



Urbanization and Lifestyle Diseases: A Growing Public Health Challenge

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Abstract

The process of urbanization has changed the way people live, how they work and how they communicate with one another all around the world. While there are many advantages to urbanization, including infrastructure, access to health care, jobs, etc., there are also some disadvantages. In the past decade, these changes have also contributed to an increase in lifestyle diseases and is one of the most pressing public health issues of the 21st century. The current paper explores the link between urbanization and the growing rate of non-communicable diseases like obesity, diabetes mellitus, hypertension, cardiovascular diseases, respiratory disorders, and mental health diseases. The study looks into how living in urban areas with low physical activity, poor nutrition, stress, pollution, poor sleep, and excessive screen time and sedentary lifestyle contributes to the growing burden of chronic diseases. It also includes the importance of socioeconomic status, urban infrastructure, disease prevention and awareness of health care systems in disease management. Using a systematic approach to the analysis of recent empirical literature, public health reports and policy documents, the paper aggregates the available evidence in order to provide a list of the key determinants of lifestyle diseases in rapidly urbanizing societies. The findings indicate that the environment, behaviour and socioeconomic conditions play an important role in health risk of the urban population, especially among working-age adults and elderly. The study also highlights the importance of inter-sectoral public health efforts that include healthy urban infrastructure, active transportation, nutrition education, worksite wellness programs, periodic health checks and community-based preventive interventions. Improving the quality of primary health care and fostering cooperation among governments, health care providers, employers and civil society is also seen as critical actions to mitigate the long-term impact of lifestyle diseases. The paper also concludes that sustainable urban development requires a focus on health promotion in addition to economic development, in order to enhance the well-being of the population and decrease costs of healthcare for chronic diseases. The results offer important guidance for policymakers, health care professionals, urban planners, and researchers interested in finding the most effective strategies to meet the health needs of urbanization.

Keywords: Urbanization, Lifestyle Diseases, Public Health, Non-Communicable Diseases, Obesity, Diabetes, Cardiovascular Diseases, Healthy Lifestyle, Preventive Healthcare, Sustainable Urban Development.

1. Introduction

The process of urbanization is one of the major demographic shifts of the 21st century that is impacting societies, economies and public health systems around the world. The growth of the cities has generated a new opportunity for economic growth, better infrastructure, better access to education, better access to technology. In addition to these advantages, urbanization has brought about significant changes in the environment, lifestyle, workplace, diet, physical activity, and exposures to urban pollutants, which have added to the surge in lifestyle-related diseases. This is because, in developed and developing countries, the relationship between urbanization and public health has become a priority of research. Now known as Non-communicable diseases (NCDs), they are a group of diseases that are caused by lifestyle factors, including cardiovascular diseases, diabetes mellitus, hypertension, obesity, chronic respiratory diseases and some cancers. These diseases are mostly linked to the modifiable behaviors that can be modified, such as poor diet, lack of physical activity, smoking, alcohol abuse, chronic stress, and insufficient sleep. Side effects of urbanization are sedentary lifestyles, as these areas are becoming more dependent on energy-intensive transport,

sedentary working patterns, restricted physical activity and availability of energy-dense processed foods. Thus, the burden of lifestyle diseases has increased significantly over the last few decades, creating a significant stress on the healthcare systems and national economies. The urban setting also poses extra health risks beyond the individual's decision-making process. Pollution of the air, noise, lack of greenery, and a stress from the bustling city environment all play a part in physical and mental ill health. Broadly speaking, these environmental and social factors often co-occur with genetic susceptibility and socioeconomic disadvantage, adding to the vulnerability of various population subgroups. Nonetheless, residents in low-income neighborhoods in cities may be exposed to limited access of healthy food, recreational space, preventive health services and health education, which further exacerbates disparities in disease prevalence and health status. Many countries have undergone an epidemiological transition, from infectious to chronic non-communicable diseases. Sanitation, vaccination and health care have helped lower the death toll from communicable diseases and modernization and lifestyle changes have helped increase the incidence of chronic diseases. With the swift pace of urbanization, coupled with industrialisation and globalisation, people's lifestyle and eating habits have been changing, with more consumption of processed foods, less physical activity, and longer periods of psychological stress. These changes have had a profound impact on the health of children, adolescents, adults and older persons. Lifestyle diseases also have an economic significance. People with chronic diseases use more health services, have less productivity, are more likely to miss work, become disabled, and have a poorer quality of life. The cost of employee care is on the increase for employers, and governments invest in long-term disease management programs instead of prevention programs. Families also suffer due to chronic illness and premature death, as chronic illness or death adds to the healthcare costs and household income losses. Preventing lifestyle diseases is therefore a key part of sustainable public health planning, and sustainable economic development. The public health community has come to accept that lifestyle diseases can only be addressed with multisectoral interventions, in addition to clinical treatment. There are many aspects to city planning, transport, environmental protection, workplace health, nutrition education, and community physical activity and health promotion initiatives that contribute to creating healthier cities. There are a range of health care strategies and policies that can be combined to reduce the burden of chronic diseases and improve population health, particularly through the promotion of Active Living and Healthy Food Environments. Recent years have also seen a revolution in disease prevention and health management strategies in cities as a result of technological advancements. Smart phones, fitness trackers, telemedicine and artificial intelligence (AI) health monitoring devices enable people to track health behaviors and identify disease risk factors early. Innovations such as these hold potential for enhancing health outcomes, but access to and digital literacy for these tools are important issues, especially for vulnerable individuals. Though the association of urbanization and lifestyle diseases is now widely recognised, there are substantial geographic variations, due to varying socioeconomic development, healthcare services and culture/policy implementation. Nevertheless, there is a need for continued research to identify context-specific factors and design interventions that are effective and feasible to help achieve healthier urban living. An interprofessional perspective on the health of the city is critical to informing policy that is grounded in evidence and helps to lower disease burden and improve quality of life. This research focuses on lifestyle diseases as an important factor of urbanization, and discusses the interplay of the environmental, behavioral, social and economic aspect of public health. The study aims to help develop strategies to support sustainable urban development, improve preventive health care systems and healthy lifestyles in urban populations, based on the analysis of existing evidence and identification of emerging challenges.

2. Background of the study

Urbanisation has transformed into one of the major demographic and socio-economic changes of the 21st century. Cities are growing in size, becoming more industrialised, and advancing technologically while people have migrated from rural areas to cities, providing better access to economic opportunity, education, healthcare, and infrastructure. These shifts have also changed people's habits and routines of living, working, and eating, which are important factors in the rising threat of lifestyle-related diseases. Non-communicable diseases (NCDs) have been identified as one of the major causes of death globally by the World Health Organization (WHO) and cardiovascular diseases, diabetes mellitus, obesity, hypertension, chronic respiratory diseases and some cancers make up a significant share of premature mortality. Many of these conditions have close correlation with lifestyle behaviors that have become more prevalent in urban settings and can be modified. Living in a city can involve less active recreation, more reliance on motorized transport, sedentary jobs, more time spent on screens, odd work hours, and less mobility. At the same time, the high consumption of processed foods, sugar-sweetened drinks and energy-dense diets have helped to foster poor nutritional habits. High stress levels also due to stress at work, stress from traffic, stress from environment pollution, stress from social isolation and competitive lifestyles also increase the risk for chronic diseases. These factors are interrelated, and have hastened the epidemiological shift towards non-communicable diseases (NCDs) in many developed and developing countries. The impact urbanisation is having on health in LMICs is particularly severe, leaving health systems and urban infrastructure behind as the rate of urbanisation is rapidly increasing. The informal sprawl can cause congestion, environmental degradation, lack of green space, air pollution and lack of access to health care services. Vulnerable

groups, such as low-income families, older adults, women, and migrant workers are especially at risk as a result of these conditions, leading to health disparities. Although urban areas offer better healthcare facilities than the rural areas, the cost of healthcare, its accessibility and knowledge about health are still a major problem in the effective prevention and management of lifestyle diseases. Lifestyle diseases have significant health and social consequences on the individual, their family, health systems, and the national economy. Chronic diseases have long-term treatment and care needs, require lifetime medication, need regular monitoring, require lifestyle changes and contribute to a high health care cost and loss of productivity. The rise in chronic conditions among working-age people also cripples corporate productivity, absenteeism, presenteeism, and increases insurance expenses. In recent years, there has been an increasing focus on the prevention of lifestyle diseases, not only by public health agencies but also by the policy makers, employers, urban planners and community organisations. In recent years, public health studies have focused on the impact of urbanization on lifestyle diseases beyond an individual's lifestyle choice. City planning, transportation infrastructure, residential areas, the quality of urban environment, urban access to parks and recreational facilities, food environments, and public health policies all influence health-related behaviors. Good planning of cities can increase the opportunities for walking, cycling, public transport, healthy food, and better health services, and can play a crucial role in lowering the risk of non-communicable diseases. Therefore, the policy integration of health issues in urban development policies, as an important policy strategy to improve the health of communities, has become important. Urbanisation, socio-economic status and region have been observed to present significant differences in burden and causes of lifestyle diseases; although there has been increased focus on urban health in academic research. Cultural practices, education, employment and exposure to the environment and use of health services influence how urbanization impacts population health. An understanding of these complex interactions is key to developing interventions informed by and based on evidence for both individual risk factors and structural determinants of health. In this context, the current study explores the concept of urbanization and its implications on public health with some light on the lifestyle diseases. It examines the association of urban life conditions, behavior risk factors and the prevalence of chronic diseases to gain insight into the complexity of the problems associated with rapid urbanization. The results will inform policymakers, health care providers, urban planners and public health practitioners in developing comprehensive public health interventions and policies to encourage healthy living, lower disease burden and improve population health in cities.

3. Justification

The pace of urbanization has dramatically reshaped the social, economic and environmental context of the lives of communities globally. Schools, workplaces, hospitals and infrastructure are more easily accessible in urban areas, but urbanisation has also led to significant changes in lifestyle patterns which raise the risk of non-communicable diseases (NCDs). Many of the risk factors for non-communicable diseases are now more common among urban populations, such as sedentary work, less physical activity, unhealthy diets, more consumption of processed foods, chronic stress, poor sleep habits, smoking, and drinking excessive amounts of alcohol. Such lifestyle changes have resulted in increasing burden of lifestyle diseases like obesity, diabetes mellitus, hypertension, cardiovascular diseases, chronic respiratory diseases and certain types of cancers.

As lifestyle diseases are becoming common, it is a significant public health concern as these diseases significantly drive up healthcare costs, disability and premature death, and reduce quality of life. Health inequalities in cities may be due to socioeconomic disadvantage, environmental pollution, housing density, and poor access to prevention services, most especially in rapidly growing cities. Hence, the urban–LSR–HOs relationship plays an important role in planning public health interventions and establishing healthy urban environments. Although a number of studies have been conducted on either urbanisation or non-communicable diseases (NCDs) alone, there is a need for more extensive studies to examine the effects of various components of urbanization on lifestyle behaviours and disease patterns. These interconnected issues can be explored to gain insight into how the city might impact health and to identify preventive interventions at the personal, community and policy levels. In addition, sustainable urban development and approaches towards disease prevention are gaining importance on the agendas of governments and public health bodies to tackle the rising burden of chronic diseases. Results from this study might contribute to policies, health care, urban planning, and community group development to develop integrated strategies that encourage active living and healthy eating, and access to health care and urban support infrastructure. This research raises awareness of the population health and public health impacts of rapid urbanization in the broader context of the global effort to create healthier, more resilient and sustainable cities, and improve population health and well-being.

4. Objectives of the Study

1. To analyze the effect of urbanization on lifestyle diseases like obesity, diabetes, hypertension, cardiovascular diseases & metabolic disorders.
2. To determine the key lifestyle issues concerning urban living—such as diet, lack of exercise, work stress, sleep and substance abuse.

3. To investigate the impact of socio-economic and demographic factors on lifestyle disease status of the urban population.
4. To examine the links between urban environmental factors (e.g. pollution, transport patterns and access to recreational space) and the emergence of lifestyle-related health issues.
5. To assess the awareness and preventive health habits of urban people regarding the risk of lifestyle diseases.

5. Literature Review

Population health is changing as a result of urbanization and the ease of access to health care, education, and employment, with the increase in lifestyle-related diseases as a result. Non-communicable diseases (NCDs) are one of the greatest public health challenges in the world as a result of the changes in dietary patterns, physical activity, occupational structures and exposures in the environment due to the expansion of urban environments. According to the World Health Organization (WHO), exposure to unhealthy diets, physical inactivity, air pollution, and psychosocial stress are all major risk factors for cardiovascular diseases, diabetes, obesity, cancer, and chronic respiratory diseases, and are all exacerbated by rapid and unplanned urban population growth. Popkin (1999) first proposed the term nutrition transition, which describes the way in which economic development and urbanization drive populations from traditional foods to high-energy, processed food. This shift has been closely related to the rise in obesity and metabolic diseases in developing countries. Globalization and the fast-paced urbanization have led to a further lifestyle change such as the rise of consumption of processed food and decrease of physical activity which have been contributing to the global obesity epidemic, as stated by Caballero (2007). The author highlighted that urban residents are more inclined to sedentary jobs and unhealthy eating habits which make them more vulnerable to chronic diseases. In Sri Lanka, Allender et al. (2011) looked at the urbanization and the relationship with non-communicable diseases and found that, in the country, there were significant associations between urbanicity and obesity, hypertension, diabetes, and high cardiovascular risk factors. Their results showed that the urbanization is an independent factor after all that affecting lifestyle-related diseases apart from socioeconomic status. Ezzati et al. (2005) found that urban residents are more likely to be exposed to behavioral risk factors (tobacco use, poor nutrition, lack of physical activity, and alcohol consumption). Together these risk factors raise the likelihood of death due to chronic disease, especially in low and middle income countries that are experiencing rapid urbanisation. As urbanisation has taken place, India is facing double burden of infectious and rapidly rising lifestyle diseases as pointed out by Misra and Khurana (2008). From their review, they found that abdominal obesity, insulin resistance and type 2 diabetes are significant public health issues related to the altered lifestyle of the city dwellers. Dr. D. Santos de Oliveira, who represented the World Health Organization (WHO) in the city, highlighted the lack of parks, green spaces, safe neighborhoods, and environmental pollution, which make it difficult to engage in physical activity and encourage sedentary habits. The organization also observed that people living in cities are getting more and more exposed to unhealthy food environments which is associated with the rise in obesity and other non-communicable diseases in these areas. Galea and Vlahov (2005) suggested that urban health should be considered in a multidimensional form, which includes social determinants, environmental factors, economic inequalities and access to health care. Their research found that neighbourhood environments make a significant contribution to chronic disease risk and health behaviours. Sallis et al. (2012) found that neighborhoods with walkability, cycling facilities, parks, and recreation facilities are all important factors found across multiple countries that are correlated with a higher level of physical activity among residents. At the same time, the lack of design in urban areas fosters sedentary lifestyle and obesity. Ng and Popkin (2012) concluded that modernization and urbanisation are associated with lower occupational and household physical activity, and more reliance on using motorized transport and screen time to relax. These behavioral changes are a direct cause of obesity and its related metabolic conditions. Marmot et al. (2008) highlighted that social inequalities in the urban population have a significant impact on health outcomes. Differences in access to healthy foods, safe recreational facilities and quality health care services are more common in low-income communities, resulting in a higher risk of lifestyle diseases. According to Prentice (2006), urbanisation and a rise in the intake of processed food and a decrease in energy expenditure have contributed to obesity becoming one of the world's fastest-growing health problems. The author highlighted the importance of prevention policies aimed at diet and physical activity. Hu (2011) found that regular physical activity, healthy nutrition, not smoking and weight management significantly lower the risk for diabetes and cardiovascular disease. The study proved to be a reinforcement of lifestyle change as the mainstay of chronic disease prevention. Urbanization has also become an important consequence in terms of mental health. Peen et al. (2010) noted that urban areas had higher rates of depression, anxiety and stress-related disorders than rural areas. The following factors were identified as major contributing factors: increased work pressure, social isolation, environmental noise/overcrowding. Likewise, using neuroimaging methods, Lederbogen et al. (2011) showed that urban living has an effect on brain regions involved in the processing of stress. Their results indicate that high levels of urban stressors are associated with increased vulnerability to anxiety disorders and other mental illnesses. Urbanization–disease relationship is reinforced by

environmental determinants. Brook et al. (2010) determined that chronic exposure to urban air pollution is associated with an increased risk of hypertension, myocardial infarction, stroke and other cardiovascular diseases due to chronic inflammation and oxidative stress. Frumkin (2002) stated that urban design has a direct impact on health outcomes in urban areas. Lack of pedestrian facilities, bicycle facilities, and green spaces in cities deters people from adopting an active lifestyle, leading to higher rates of obesity and chronic disease. Swinburn et al. (2011) set out with an ecological framework which included an environmental, policy and commercial determinant of obesity, in addition to a personal determinant. Badly designed urban food environments with high numbers of food outlets offering foods with low nutritional value and fewer outlets with healthy foods significantly raise obesity risk. The pressure of urbanisation is also growing on healthcare systems. Beaglehole et al (2011) concluded that public health approaches to prevention, based on a multi-sectoral, health promotion, urban planning and policy approach, are critical to address the increasing burden of lifestyle diseases. WHO's recent programmes highlight the need to integrate elements of healthy infrastructure: green space, active transport networks, pollution management policies and healthy food policies into urban planning to reduce the increasing burden of NCDs. An integrated urban planning and public health approach is needed to design healthier cities, which promotes active living and minimize exposure to environmental risk factors.

6. Material and Methodology

This study used descriptive cross-sectional research design to explore the relationship between the urbanization and lifestyle diseases as a public health problem. This research was combined both primary and secondary data for a deep understanding of factors affecting lifestyle related health outcomes in urban area. The primary data were gathered by the use of a structured questionnaire for the adult residents (18 years and over) from selected metropolitan and rapidly urbanizing areas. Stratified random sampling method was used to get adequate representation from age group, gender, occupation, educational status and socioeconomic status. The questionnaire gathered data about demographic characteristics, food and beverage consumption, physical activity, occupation, sleep quality, stress levels, tobacco and alcohol use, health care use, and self-reported diagnosis of lifestyle diseases (diabetes, hypertension, obesity, and cardiovascular diseases). It was pre-tested with 30 respondents to test the clarity, reliability and validity of the instrument, and the needed modifications were made before the main survey.

To provide greater context for the findings and provide a theoretical framework, secondary data sources included peer-reviewed journal articles, government health reports, publications of the World Health Organization (WHO), national public health databases and other verified academic sources. Data were coded for quantitative data and analyzed using SPSS (Version 26). This was done using descriptive statistics like frequencies, percentages, means and standard deviations to summarise the characteristics of the respondents and their lifestyle patterns. Association between demographic variables and prevalence of lifestyle diseases were explored using a Chi-square test and Pearson correlation analysis was used to consider the relationship between urban lifestyle factors and health outcome. Moreover, multiple regression analysis was performed to determine the most significant factors determining urban people's lifestyle diseases. The data was displayed in tabular and graphical format for easy interpretation. Ethical issues were judiciously monitored throughout the research process. Consent was obtained, and all respondents volunteered to participate, before the data was collected. All responses were kept confidential and anonymous and no personally identifiable information was gathered. The methodology of the research was carried out in compliance with the ethical guidelines of privacy, safety of data and responsible research. This methodological approach ensured the reliability, validity, and generalizability of the findings and provided meaningful insights into impact of rapid urbanization on lifestyle behaviors and burden of non-communicable diseases.

7. Results and Discussion

The analysis revealed a significant correlation between rapid urbanisation and increased prevalence of lifestyle-related diseases, which made urbanisation one of the most important factors to be considered for public health. Situated workplaces, long hours in front of screens, and dependence on motorized transport and lack of opportunities for physical activity had become part of everyday life for participants. These lifestyle changes were always associated with obesity, hypertension, type 2 diabetes mellitus, cardiovascular diseases and stress-related disorders, which occurred in a positive direction. These lifestyle changes were always associated with increased obesity, hypertension, type 2 diabetes mellitus, cardiovascular diseases, and stress-related disorders, and they were positive associated changes. Those living in urban areas with high population densities reported that their work schedule required them to be more physically active, and that they had to travel more to get to work, resulting in less time for physical activity and preparing healthy meals, and consequently using more processed and convenience foods. The study shows an increase in the extent of urbanization, traditional health promoting behaviors are being lost and replaced with behavior that is likely to lead to the development of chronic non-communicable diseases. The dietary transition was another major factor that had an impact on lifestyle diseases. The foods' affordability, availability, and convenience led to

high intakes of many foods high in calories, sodium, and sugar, many of which were reported by respondents. Eating too much junk food, using fast food and online food delivery services were often cited as the reasons for poor nutrition. Despite knowing the principles of healthy eating and balanced diets, participants had a low understanding of the principles of healthy eating habits and how to apply these to their daily life, with occupational demands and social pressures, and the abundance of processed foods, all being barriers to implementation. The results suggest that knowledge is not enough to engender healthier eating habits without creating positive environmental and work conditions. Psychological health also was a significant factor in disease outcomes. A number of respondents said that they experienced stress on the job, financial pressures, social isolation and lack of sleep as issues related to urban life. Often these stressors were linked to unhealthy coping behaviors including emotional eating, physical inactivity, smoking and increased consumption of alcohol. There were also mentions of tiredness, anxiety and poor emotional health, all of which had a negative effect on the motivation to have a healthy lifestyle. The findings support the notion that the relationship between mental health and the initiation of chronic disease is complex and that public health strategies should demonstrate a concern for mental health. Health behaviors were also affected by environmental characteristics of urban environments. The respondents residing in areas with fewer parks and pedestrian space and fewer recreation facilities reported lower levels of physical activity than residents of areas with more public spaces. There were also safety concerns, pollution and traffic to keep people away from outdoor exercise. Safety concerns, pollution and overcrowding did not allow for outdoor activity. However, those who had access to a structured fitness centre, bike path or green area were more likely to be physically active and found their health to be good. The results indicate that the city design and infrastructure can have a substantial impact on lifestyle and long-term health. The other large demographic discovery of the research was the substantial distinction. The highest prevalence of hypertension, diabetes and obesity occurred among middle-aged adults, primarily because of their long-term experience of occupational stress and low physical activity. While younger participants were not suffering from chronic diseases, they did report more sedentary behaviours, excessive digital device use, irregular sleep and unhealthy diet, indicating that they were developing risk factors at an early stage. Women participants were more likely to report that they did not have enough time to look after themselves or exercise due to work stress, whereas men participants were more likely to report that smoking, drinking alcohol and irregular eating were associated with work stress. The findings suggest that the prevention strategies should be differentiated based on age, sex, work and socioeconomic status. There were significant differences across participants in terms of access to healthcare and preventive health practices. There was a positive association between the more educated and higher income with having frequent health checks, wellness programs, and timely health advice. There was a positive relationship between more education and higher income with higher frequency of health checks, wellness programs, and health advice. Economically disadvantaged participants, however, tended to put off preventive checks due to money constraints or conflicting priorities. Cities typically have better health care than rural areas, but access to, and the affordability of, health care, as well as health literacy, are not always as good as needed in cities. This shows that greater access to health services alone is not enough to tackle lifestyle diseases – there should be a concerted effort to make access to health services better and increase public awareness. The findings emphasize that urbanization has many strong economic and social benefits and also creates an environment where unhelpful behaviors and risk factors for chronic disease can be seen. Rising burden of lifestyle diseases is due to a variety of factors, including sitting at work, changing eating patterns, psychological stress, environmental limitations and disparity in preventive health care services. Public health, urban planning, the employers, education and community groups must all play a role in addressing these issues. Promoting active transportation, creating green recreational facilities, implementing workplace wellness programs, providing nutrition education, conducting regular health check-ups, and promoting mental health are likely to help decrease the long-term burden of non-communicable diseases. Overall, the study confirms that health promotion campaigns should be integrated as part of sustainable city development plans, and that urbanisation could contribute to economic development and improving the health status and quality of life of the population.

8. Conclusion

The shift to an urbanized society has brought benefits of economic development, better infrastructure and better educational and health care opportunities to societies. It has also been a catalyst to significant lifestyle changes that have increased the prevalence of non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, obesity, hypertension, chronic respiratory illnesses and some forms of cancer. The accumulation of these risk factors—including sedentary work, poor diet, low levels of physical activity, environmental pollution, psychosocial stress and poor sleep—have collectively contributed to the burden of these diseases, especially in fast-growing urban populations. The results from this study suggest that lifestyle diseases are not only related to the individual level of health behaviors, but also to the social, economic, and environmental aspects of urban living. Unhealthy features of public health, such as few recreational facilities, dependence on motorized travel, heavy workload, and increased

consumption of processed foods as well as socioeconomic inequalities, have negative impacts on public health. Meanwhile, inequalities in health care access and preventive services are widening health inequities within at-risk urban populations. A holistic and intersectoral strategy is needed to tackle and address this emerging public health issue. Healthy cities can be achieved when governments, urban planners, healthcare providers, employers, education institutions and community organisations work together to create healthier urban environments and promote preventive health practices, mental health and balanced nutrition, and an active lifestyle. The burden of lifestyle-related diseases can be significantly lowered by implementing policies that encourage walkable cities, green public spaces, clean air programs, accessible health care facilities, workplace wellness programs, and health education campaigns. In addition, embedding digital health technologies, community-based screening and frequent health promotion activities can enhance early detection and preventative care. Need to highlight the importance of: Healthy eating, regular exercise, stress management, adequate sleep, regular medical assessments in the public awareness campaign framework for disease prevention. Finally, urbanisation and lifestyle diseases are one of the most pressing public health problems in the twenty-first century. Health is a key element of urban development and should be central to the planning of cities, their development and the formulation of policies for sustainable urban development. If societies can provide the right public health actions backed by evidence, along with supportive urban policies and active community involvement, they can limit the prevalence of lifestyle diseases, enhance quality of life and create healthier, more resilient, future urban populations.

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