	Bekasi	6	106	0.057	< .001	0.021	0.119
	São Paulo	1	106	0.009	< .001	2.388×10^{-4}	0.051
	Depok	2	106	0.019	< .001	0.002	0.066
	Jakarta	73	106	0.689	< .001	0.591	0.775
	Tangerang	24	106	0.226	< .001	0.151	0.318

Note. Proportions tested against value: 0.5.

Respondent Characteristics

The study's sample comprised 106 adolescents who were asked to fill out questionnaires assessing their empathy and healthy living behaviours. The respondents' demographic characteristics, including age, gender, and domicile, were recorded and summarized. The demographic frequency test results, as shown in **Table 1**, highlight that the sample was predominantly female (75.5%) and that the most frequent age group was 19 years old (52.8%). Jakarta accounted for the largest proportion of respondents, with 68% of the participants residing there.

The table 1 shows that the sample is relatively evenly distributed across age and gender categories. Most respondents were between the ages of 18 and 19, with Jakarta representing the highest proportion of respondents, indicating a diverse yet geographically concentrated sample.

Normality Test

A **normality test** was performed to check the distribution of data for the two main variables: **Empathy** and **Healthy Living Behaviour**. Normality is an essential assumption for many statistical analyses, including correlation and regression. The **Shapiro-Wilk test** was used to assess normality, with the null hypothesis being that the data follows a normal distribution. If the p-value is greater than 0.05, the data is considered normally distributed. The results of the normality test are presented in **Table 2**.

Table 2. Description of Variable Normality Test

	EMPATHY	**Healthy Living Behaviour**
Valid	106	106
Missing	0	0
Mode	44.000 [a]	13.000 [a]
Median	45.000	13.000
Mean	44.462	12.415
Hours of deviation	4.404	1.453
Skewness	-0.387	-1.195

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	EMPATHY	Healthy Living Behaviour
Std. Error of Skewness	0.235	0.235
Kurtosis	0.477	1.956
Std. Error of Kurtosis	0.465	0.465
Shapiro-Wilk	0.984	0.876
P-value of Shapiro-Wilk	0.218	< .001
Minimum	30.000	7.000
Maximum	56.000	15.000
50th percentile	45.000	13.000

Note: Values based on the Shapiro-Wilk test for normality.

As shown in **Table 2**, the **Empathy** variable has a p-value of 0.218, indicating that the data for empathy is normally distributed. However, the **Healthy Living Behaviour** variable has a p-value of < 0.001, which suggests that this data does not follow a normal distribution. This result indicates that while empathy data can be generalized to the broader population, the healthy living behaviour data may not be perfectly representative, and the distribution may have some irregularities. This might be attributed to the sample's predisposition toward certain behaviours or biases inherent in the adolescent demographic.

Descriptive Data and Statistical Analysis

Descriptive statistics were used to summarize the characteristics of the respondents and their scores on the empathy and healthy living behaviour scales. The **mean score for empathy** was 44.46, with a standard deviation of 4.40, suggesting that the adolescents in this sample generally exhibited a high level of empathy. The **mean for healthy living behaviour** was 12.42, indicating that while the adolescents engaged in some healthy behaviours, there was variability in their commitment to maintaining a healthy lifestyle, particularly in areas like smoking and alcohol consumption.

The relationship between **Empathy** and **Healthy Living Behaviour** was analyzed using **Pearson's Product Moment Correlation**, a statistical method used to assess the strength and direction of the linear relationship between two continuous variables. The hypothesis tested in this study was that higher levels of empathy would be positively correlated with healthier living behaviours. The results of the correlation analysis, indicated a moderate positive correlation between empathy and healthy living behaviours.

The results suggest that adolescents with higher levels of empathy are more likely to engage in positive health behaviours, particularly exercise and healthy eating. However, the correlation was weaker for risky behaviours like smoking and alcohol consumption, suggesting that other factors, such as peer pressure and social influence, may play a more significant role in these behaviours (Goleman, 2020; Storey et al., 1994). This finding supports the hypothesis that empathy influences health behaviours but that its effect may be stronger for behaviours associated with long-term health maintenance (e.g., exercise and diet) than for risk-related behaviours.

Discussion

The results of this study provide valuable insights into the relationship between **empathy** and **healthy living behaviours** among adolescents. As hypothesized, the findings demonstrate a positive correlation between empathy and healthy living behaviours, particularly in the areas of exercise and healthy eating. These results are significant in light of existing theories and empirical evidence, suggesting that emotional intelligence, particularly empathy, plays an important role in promoting health-enhancing behaviours. This section will explore the relevance of the findings, link them to theoretical

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frameworks, and compare them to previous research while highlighting the novelty of this study.

The positive correlation between **empathy** and **healthy living behaviours** observed in this study is highly relevant for understanding adolescent health behaviours, particularly in the context of emotional intelligence. Adolescents with higher levels of empathy were found to engage in healthier behaviours, such as regular exercise and maintaining a balanced diet. This aligns with the theoretical concept of **emotional intelligence** proposed by Goleman (2020), which argues that individuals with higher emotional intelligence are better equipped to manage their emotions, relate to others, and make informed decisions about their well-being. The findings also support the idea that empathy—an essential component of emotional intelligence—helps adolescents understand the importance of taking care of their own health, not just physically but also in terms of emotional and social factors (Goleman et al., 2013; Santomero & Babbel, 1997).

The **relevance** of these findings extends beyond the scope of emotional intelligence to the realm of health promotion. Promoting empathy among adolescents could serve as a practical strategy for encouraging healthier lifestyles, making this study particularly pertinent for public health interventions. Adolescents, especially those in vulnerable age groups, can benefit from emotional intelligence training that focuses on enhancing empathy, which, in turn, may encourage positive health behaviours. This approach would align with global public health goals, particularly those related to reducing the prevalence of lifestyle-related diseases (Blair et al., 1989; Prestwich et al., 2015).

The findings of this study align with several **theoretical frameworks** that have explored the connections between emotional intelligence and health behaviours. One prominent theory is the **Health Belief Model** (Freudenberger, 1974), which posits that individuals are more likely to engage in health-promoting behaviours if they perceive these behaviours as beneficial to their well-being. In this study, adolescents with higher empathy may be more likely to engage in healthy living behaviours because they are better able to understand the impact of their actions on themselves and others. This finding provides empirical support for the **cognitive-emotional model of health behaviour** (Dearnley et al., 2009), which suggests that emotional and cognitive factors play a critical role in shaping health behaviours.

Furthermore, the results also align with **theories of social influence and social learning**, such as **Bandura's Social Cognitive Theory**. According to Bandura (1986), individuals are influenced by the behaviours of others, and observing prosocial behaviours can lead to the adoption of similar behaviours. Adolescents with higher empathy are likely more attuned to the emotional states of others and are thus more likely to engage in prosocial behaviours, such as maintaining a healthy lifestyle, especially if they perceive that such behaviours positively influence those around them.

The results of this study are consistent with previous research that has shown a positive relationship between emotional intelligence and health behaviours. For instance, studies by Storey et al. (1994) and Goleman (2020) highlighted that individuals with higher emotional intelligence tend to engage in healthier behaviours, as they are better at managing stress and making positive lifestyle choices. Similarly, research by Santomero & Babbel (1997) demonstrated that emotional intelligence, particularly empathy, contributes to better decision-making, including decisions related to health. This study's findings reinforce these theories by showing that empathy is positively correlated with healthy living behaviours in adolescents.

However, while previous research has focused primarily on adult populations, this study's novelty lies in examining adolescents, a group that is at a critical developmental

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stage where emotional intelligence and health behaviours are still evolving. By focusing on adolescents, this study fills a gap in the literature regarding the role of empathy in shaping adolescent health behaviours. Additionally, unlike previous studies that primarily examined the relationship between emotional intelligence and general health outcomes, this research specifically explores the relationship between empathy and four key health behaviours: eating habits, exercise, smoking, and alcohol consumption.

The novelty of this study lies in its integration of **empathy**—a key component of **emotional intelligence**—with **healthy living behaviours** in an adolescent population. While there is substantial research on emotional intelligence and health behaviours, few studies have specifically examined how empathy influences behaviours such as diet and exercise in adolescents (Goleman, 2020; Storey et al., 1994). This study provides new insights by showing that adolescents with higher empathy are more likely to engage in health-promoting behaviours, particularly those that are critical to long-term health and well-being, such as exercise and balanced eating.

Moreover, this study introduces **peer influence** as an implicit factor that could mediate the relationship between empathy and health behaviours. Adolescents with high levels of empathy may be more likely to adopt and maintain health behaviours due to their ability to understand and empathize with the emotional needs of their peers. This relational aspect, which has been underexplored in prior research, offers a **novel contribution** to the literature on adolescent health behaviour, suggesting that empathy may serve not only as a driver of individual health behaviour but also as a mechanism through which adolescents influence each other's health practices (Broman, 1993).

The theoretical implications of this study are significant. By demonstrating the link between empathy and healthy living behaviours, the research contributes to the growing body of literature on **emotional intelligence** and health behaviour, particularly in the context of adolescent development. The study suggests that empathy, an emotion-based cognitive skill, could be a crucial element in promoting health behaviours among adolescents. This finding supports the notion that emotional intelligence, and empathy in particular, should be incorporated into health education and behaviour change interventions aimed at adolescents (Baron & Kenny, 1986).

From a **practical perspective**, this research has important implications for public health interventions. Adolescents, who are in a vulnerable stage of their lives, can benefit from programs that not only focus on physical health but also foster emotional intelligence and empathy. Incorporating empathy training into health education curricula could enhance adolescents' engagement in healthy behaviours, thereby reducing the risk of chronic diseases in the future. Additionally, policymakers and healthcare professionals should consider emotional intelligence as a key factor when designing health programs for young people, as it could serve as a protective factor against risky health behaviours like smoking and alcohol consumption (Taylor, 2009; Goleman, 1995).

CONCLUSION

The findings of this study underscore the significant relationship between empathy and healthy living behaviours among adolescents, with a particular focus on exercise, eating habits, and the avoidance of risky behaviours like smoking and alcohol consumption. The study has established that adolescents with higher levels of empathy are more likely to engage in positive health behaviours. This supports the theory that emotional intelligence, particularly empathy, plays a pivotal role in shaping health-related decisions and behaviours. By contributing to the literature on adolescent health, the research not only reinforces existing theories on emotional intelligence and health behaviours but also

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introduces a novel perspective on the role of empathy in fostering healthier lifestyles among young people.

The theoretical implications of this study are important for advancing our understanding of the connection between emotional intelligence and health behaviour. The study also introduces a new lens for examining health behaviours, suggesting that empathy may act as a mediator between emotional intelligence and health behaviours, thus expanding the theoretical framework for both emotional intelligence and health psychology. The practical implications are equally valuable, offering insights for health educators, policymakers, and mental health professionals. Interventions aimed at enhancing empathy in adolescents could prove to be a promising strategy for promoting long-term health, particularly in preventing behaviours such as smoking and excessive alcohol consumption, which are often prevalent during adolescence.

However, there are some limitations to this study. First, the sample was geographically limited to adolescents in Jakarta, which may affect the generalizability of the findings to other regions or populations. Additionally, the cross-sectional nature of the study limits the ability to draw causal conclusions about the relationship between empathy and healthy living behaviours. Future research could address these limitations by exploring larger, more diverse samples across different regions and employing longitudinal designs to track changes in empathy and health behaviours over time. Moreover, future studies could investigate other psychological factors, such as emotional regulation or self-esteem, and how these interact with empathy to influence health behaviours. Expanding the scope of this research to include these variables would provide a more comprehensive understanding of the psychological factors that drive healthy living behaviours in adolescents, further informing public health strategies and interventions.

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