

Value-Based Health Education Interventions and PHBS Change: A Qualitative Study

Dian Meiliani Yulis*

^a Department of Health Promotion, Universitas Megarezky, South Sulawesi, Indonesia

Received: 2026-01-01

Revised: 2026-02-02

Accepted: 2026-03-30

Published: 2026-04-02

ABSTRACT

Introduction: Clean and Healthy Living Behavior (PHBS) is a fundamental component of public health promotion aimed at preventing environmentally related diseases. In Kecamatan Baguala, Ambon, the inconsistent implementation of PHBS indicates a gap between knowledge, attitudes, and actual practices. This study aimed to analyze the effectiveness of value-based health education interventions in improving PHBS among community members.

Methods: A qualitative descriptive design was employed from August 2024 to January 2025. Participants were selected using purposive sampling, including health cadres, community leaders, homemakers, and general residents. Data were collected through in-depth interviews, participant observation, focus group discussions, and document analysis. Thematic analysis was conducted using data reduction, data display, and conclusion verification procedures. Triangulation ensured credibility and data saturation.

Results: Findings revealed that baseline PHBS knowledge was superficial, attitudes were generally positive but inconsistently practised, and behavioral implementation was influenced by cultural habits and structural limitations. The value-based intervention enhanced awareness, strengthened intrinsic motivation, and promoted gradual behavioural improvements in handwashing, sanitation, and household hygiene management.

Conclusion: Value-based health education effectively improved cognitive, motivational, and social dimensions of PHBS. Sustainable implementation, however, requires integrated support involving infrastructure, community engagement, and policy reinforcement.

Keywords: behavioral change; community health; health education; public health promotion; sanitation behavior.



*Correspondence: Department of Health Promotion, Universitas Megarezky, South Sulawesi, Indonesia
Email: dianmeilianiylis@gmail.com



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

Clean and Healthy Living Behavior constitutes a strategic pillar in public health promotion, particularly in preventing communicable and environmentally related diseases (Akter et al., 2026). Behavioral determinants, including hygiene practices, sanitation management, safe water utilization, and healthy lifestyle adoption, strongly influence sustainable health improvement (Ansari et al., 2024). In many semi-urban and coastal communities, inadequate implementation of PHBS remains a major contributor to preventable illnesses such as diarrhoea, skin infections, and upper respiratory tract infections. These conditions indicate that public health challenges are not merely biomedical in nature but are closely associated with behavioral and socio-environmental factors (Caliciuri & Lanz, 2026).

In Kecamatan Baguala, Ambon City, several health issues linked to environmental hygiene and sanitation persist. Although community members generally acknowledge the importance of cleanliness, actual implementation of PHBS remains inconsistent (Chen et al., 2025). Preliminary findings indicate that knowledge of PHBS is often superficial, attitudes are positive but not consistently translated into practice, and structural limitations, such as limited sanitation facilities, economic constraints, and entrenched social norms, hinder sustained behavioural adoption. This discrepancy between awareness and real-life implementation reflects a behavioral gap that conventional health campaigns have not fully addressed (Dai et al., 2025).

Existing health education interventions have demonstrated effectiveness in improving specific hygiene behaviors, particularly in school-based or institution-based settings (Edo et al., 2025). However, most prior studies focus on single behavioural dimensions (e.g., handwashing) or on specific population groups, such as students and adolescents (Gould et al., 2025). Limited research examines comprehensive PHBS implementation at the broader community level, especially in culturally diverse and semi-urban contexts such as Kecamatan Baguala. Furthermore, many interventions emphasise information dissemination rather than the internalisation of health values, which shape long-term behavioural commitment (Guo et al., 2025).

This situation reveals a significant research gap. First, there is insufficient empirical evidence regarding the effectiveness of value-based health education interventions targeting entire community ecosystems rather than isolated groups (Hsiao & Lee, 2026). Second, previous studies often measure knowledge improvement without thoroughly analysing the internal (motivation, cultural values, perceived control) and external (infrastructure, social support, policy environment) determinants of sustainable behaviour change (Liao et al., 2025). Third, few studies integrate behavioral and ecological theoretical perspectives to explain how educational interventions translate into enduring PHBS practices (Marchi et al., 2025).

The novelty of this study lies in its emphasis on value-based health education as a transformative mechanism for behavioral change. Rather than solely transmitting information, the intervention is designed to internalize health-related values within social and cultural contexts (Momenpour & Choobchian, 2024). Additionally, this research adopts a community-wide scope, examining PHBS across diverse demographic groups within a single locality. It also applies a multilevel analytical approach that considers behavioral, social, and environmental determinants simultaneously. By combining value internalization, community engagement, and theoretical integration, this study offers a more holistic framework for understanding and strengthening PHBS implementation in semi-urban communities. Through this integrative approach, the research contributes to public health literature by shifting the focus from short-term knowledge acquisition to sustainable behavioral transformation grounded in community values and ecological realities.

RESEARCH METHODOLOGY

Research Design

This study employed a qualitative, descriptive-analytical design to explore and analyse the implementation of value-based health education interventions and their influence on Clean and

Healthy Living Behaviour (PHBS) in Kecamatan Baguala, Ambon. A qualitative approach was selected to gain an in-depth understanding of participants' experiences, perceptions, and behavioral transformations within their natural social context. The design allows for a comprehensive understanding of how health education values are internalised and translated into daily practices.

Study Setting and Period

The research was conducted in Kecamatan Baguala, Ambon City, Maluku Province, Indonesia. This semi-urban area represents a community with diverse socio-cultural backgrounds and environmental health challenges. Data collection was carried out from August 2024 to January 2025.

Participants and Sampling Technique

Participants were selected through purposive sampling to ensure that informants had relevant knowledge and experience in PHBS implementation and health education activities. The study involved two categories of informants: Key Informants: community health cadres, community leaders, and homemakers who play central roles in household hygiene practices. Supporting Informants: general community members, including individuals with limited exposure to formal health education, as well as vulnerable groups such as elderly residents. Participant selection continued until data saturation was achieved, at which point no new significant themes emerged from additional interviews.

Data Collection Techniques

Data were collected using multiple qualitative techniques to ensure depth and credibility: In-depth Interviews: Semi-structured interviews were conducted to explore participants' knowledge, attitudes, experiences, and perceptions regarding PHBS and value-based health education interventions. Participant Observation: Direct observation was carried out to examine real-life hygiene practices, environmental sanitation conditions, and community engagement in health activities. Focus Group Discussions (FGDs): FGDs were conducted to capture collective perspectives, shared norms, and community-level interpretations of PHBS implementation. Document Analysis: Relevant documents, including health program reports, educational materials, local health policies, and campaign records, were reviewed to complement the primary data.

Research Instruments

In qualitative research, the researcher functioned as the primary instrument responsible for data collection, interpretation, and analysis. Supporting instruments included an interview guide, observation checklist, field notes, audio recording devices, and documentation tools.

Data Analysis

Data analysis followed an inductive thematic approach. The process consisted of: Data Reduction: Organizing, coding, and categorizing relevant information obtained from interviews, observations, and documents. Data Display: Presenting data in narrative form and thematic matrices to identify patterns and relationships. Conclusion Drawing and Verification: Interpreting emerging themes and verifying findings through continuous comparison and triangulation. Thematic analysis focused on identifying patterns related to knowledge transformation, attitude shifts, behavioral implementation, and supporting or inhibiting factors influencing PHBS adoption.

Trustworthiness and Validity

To ensure credibility and rigour, triangulation techniques were applied, including Source Triangulation, which compares information from different informants. Method Triangulation: Cross-checking findings from interviews, observations, FGDs, and documents. Time Triangulation**: Collecting data at different times to assess consistency of behavior. Member checking and peer debriefing were also conducted to enhance the validity and reliability of interpretations.

Ethical Considerations

Ethical approval was obtained from the relevant institutional authority. Participants were informed about the study objectives and procedures, and written informed consent was secured

before data collection. Confidentiality, anonymity, and voluntary participation were strictly maintained throughout the research process.

RESULTS

This section presents the study's findings on the implementation of value-based health education interventions and their influence on Clean and Healthy Living Behaviour (PHBS) in Kecamatan Baguala. The results are organised into key thematic areas, including the community's baseline knowledge, attitudes, and practices, as well as internal and external factors influencing behavioural change. The findings are derived from in-depth interviews, participant observations, focus group discussions, and document analysis, ensuring a comprehensive and triangulated understanding of the phenomenon under study.

Thematic Analysis Summary

The thematic analysis generated several major themes reflecting the community's experiences, perceptions, and behavioral changes related to value-based health education interventions and PHBS implementation in Kecamatan Baguala. The summary of themes, sub-themes, key findings, and interpretations is presented in the table below.

Major Theme	Sub-Themes	Key Findings	Interpretation
Baseline Knowledge of PHBS	Limited conceptual understanding; Misconceptions about hygiene practices	Most participants were familiar with the term PHBS but lacked detailed knowledge of its components. Handwashing was often performed without soap, and critical times were not consistently recognized.	Knowledge was superficial and fragmented, indicating a need for structured, value-based educational reinforcement.
Attitudes Toward Clean and Healthy Living	Positive attitudes; Perceived importance of cleanliness	Participants generally agreed that clean living is important for health and family well-being.	Although attitudes were positive, they were not consistently translated into sustained behavioral practice.
Behavioral Practices Before Intervention	Inconsistent hygiene practices; Environmental sanitation challenges	Irregular handwashing with soap, improper waste disposal, and inconsistent latrine use were observed.	A clear gap existed between awareness and actual practice, influenced by contextual constraints.
Internal Influencing Factors	Motivation; Cultural habits; Perceived behavioral control	Individual motivation varied. Some traditional habits conflicted with recommended PHBS practices. Self-efficacy influenced behavior adoption.	Internal psychological and cultural dimensions played a crucial role in determining behavioral consistency.
External Influencing Factors	Infrastructure limitations; Economic constraints; Social support	Limited access to sanitation facilities, financial barriers, and inconsistent community support affected implementation.	Environmental and structural determinants significantly moderated behavioral change outcomes.
Community Response to Value-Based Intervention	Increased awareness; Collective reflection; Engagement in activities	Participants reported improved understanding after counseling, training, and group discussions. Community members became more actively involved.	Value internalisation fostered stronger commitment than information-only approaches.
Behavioral Changes After Intervention	Improved handwashing practices; Better waste management; Increased use of proper sanitation	Observations indicated more consistent hygiene behavior and increased health discussions within families.	The intervention contributed to gradual but observable behavioral transformation.

Overall, the thematic analysis demonstrates that value-based health education interventions influenced not only cognitive understanding but also motivational and social dimensions of PHBS adoption. The interaction between internal values and external environmental conditions shaped behavioral changes.

Theme 1: Limited Baseline Knowledge of PHBS

Sub-themes:

Superficial understanding of PHBS components

Misconceptions about handwashing practices

Participants generally recognized the importance of cleanliness but lacked a detailed understanding of PHBS standards.

"I know washing hands is important, but I didn't know there are specific times when it must be done, especially with soap." (Housewife, 38 years old)

This theme indicates fragmented knowledge and limited awareness of critical hygiene practices.

Theme 2: Positive Attitudes but Inconsistent Implementation

Sub-themes:

Agreement on the importance of clean living

Practical barriers to consistent behavior

Most participants expressed positive attitudes toward PHBS but admitted difficulties in consistent application.

"We understand that living clean is good for our health, but sometimes there are no proper facilities to support it." (Community Leader, 45 years old)

This demonstrates a gap between attitude and behavioral execution.

Theme 3: Environmental and Structural Constraints

Sub-themes:

Limited sanitation facilities

Economic barriers

Waste management challenges

Observations confirmed inadequate infrastructure and irregular sanitation practices.

"Sometimes we don't have soap at home. If there is only water, we just use water." (Resident, 30 years old)

External conditions significantly influenced behavioral consistency.

Theme 4: Cultural and Motivational Influences

Sub-themes:

Habitual practices

Role of family norms

Self-efficacy in adopting new behaviors

Traditional habits and social norms shaped hygiene behaviors within households.

"We have been used to doing it this way for years, so changing habits takes time." (Elderly participant)

Internal values and confidence levels affected adoption of recommended behaviors.

Theme 5: Increased Awareness through Value-Based Intervention

Sub-themes:

Reflection on personal responsibility

Active participation in counseling and training

After the intervention, participants demonstrated improved conceptual understanding and engagement.

"After the training, I realized that clean living is not just about myself but about protecting my *family*." (Housewife, 41 years old)

The intervention promoted value internalization rather than mere information acquisition.

Theme 6: Gradual Behavioral Transformation

Sub-themes:

Improved handwashing practices

Better waste disposal habits

Increased family discussions about health

Observational data indicated more consistent hygiene behaviors following the intervention.

"Now we try always to provide soap near the water container so everyone remembers to use it." (Health Cadre)

Behavioral change appeared progressive and socially reinforced.

Data saturation was reached after multiple interview rounds and FGDs when no additional themes or significant variations emerged. Recurrent patterns across community leaders, health cadres, homemakers, and general residents confirmed thematic stability. Triangulation across interviews, observations, and document review further validated the consistency of findings. Overall, the thematic analysis reveals that value-based health education interventions contributed to cognitive, motivational, and behavioral improvements in PHBS implementation, although sustainability remains influenced by structural and socio-cultural determinants.

DISCUSSION

This study examined the effectiveness of value-based health education interventions in improving Clean and Healthy Living Behavior (PHBS) in Kecamatan Baguala, Ambon. The findings reveal that behavioral transformation is a multidimensional process influenced by cognitive understanding, motivational readiness, socio-cultural norms, and environmental constraints. The discussion interprets these findings in relation to behavioral theories and previous empirical studies.

First, the results indicate that baseline knowledge regarding PHBS among community members was generally superficial and fragmented (Ning et al., 2026). Although participants recognized the importance of cleanliness, they lacked a detailed understanding of critical hygiene practices, such as handwashing with soap at specific times. This finding aligns with the Knowledge-Attitude-Practice (KAP) framework, which suggests that awareness alone does not guarantee proper behavioral execution (Ong et al., 2024). From the perspective of the Theory of Planned Behavior (TPB), limited knowledge weakens behavioral beliefs, thereby reducing the strength of intention formation. When individuals are uncertain about the health consequences of certain behaviors, their commitment to adopting preventive practices becomes inconsistent (Ran et al., 2025).

Second, despite expressing positive attitudes toward clean and healthy living, participants admitted difficulty translating attitudes into consistent practice (Setianti et al., 2025). This discrepancy between attitude and behaviour reflects Ajzen's description of the gap between intention and perceived behavioural control. Many participants reported infrastructural barriers, including limited sanitation facilities, economic constraints on regular purchases of hygiene supplies, and inadequate waste management systems (Smyth et al., 2026). These external factors align with the ecological model of health behaviour, which emphasises that individual behaviour is embedded within environmental and policy contexts. Therefore, improving PHBS requires not only educational reinforcement but also supportive structural conditions (Striani et al., 2025).

The study further identified cultural habits and social norms as significant determinants of hygiene practices (Swierz et al., 2026). Long-standing household routines often conflicted with recommended health standards. This finding supports Rogers' Diffusion of Innovation theory,

which posits that the adoption of new practices proceeds through five stages: awareness, interest, evaluation, trial, and adoption (Tran-Thi et al., 2024). In the Baguala community, traditional habits slowed the transition from knowledge acquisition to sustained behavioral change. Behavioral modification required repeated reinforcement and social modelling to overcome entrenched patterns (Tuitert et al., 2024).

Importantly, the value-based nature of the intervention appears to have contributed to deeper internalization of health messages. Unlike conventional health campaigns that primarily focus on information dissemination, this intervention emphasized moral responsibility, family protection, and collective well-being (Yang et al., 2024). Participants reported reflecting on their role in safeguarding family health, suggesting that the intervention strengthened intrinsic motivation. From a Social Cognitive Theory perspective, enhanced self-efficacy and social reinforcement likely played a crucial role in encouraging consistent practice (Zhang et al., 2026). When individuals believe they are capable of performing a behaviour and observe supportive responses from others, they are more likely to adopt the behaviour (Zhou et al., 2026).

Observational findings demonstrated gradual improvements in handwashing practices, waste disposal habits, and household discussions about hygiene (Zhu et al., 2026). These changes indicate that behavioral transformation was not merely cognitive but also practical and relational. The integration of counseling, training, and group discussions created opportunities for collective learning and shared accountability. This supports prior research indicating that participatory and community-based education approaches are more effective than one-directional instruction. The communal nature of the intervention may have strengthened subjective norms, which are central determinants of behavioral intention in TPB.

However, the study also highlights persistent structural challenges that may limit long-term sustainability. Limited access to sanitation infrastructure and financial resources remains a barrier to full PHBS compliance. Even with improved awareness and motivation, environmental constraints can undermine behavioral consistency. This finding underscores the need to integrate educational strategies with infrastructural and policy-level interventions. Health education alone cannot fully compensate for systemic deficiencies. Achieving data saturation across multiple participant categories strengthens the credibility of these findings. Recurrent themes across health cadres, community leaders, homemakers, and general residents suggest thematic stability and consistency. Triangulation of interviews, observations, and document analysis further enhances the reliability of interpretations.

Overall, the findings suggest that value-based health education can catalyse behavioural transformation when it addresses cognitive, motivational, and social dimensions simultaneously. The intervention's strength lies in promoting internalisation of health values rather than solely increasing knowledge. Nonetheless, sustainable PHBS implementation requires multilevel support encompassing infrastructure, community leadership, and policy reinforcement. This study contributes to the public health promotion literature by demonstrating that behavioural change in semi-urban communities is not solely a matter of awareness but a complex interaction among individual intention, cultural context, social reinforcement, and structural support. Future interventions should adopt integrative frameworks that combine value internalisation, participatory engagement, and environmental improvement to advance long-term community health.

CONCLUSIONS

This study aimed to analyze the effectiveness of value-based health education interventions in improving Clean and Healthy Living Behavior (PHBS) in Kecamatan Baguala. The findings demonstrate that, before the intervention, community knowledge of PHBS was generally superficial; cultural norms shaped attitudes; structural limitations constrained positive behaviours that were inconsistently implemented; and behavioural practices. The intervention contributed to improved understanding, strengthened intrinsic motivation, and gradual behavioral changes, particularly in handwashing practices, waste management, and family-level health

discussions. Thus, value-based health education proved effective in influencing cognitive, motivational, and social dimensions of PHBS adoption.

However, sustainable behavioral transformation requires more than educational reinforcement alone. External factors such as sanitation infrastructure, access to clean water, availability of hygiene supplies, and community-level support significantly influence long-term compliance. Therefore, policy efforts should integrate value-based health education with structural improvements, including strengthened local sanitation programs, provision of affordable hygiene facilities, and active involvement of community leaders and health cadres. A multilevel intervention approach combining education, environmental support, and policy commitment is essential to ensure sustainable and community-wide PHBS implementation.

Ethical Considerations

Ethical approval for this study was obtained from the relevant institutional authority before data collection. All participants received clear information regarding the study objectives, procedures, potential risks, and their rights as research subjects. Written informed consent was obtained from each participant before interviews, observations, and focus group discussions. Participation was entirely voluntary, and participants were informed of their right to withdraw at any time without consequence. Confidentiality and anonymity were strictly maintained by using coded identifiers instead of personal names. All collected data were securely stored and used solely for academic research purposes.

Acknowledgments

The authors express sincere gratitude to the community members of Kecamatan Baguala for their participation and openness during the study. Appreciation is also extended to the local health cadres and community leaders for their support and collaboration throughout the research process. This study would not have been possible without their valuable contributions.

Authors' contributions

Dian Meiliani Yulis contributed to the study's conceptualisation, research design, data collection, data analysis, manuscript drafting, and final approval of the published version.

Conflict of interest

The authors declare that there is no conflict of interest related to this study.

References

- Akter, L., Hasan, N. A., Rahman, M., Forajy, N., & Haque, M. M. (2026). Antimicrobial resistance in shrimp aquaculture: Pathways, ecosystem risks, and policy responses. *Environmental Challenges*, 22, 101401. <https://doi.org/10.1016/j.envc.2025.101401>
- Ansari, S. A., Kumar, T., Sawarkar, R., Gobade, M., Khan, D., & Singh, L. (2024). Valorization of food waste: A comprehensive review of individual technologies for producing bio-based products. *Journal of Environmental Management*, 364, 121439. <https://doi.org/10.1016/j.jenvman.2024.121439>
- Caliciuri, R., & Lanz, M. (2026). Scientific reasoning scale in Italy: Validation studies. *Thinking Skills and Creativity*, 60, 102064. <https://doi.org/10.1016/j.tsc.2025.102064>
- Chen, G., Lim, M. K., Yeo, W. M., Zhong, C., & Li, W. (2025). Revolution or trap? Long-term diffusion of bioplastics in China: Economic losses, health benefits, and policy pathways based on a multi-module CGE-LCA model. *Journal of Environmental Management*, 393, 127056. <https://doi.org/10.1016/j.jenvman.2025.127056>
- Dai, W., Lan, Y., Wang, Y., & Xu, H. (2025). Bioplastics vs. conventional plastics: Degradation pathways, ecotoxicological impact and exposure health risks. *Journal of Environmental Chemical Engineering*, 13(6), 120397. <https://doi.org/10.1016/j.jece.2025.120397>
- Edo, G. I., Mafe, A. N., Ali, A. B. M., Akpogheli, P. O., Yousif, E., Isoje, E. F., Igbuku, U. A., Zainulabdeen, K., Owheruo, J. O., Essaghah, A. E. A., Umar, H., Ahmed, D. S., & Alamiery, A. A. (2025). Life cycle and environmental impact assessment of biopolymer-based packaging vs.

- conventional plastics in the food industry. *Materials Today Communications*, 46, 112806. <https://doi.org/10.1016/j.mtcomm.2025.112806>
- Gould, B., Tucker, D., Majdzadeh, R., & Di Cesare, M. (2025). Integrated care services: Developing strategies for integrated care - A relational content analysis. *Public Health*, 249, 106043. <https://doi.org/10.1016/j.puhe.2025.106043>
- Guo, C.-S., Phiri, D., Lee, H.-C., Lin, Y.-K., Metrado Kwa, J. A., & Chung, M.-H. (2025). Effect of bright light therapy on depression in patients with schizophrenia: A pilot study. *Journal of Psychiatric Research*, 184, 325–332. <https://doi.org/10.1016/j.jpsychires.2025.02.050>
- Hsiao, C.-C., & Lee, H.-W. (2026). Personal cancer worry and Systemic Cancer Concern: Pathways to health behaviors via social media and emotional well-being. *Computers in Human Behavior*, 178, 108918. <https://doi.org/10.1016/j.chb.2026.108918>
- Liao, J., He, W., Li, L., Wang, J., Gong, L., Zhang, Q., & Lin, Z. (2025). Mitochondria in brain diseases: Bridging structural-mechanistic insights into precision-targeted therapies. *Cell Biomaterials*, 1(2), 100016. <https://doi.org/10.1016/j.celbio.2025.100016>
- Marchi, M., Fiore, G., Bizzarri, G., Corbellini, I., Mancini, A., Riguzzi, I., Radheshi, E., Salati, R., Ferrazzi, G., Pingani, L., Galeazzi, G. M., & Ferrari, S. (2025). Biopsychosocial complexity and compulsory admission to the psychiatric ward: A retrospective observational study. *Journal of Psychosomatic Research*, 196, 112204. <https://doi.org/10.1016/j.jpsychores.2025.112204>
- Momenpour, Y., & Choobchian, S. (2024). Analyzing participatory-health behavior to counter future epidemics: Examining the impact of bystander effect. *International Journal of Disaster Risk Reduction*, 106, 104415. <https://doi.org/10.1016/j.ijdrr.2024.104415>
- Ning, C., Lei, H., Xie, W., Dong, D., & Zhang, X. (2026). Network analysis of the relationship between bullying victimization and depressive symptoms among adolescents: The protective role of resilience. *Journal of Affective Disorders*, 397, 120967. <https://doi.org/10.1016/j.jad.2025.120967>
- Ong, A., Teo, J. Y. Q., Watts, D. C., Silikas, N., Lim, J. Y. C., & Rosa, V. (2024). The global burden of plastics in oral health: prospects for circularity, sustainable materials development and practice. *RSC Sustainability*, 2(4), 881–902. <https://doi.org/10.1039/D3SU00364G>
- Ran, H., Lin, J., Feng, Q., Zhang, L., Sun, Y., Shen, Q., Zhong, F., Zhou, S., & Hou, D. (2025). The road to sustainable valorization of millet brans: Recent advances on bioactive compounds and health benefits with a focus on their potential applications. *Journal of Food Composition and Analysis*, 148, 108538. <https://doi.org/10.1016/j.jfca.2025.108538>
- Setianti, Y., Dida, S., Damayanti, T., & Priyatna, C. C. (2025). Public perception of health information, treatment beliefs, and disease in Indonesia: Effective health promotion strategies. *Social Sciences & Humanities Open*, 11, 101639. <https://doi.org/10.1016/j.ssaho.2025.101639>
- Smyth, L., Aggio-Bruce, R., Crossing, E., Lincoln, B. R., Stanojevic, V. A., Valter, K., & Webb, A. L. (2026). Embracing ambiguity: Student experiences, creativity and confidence in the context of a novel interdisciplinary undergraduate course. *Thinking Skills and Creativity*, 60, 102110. <https://doi.org/10.1016/j.tsc.2025.102110>
- Striani, R., Fico, D., Rizzo, D., Ferrari, F., Lionetto, F., & Esposito Corcione, C. (2025). Polymer-Based Materials: Focus on Sustainability and Recycled Materials for 3D Printing Application. In P. A. G. B. T.-C. G. M. (First E. Olabi (Ed.), *Comprehensive Green Materials* (pp. 86–109). Elsevier. <https://doi.org/10.1016/B978-0-443-15738-7.00046-5>
- Swierz, J., Doherty, M., Ji, S., Iliff, J., & Cho, Y. (2026). Antiseizure medication effects on sleep architecture in epilepsy: Glymphatic insights and implications for cognitive decline. *Epilepsy Research*, 220, 107730. <https://doi.org/10.1016/j.epilepsyres.2025.107730>
- Tran-Thi, A. P., Nguyen-Phuoc, D. Q., Phan, T. C., & Oviedo-Trespalcacios, O. (2024). The role of health, safety and environmental perceptions on forming bus passengers' loyalty – A case study of Vietnam. *Journal of Transport & Health*, 35, 101780. <https://doi.org/10.1016/j.jth.2024.101780>
- Tuitert, I., Marinus, J. D., Dalenberg, J. R., & van 't Veer, J. T. (2024). Digital Health Technology Use Across Socioeconomic Groups Prior to and During the COVID-19 Pandemic: Panel Study. *JMIR Public Health and Surveillance*, 10, e55384. <https://doi.org/10.2196/55384>
- Yang, Q., Al Mamun, A., Reza, M. N. H., & Naznen, F. (2024). Modelling the significance of value-belief-norm framework to predict mass adoption potentials of internet of things-enabled wearable fitness devices. *Heliyon*, 10(9), e30179. <https://doi.org/10.1016/j.heliyon.2024.e30179>
- Zhang, F., Wang, H., Kamila, B., Xiong, J., Li, P., Sun, X., Huang, J., Xu, B., Wang, X., & Lü, X. (2026). Prebiotic low methoxyl pectin-alginate for colon-targeted *Companilactobacillus crustorum* MN047 delivery in alleviating ulcerative colitis: Synergy and comparative analysis. *Carbohydrate Polymers*, 375, 124750. <https://doi.org/10.1016/j.carbpol.2025.124750>

- Zhou, W., Fan, S., Wu, Y., Wang, X., Wang, G., & Lan, S. (2026). Cultural ecosystem benefits mediate the impact of environmental quality of treetop trails on perceived health benefits. *Environmental and Sustainability Indicators*, 29, 101122. <https://doi.org/10.1016/j.indic.2026.101122>
- Zhu, J.-L., Qin, Z.-H., Lo, J. S. C., Wang, Z.-Y., Mou, J.-H., Fridrihsone, A., Sun, Z., & Lin, C. S. K. (2026). Life cycle assessment of a food waste-based biorefinery: From production of biopolymers to fabrication of advanced nanofibre masks. *Journal of Cleaner Production*, 539, 147460. <https://doi.org/10.1016/j.jclepro.2025.147460>