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# Determinants of Clean and Healthy Household Living Behavior in the Margamulya Health Center Area, Bekasi City

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***Abstract***
***Introduction:*** *Housewives have a very big role in providing examples, educational examples in a household than fathers. Mothers are also more dominating in all things and also in maintaining household cleanliness, including in providing household health education, such as instilling clean and healthy living behaviors (PHBS).* ***Objective:*** *To assess the Determinants of PHBS households in the Margamulya Health Center area.* ***Methods:*** *This study used a quantitative approach with a cross sectional design. The population is 5,653 residents, with a sample size of 98 respondents taken using accidental sampling. Data collection uses an instrument in the form of a self-filling questionnaire. Data analysis is univariate, bivariate and multivariate.* ***Results and Discussion:*** *The analysis showed that there was a relationship between knowledge, attitudes, household income, health counseling, household support and community leader support with household PHBS in the Margamulya Health Center area, Bekasi City. The dominant variable related to PHBS behavior is attitude.* ***Conclusion:*** *Attitude is the dominant variable related to PHBS.*

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## Introduction

Clean and Healthy Living Behavior (PHBS) is one of the important efforts to improve public health through behaviors that are carried out consciously by individuals and household members (Suprapto & Arda, 2021); (Hartaty & Menga, 2022); (Sunarno, Firmanda, & Pratiwi, 2025). PHBS is not only related to personal hygiene, but also includes the ability of families to implement healthy habits independently, such as washing hands with soap, using healthy bathrooms, eating nutritious food, doing physical activity, and creating a healthy home environment (Sulistiyorini et al., 2025); (Susianti, Windarti, & Zuraida, 2022).

Although PHBS has become a public health program, its implementation at the household level is still not optimal (Nasution, 2020); (Prince, 2021). National data in 2018 shows that only 39.1% of households in Indonesia have implemented PHBS. Some indicators still have low achievements, such as exclusive breastfeeding, physical activity, fruit and vegetable consumption, and the habit of washing hands using soap. This condition shows that improving PHBS is not enough just through the provision of information, but also requires understanding, awareness, environmental support, and access to adequate health facilities (Lestyoningsih & Ula, 2024); (Gebrillia, 2025).

Similar problems were also found in Bekasi City. Based on the 2019 Bekasi City Health Profile, the percentage of households with PHBS has increased compared to the previous year. However, these achievements have not been evenly distributed throughout the health center's work area. The Margamulya Health Center is still one of the areas with low PHBS coverage, even experiencing a decrease from 34.3% in 2018 to 30.38% in 2019. This shows that there are problems that need to be studied further related to the factors that affect the low implementation of household PHBS in the region.

The low implementation of PHBS can be influenced by various determinants, such as the level of knowledge, attitude, education, occupation, income, availability of sanitation facilities, family support, and the role of health workers (Yani, Irianto, Djamil, & Setiaji, 2022); (Rahmah & Alfiyani, 2026). Therefore, research on the determinants of PHBS is important to find out the dominant factors related to household behavior in implementing clean and healthy living habits.

Based on these problems, this study aims to assess the determinants of household PHBS in the work area of the Margamulya Health Center. The results of this research are expected to be the basis for health workers and policy makers in developing health promotion strategies, advocacy, and strengthening environmental health facilities in accordance with community needs

## Method

This study uses a quantitative approach with *a cross-sectional design*, carried out in the Margamulya Health Center area, Bekasi City. The population in the Margamulya Health Center area of Bekasi City is 5,653 residents and the sample size in this study uses the slovin formula, which is 98 respondents. The inclusion criteria in this study are mothers who have toddlers, mothers who live with their husbands, are willing to be respondents and can read and understand Indonesian. Data collection began by submitting a research permit to the Postgraduate Program of the Public Health Sciences Study Program and the Research Ethics Committee. After obtaining a research permit, the researcher can be carried out. Furthermore, the researcher submitted a research permit to the Head of the Health Center and the PHBS Officer at the Health Center to start data collection. Data collection was carried out by giving questionnaires to respondents,

through face-to-face and filling out questionnaires themselves in front of the researcher. It is estimated that the questionnaire will be given from July to August. In the last stage, data analysis will be carried out. This research will be analyzed by univariate analysis, bivariate analysis and multivariate analysis.

## Result and Discussion

### 1. Results

### Respondent Characteristics

**Table 1**
Frequency Distribution of Respondent Characteristics

| Characteristics (n=98) | Frequency | Proportion (%) |
|---|---|---|
| **Age** | | |
| ≤ 25 Years | 5 | 5.1 |
| 26 – 45 Years | 92 | 93.9 |
| ≥ 46 years old | 1 | 1.0 |
| **Jobs** | | |
| Civil servants | 0 | 0 |
| Housewives | 94 | 95.9 |
| Merchant | 3 | 3.1 |
| Farmer | 1 | 1.0 |
| Army/Police | 0 | 0 |
| **Final education** | | |
| No School | 0 | 0 |
| EN | 23 | 23.5 |
| JHS | 25 | 25.5 |
| SHS | 45 | 45.9 |
| Diploma | 0 | 0 |
| Bachelor | 5 | 5.1 |

Based on table 1, about the Characteristics of Respondents from 98 respondents, the age category ≤ 25 years old is 5 people (5.1%), age 26-45 years is 92 people (93.9%) and ≥ 46 years old is 1 person (1.0%). Based on the type of job, respondents who work as civil servants are 0 people (0%), housewives as many as 94 people (95.9%), traders as many as 3 people (3.1%), farmers as many as 1 person (1.0%), and TNI/POLRI as many as 0 people (0%). Respondents based on the last education, 23 people (23.5%), junior high school 25 people (25.5%), high school 45 people (45.9%), bachelor as many as 5 people (5.1%) and for no school and diploma there are none.

### Univariate Analysis

**Table 2**
Knowledge Frequency Distribution

| Knowledge | Frequency | Percentage |
|---|---|---|
| Low | 5 | 5.1 |
| High | 93 | 94.9 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, the majority had knowledge of PHBS with a high category of 93 people (94.9%) and 5 people with a low category (5.1%).

**Table 3**
Attitude Frequency Distribution

| Attitude | Frequency | Percentage |
|---|---|---|
| Negatives | 1 | 1.0 |
| Positive | 97 | 99.0 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, 1 person (1.0%) had an attitude with a negative category and 94 people (99.0%) had a negative category.

**Table 4**
Household Income Frequency Distribution

| Household Income | Frequency | Percentage |
|---|---|---|
| Low | 70 | 71.4 |
| High | 28 | 28.6 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, 28 people (28.6%) had a high category of household income and 70 people (71.4%) had a low category.

**Table 5**
Frequency Distribution of Availability of Facilities and Infrastructure

| Availability of Facilities and Infrastructure | Frequency | Percentage |
|---|---|---|
| Inadequate | 27 | 27.6 |
| Adequate | 71 | 72.4 |
| **Total** | **98** | **100.0** |

The results of the study showed that of the 98 respondents, 27 people (27.6%) had the availability of facilities and infrastructure with an inadequate category and 71 people (72.4%) had adequate categories.

**Table 6**
Accessibility Frequency Distribution

| Accessibility | Frequency | Percentage |
|---|---|---|
| Difficult | 23 | 23.5 |
| Easy | 75 | 76.5 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, 23 people (23.5%) had accessibility in the difficult category and 75 people (76.5%) in the Easy category.

**Table 7**
Frequency Distribution of Health Counseling

| Health Counseling | Frequency | Percentage |
|---|---|---|
| Less good | 10 | 10.2 |
| Good | 88 | 89.8 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, 10 people (10.2%) had health counseling with a poor category and 88 people (89.8%) had health counseling.

**Table 8**
Household Support Frequency Distribution

| Household Support | Frequency | Percentage |
|---|---|---|
| Lack of support | 24 | 24.5 |
| Support | 74 | 75.5 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents had household support with the least supportive category as many as 24 people (24.5%) and with the support category as many as 74 people (75.5%).

**Table 9**
Frequency Distribution of Public Figures

| Community Leaders | Frequency | Percentage |
|---|---|---|
| Less role | 14 | 14.3 |
| Role | 84 | 85.7 |
| **Total** | **98** | **100.0** |

The results showed that of the 98 respondents, 14 people (14.3%) had the support of community leaders with the least role category and 84 people (85.7%) had the support of community leaders.

**Table 10**
PHBS Frequency Distribution

| Knowledge | Frequency | Percentage |
|---|---|---|
| Low | 10 | 10.2 |
| High | 88 | 89.8 |
| **Total** | 98 | 100.0 |

The results showed that of the 98 respondents, the majority had Clean and Healthy Living Behavior with a high category of 93 people (94.9%) and a low category of 5 people (5.1%).

**Bivariate Analysis**

**Table 11**
Knowledge Relationship with PHBS

| Knowledge | Clean and Healthy Living Behavior | | | | Total | | *p* | OR |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Low | 2 | 40.0 | 3 | 60.0 | 5 | 100 | 0.024 | 7.083 |
| High | 8 | 8.6 | 85 | 91.4 | 93 | 100 | | |

Based on the results of bivariate analysis, it was found that 5 housewives who had low knowledge stated PHBS as much as 40.0%, while of the 93 housewives who had high knowledge who stated low PHBS as much as 8.6%. The results of *the chi-square statistical test* obtained a p value of 0.024< 0.05. This means that there is a relationship between knowledge and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

This research is in line with Djamhuri's findings, which states that there is a relationship between knowledge and household PHBS. This proves that the knowledge that a person has can be the main capital to carry out good household PHBS actions , even though the research place and the characteristics of the respondents are different.

Knowledge is a *predisposing factor* for the implementation of PHBS, so that this factor triggers behavior that becomes a basis or willingness to motivate for actions due to the existence of traditions or habits, beliefs and socioeconomic levels. in accordance with Rogers' opinion in Notoadmodjo which states that knowledge/cognition is a very important domain for the formation of behavior.

The results of the research conducted by the researcher illustrate that the majority of respondents already understand PHBS. It can be seen in terms of education, the most respondents are high school, which is 45.9% which can affect respondents' knowledge of household PHBS, this is in accordance with the theory that states that the higher a person's level of education, the higher the level of knowledge.

**Table 12**
Attitude Relationship with PHBS

| Attitude | Clean and Healthy Living Behavior | | | | Total | | *p* | *OR* |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Negatives | 1 | 100.0 | 0 | 0.0 | 1 | 100 | 0.001 | 21.750 |
| Positive | 9 | 9.3 | 88 | 90.7 | 97 | 100 | | |

Based on the results of bivariate analysis, it was found that 1 housewife who had a negative attitude stated low PHBS as much as 100.0%, while of 97 housewives who had a positive attitude who stated low PHBS as much as 9.3%. The results of the chi-square statistical test obtained a p value of 0.001< 0.05. This means that there is a relationship between attitudes and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

Attitude is the tendency to act (practice). Attitudes are not necessarily manifested in actions (*overt bahavior*). Because for the realization of an attitude into a real deed, supporting factors or a possible condition are needed, including facilities, supporting factors.

This research is in line with research conducted by Raksanagara et al which states that attitudes greatly affect a person's intention to choose clean water sources. Attitude is a person's action or activity but is a predisposition or behavior. This research is also supported by research conducted by Wardani which states that attitudes are statistically significantly related to PHBS in the household order.

**Table 13**
Household Income Relationship with PHBS

| Household Income | Clean and Healthy Living Behavior | | | | Total | | *p* | OR |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Low | 10 | 14.3 | 60 | 85.7 | 70 | 100 | 0.035 | 269245810.731 |
| High | 0 | 0.0 | 28 | 100.0 | 28 | 100 | | |

Based on the results of the bivariate analysis, it was found that 70 housewives with low household income stated low PHBS as much as 14.3%, while of the 28 housewives with high household income who stated low PHBS did not exist. The results of the chi-square statistical test obtained a p value of 0.035< 0.05. This means that there is a relationship between household income and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

This research is in line with research conducted by Wardani which states that household income has no effect and is not related to clean and healthy household living behavior.

According to Sumitro in Burhanudin, household income is the amount of income received from all household members in order to meet household needs. Household income can come from a variety of sources, and this diversity may be due to the high workload and variety of activities that household members have.

**Table 14**
The Relationship between the Availability of Facilities and Infrastructure with PHBS

| Availability of Facilities and Infrastructure | Clean and Healthy Living Behavior | | | | Total | | *p* | OR |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Inadequate | 0 | 0.0 | 27 | 100.0 | 27 | 100 | 0.394 | .000 |
| Adequate | 10 | 14.1 | 61 | 85.9 | 71 | 100 | | |

Based on the results of the bivariate analysis, it was found that 27 housewives who had inadequate availability of facilities and infrastructure stated that low PHBS did not exist, while of the 71 housewives who had adequate availability of facilities and infrastructure, 14.1% stated low PHBS. The results of the chi-square statistical test obtained a p value of 0.394> 0.05. This means that there is no relationship between the availability of facilities and infrastructure and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

In the results of the respondents' answers to the questionnaire about the variables of household support, there were 6 questions, out of the 6 questions given by the researcher, there were still respondents who did not understand the dangers of smoking so that there were still many houses from respondents that did not provide a special smoking area (*smoking room* area), which was 72 (73.5%). Facilities and infrastructure are everything needed by every community to complete PHBS to further develop public health status, such as healthy houses, garbage cans, waste disposal sites, healthy latrines, clean water, nutritious food, posyandu and others. This research is not in line with and supports the research conducted by Wardani which states that there is a relationship and effect on the availability of Facilities and Infrastructure with Clean and Healthy Living Behavior at home.

This research is in line with the research conducted by Tucunan which states that the p value is 0.207, which means that there is no relationship between facilities and infrastructure and PHBS. In Kholid's book, it is explained that behavior does not only depend on health facilities and infrastructure but also depends on a person's intentions. It is explained that behavioral intentions are a fundamental concept for reasoned action theory which states that the performance of a certain health behavior is a direct result of whether a person intends to behave with it, then it can be concluded that facilities and infrastructure may have no effect or have a small influence on a person's behavior including a clean and healthy life, because the basic thing of a person behaving is the intention of the person himself. Many are also the basis of a person's behavior such as a person's beliefs, age, gender and other factors that are factors that cause a person's PHBS. These theories strengthen the results of research conducted by explaining that infrastructure is not the main factor in a person's behavior, including PHBS because a person's behavior is also related to many factors.

**Table 15**
Accessibility Relationship with PHBS

| Accessibility | Clean and Healthy Living Behavior | | | | Total | | *p* | OR |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Difficult | 5 | 21.7 | 18 | 78.3 | 23 | 100 | 0.060 | 9.667 |
| Easy | 5 | 6.7 | 70 | 93.3 | 75 | 100 | | |

Based on the results of bivariate analysis, it was found that 23 housewives who had difficult accessibility stated low PHBS as much as 21.7%, while of the 75 housewives who had easy accessibility who stated low PHBS as much as 6.7%. The results of *the chi-square statistical test* obtained a p value of 0.060> 0.05. This means that there is no relationship between Accessibility and Household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

According to Black in Tamin, accessibility is a measure of comfort or ease of reaching one destination location and the ease or difficulty of reaching the location through the transportation network system. Distance constraints are also greatly influenced by the type of road, the type of vehicle used and the purpose of transportation. If the distance from a housewife's home is easily reachable to the place of health services, of course the desire to practice PHBS will be implemented and vice versa. The distance of the health service place is categorized as far if > 5 km, while the distance is categorized as close if ≤ 5 km.

This research is in line with the research conducted by Wardani which stated that accessibility has no relationship and has no effect on PHBS in the household order because the majority of respondents stated that easy accessibility should be good for PHBS in the household order.

**Table 16**
The Relationship between Health Counseling and PHBS

| Health Counseling | Clean and Healthy Living Behavior | | | | Total | | *p* | *OR* |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Moderate | 3 | 30.0 | 7 | 70.0 | 10 | 100 | 0.029 | 4.959 |
| Good | 7 | 8.0 | 81 | 92.0 | 88 | 100 | | |

Based on the results of the bivariate analysis, it was found that 10 housewives who had poor health counseling stated low PHBS as much as 30.0%, while of 88 housewives who had good health counseling who stated low PHBS as much as 8.0%. The results of the chi-square statistical test obtained a p value of 0.029< 0.05. This means that there is a relationship between Health Counseling and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City.

Although counseling is done in the right way if a person does not care about their environment, then he tends to be indifferent to his surroundings. And the public in general is not very interested in the counseling carried out by health workers because maybe they already know and get information from other media such as advertisements, newspapers or the internet which greatly affects their insights, their disposition and how they behave.

Health counseling is an educational movement that spreads messages, instills certainty, so that people are aware, know and understand, but at the same time willing and ready to carry out an recommendation that has to do with health. Health counseling is a combination of activities and opportunities based on the principles of learning to

achieve what is happening, where individuals, households, and society in general need to live healthy, know how and do what can be done, separately or gather and ask for help. Basically, health counseling is an effort to share learning experiences or create conditions for households and communities to implement a healthy way of life. A person's knowledge about health can be obtained through counseling by health workers.

Supporting research conducted by Tumiwa et al with the title The Relationship between Predisposing, Enabling, and Reinforcing Factors with PHBS Household Order in Remboken District, Minahasa Regency, in the results of the study it was concluded that good counseling is very helpful in achieving households with PHBS, based on the data of the results of the research conducted with a p value of 0.00 it was obtained that counseling from health workers has a 15 times greater chance for the community to carry out PHBS in households.

**Table 17**
Household Support Relationship with PHBS

| Household Support | Clean and Healthy Living Behavior | | | | Total | | *p* | *OR* |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Lack of support | 5 | 20.8 | 19 | 79.9 | 24 | 100 | 0.008 | 5.447 |
| Support | 5 | 6.8 | 69 | 93.2 | 74 | 100 | | |

Based on the results of the bivariate analysis, it was found that 24 housewives who had Household Support were less supportive who stated low PHBS as much as 20.8%, while of the 74 housewives who had supportive Household Support who stated low PHBS as much as 6.8%. The results of the chi-square statistical test obtained a p value of 0.008< 0.05. This means that there is a relationship between Household Support and Household PHBS in the Working Area of the Margamulya Health Center, Bekasi City. PHBS is a reflection of the pattern of household life, which observes and maintains the health of all household members.

According to Friedman, domestic support is a cycle that occurs non-stop throughout human life. Domestic support focuses on interactions that take place in a variety of social relationships as evaluated by the individual. Household support is also the attitude, actions and acceptance of the household towards members. Household members view that a supportive person is always ready to provide help and assistance if needed to him.

This research is not in line with the research conducted by Wardani which states that household support has a relationship and affects PHBS in the household order because the majority of respondents stated that easy accessibility should be high in PHBS in the household order.

**Table 18**
The Relationship of Community Leader Support with PHBS

| Community Leaders | Clean and Healthy Living Behavior | | | | Total | | *p* | *OR* |
|---|---|---|---|---|---|---|---|---|
| | Low | | High | | | | | |
| | F | % | F | % | F | % | | |
| Less role | 4 | 28.6 | 10 | 71.4 | 14 | 100 | 0.014 | 5.200 |
| Role | 6 | 7.1 | 78 | 92.9 | 84 | 100 | | |

Based on the results of the bivariate analysis, it was found that 14 housewives who had the support of Community Leaders had a low role which stated low PHBS as much as 28.6%, while of the 84 housewives who had a role in the Community Leader who stated low PHBS as much as 7.1%. The results of *the chi-square statistical test* obtained

a p value of 0.014< 0.05. This means that there is a relationship between the support of Community Leaders and household PHBS in the Working Area of the Margamulya Health Center, Bekasi City. The strategy carried out at the village level seeks the support of community leaders, both informal and formal community leaders. With the main goal so that the regions can receive programs from welfare program implementers. It is hoped that with the developed program, the public will know and follow the advanced program. This technique is very helpful for the environment and well-being.

This research is in line with and supported by research conducted by Setyoastuti with the title Relationship of Knowledge, Attitudes, Support of Officers, and Community Leaders with Mosquito Nest Eradication Behavior in the Kayumanis Village Area, Bogor in 2016 which states that there is a relationship between community leaders and Mosquito Nest Eradication Behavior. This research is not in line with the research conducted by Unik Mulyanah Sari with the title Knowledge Relations, Attitudes of Family Heads and Support of Community Leaders with Clean and Healthy Living Behaviors (PHBS) of households in Cintaraja village, Singaparna district, Tasikmalaya Regency in 2019. The results of statistical calculation with *the Independent T* test also showed that there was no relationship between the support of community leaders and household Clean and Healthy Living Behavior (PHBS), with *a value of p* = 0.401 (p≥0.05).

The support of community leaders is very necessary because community leaders are people who have influence in both formal and non-formal societies which are a great force and are able to move the community in every development, including in shaping clean and healthy living behaviors. The involvement of informal leaders and community participation will affect the success of the PHBS household program, this activity is carried out in the community, by the community and for the community.

**Multivariate Analysis**

**Table 19**
Final Modeling Logistics Regression Modeling

| Variable | B | *p value* | OR | 95%CI | |
|---|---|---|---|---|---|
| Knowledge | 2.564 | .033 | 12.981 | 1.237 | 136.215 |
| Attitude | 3.616 | .016 | 37.204 | 1.980 | 699.196 |
| Accessibility | 2.484 | .197 | 11.988 | .276 | 520.325 |
| Household Support | 1.044 | .278 | 2.840 | .432 | 18.681 |
| Community Leaders | 1.570 | .136 | 4.806 | .610 | 37.865 |
| Health Counseling | 1.870 | .065 | 6.490 | .892 | 47.197 |

Based on the results of the multivariate analysis research, it turns out that the variables that are meaningfully related to the implementation of household PHBS are the Knowledge variable with a p value of 0.033 and the Attitude variable with a p value of 0.016. Meanwhile, the variables of Accessibility, Health Counseling, Household Support and Community Leader support are the confonding variables.

Of the two variables of knowledge and attitude, the variables that have the most influence on the implementation of household PHBS are: Attitude variables that have a significant value of 0.016 < 0.05, so that there is an influence of attitude with the implementation of household PHBS. The attitude variable has an OR value of 37, so households that have a positive attitude have a 37 times chance to behave in a clean and healthy life compared to households that have a negative attitude. People who have a positive attitude, tend to want to do something positive as well, this is driven by the desire to do something right based on the attitude they have. The attitude variable has a positive

relationship with the implementation of clean and healthy household living behaviors or if the respondents have a positive attitude, they tend to carry out clean and healthy household living behaviors.

Meanwhile, the variable of knowledge that has a significant value of 0.033 < 0.05, so that there is an influence of knowledge with the implementation of clean and healthy household living behaviors. The knowledge variable has an OR of 12 times, so households that have high PHBS knowledge have a 12 times chance to behave in a clean and healthy life compared to households that have low PHBS knowledge. Respondents who have high knowledge and have PHBS are good because they know the importance of PHBS in the household so they apply PHBS in their daily lives.

## 2. Discussion

### The Relationship between Knowledge and Clean and Healthy Living Behaviors

The results of the bivariate analysis showed a significant relationship between knowledge and PHBS (p=0.024), with the proportion of low PHBS in the low knowledge group (40.0%) much higher than in the high knowledge group (8.6%). Knowledge plays a role as a predisposing factor that underlies the motivation for action (Notoatmodjo, 2012), and this finding is in line with Djamhuri (2012). However, there are still 8.6% of high-knowledge respondents who continue to behave with low PHBS, indicating that knowledge is a necessary condition but not a sufficient condition for behavior change. Attitudes, social norms, and environmental support also mediate this relationship, so interventions are not enough to target knowledge enhancement alone.

### The Relationship Between Attitude and Clean and Healthy Living Behavior

Attitude was proven to be the most dominant variable in the multivariate analysis (OR=37; p=0.016), with all respondents having a negative attitude (100%) stating low PHBS compared to only 9.3% in the positive group (p=0.001). These findings are in line with Raksanagara et al. (2017) and Wardani (2019). However, the OR=37 value with a very unbalanced distribution of the sample—only one respondent was negative—resulted in very wide confidence intervals and statistically unstable estimates. These findings need to be interpreted carefully and require replication with a more balanced sample to produce more precise and generalizable risk estimates.

### The Relationship Between Household Income and Clean and Healthy Living Behaviors

The results of the chi-square test showed a significant relationship between income and PHBS (p=0.035), but substantively this finding is in line with Wardani (2019) who stated that income has no effect on PHBS. This contradiction may reflect that in an urban context such as Bekasi City, income differences do not necessarily result in different access to basic sanitation facilities. The influence of income on PHBS is likely to be indirect and weaker than psychological factors such as attitudes and knowledge, so interventions in urban areas should be prioritized on behavior change rather than economic approaches alone.

**The Relationship between the Availability of Facilities and Infrastructure and Clean and Healthy Living Behaviors**

No significant relationship was found between the availability of facilities and infrastructure and PHBS (p=0.394), in line with Tucunan (2018) but contrary to Wardani (2019). The absence of this relationship is likely due to the low variability of availability of facilities between respondents in urban areas, where most families already have access to basic sanitation facilities. This condition indicates that the behavior of PHBS in this region is more determined by psychological and social dimensions than by the limitations of physical infrastructure.

**The Relationship Between Accessibility and Clean and Healthy Living Behaviors**

Accessibility was not significantly associated with PHBS (p=0.060), although the proportion of low PHBS was higher in the difficult accessibility group (21.7%) than in the easy (6.7%) group. A p-value close to the significance threshold indicates a potential relationship that may be detected in a larger sample. In addition, in urban settings, accessibility barriers tend to be temporal—related to time and busyness—rather than geographical, so accessibility measurement instruments that only consider physical distance may not be sensitive enough to capture the real barriers experienced by respondents (Wijono, 2007).

**The Relationship Between Health Counseling and Clean and Healthy Living Behaviors**

Health counseling was significantly related to PHBS (p=0.029), with the proportion of low PHBS in the poor counseling group (30.0%) higher than in the good group (8.0%), in line with Tumiwa (2015). However, the effectiveness of counseling does not only depend on its availability, but on the quality and methods used. One-way counseling that is informative tends to increase knowledge without meaningfully changing attitudes. Given that attitude was the most dominant variable in this study, strengthening counseling based on attitude change approaches—such as group discussions and community leader involvement—is expected to have a greater impact.

**The Relationship Between Household Support and Community Leader Support and Clean and Healthy Living Behaviors**

Household support (p=0.008) and community leader support (p=0.014) were both meaningfully related to PHBS. The proportion of low PHBS was higher in the group with less household support (20.8%) and less support from community leaders (28.6%). These two findings reinforce the perspective that PHBS is not just individual behavior, but rather a product of social interaction within family and community units. In Indonesia's collective culture, the norms promoted by respected figures—both in the family and in the community—tend to be more effective in shaping and maintaining healthy behaviors than a purely individual approach. PHBS promotion strategies that integrate strengthening family support and community leader involvement are expected to produce more sustainable impacts.

**Most Dominant Variables**

Multivariate analysis identified attitudes (OR=37; p=0.016) and knowledge (OR=12; p=0.033) as the most meaningful independent variables, while the other variables served as confounding. The dominance of these two variables is consistent with

the theory of behavior change that places attitudes and knowledge as the main predictors of health actions. The practical implication is that PHBS interventions in the Margamulya Health Center area should be prioritized on a behavior change communication approach that simultaneously forms positive attitudes and strengthens knowledge, rather than solely focusing on providing facilities or improving accessibility.

## Conclusion

The analysis showed that there was a relationship between knowledge, attitudes, household income, health counseling, household support and community leader support and household PHBS in the Margamulya Health Center area of Bekasi City. The dominant variable related to PHBS behavior is attitude. Attitude is the dominant variable related to PHBS in the Margamulya Bekasi Health Center area with an OR of 37,204 which means that the positive attitude of residents will have the opportunity to increase PHBS more than 37 times.

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