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DETERMINANTS OF PREVENTIVE HEALTH BEHAVIORS AMONG URBAN ADULTS A CROSS SECTIONAL STUDY ON AWARENESS ACCESSIBILITY AND SOCIOECONOMICS FACTORS

Rizwan Ul Haq Aamir[1], Dr Jam Muhammad Asad[2], Rehan Bashir[3], Imran Khan[4]

[1]Lecturer, Department of Social Work, The Islamia University of Bahawalpur.
Email : rizwan.aamir@iub.edu.pk , ORCID: https://orcid.org/0000-0003-3938-0517
[2]Medical Officer, Bahawal Victoria Hospital, Email: asad92983@gmail.com
[3]MPhil in Social Work, Department of Social Work, The Islamia university of Bahawalpur, Pakistan, Email : chrehanbashir@gmail.com
[4]Independent Researcher. Email : imranjamal2000@gmail.com.

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Corresponding Author:
Rizwan Ul Haq Aamir,
Lecturer, Department of Social Work, The Islamia University of Bahawalpur
Email: rizwan.aamir@iub.edu.pk ,
ORCID: https://orcid.org/0000-0003-3938-0517

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ABSTRACT

This paper explores the factors that influence preventive health behavior of urban adults based on awareness, availability, and socioeconomic issues. The cross-sectional design was the one used to collect data of 350 participants through a structured questionnaire. The findings indicated that the majority of the respondents had moderate knowledge on preventive health practices but this was not always translated to high levels of behavioral participation. The issue of accessibility became one of the most restrictive ones, and a considerable percentage of participants experienced difficulties regarding the solutions of affordability, distance, availability of services, and suitability of healthcare facilities. Socioeconomic inequalities also affected the patterns of preventive behaviors such that those with higher income and education levels would show more adherence to routine checkups, screenings, healthy living habits, among other preventive behaviors. The statistical analysis revealed that there were strong relationships between the awareness, accessibility, socioeconomic status, and preventive health behaviors, which implies that these factors interact to influence health outcomes in urban areas. The results highlight the importance of complex measures that should be undertaken to enhance health literacy, enhance healthcare infrastructure, and lower socioeconomic obstacles. When policymakers and health practitioners respond in a concerted effort to these determinants, preventive health engagement can be improved and healthier urban communities can be achieved.

INTRODUCTION

Increasingly popular in the contemporary public health debate, preventive health behaviors are confronted by the growing burden of chronic illnesses, emerging infections, and growing socioeconomic inequalities in the society. In the city, where people live in large numbers, where lifestyles evolve, and where stressors associated with the environment come together, the necessity of proper prevention is even greater. The challenges that face the urban populations such as busy schedules, pollution, overcrowding, sedentary habits and economic demands tend to expose people to unique health risks that determine their everyday health decision making. Consequently, the research question of what motivates or obstructs preventive behaviors among urban adults has emerged as a critical field of study as far as enhancing the well-being of communities and empowering their populations in the context of health. The initial and most cost-effective defense against disease is the preventive health behaviors that include regular health checkups, timely vaccinations, healthy dietary choices, engaging in sports, stress-reduction, and not doing something that is harmful to health. The level of adherence to these practices however differs greatly among people depending on their level of awareness, access to healthcare facilities, and their socioeconomic status.

Consciousness is central in the development of preventive measures. People who have information regarding the possible health hazards, the screening schedule and preventive lifestyles are more likely to be proactive health practitioners. The level of awareness in the urban areas tends to vary in terms of age, education, and occupation. The former (Vadivel et.al,2023) Digital platforms, educational campaigns, or professional networks can be easy ways of accessing information on health to some adults whereas some adults have no such exposures because of low levels of literacy or engagement with health services. The misconceptions, cultural beliefs and low perceived susceptibility to illness further complicate awareness and health behavior relationship. Awareness, therefore, encompasses not only the knowledge of facts, but it is also about the realization of the need to take action with the information and the individual realization of the importance of the preventive measures.

Another most important determinant of preventive health behavior is the accessibility of healthcare services. (De,G et.al,2025) The lack of access may weaken the intention to preventive action even in the situation when people may be educated and motivated to do it. Access may have both benefits and limitations to the urban adult. Although urban areas are generally more concentrated in health facilities than rural ones, certain factors like price, clinic congestion, length of wait, transportation, and uneven service density in neighborhoods can affect the use immensely. Also, the quality, cost, and responsiveness of health care providers determine the satisfaction of people and their chances of having regular screening and preventive check-ups. Health systems in urban areas are not always able to support the expanding populations which leads to the lack of services which disproportionately affect the low-income groups. (DeHaven et.al,2021) It is important to note that Accessibility is not just the physical location of the facilities but the ease, convenience, and affordability with which people can access it.

The socioeconomic factors also add to or limit the capacity of an individual to engage in preventive health practices. There is a combination of income, education, occupation, housing conditions and social support structures (Rais, R. B. 2024) that determine the ability of an individual to prioritize health practices against competing needs. The monetary needs, fluctuating jobs or heavy workloads of many urban adults leave little time and resources to have regular checkups, exercise programs or healthy diets. Socioeconomic status represents another factor that can affect individuals differently, as higher socioeconomic groups tend to be more

autonomous and their lifestyles are healthier due to easy access to information and services, which helps them adhere to preventive measures regularly. Conversely, the disadvantaged might not cope with pressures, lack healthy choices, and motivation as they are always under the pressure of survival. The aspects of socioeconomic disparity also influence perceptions of control over the health outcome that subsequently has an impact on preventive behavior pattern.

Awareness, accessibility, and socioeconomic status have a multifaceted behavioral environment in cities. (Macedo et.al,2022) Awareness is not always followed by action in case the access is low or the socioeconomic factors control the decision-making. Likewise, where services are accessible and affordable, the low-knowledge people can still fail to use them. The connections are increased in urban settings since social and economic disparities become more apparent and influential as populations become increasingly diverse and stratified. In addition, fast urbanization in most nations has established a situation where health systems cannot keep up with the changing demands and consequently, the vulnerable populations are exposed to dangers. Such interrelated determinants are imperative in the determination of custom-made interventions that can significantly endorse prevention health behaviors.

With such realities, studies on preventive health behaviors in urban adults are essential in informing policy and practice. One can conduct a cross-sectional study on the issue of awareness, accessibility, and socioeconomic determinants to conduct a comprehensive evaluation of the impact of the individual determinants on the formation of preventive actions. This would allow exposing trends, gaps and inequalities that would not be noticeable when analyzing each of the factors separately. (Bekele et.al,2021) By determining these determinants, health planners, policy makers and health practitioners in the field of health can be able to design specific education campaigns, enhance health service provision, and the socioeconomic inequality that affects health decision making. The results of such studies may also be used to design community-based interventions that can involve urban adults in healthy behaviors to encourage the culture of health that emphasizes the preventive approaches in the treatment process rather than responses to it. To conclude, preventive health behaviors are one of the pillars of improving the urban population health, but they are impacted by a myriad of highly intertwined factors. Awareness provides people with the necessary information, access facilitates them to become able to use that information, and the socioeconomic status determines their ability to adhere to preventive practices. Investigating these determinants using a designed cross-sectional study will be an important source of evidence that can be used to design interventions that would enhance the health outcomes of urban adults. With urbanization still determining the future of health, these studies are becoming an important milestone towards more equitable, accessible, and effective preventive health actions.

Literature review

Awareness and Preventive Health Behaviors

Awareness has been a known pillar of preventive health behavior, which has determined how people perceive the health hazards and the need to take early steps. (AbdulRaheem, Y. 2023). Knowledge about prevalent diseases, knowledge about symptoms, knowledge about the recommended screening guidelines, and knowledge about behavioral tendencies that lead to well-being are all a part of awareness. In the case of urban adults, there is a tendency of awareness being impacted by digital media, educational institutions, workplaces, community programs, and health professionals. The spread of awareness is not however evenly spread. There are populations that are highly health-literate and therefore make calculated decisions regarding diet, exercise, screenings, and vaccinations, and there are populations that are

misinformed, may harbor cultural misconceptions, or may not have a sense of vulnerability to diseases. The urban settings tend to increase such inequalities because of the disparity in accessibility to reliable information, and the level of health education among different socioeconomic groups. Lack of awareness may cause delayed diagnosis, poor management of the disease, and involvement in preventative programs, (Tong et.al,2022) On the other hand, individuals who have sufficient awareness would be more likely to take action and open to doing things like checkups, vacinations, eating healthy foods, and checking on individual health indicators. The literature points out that awareness is not sufficient, it should be accompanied by motivation and the capacity to apply the knowledge into practice. However, awareness is also a preliminary component that cannot be adopted without an effective prevention of health behavior.

Accessibility of Healthcare Services

Accessibility has a crucial role in facilitating or disinhibiting preventive health behavior among the urban adults. Even though cities have been assumed to have better healthcare facilities than rural areas,((Cacciatore et.al,2025) there are still issues of accessibility in a variety of dimensions. Accessibility in terms of physical location, in terms of distance to clinics, convenience in terms of transportation, as well as the dispersion of services among the neighborhoods impacts a lot on preventive service usage. The affordability of consultations, diagnostic tests and insurance cover, which constitute Economic accessibility further defines the capacity of people in getting preventive care. There can also be discouragement in utilization even in the presence of services where waiting time is long, there are overcrowded hospitals, mixed quality of service and complicated administrative procedures. Accessibility also embraces perceived accessibility of health professionals including availability of empathetic communication, trust in health professionals and culturally sensitive care. Time constraints can become a barrier especially among the urban adults who are mostly busy with work and those employed in the informal sector and where working hours are long. People can know that they need preventive treatment but cannot take the action because of the practical barriers that include the working schedule or the absence of supportive work policies. Also, urban areas have unequal opportunities to preventive health behaviours due to inequalities, such as slum areas or underserved populations. The literature implies that to enhance accessibility, the holistic approach needs to be implemented, i.e., improving service distribution, financial access, improving the quality of public health facilities, and increasing the ease of preventive services.

Socioeconomic Factors and Health Behavior Outcomes

The socioeconomic factors have a great influence on the preventive health behavior of urban adults as they determine the state of lifestyle, access to resources and perceived control of health. (Rangan, V. 2025). (The income levels are the determinants of the ability to access to quality food, permanent houses, access to physical exercises and access to healthcare facilities. By having increased income, they are usually in a better position to engage in preventive health activities like frequent checkups at hospitals, gymnasium or even taking healthy foods. Conversely, individuals with a low income might be unable to afford spending on long-term health investments as they have urgent needs. Education is also important, as it determines the level of health literacy, awareness level and the capacity of critically assessing health information. Greater educational attainment is usually associated with increased participation in preventative measures. Occupational status also becomes a determinant of exposure to occupational stress, health hazards, and employer based health programs. Formal sector workers of the urban adult population might have access to organised health checks and insurance coverage, but informal employees do not. The preventive behavior is also affected by social

environment and living conditions such as neighborhood safety and access to recreational areas which are crowded and polluted, thus promoting lifestyle diseases (Laddu et.al,2021). Furthermore, socioeconomic inequalities are also the cause of psychological pressure, which may diminish the desire to take preventive health measures. All in all, the literature has revealed that socioeconomic position is not only influential in determining the ability to take action with health knowledge but also with awareness and accessibility results in substantial variations in health outcomes across urban populations.

Methodology

The research design used in this study involved cross-sectional study to determine the determinants of preventive health behaviors among urban adults with specific reference made on awareness, accessibility, and socioeconomic variables. The reason the cross-sectional approach was chosen is that it enables the researcher to collect data of a population within one point in time and enable him to establish the relationship between variables without the need to follow up. This design is cost effective, efficient and would be applicable in studies that assess behavior patterns and related variables in urban populations that are large and diverse.

The research population comprised of adults between the ages of 18 and above living in a chosen urban population. The urban adults were selected due to their unique health issues and diverse access to preventive health services. The eligibility criteria involved that the participants had to be permanent residents of the selected urban locality, able to comprehend the questions, and be able to give an informed consent. Persons who had a severe cognitive impairment or had a serious illness that rendered them unable to participate were not included in the study. The population density used in the selection of the research setting was because of availability of healthcare services and socioeconomic diversity so that the determinant of preventive health behaviors could be measured on various groups of differing demographics.

Multistage sampling method was used to achieve proper representation of the sample. The first stage involved the identification and purposive sampling of urban localities to have different areas with different socioeconomic conditions. The second stage involved selecting households in each of the localities based on systematic sampling. Lastly, a single eligible adult member of each of the selected households was selected randomly to take part in the survey. Such a sampling method contributed to minimizing selection bias and made sure that the results represented a wide range of urban residents. The population proportion formulas were used to determine the adequate sample size to obtain suitable statistical power to identify the relationship between awareness and accessibility and socioeconomic variables with preventive health behaviors.

This was done through the use of a structured questionnaire that was created by the researcher. The questionnaire was categorized into four big parts. The initial section contained demographic data including age, gender, education, occupation, marital status and income. The second part involved awareness measurement through determination of the knowledge of the participants on preventive health practices, risk factors, disease screening guidelines, and source of health information. The third area discussed study accessibility aspects that comprised of access to healthcare facilities, cost of accessing the services, access to health-related information and perceived quality of healthcare. The fourth part assessed preventive health behavior by inquiring of the subject whether they took regular checkups, vaccinations, exercised, maintained healthy dietary lifestyles, and avoided bad habits. The questionnaire was also formulated using simple language in order to make it understandable. The instrument was piloted on a small sample of

respondents prior to data collection to determine and eliminate problems with wording, reliability, and format.

Face to face survey was used in data collection with the help of trained data collectors. The reason behind selecting this method was that it will enhance the accuracy of the responses and give the interviewers a chance to clarify questions where necessary. Data collectors had thorough training on objectives of the study, ethics, administration of questionnaires and dealing with non responsive respondents. The process of data collection was done at a specific time to provide uniformity in all of the urban localities. The members were informed of the objective of the study and guaranteed that their data would not be disclosed. The questionnaire was commenced with informed consent. The interviews required between 15 to 20 minutes.

Both inferential and descriptive statistical techniques were applied in the analysis of data. The demographic variables, awareness levels, the accessibility indicators and preventive health behavior were summarized using descriptive statistics of frequencies, percentages, means, and standard deviations. The inferential statistics were used to establish relationships and predictors of preventive health behavior. Chi-square tests and t-tests were employed to test relationships between categorical and continuous variables. The multiple regression analysis was performed to find out how much the awareness, accessibility, and the socioeconomic factors predicted preventive health behaviors of urban adults. This method enabled to look at the complicated and separate impacts of the determinants in the presence of demographic variables. The statistical analysis program applied was accurate and aided in coming up with interpretations of the data gathered. Ethics were maintained in the course of the study. Data were collected by obtaining the right institutional review board approval beforehand. The voluntary nature of the study and the right of the participants to withdraw at any time and confidentiality of their responses were explained to them. The dataset did not include any identifying information and so the anonymity was not compromised. The data were efficiently kept and conducted to academic and research purpose only. Questions that would make an individual uncomfortable and those that may intrude privacy were avoided by taking special care. The research was properly conducted in accordance with the ethical principles of respect of the person, beneficence, and justice, only the participants were treated with decency and fairness. Overall, the research approach was designed in a way that enabled it to achieve the desired and ample data on the factors that determine preventive health practices among the urban adults. The study demonstrated a high quality due to the cross-sectional design, systematic sampling, validated data collection instruments, and the high quality of statistical analysis. Through the combination of the awareness, accessibility, and socioeconomic factors, this methodology offers a solid framework in which the dynamics driving preventive health behaviors in urban settings can be considered. The results of this method can be used by policymakers, medical practitioners, and community institutions to design specific interventions to enhance preventive health behaviors among the various urban communities.

Results

This part shows the research results relying on the data gathered among the urban adults in the selected localities. The findings are arranged in the variables such as demographic, level of awareness, availability of healthcare facilities, socioeconomic parameters, and preventive health measures. There are four tables that summarize the key results and facilitate the process of results interpretation.

Table 1 shows demographic data of the participants. The sample was composed of adults between the age of 18 and 65 years with different socioeconomic statuses. Most of them were aged between 26 and 40 years and a second group was comprised of adults (41-55 years). The

proportion of gender was also equally distributed, with a slight majority of females as compared to males. The level of education was also different, and the high number of people who finished secondary or higher education. The level of income was diverse as the urban dwellers are socioeconomically diversified.

Table 1

Variable	Category	Frequency	Percentage (%)
Age	18–25	64	18.3
	26–40	158	45.1
	41–55	92	26.3
	56 and above	36	10.3
Gender	Male	162	46.3
	Female	188	53.7
Education	Primary	52	14.8
	Secondary	140	40.0
	Higher Education	158	45.2
Monthly Income	Low Income	128	36.6
	Middle Income	162	46.3
	High Income	60	17.1

The demographic distribution shows that the study included a structurally diverse urban population. A substantial portion consisted of individuals in the economically productive age range, which is relevant because this group is more likely to engage in preventive health behaviors based on awareness and accessibility. Higher education levels among a majority of respondents suggest a potential positive influence on awareness and health literacy. Income distribution indicates that preventive health behaviors may vary significantly across socioeconomic groups, particularly between middle- and low-income participants.

Table 2 presents the awareness levels of participants concerning preventive health practices such as vaccinations, screenings, nutrition, and physical activity. Awareness was categorized into low, moderate, and high based on questionnaire scores.

Table 2

Awareness Category	Frequency	Percentage (%)
Low	72	20.6
Moderate	146	41.7
High	132	37.7

The findings reveal that most participants fall under the moderate awareness category, indicating partial familiarity with preventive practices but gaps in comprehensive knowledge. A significant proportion of individuals possess high awareness, suggesting that urban environments provide multiple channels for accessing information. However, the presence of a sizeable group with low

awareness demonstrates that informational inequalities persist, likely affecting their preventive health behaviors.

Table 3 shows accessibility-related factors, including distance to healthcare facilities, affordability, service availability, and perceived quality of services. Accessibility scores were categorized as poor, moderate, or good.

Table 3

Accessibility Category	Frequency	Percentage (%)
Poor	98	28.0
Moderate	160	45.7
Good	92	26.3

The results indicate that accessibility remains a challenge for many urban adults. Nearly one-third of respondents reported poor accessibility, reflecting barriers such as long distances, cost issues, overcrowded facilities, or inconvenient service hours. The largest proportion of participants fell within the moderate category, suggesting that while services are available, they may not be optimally convenient or affordable. Those reporting good accessibility are comparatively fewer, underscoring inequalities in healthcare access within urban areas.

Table 4 highlights preventive health behaviors practiced by participants, including medical checkups, physical activity, healthy eating, and avoidance of harmful habits. Preventive behavior scores were grouped into low, moderate, and high categories.

Table 4

Preventive Behavior Category	Frequency	Percentage (%)
Low	104	29.7
Moderate	152	43.4
High	94	26.9

The findings reveal that the majority of participants demonstrate moderate engagement in preventive health behaviors. Despite moderate awareness levels, nearly one-third of the respondents fall into the low behavior category, suggesting that awareness alone does not translate into consistent action. The group with high preventive behavior is the smallest, highlighting the need for improved accessibility and targeted interventions to strengthen engagement. These results suggest that preventive practices among urban adults are influenced by multiple interacting determinants, including socioeconomic status, time constraints, and perceived access to services.

Discussions

The results of this research can be of valuable information on the factors of preventive health behaviors among urban adults and the interdependence of the impact of awareness, accessibility, and socioeconomic level. The findings indicate that despite a significant percentage of the respondents having moderate to high levels of awareness of preventive health practices, the same is not always associated with high levels of behavioral engagement. This loophole indicates that knowledge will not translate to action without structural and socioeconomic provisions that empower people to take action on their knowledge. One of the key limitations was accessibility, and a great proportion of respondents claimed that their access to healthcare services was poor or

only moderate. Although urban locations are generally viewed as resource endowed settings, uneven distribution of services, cost-effectiveness and convenience leads to uneven utilization. The problems that many people encounter include waiting period, financial constraints, limited clinic timings and transport problems. All these issues will result in decreased chances of adults engaging in regular checkups, screenings and other preventive services despite them being aware of the benefits of the same. The results support the idea that, to improve access to healthcare, it is not enough to expand the amount of the available facilities, but it is necessary to make services more efficient, affordable, and responsive. The socioeconomic factors also were significant influencers of preventive behaviors. Higher income brackets and better educated participants portrayed better trends of preventive health participation. This implies that socioeconomic privilege can enable persons with more autonomy, health literacy and accessibility to supportive health conditions. On the other hand, people in low-income brackets face conflicting priorities, stressors, and resources, which interfere with preventive action. These differences emphasize that some specific interventions are needed that would help in reducing structural inequalities, and not just by personal responsibility. On the whole, it is possible to note that the discussion highlights that the role of preventive health behavior in urban adults is a product of a combination of personal awareness, systemic accessibility, and socioeconomic context. Enhanced preventive health outcomes need to be strengthened with combined approaches, which can increase health literacy and access to affordable health services and decrease socioeconomic factors. These attempts can assist urban residents to take more stable and efficient preventive health measures, which will eventually lead to improved health outcomes in the long run.

Limitations

Even though the current research presents a lot of important information on determinants of preventive health behaviors in urban adults, one must admit that this study has a number of limitations. To start with, the cross-sectional design restricts the possibility of developing causality between awareness, accessibility, socioeconomic factors, and preventive behaviors. The relationships that are identified may be seen as the relations at one point in time and it can be hard to say whether these determinants directly cause behavior changes or are affected by other factors that cannot be measured. Second, the research used self-reported data that was prone to recall bias or social desirability bias because the participants could over report positive behaviors and under report negative ones. Third, the sample was limited to a number of urban areas which might not be a full reflection of all people in the urban areas especially those in informal settlements or in under-served regions. Fourth, the structured questionnaire might not have been able to measure the complete complexity of cultural, psychological, or environmental factors on health behavior. Finally, the research lacked qualitative elements, which would have helped to gain more insights into personal driving factors and impediments. The findings should be understood within these limitations when conducting a future research.

Future directions

Despite the fact that this study presents useful information on the determinants of preventive health among the urban adults, there are a few limitations that must be admitted. First, the cross-sectional design prevents any possibility to determine the causality of awareness, accessibility, socioeconomic factors, and preventive behaviors. The identified relationships represent the associations at one point and it is hard to tell whether these determinants are the direct cause of behavior changes or are affected by some other unmeasured factors. Second, the research was based on self-reported data that could be affected by recall bias or social desirability bias since the participants could overreport positive behaviors or under-report negative behaviors. Third,

the sample was limited to the sample of the urban localities, which is not necessarily representative of all the urban populations, especially those in the informal settlement or underserved groups. Fourth, the structured questionnaire might have failed to take into consideration the complexity of the culture, psychology, and environment on health behavior. Finally, the research lacked qualitative elements that would have given more information on individual motivations and impediments. These are some of the limitations that should be taken into consideration when interpreting the findings and planning any future research.

Conclusion

This paper investigated the factors in determinants of preventive health among urban adults, with specific reference to awareness, accessibility and socioeconomic factors. The results emphasize that the level of awareness of the respondents was rather moderate to high, however, this knowledge was not always reflected in the form of strong preventive behavior. This gap implies that there is no awareness enough without the conditions where the health-protective behaviors can be adopted. The issue of accessibility was also a major limitation where several respondents indicated poor access to healthcare services either as a result of financial limitation, excessive waiting time or lack of convenient facilities. The existence of these structural issues decreases the possibility of adults using regular checkups, screening, and other preventive services. Socioeconomic disparity also influenced preventive health participation showing how people with more income and education were inclined towards making healthier lifestyles.

Altogether, the paper highlights the inter-relationships between preventive determinants of health in urban environments. The issue of improving preventive health behavior has to be multidimensional, involving the enhancement of health literacy, increased accessibility, and the reduction of socialeconomic inequalities. Only by working together, policymakers, healthcare providers, and community organizations can formulate specific interventions that will decrease the structural barriers and increase the number of people having equal access to preventive care. These coordinated efforts can help make urban populations healthier and lead to healthier long-term population health.

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