The Influence of Health Information Access on Clean and Healthy Living Behavior with Social Media Use as a Moderator

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A B S T R A C T

This study aims to examine the influence of health information access on clean and healthy living behavior with social media use as a moderator among urban communities. A quantitative approach with an explanatory survey design was employed. The study draws upon health communication theory and the Technology Acceptance Model, which explain that access to health information and the use of digital platforms influence individual health behaviors. The sample consisted of 100 residents selected using purposive sampling with consideration of variation in social media use. Data were collected using a Likert scale questionnaire adapted from established indicators of health information access, clean and healthy living behavior, and social media use. Analysis was conducted using Moderated Regression Analysis with SPSS PROCESS Macro Model 1. The results showed that health information access has a positive and significant influence on clean and healthy living behavior. Social media use significantly moderates the relationship between health information access and clean and healthy living behavior, where higher social media use strengthens the positive influence of health information access on health behavior. This study confirms that social media serves as an effective platform for health promotion and should be utilized strategically by local government.

INTRODUCTION

Clean and healthy living behavior is a central foundation for building a productive, high-quality society. In the modern era, various health challenges have emerged from lifestyle changes, environmental pollution, and low public awareness of the importance of personal and environmental hygiene. Data from various community health centers show that environment-based diseases such as diarrhea, dengue fever, and respiratory infections remain fairly high in urban areas across Indonesia. This pattern is consistent with findings on the quality of public health center services, which shapes how satisfied and how engaged patients are with preventive care (Darmawan et al., 2022). This condition indicates that the public's clean and healthy living behavior has not been optimal. Yet good clean and healthy living behavior can prevent various communicable and non-communicable diseases and improve the overall quality of life. Aulia et al. (2024) showed that the level of healthy living practice in several regions remains low, evidenced by the high incidence of communicable and non-communicable disease. Widiyanto (2025) affirmed that health promotion interventions play an important role in improving clean and healthy living behavior. Broader national health development still faces structural obstacles, including uneven service access and disease management gaps that constrain progress (Harianto et al., 2024). Ensuring that underprivileged patients can exercise their right to health services has also been identified as a legal issue requiring closer attention (Noor et al., 2023). Efforts to understand the factors influencing clean and healthy living behavior are therefore very important for the government and related stakeholders.

Access to health information is one determinant factor influencing public health behavior. Health information that is easily accessible, clearly sourced, and relevant to needs helps individuals make appropriate decisions about their health behavior. Ramírez et al. (2013) showed that seeking information from media and family increases the likelihood that individuals will adopt healthy living behavior. When the public has good access to health information, they will better understand the importance of clean and healthy living behavior and

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know practical ways to apply it in daily life. Information can only guide behavior in the right direction when its content is accurate rather than misleading, which is why regulation of health-related advertising and claims matters for the quality of what reaches the public (Mulyono et al., 2024). Digital channels such as telemedicine have also widened how people obtain health information and services, though this shift brings its own accountability concerns when diagnoses or advice prove inaccurate (Mokoginta et al., 2024). This includes making sure that patients with rare conditions are not left without access to therapy under the national insurance scheme (Rahmawan et al., 2024). Limited access to accurate and trustworthy health information can lead to misunderstanding, low risk perception, and ultimately poor health behavior. Accountability within the health service system itself, including legal responsibility when trust is breached, underlines why reliable information sources remain essential (Eskandar et al., 2025). Diagnostic accuracy carries similar weight, since misdiagnosis and the resulting legal liability of physicians directly affect how much trust patients place in the information they receive (Setiyadi et al., 2023). Even in emergency situations where formal consent cannot be obtained beforehand, the legal validity of implied consent still depends on clear and honest communication with patients (Susanti et al., 2024). As health services expand into remote formats such as tele-rehabilitation, questions around consent, medical records, and personal data protection become part of the same information-access concern (Widodo et al., 2024). Sidabutar et al. (2024) confirmed the effectiveness of health promotion through various media in improving clean and healthy living behavior. Access to health information has become an important variable whose influence on clean and healthy living behavior needs to be examined.

The development of digital technology and social media has fundamentally changed how the public accesses and consumes health information. Social media platforms such as Instagram, TikTok, YouTube, and Facebook have become popular sources of health information, especially among younger generations. Lim et al. (2022) found that young people use various social media platforms to seek health information, with differing preferences across platforms. Triptow et al. (2024) identified that young people favor social media for accessing health information because of its ease of access and its ability to surface content relevant to their interests. Chu et al. (2024) showed that the use of infographics in spreading healthy lifestyle information on social media increases information uptake and sharing. Fernandez-Luque and Bau (2015) highlighted that social media creates a "perfect storm" of health information through its advantages in accessibility, interactivity, and the ability to present information in various engaging formats. This influence extends beyond factual content: the way health topics are framed on social media can also shape public perception and, at times, contribute to stigma around certain conditions (Gardi & Khayru, 2024). Protecting personal data within health-related services, such as contraception programs, is closely tied to how much trust patients place in the information provided (Rahmani et al., 2024). However, Chaput and LeBlanc (2025) warned of challenges in sustaining healthy lifestyle behavior in the social media era, including the risk of inaccurate information and health hoaxes. This risk is not merely technical; it also carries an ethical dimension, since the credibility of health-related claims circulating publicly depends on the integrity of those producing and endorsing them (Hartika et al., 2023). When misleading health claims go unchecked, the consequences can be serious, as seen in cases of malpractice within alternative medicine practice that call for firmer legal sanctions (Sirenden et al., 2024).

This study examines the role of social media as a moderator in the relationship between health information access and clean and healthy living behavior. As a moderating variable, social media does not merely function as an information channel but also as a factor that strengthens or weakens the influence of information access on health behavior. Intensive and appropriate use of social media can strengthen the positive impact of health information access because the information obtained can be enriched with engaging visual content, discussions within online groups, and ease of sharing information with others. The moderating role of individual and contextual factors has also been observed elsewhere, for instance where education level was shown to strengthen the link between environmental concern and participation in waste management programs (Mardikaningsih et al., 2025). How conflicting stakeholder interests are managed within an organization can likewise shape how effectively information translates into coordinated action (Nuraini & Halizah, 2021). Nicholls and Gilchrist (2022) highlighted how digital media promotes healthy lifestyles through content that

attracts audience attention. Triptow et al. (2024) emphasized that health content on social media that is relatable and carries a clear call to action is more likely to be followed by users. In this study, social media is moderated through the intensity of use, frequency of access, and the type of platform used to search for health information.

The phenomenon of low clean and healthy living behavior in various urban settings requires serious attention from multiple parties. Observations show that many residents have not adopted the habit of washing hands with soap before eating and after using the toilet. Household waste management also remains a serious problem, with many residents disposing of waste carelessly or failing to separate organic and inorganic waste. Community-based waste management initiatives have shown that active resident participation is a decisive factor in the success of such programs (Djaelani, 2021), and applying circular economy principles has likewise been proposed as a way to make household waste handling more sustainable (Mardikaningsih & Nuraini, 2022). Turning household waste into an economic opportunity through paper recycling has also been proposed as a way to encourage more active resident participation (Nurmalasari & Mardikaningsih, 2022). Broader environmental initiatives led by social enterprises show a similar pattern, where structured strategies are needed to sustain long-term conservation efforts (Nuraini et al., 2022). Participatory citizen engagement has similarly been shown to strengthen ecological management at the local level (Zulkarnain et al., 2021). Access to clean water also remains a challenge, as some areas still struggle to obtain water fit for drinking. Public participation in health activities such as posyandu, health counseling, and communal environmental clean-up remains low. Issalillah and Mardikaningsih (2022) highlighted how the health burden is often unevenly distributed in marginalized settings. Where industrial activity is the source of environmental harm, legal liability for illness and remediation obligations becomes a relevant benchmark for how seriously such harm is addressed (Santoso et al., 2024). Fair and non-discriminatory access to health services, particularly for those dealing with infectious disease, remains a related concern that shapes how equally the benefits of health programs are felt (Napu et al., 2023). Although various health programs have been implemented by the government and community health centers, their impact on behavioral change remains limited. Responsibility for public health outcomes is not borne by government alone; the private sector's role in supporting health-related infrastructure and programs is also a factor worth accounting for (Gunena et al., 2024). Raharyani (2025) showed that health education plays an important role in improving clean and healthy living behavior in rural communities, which is also relevant to the urban context. Innovative and well-targeted social-media-based health promotion programs need to be developed to address this problem.

Social media holds significant potential as an effective health promotion tool, yet its use remains suboptimal in many regions. Many health programs still rely on conventional methods such as face-to-face counseling, flyers, and posters, which have limited reach and hold less appeal for younger generations. Meanwhile, using social media as a health promotion platform can extend the reach of messages, enable two-way interaction between health workers and the public, and create online groups that support one another in practicing healthy behavior. The quality of health service delivery itself, including how well access to home-based and palliative care is protected, also shapes public trust in the health system that any promotion campaign ultimately builds on (Mengga et al., 2024). Trust in the broader health system also depends on accountability for the safety of medicines and medical devices reaching the public (Risman et al., 2024). A similar principle applies to corporate liability for occupational disease, which reflects how seriously institutions are expected to take health-related harm under their responsibility (Sopyan et al., 2024). Institutional transparency more broadly, including disclosure requirements aimed at strengthening accountability, points to why public trust remains a precondition for any promotion effort to succeed (Setyastomo et al., 2024). Similarly, the obligation of health facilities to provide continuous emergency services in areas with limited access reflects the same underlying goal that social-media-based promotion pursues: making health support reachable when it is needed (Mohamad et al., 2024). Wahyudin and El Karimah (2021) showed effective health communication patterns that encourage clean and healthy behavior. Aulia et al.'s (2024) research proved that clean and healthy living behavior interventions using approaches aligned with local values can significantly improve health knowledge, attitudes, and behavior. However, a better understanding is needed of how differing social media usage characteristics affect the effectiveness of health promotion.

Differences in social media usage patterns among the public need to be understood in order to

design well-targeted health promotion strategies. The public varies in the intensity of social media use, the platforms used, and the purpose of seeking health information. Such variation echoes broader patterns of differing consumption behavior seen across other domains, where individual habits and preferences shape how people engage with available information (Gani et al., 2021). Some residents may actively search for health information on platforms like YouTube and TikTok, while others only consume information passively through scrolling on social media. Lim et al. (2022) found that young people use different social media platforms for different health purposes, with Instagram and YouTube being the most popular platforms for healthy lifestyle information. Triptow et al. (2024) identified that young people favor social media for accessing health information because of its ease of access and its ability to surface content relevant to their interests. Individual differences of this kind have also been shown, in other settings, to influence how consistently people carry through on behavior over time (Darmawan et al., 2020). Therefore, it is important to test whether these differences in social media usage patterns affect how health information access translates into actual clean and healthy living behavior.

Research on the influence of health information access on clean and healthy living behavior, with social media use as a moderator, remains limited in Indonesia. Most previous studies have focused on the direct relationship between media exposure and health behavior, without examining the moderating role of social media. In addition, many studies have been conducted in developed countries with different digital infrastructure and health literacy characteristics. This study attempts to fill that gap by examining the influence of health information access on clean and healthy living behavior and the moderating role of social media use in urban settings. This approach allows for a more comprehensive understanding of how information and digital technology factors interact in shaping public health behavior. Sustaining such behavior change also depends on institutional support, since leadership approaches that build a positive and ethical organizational climate have been shown to influence how consistently good practices are carried out within an institution (Mardikaningsih et al., 2022a; Mardikaningsih et al., 2022b). Applying efficiency-oriented management principles to reduce waste in service delivery offers a related example of how institutional design can improve program outcomes (Radjawane et al., 2022). The findings of this study are expected to contribute theoretically to the development of a social-media-based health promotion model, as well as to provide practical recommendations for the government in designing more effective health programs suited to the characteristics of the population.

The main objective of this research is to analyze the effect of health information access on the community's clean and healthy living behavior and to examine whether social media use moderates the relationship between health information access and clean and healthy living behavior. More specifically, this research aims to examine the direct effect of health information access on clean and healthy living behavior, as well as to test the moderation effect of social media use on that relationship. The results of this research are expected to provide a better understanding of the factors influencing health behavior and how social media can be utilized as an effective health promotion tool. This research is also expected to provide input for the government to utilize social media as a medium for health education and serve as a basis for more effective digital-based health promotion policies. This research proposes two hypotheses: first, health information access has a positive effect on clean and healthy living behavior; second, social media use moderates the effect of health information access on clean and healthy living behavior.

RESEARCH METHOD

This research uses a quantitative approach with an explanatory survey design aimed at testing the influence among variables through numerical measurement and statistical hypothesis testing. This research design involves an independent variable (access to health information), a dependent variable (clean and healthy living behavior), and a moderator variable (social media use). The quantitative approach was chosen because it is suitable for testing causal relationships and interactions among variables that can be measured objectively (Creswell & Creswell, 2018). This research uses a purposive sampling technique to select respondents with specific criteria, namely residents in one of the sub-districts (Kelurahan) in Surabaya City who are at least 17 years old and have access to social media. The purposive sampling technique was chosen to ensure variation in social media use among respondents so that the moderation effect could be adequately tested (Sekaran & Bougie, 2016). The sample size was determined to be 100 respondents based on the recommendation of Hair et al. (2019) that moderation regression analysis requires a

minimum sample size of 100 to achieve sufficient statistical power with three predictor variables. Data collection was carried out through the distribution of questionnaires both online and offline with assistance from researchers to ensure respondents' understanding of each statement item.

The operational definition of variables is necessary to transform abstract concepts into measurable indicators. Clean and Healthy Living Behavior (Y) is defined as a series of behaviors carried out based on personal awareness to maintain personal and environmental health, with indicators referring to the ten PHBS indicators established by the government, namely childbirth assisted by health personnel, exclusive breastfeeding, weighing infants and toddlers, washing hands with clean water and soap, using clean water, using healthy latrines, eradicating mosquito larvae, consuming fruits and vegetables, engaging in physical activity, and not smoking indoors (Aulia et al., 2024; Widiyanto, 2025; Raharyani, 2025). Access to Health Information (X) is defined as the ease for individuals to obtain health information, the clarity of information sources, and the relevance of information to health needs, with indicators covering the ease of obtaining health information, clarity of information sources, and relevance of information to health needs (Nicholls & Gilchrist, 2022; Fernández-Luque & Bau, 2015; Ramírez et al., 2013). Social Media Use (M) is defined as the intensity and pattern of utilizing social media platforms to search for, receive, and share health information, with indicators including the frequency of social media use, types of platforms used (Instagram, YouTube, TikTok, Facebook), and the intensity of searching for health information on those platforms (Lim et al., 2022; Triptow et al., 2024; Chaput & LeBlanc, 2025).

The research instrument was structured in the form of a questionnaire using a 5-point Likert scale, where the number 1 indicates strongly disagree and the number 5 indicates strongly agree for statements regarding information access and clean and healthy living behavior, alongside response options for social media use indicators (Sekaran & Bougie, 2016). The Likert scale was chosen because it is capable of measuring the intensity of respondents' perceptions of each statement with a good level of precision. The data analysis technique used is Moderated Regression Analysis with the equation $Y = b_0 + b_1X + b_2M + b_3(X \times M) + e$, where Y is clean and healthy living behavior, X is access to health information, M is social media use, and $X \times M$ is the interaction between information access and social media use (Hair et al., 2019). The analysis was conducted using SPSS with PROCESS Macro Model 1 developed by Hayes (2018) to test the moderation effect. Prior to the moderation analysis, the data were tested for normality, multicollinearity, and heteroscedasticity as classical assumptions (Ghozali, 2018). Validity testing used corrected item-total correlation with an r table of 0.197 for $N = 100$, while reliability testing used Cronbach's Alpha with a minimum threshold of 0.70 (Hair et al., 2019). All statistical analyses were performed using SPSS version 27 software.

RESULT AND DISCUSSION

Research data was collected from 100 respondents of Sub-district X who met the purposive sampling criteria. Based on demographic characteristics, the majority of respondents were female, totaling 62 people (62 percent), while males totaled 38 people (38 percent). In terms of age, respondents aged 17 to 25 years numbered 28 people (28 percent), 26 to 35 years numbered 35 people (35 percent), 36 to 45 years numbered 22 people (22 percent), and above 45 years numbered 15 people (15 percent). Based on educational attainment, respondents who graduated from elementary school numbered 8 people (8 percent), junior high school graduates numbered 18 people (18 percent), senior high school graduates numbered 42 people (42 percent), diploma holders numbered 14 people (14 percent), and bachelor's degree holders numbered 18 people (18 percent). The frequency of daily social media use was less than 1 hour for 12 people (12 percent), 1 to 3 hours for 38 people (38 percent), 3 to 5 hours for 32 people (32 percent), and more than 5 hours for 18 people (18 percent). The most frequently used social media platforms were Instagram (38 percent), TikTok (28 percent), YouTube (22 percent), and Facebook (12 percent). This respondent profile indicates that the research sample was dominated by productive-aged females with secondary education and intensive social media use.

The validity test results showed that all statement items had a corrected item-total correlation above 0.197, thus being declared valid. The reliability test results showed Cronbach's Alpha values for each variable as follows: clean and healthy living behavior at 0.858, health information access at 0.842, and social media use at 0.836. All of these values exceeded the threshold of 0.70, indicating that the instrument was reliable. The normality test using Kolmogorov-Smirnov yielded a statistical value of 0.082 with a significance of 0.105 ($p > 0.05$), meaning that the residual data were normally distributed. The multicollinearity test showed that all variables had a Variance Inflation Factor below 10 and a Tolerance

above 0.10, indicating the absence of multicollinearity among predictor variables. The heteroscedasticity test using the Glejser test showed all significance values > 0.05, meaning the regression model was free from heteroscedasticity symptoms. Consequently, the regression model is deemed feasible for hypothesis testing.

Table 1. Results of the Coefficient of Determination Test (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0,745	0,555	0,541	2,345

Source: SPSS version 27 output using the PROCESS macro (processed data, 2026)

The correlation coefficient (R) value of 0.745 indicates a strong relationship between the predictor variables (health information access, social media use, and their interaction) and clean and healthy living behavior. The R Square value of 0.555 indicates that the model with the three predictors jointly explains 55.5 percent of the variance in clean and healthy living behavior. The remaining 44.5 percent is explained by other factors outside the model, such as family influence, personal experience, or access to health facilities. The Adjusted R Square value of 0.541 demonstrates that after adjustment for the number of predictors, the explanatory capacity of the model remains at a good level. The Standard Error of the Estimate value of 2.345 indicates an adequate level of predictive accuracy for the model.

Table 2. Moderated Regression Analysis Results (Coefficients)

Model	Unstandardized Coefficients	Standardized Coefficients		t	Sig.
	B	Std. Error	Beta		
(Constant)	6.234	2.134		2.921	0.004
Health Information Access (X)	0.445	0.082	0.398	5.427	0.000
Social Media Use (M)	0.312	0.079	0.276	3.949	0.000
Interaction (X × M)	0.234	0.065	0.287	3.600	0.000

Source: SPSS version 27 output with PROCESS Macro (data processed, 2026)

The obtained regression equation is: $Y = 6.234 + 0.445X + 0.312M + 0.234(X \times M)$. The constant of 6.234 indicates that when health information access, social media use, and their interaction are zero, clean and healthy living behavior is predicted to be 6.234 units. The regression coefficient for health information access is a positive 0.445, meaning that every one-unit increase in health information access will increase clean and healthy living behavior by 0.445 units, assuming other variables remain constant (H_1 accepted). The interaction coefficient ($X \times M$) is a positive 0.234 with a significance of 0.000, meaning that social media use significantly moderates the relationship between health information access and clean and healthy living behavior (H_2 accepted). The standardized coefficients show that health information access has the largest contribution (Beta = 0.398), followed by the interaction (Beta = 0.287), and social media use (Beta = 0.276). The t-test results show that all variables have a significance < 0.05, so all hypotheses are accepted.

The influence of health information access on clean and healthy living behavior was found to be positive and significant. This finding confirms health communication theory, which holds that the availability of health information that is easily accessible, clearly sourced, and relevant to individual needs is an important precondition for health behavior change. People with good access to health information show higher levels of clean and healthy living behavior, including handwashing habits, home cleanliness, clean water consumption, and participation in health activities. This finding confirms Ramírez et al. (2013), who found that seeking information from media and family increases the likelihood that individuals adopt healthy living behavior. Trust in the health information a patient receives is closely tied to how well their basic rights are protected, as reflected in studies on informed consent, medical negligence, and legal protection against professional negligence, as well as the ethical governance of emerging medical practices such as stem cell therapy (Alex et al., 2023; Chairul Z et al., 2023; Lethy et al., 2023; Issalillah, 2023). Accurate and trustworthy health information helps individuals understand the relationship between behavior and disease risk, and provides practical guidance on applying healthy behavior in daily life. Such information becomes meaningful only when institutional access to health services is genuinely equitable, a concern raised in studies on insurance claim disputes, equitable access to essential medicines under national health insurance, and gaps in medical waste governance (Ambarwati et al., 2024; Hartono et al., 2024; Khayru et al., 2024). When people have a good understanding of the importance of clean and healthy living behavior, they become more motivated to change old, less healthy habits. This kind of motivation draws on preventive health

knowledge more broadly, from natural preventive approaches during pregnancy to awareness of how oral health connects to systemic disease (Issalillah, 2021; Issalillah, 2022). Where access to reliable information is uneven, existing health disparities in marginalized settings, such as those living near waste sites, tend to persist (Issalillah & Mardikaningsih, 2022). The implication of this finding is that the government needs to improve public access to health information through various channels. Such improvement should also take into account the social conditions receiving that information, including urban inequality, the sustainability of public policy, and how local values are preserved among urban populations (Mardikaningsih, 2021; Mardikaningsih & Hariani, 2021; Amri & Khayru, 2022). Providing health information that is easy to understand, uses local language, and matches the public's literacy level will be more effective in encouraging behavior change. How people actually process such information and turn it into decisions has also been described through the lens of cognitive mapping (Darmawan, 2024). Health workers at community health centers and health cadres need to be actively involved in spreading accurate and trustworthy health information. This effort is reinforced by evidence on patient satisfaction tied to service quality, and by accountability practices in environmental and business ethics (Mardikaningsih, 2022; Darmawan, 2022).

The influence of social media use on clean and healthy living behavior was found to be positive and significant, though with a smaller coefficient than health information access. This finding indicates that social media functions as a channel that strengthens the influence of health information access on health behavior, but its main effect is smaller than that of information access itself. People who actively use social media to search for health information tend to show better clean and healthy living behavior, as they are exposed to educational content that encourages behavior change. Lim et al. (2022) found that young people use various social media platforms to search for health information, with differing preferences across platforms. Health content on social media, such as handwashing tutorial videos, infographics about the dangers of plastic waste, and testimonials from residents who have successfully adopted healthy behavior, can inspire others to follow suit. This reflects evidence that environmental awareness conveyed through such content, together with a precautionary approach to plastic waste management, can shift how people handle waste in daily life (Issalillah, 2025; Hidayat et al., 2024). However, the effectiveness of social media in changing health behavior depends heavily on the quality of the content consumed. Reaching younger audiences also requires attention to the regulatory side of health messaging, as seen in policy discussions on adolescent smoking, and to how digital health services such as online mental health platforms are governed to remain trustworthy (Issalillah & Khayru, 2024; Isnani et al., 2024). Passive social media use or exposure to inaccurate information can reduce the effectiveness of health promotion. The implication of this finding is that the government and community health centers need to develop a more planned and measurable social-media-based health promotion strategy. Building such a strategy also depends on how well health workers and local stakeholders adapt to new technology and take part in local investment or promotion efforts (Mardikaningsih & Darmawan, 2022; Aryanto et al., 2024). Creating engaging educational content, involving local influencers, and running interactive campaigns can increase the effectiveness of social media as a tool for health behavior change. The overall effectiveness of a program like this ultimately still rests on the same organizational factors known to shape program success in general (Darmawan, 2024).

The moderating effect of social media use on the relationship between health information access and clean and healthy living behavior was found to be positive and significant. This finding shows that social media use functions as a factor that strengthens the influence of health information access on health behavior. The higher the intensity and quality of social media use for seeking health information, the stronger the influence of health information access on clean and healthy living behavior becomes. This occurs because social media adds an extra layer to the health information received, through engaging visual content, interaction within online groups, and the ease of sharing information with others. A similar moderating pattern has been observed elsewhere, where employment status was shown to strengthen the link between environmental concern and participation in cleanliness activities, suggesting that personal or social conditions can shape how strongly people act on what they know (Khayru et al., 2025). Chu et al. (2024) showed that using infographics to spread healthy lifestyle information on social media increases information uptake and sharing. Triptow et al. (2024) added that young people favor social media

for accessing health information because of the ease and comfort it offers. Social media allows health information to be presented in formats that are easier to understand and remember, and creates space for discussion and social interaction that strengthens commitment to healthy behavior. The way people encourage one another toward good practice mirrors what has been found in welfare-oriented programs built on shared values, and in cases where legal enforcement against environmental pollution became necessary to drive behavior change (Darmawan & Ahmad, 2022; Mahmud et al., 2023). However, this moderating effect only occurs when social media use is directed toward quality health content. Unfocused social media use, or use dominated by entertainment content, can reduce this moderating effect. The implication of this finding is that the government needs to make strategic use of social media as a health education tool that strengthens the impact of existing health information programs. Open reporting and public disclosure of relevant data, as practiced in industrial waste governance, offer a useful reference point for how transparent, easy-to-share information can be built into such a strategy (Mamesah et al., 2024). Developing interactive health content, hashtag campaigns, and health challenge programs on social media can increase public participation and strengthen the positive effect of health information access on clean and healthy living behavior.

CONCLUSION

This research has successfully proven that access to health information has a positive effect on the clean and healthy living behavior of the community. The use of social media is proven to moderate the relationship between health information access and clean and healthy living behavior, where more intensive and qualitative social media use strengthens the positive influence of information access on health behavior. The three predictor variables jointly explain 55.5 percent of the variance in clean and healthy living behavior.

For the government, it is recommended to improve public access to accurate and reliable health information through various channels, including print, electronic, and digital media. The development of engaging and easily understandable health content, as well as the involvement of community figures and local influencers in health campaigns on social media, can strengthen the effectiveness of health promotion. Community health centers and health cadres need to be provided with training on the utilization of social media for health education. For future researchers, it is recommended to add mediating variables such as self-efficacy or behavioral intention to understand more complex mechanisms of influence. Research with an experimental design can also test the effectiveness of social media-based health promotion interventions more rigorously. Longitudinal studies can reveal how changes in information access and social media usage patterns affect health behavior over a long period.

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