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Analysis of the Nutritional Status and Health of the Worker Based on the Level of Knowledge and Healthy Clean Living Behavior

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ABSTRACT

Introduction: Problems with nutritional and health status can arise due to a lack of implementation of clean and healthy living behavior (PHBS) among workers. Even though there are guidelines to improve PHBS, achievements are still low in several regions in Indonesia, including Banten province. Therefore, research was conducted to evaluate the relationship between knowledge of clean and healthy living behavior and workers' nutritional and health status at a construction company. This research aims to determine the relationship between clean and healthy living behavior and the nutritional status and health of workers in a construction company.

Methods: The research design is descriptive qualitative. The sampling technique is Simple Random Sampling. The sample in this study amounted to 199 people. Data analysis in this study used the Chi-Square Test.

Results: This research showed that 0.5% of respondents knew about clean and healthy living behavior (PHBS) in the poor category, 92% in the sufficient category, and 7.5% in the excellent category. It was found that 6% of respondents were in the undernourished status category, 54.3% in the good nutritional status category, and 39.7% of respondents in the overnourished status category. Regarding health status, the results showed that 85.4% of respondents were in the sick category, and 14.6% were in the healthy category.

Conclusion: Statistical analysis shows a significant relationship between clean and healthy living behavior and nutritional and health status.

Keywords: *Clean and Healthy Living Behavior, Nutritional Status, Health Status, Labor.*

INTRODUCTION

Nutritional status problems can arise due to a lack of implementation of Clean and Healthy Living Behavior (PHBS) among workers. Some workers know they are experiencing problems with nutritional status, and some are unaware of it. Clean and Healthy Living Behavior (PHBS) is something every worker should implement because health benefits are essential. Concentration in work and activities certainly requires health and is related to the nutritional status of workers. Creating a Clean and Healthy Living Behavior (PHBS) is quite easy and cheap compared to the costs spent on treatment (Nurhayati, 2015).

The Minister of Health of the Republic of Indonesia created Guidelines for the Development of Clean and Healthy Living Behavior as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number: 2669/ MENKES/PER/XI/2011 which regulates the

improvement of Clean and Healthy Living Behavior (PHBS) throughout Indonesia by referring to management patterns. PHBS. These guidelines were formed to empower, maintain, improve, and protect public health. So that the community, including workers, is aware, willing, and able to independently and actively improve their nutritional and health status.

Community empowerment must start from the family because a healthy family is a capital for the future, whose health needs to be maintained, improved, and protected. Moreover, workers are the backbone of the family. Workers, as the backbone of the family themselves, are vulnerable to infectious and non-communicable diseases; therefore, to prevent these diseases, family members and workers need to be empowered to implement Clean and Healthy Living Behavior. Clean and Healthy Living Behavior is an indicator in assessing the performance of district or city governments in the health sector. Based on the 2014 Performance Accountability Report of the Ministry of Health of the Republic of Indonesia, the target for households with PHBS is 70%. Of the government's target of 70%, Banten province's achievement in 2017 was still below the standard, namely 42.5% (Sulistriarini & Hargono, 2018).

Several studies have been carried out to obtain the health status of every country in the world. One of the studies conducted in Indonesia was regarding the lifestyle of Indonesian people; the results show that Indonesia currently has a score of 55 out of 100. This result places Indonesia at the lowest level compared to 15 other countries.

In 2015 - 2019, the Ministry of Health had objectives, including improving the public health status and increasing the responsiveness and protection of the community against social and financial risks in the health sector. This improvement in health status is carried out in all life cycles, namely in infants, toddlers, school-age children, adolescents, working-age groups, mothers, and the elderly group (Banten et al., 2017)

However, based on the Strategic Plan of the Banten Provincial Health Service for 2017 - 2022, the public health status is still low, marked by the still high Infant Mortality Rate (IMR) and Maternal Mortality Rate (AKI), and there are still health service facilities and infrastructure and human resources. health issues are still wide between regencies/cities in the Banten Province region.4

Based on the description of the problem above, this research aims to determine the relationship between the level of knowledge of clean and healthy living behavior and the nutritional status and health status of workers at PT. Krakatau Steel Construction for Cilegon City in 2022.

The research problem in this research includes:

1. What is the level of knowledge of clean and healthy living behavior among the workforce at PT. Krakatau Steel Construction in Cilegon City in 2022 about nutritional status?
2. What is the level of knowledge of clean and healthy living behavior among the workforce at PT. Krakatau Steel Construction of Cilegon City in 2022 about health status?
3. What is the level of knowledge of clean and healthy living behavior among the workforce at PT. Krakatau Steel Construction of Cilegon City in 2022 concerning nutritional and health status?

MATERIALS & METHODS

In carrying out this research, researchers used quantitative descriptive methods. This research was conducted at PT. Krakatau Baja Construction Cilegon City by distributing questionnaires to workers in August 2022

The population in this study was all employees of PT. Krakatau Steel Construction of Cilegon City, totaling 398 people

Data collection Primary data is obtained directly from research subjects through observation, interviews, and questionnaires. This research uses a questionnaire that has been tested for validity and reliability. The author conducted the validity test by testing

the questionnaire on 20 respondents. The validity test step must be compared with the r table, which shows that the r table for 20 respondents with a significance level of 0.1 is 0.561. So, the question item is valid if r count > r table. The reliability test in this study used Cronbach's alpha, which the questionnaire was declared reliable, namely having $\alpha > 0.6$. Meanwhile, data processing was carried out using univariate analysis with the help of spps. In addition, this research has passed the ethical test at the Universitas Kristen Indonesia by The Ethics Review Committee with number 03/Etik Penelitian/FKUKI/2024.

Research Criteria

Inclusion Criteria

The active workforce of PT. Krakatau Baja Construction Cilegon City in 2022 who are willing to be respondents and have filled out informed consent.

Exclusion Criteria

a. Not PT workers. Krakatau Steel Construction for Cilegon City in 2022.
b. Not willing to be a respondent

Research Procedure

1. *Preparation*

Prepare the instruments you need to bring when searching for samples:

a. Informed consent sheet.
b. Questionnaire sheet.

2. *Sample Search*

a. Researchers visited PT workers. Krakatau Steel Construction for Cilegon City in 2022.
b. The researcher explained and asked for research permission from the workforce.
c. Researchers ensure that workers sign the informed consent form.
d. The researcher explains filling out the questionnaire.
e. Respondents fill out a questionnaire sheet.

3. *Sampling Respondents*

The researcher takes the questionnaire sheet if all the questions have been filled in by the respondent.

4. *Note-taking*

In this research, recording was carried out to record all data collection results, starting from the sample search process to taking respondent samples. Recording was carried out using a note sheet which included information about the date, location, number of respondents taken, as well as the results of the questionnaire from each respondent. Apart from that, notes also include information about obstacles faced during the data collection process, such as difficulties in understanding questions from respondents or the presence of external factors that interfere with the data collection process. All recorded data will be used as analysis material in this research.

5. Data collection

How to Collect Data

The data used in this research is primary data. Primary data is data obtained directly from research subjects through observation, interviews and using questionnaires. This research uses a questionnaire that has been tested for validity and reliability.

a. *Validity test*

Validity is a measure that can show the level of suitability of an instrument. Validity testing is carried out with the aim of measuring the questions contained in the questionnaire, so that you can find out whether each question is valid or not. The validity test carried out by the author was by testing the questionnaire on 20 respondents. The validity test step must be compared with the r table, which can be seen that the r table for 20 respondents with a significance level of 0.1 is 0.561. So, the question item is said to be valid if r count > r table.[18]

b. *Reliability Test*

An instrument is trustworthy enough to use because the instrument is good. Reliability testing is used to see the consistency of an instrument. Before the questionnaire is distributed, a reliability test is first carried out to test the suitability of the questionnaire, so that it can be used to achieve the expected research objectives. The reliability test in this study used Cronbach's alpha, that the questionnaire was declared reliable, namely having $\alpha > 0.6$. To carry out a reliability test, it is then carried out using the Statistical Package for the Social Sciences (SPSS)

computer application program. After being declared reliable, the questionnaire was then distributed to actual respondents who were then analyzed using the Statistical Package for the Social Sciences (SPSS) computer application.[18]

Data Collection Instrument

The instrument used in this research is a questionnaire containing questions regarding knowledge about Clean and Healthy Living Behavior, monitoring Nutritional Status and Health Status.

a. Data Collection Techniques

The technique used in collecting data is by filling out a questionnaire. Filling out the questionnaire is used to obtain written information from respondents.

b. Data Processing

Data processing in this research is processed through 4 stages, namely:

Editing

Activities that check whether data is complete and relevant.

Coding

After editing the data, the author carried out a classification, providing a data code for each number on the questionnaire, making it easier for the author to analyze the data.

Processing

Entering data, calculating data and storing data using the SPSS (Statistical Package for the Social Sciences) computer program.

Cleaning

The process of checking the data that has been entered again so that the data is ready to be processed and analyzed.

Data Analysis: The data obtained will be processed using the SPSS (Statistical Package for the Social Sciences) statistical software program and data analysis will be carried out, namely multivariate analysis. Multivariate analysis is a method of processing more than two variables or a large number of variables, with the aim of finding the influence of these variables on an object simultaneously. This analysis is used to determine the influence of the level of knowledge of Clean and Healthy Living Behavior on the Nutritional Status and Health Status of Workers at PT. Krakatau Steel Construction for Cilegon City in 2022.

RESULT AND DISCUSSION

Research on workers at PT. Krakatau Steel Construction for Cilegon City is based on gender-based height and weight, as contained in Table 1 and Table 2 below.

Table 1. Respondent Data Based on Gender

		Frequency	*Percent*	*Valid* (%)	*Cumulative* (%)
Valid	**Male**	121	60.8	60.8	60.8
	Female	78	39.2	39.2	100.0
	Total	199	100.0	100.0	

Based on the results of this research, the workforce at PT. Krakatau Baja Construction in Cilegon City in 2022 will have more men than women. Amounting to 60.8%, totaling 121 people out of 199. There are 39.2%, with 78 people being female.

Table 2. Data Description based on Height and Weight

		Weight	**Height**
N	**Valid**	199	199
	Missing	0	0
Mean		67.35	164.79
Median		65.00	166.00
Mode		68	165
Std. Deviation		16.804	7.962
Variance		282.371	63.400
Minimum		38	145
Maximum		120	183
Sum		13403	32793

Based on the research results, the average body height is 164.79 cm, while the average body weight is 67.35 kg. The shortest worker's height is 145 cm, while the tallest is 183 cm. The lightest worker weighs 38 kg, and the heaviest is 120 kg.

Clean and Healthy Living Behavior

Table 2. Results of Analysis of Clean and Healthy Living Behavior

		Frequency	*Percent*	*Valid* (%)	*Cumulative* (%)
Valid	Not enough	1	.5	.5	.5
	Enough	183	92.0	92.0	92.5
	Good	15	7.5	7.5	100.0
	Total	199	100.0	100.0	

Based on the results of this research, the workforce at PT. Krakatau Steel Construction in Cilegon City has less than one person in the criteria with a percentage of 0.5%. There were 183 people with a percentage of 92%, and good criteria were 15 people with a percentage of 7.5%.

Nutritional Status

Table 3. Results of Analysis of Nutritional Status

		Nutritional Status
N	Valid	199
	Missing	0
Mean		24.6634
Median		24.0900
Mode		18.73[a]
Std. Deviation		5.16687
Variance		26.697
Range		27.00
Minimum		15.52
Maximum		42.52
Sum		4908.01

a. *Multiple modes exist. The smallest value is shown*

Based on the results of this research, PT workers' nutritional status was obtained. Krakatau Baja Construction in Cilegon City has an average nutritional status of 24.66, so the nutritional status is good. The standard deviation value is 5.16687. The minimum nutritional status value is 15.52 and includes underweight, and the maximum nutritional status value is 42.52, including level 3 obesity.

Table 4. Nutritional Status of PT Krakatau Baja Kontruksi Workers in 2022

		N	*Percent*	*Valid* (%)	*Cumulative* (%)
Valid	Malnutrition	12	6.0	6.0	6.0
	Good Nutrition	108	54.3	54.3	60.3
	More Nutrition	79	39.7	39.7	100.0
	Total	199	100.0	100.0	

Based on the results of this research, the nutritional status of workers at PT. Krakatau Baja Construction in Cilegon City in 2022 has the highest number of people with good nutrition at 54.3%, with 108 people out of 199 people. Overnutrition was in second place at 39.7% with 79 people. And malnutrition was the lowest, namely 6%, as many as 12 people.

Nutritional Status by Gender

Table 5. Results of Analysis of Nutritional Status by Gender

			Gender		Total
			Male	Female	
Nutritional Status	Malnutrition	Count	6	6	12
		Percent	4.96%	7.69%	6.03%
	Good Nutrition	Count	64	44	108
		Percent	52,89%	56.41%	54.27%
	More Nutrition	Count	51	28	79
		Percent	42.15%	35.9%	39.7%
Total		Count	121	78	199
		Percent	100%	100%	100%

In the table above, the malnutrition status of men is 6 people out of 121 people with 4.96% and women are 6 people out of 78 people with a percentage of 7.69%. There were 64 men out of 121 people with good nutrition with a percentage of 52.89% and 44 women with a percentage of 56.41%. There were 51 men with overnutrition with a percentage of 42.15% and 28 women with a percentage of 35.9%

Health Status

Table 6. Results of Analysis of Worker Health Status

		Frequency	*Percent*	*Valid* (%)	*Cumulative* (%)
Valid	Healthy	29	14.6	14.6	14.6
	Sick	170	85.4	85.4	100.0
	Total	199	100.0	100.0	

Based on the research results above, the health status of workers at PT. Krakatau Baja Construction in Cilegon City in 2022 will have a healthy health status of 29 people with 14.6% and 170 sick people with a percentage of 85.4%.

Analysis of the relationship between variables was carried out using bivariate analysis as explained below:

Relationship Between Clean and Healthy Lifestyles and Nutritional Status

Table 7.Results of Bivariate Analysis of the Relationship Between Clean and Healthy Lifestyles and Nutritional Status

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	80.082[a]	36	.000
Likelihood Ratio	82.232	36	.000
Linear-by-Linear Association	.502	1	.479
N of Valid Cases	199		

Forty-one cells (71.9%) have an expected count of less than 5. The minimum expected count is .06.

From the results of the analysis, the Asymp value is obtained. Sig is 0.00 < 0.05, so it can be concluded that there is a significant relationship between clean and healthy living behavior and nutritional status. This can also be interpreted that a person's nutritional status is correlated with a clean and healthy lifestyle.

The Relationship between a Clean and Healthy Lifestyle and Health Status

Table 8. Results of Bivariate Analysis of the Relationship between Clean and Healthy Lifestyles and Health Status

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	31.514[a]	18	.025
Likelihood Ratio	36.035	18	.007
Linear-by-Linear Association	1.851	1	.174
N of Valid Cases	199		

a. 26 cells (68.4%) have expected count less than 5. The minimum expected count is .15.

From the results of the analysis, the Asymp value is obtained. Sig is 0.025 < 0.05, so it can be concluded that there is a significant relationship between clean and healthy living behavior and health status. This can also be interpreted that a person's health status is correlated with a clean and healthy lifestyle

Relationship between Clean and Healthy Living Patterns with Nutritional Status and Health Status

Table 9. Results of Multivariate Analysis of the Relationship between Clean and Healthy Living Patterns (PHBS) with Nutritional Status and Health Status

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	**Nutritional Status**	12.0[a]	18	.669	2.133	.006
	Health Status	3.9[b]	18	.218	1.882	.020
Intercept	**Nutritional Status**	366.5	1	366.5	1169.6	.000
	Health Status	53.101	1	53.1	458.4	.000
PHBS	**Nutritional Status**	12.0	18	.6	2.1	.006
	Health Status	3.9	18	.218	1.8	.020
Error	**Nutritional Status**	56.4	180	.313		
	Health Status	20.8	180	.116		
Total	**Nutritional Status**	1155.0	199			
	Health Status	170.0	199			
Corrected Total	**Nutritional Status**	68.4	198			
	Health Status	24.7	198			

a. R Squared = ,176 (Adjusted R Squared = ,093)

b. R Squared = ,158 (Adjusted R Squared = ,074)

DISCUSSION

All questionnaire statement items used in this research have been declared valid and reliable for data collection. Respondents in research conducted on workers at PT. Krakatau Baja Construction in Cilegon City in 2022 will have more men than women. 60.8%, with 121 out of 199 people being men. There were 39.2% or 78 respondents who were female. Meanwhile, the average height of the research respondents was 164.79 cm, while the average body weight was 67.35 kg. The shortest worker's height is 145 cm, while the tallest is 183 cm. The weight of the lightest worker is 38 kg, and the weight of the heaviest worker is 120 kg.

The excellent nutrition possessed by 54.3% of respondents can be influenced by their clean and healthy living behavior, food consumption, and eating habits. 10 Based on the results of this research, the nutritional status of workers at PT. Krakatau Baja Construction in Cilegon City in 2022 has the highest number of people with good nutrition at 54.3%, with 108 out of 199 people. Overnutrition was in second place at 39.7% with 79 people, a fairly large percentage of respondents where respondents had excess nutritional content in their bodies than they should. And malnutrition was the lowest, namely 6%, as many as 12 people. The majority of respondents, 54.3%, have good nutrition; this means that most respondents have had their nutritional needs met because they have a balanced nutritional intake. 11 Meanwhile, 6% of respondents who have malnutrition or undernutrition are in a small percentage but still need attention.

Malnutrition itself can be divided into two, namely severe levels of underweight (malnutrition, BMI <17) in as many as seven people with a percentage of 3.5% and mild levels of underweight (malnutrition, BMI 17-18.4) in as many as five people with percentage 2.5%. As many as 6% of respondents in this study were malnourished or had a body weight that was less than heavy to light. There were 107 people with good nutritional status, with a percentage of 53.8% (normal nutrition, BMI 18.5 – 24.9). This means that in this study, most respondents, or 53.8%, had good nutrition with an

appropriate or average body weight. Over nutritional status (over nutrition, BMI 25 – 29.9) was 62 people with a percentage of 31.2%. This shows that as many as 31.2% of respondents need improvements in their clean and healthy living behavior to reduce their weight to the standard category. The nutritional status of obesity (obesity, BMI >30) was 18 people, a percentage of 9%. As many as 9% of respondents in this study needed many changes in their diet, the food they consumed, and even their clean and healthy living behavior because they were overweight or obese. Obesity or being overweight can affect daily life, especially productivity at work.

Three main factors can influence clean and healthy living behavior, namely the predisposing factor, where the knowledge and attitudes of individuals involved in clean and healthy living behavior, the second is the enabling factor, where health facilities and infrastructure are involved; and the last is the reinforcing factor where regulations applicable and well-known figures are involved in it. The work environment can also influence an individual's clean and healthy living behavior, where a clean workplace with a healthy environment will help workers avoid disease and help increase work productivity (Sitasari et al., 2022). Clean and healthy living behavior is very important. important to apply in everyday life to help support individual health. Clean and healthy living behavior that is well implemented can improve an individual's level of health and prevent individuals from contracting disease (Sunardi & Kriswanto, 2020). Based on the results of this research, it was found that 0.5% or one respondent had clean and healthy living behavior in the poor category, as many as 92 % or as many as 183 people who have clean and healthy living behavior in the fair category, and as many as 7.5% or 15 people who have clean and healthy living behavior in the excellent category. The majority of respondents in this study, 92%, had clean and healthy living behavior in the sufficient category. This means that support is needed from factors that influence clean and healthy living behavior so that respondents can achieve a good category in clean and healthy living behavior. Not all individuals who have high knowledge of health and clean and healthy living behavior apply correct and good clean and healthy living behavior in their lives (Fadillah & Krismayanti, 2021).

Malnutrition status among male respondents was found to be 6 out of 121 people, with a percentage of 4.96%; for women, it was 6 out of 78 people, with a percentage of 7.69%. It can be seen that more women than men were malnourished in this study. Good nutrition among male respondents was 64 out of 121 people, with a percentage of 52.89%, and 44 women had a percentage of 56.41%. It can be seen that women dominate good nutrition in this study, but the percentage of good nutrition in men also remains at the highest. Hence, most male and female respondents in this study have good nutrition. There were 51 male respondents, 42.15%, and 28 female respondents, with a percentage of 35.9%. In this study, male respondents experienced more excess nutrition, which affected body weight, where 42.15% of male respondents were in the overweight to obese category. The results of this study are by the research that has been conducted previously, where in a study entitled "Factors that Influence the Incidence of Obesity in Adolescents," it was found that 83.3% more men were obese compared to women (Kurdanti et al., 2015).

According to this research, it was also concluded that men tend to have a greater possibility of suffering from obesity or being overweight compared to women because of their habit of relaxing in their free time. 21 Meanwhile, previous research entitled "The Relationship between Diet, Physical Activity, Attitudes and Knowledge Regarding Obesity and the nutritional status of civil servants at the East Java Provincial Health Office it was concluded that men tend to experience excess nutrition or obesity because they consume more rice than women, namely three times a day (Yuniar, et al., 2020).

Workforce health at PT. Krakatau Baja Construction Cilegon City in 2022, in terms of health status (healthy), there were 29 people with a percentage of 14.6% and 170 people (sick) with a percentage of 85.4%. It can be seen that most respondents are not in good health or are sick. The percentage of 85.4% is included in the very high category where this sick or unhealthy condition will affect the respondent's work productivity.

The health status (healthy) of the male gender was 25 out of 121 people with a percentage of 20.66%, and the female gender was 4 out of 78 people with a percentage of 5.13%. More male respondents are in good health than female respondents. Health status (sick) was obtained based on male gender as many as 96 out of 121 people with a percentage of 79.34% and women as many as 74 people at 94.87%. More female respondents were sick, with a percentage difference that was not much different from male respondents. The more significant number of female respondents who are sick can be caused by women having less stamina than men. Apart from that, clean and healthy living behavior also influences the health status of respondents. More women are required to have an ideal body shape, so they have wrong perceptions about eating patterns and eating behavior, which results in women often having unhealthy eating behavior (Halawa et al., 2022).

The research results show a significant relationship between clean and healthy living behavior and nutritional status. A significant relationship exists between clean and healthy living behavior and health status. There is an influence of PHBS on nutritional status and health status simultaneously. Clean and healthy living behavior has a significant influence on nutritional status. Clean and healthy living behavior significantly influences health status.

This research is in line with previous research entitled "The Relationship Between Nutritional Behavior and Clean and Healthy Living Behavior (PHBS) and the Nutritional Status of Baduta in Cirebon Regency," where the results show that there is a significant relationship between clean and healthy living behavior on indicators. a smoke-free home environment on the nutritional status of toddlers (Yuniar, 2020). This research is also in line with previous research entitled "Clean and Healthy Living Behavior (PHBS) and Balanced Nutritional Behavior of Mothers with the Nutritional Status and Health of Toddlers in Bojonegoro Regency, East Java," where there is a significant relationship and positive correlation between clean and healthy living behavior and nutritional status. 26 This research is also in line with previous research entitled "Clean and Healthy Living Behavior and Nutritional Status of Female Students in Islamic Boarding Schools", where there is a significant relationship between attitude PHBS and the nutritional status of female students in Islamic boarding school (Damayanti, 2020). The significant relationship between PHBS and nutritional status shows that there is also a significant relationship between PHBS and health status.

CONCLUSION

Based on research conducted on workers at PT. Krakatau Baja Construction Cilegon City in 2022 regarding the relationship between Clean and Healthy Living Behavior and health status and nutritional status, the following conclusions can be drawn:

1. Based on the results of research on workers at PT. Krakatau Baja Construction Cilegon City in 2022, regarding the relationship between clean and healthy living behavior and health status and nutritional status, it was found that the percentage was 0.5% or one respondent who had clean and healthy living behavior in the poor category, 92% or 183 people who have clean and healthy living behavior in the sufficient category, and 7.5% or 15 people who have clean and healthy living behavior in the excellent category.
2. Based on the results of research on workers at PT. Krakatau Baja Construction Cilegon City in 2022, regarding the relationship between Clean

and Healthy Living Behavior and health status and nutritional status, obtained the nutritional status of workers at PT. Krakatau Baja Construction in Cilegon City in 2022 has the highest number of people with good nutrition at 54.3%, with 108 out of 199 people. Overnutrition was in second place at 39.7% with 79 people, and undernutrition was the lowest at 6% with 12 people.

3. Based on the results of the bivariate analysis carried out by carrying out the chi-square test, the significance value obtained was 0.025 <0.05, so it can be concluded that there is a significant relationship between clean and healthy living behavior and health status.
4. Based on the results of the bivariate analysis carried out by carrying out the chi-square test, a significance value of 0.00 < 0.05 was obtained, so it can be concluded that there is a significant relationship between clean and healthy living behavior and nutritional status.
5. Based on the results of the multivariate analysis, the significance value obtained was 0.001 < 0.05; this value is less than 0.05, so it can be concluded that PHBS simultaneously influences nutritional and health status.
6. Based on the results of the multivariate analysis, the significance value obtained was 0.006 <0.05; this value is less than 0.05, so it can be concluded that clean and healthy living behavior significantly influences nutritional status.
7. Based on the results of the multivariate analysis, the significance value obtained was 0.020 <0.05; this value is less than 0.05, so it can be concluded that clean and healthy living behavior significantly influences health status.

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Conflict Of Interest: The authors declare no conflict of interest.

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