Welcome to the first issue of 2023! I hope that the new year started positively and that you all look forward to what we have in stock for you. The journal continues to grow with an impressive and steady increase of submissions from around the world. Our readership has also expanded reaching diverse audiences including researchers, policymakers and practitioners, but also members of the public.

I first took the role of Editor-in-Chief in February 2014 when the journal was still called Ethnicity and Inequalities in Health and Social Care. Next year, it will be 10 years since I have been editing it. I am proud of the work that has been achieved and above all honoured and humbled by the trust that many authors have put into the journal and the publisher. I am well aware how much work goes into publishing in peer-reviewed journals, and thus I hope that our processes make the publication experience smooth and prompt. Above all, I want to say a huge thank you to the Editorial Board and all the reviewers who have been supporting me generously with their expertise and time.

This issue, although not a special one, has several papers focusing on psychometric development and analysis. The first paper, Psychometric development and validation of victim gaslighting questionnaire across a female sample from Pakistan, looks at the development of an instrument that can effectively measure gaslighting in victims. This instrument has its applicability in several domains the most important being in the criminal justice system, as it can help in determining the severity of gaslighting in victims. Likewise, it can be used in clinical settings for psychologists to identify possible cases of gaslighting. Moreover, researchers can also benefit from the instrument because it can enable them to explore gaslighting with other possible variables that can help them explore the concept of gaslighting even further. A qualitative sample of eight women who were victims of domestic abuse was taken for a focus group. Subsequently, a sample of 20 women for the pilot study and a sample of 150 women for the main study was taken with age range 18–40. As a result, Velicer’s MAP method and Maximum Likelihood FA suggested two-factor structures including peer disagreement and loss of self-trust. All in all, this paper helps to establish a scale in an effort to construct an instrument that can be used worldwide.

The second paper, Psychometric development and validation of personal growth initiative (PGI) scale across male and female in early adulthood population in Pakistan: a comparative study, aims to assess how gender influences the psychometric properties of the PGI scale. The paper also aims to evaluate the relationship of PGI with mental well-being, and career orientation. To develop a scale, first, focus group discussions were conducted with six groups. A sample of 50 men and 50 women were taken for the pilot study and 449 (156 men and 293 women) for the main study with ages ranging from 18 to 35 years. The study consisted of focus group discussions followed by thematic analysis and item pool generation which further followed the main study analysis. The findings suggest the instrument to be psychometrically valid and reliable and can be helpful in many domains such as industrial organizations, career counselling and clinical and research settings. Also, the instrument can be beneficial for future studies in identifying other possible relationships with multiple variables.

Moving onto Psychometric properties of the revised Urdu version dyadic adjustment scale for evaluating marital relationship quality between madrassa and Non-Madrassa married
women, this paper explores the indigenous needs of married women in Pakistan impacted by marital conflict. The research focuses on investigating psychometric properties and cross-cultural validation of the revised dyadic adjustment scale’s (RDAS) Urdu-translated version to assess marital relationship quality between married madrassa and non-madrassa women. The investigators executed the study into two phases: a pilot test and the main survey. The pilot study’s findings specified that the Urdu-translated version of the RDAS indicated a decent internal consistency. The main study recorded 300 respondents’ responses from madrassa and non-madrassa married women using a purposive sampling approach and recruited them from the locality of various madrassas and housing societies of Islamabad, Azad Kashmir and Rawalpindi, Pakistan. The study findings showed higher intercorrelations between total and subscales of the RDAS. This paper contributes to scientific knowledge and helps develop and validate indigenous cross-cultural instruments to examine marital life quality. It offers practical and reliable information about Pakistani couples’ emotional attachment and marriage adjustment issues.

The fourth paper, *Impact of restricting access to health care services on Syrian refugees in Jordan: evidence from cross-sectional surveys*, aims to identify the influence of restricted level of access to essential health services among Syrian refugees in Jordan. It uses original findings of cross-sectional surveys that were conducted with urban Syrian refugees in Jordan in 2017 and 2018 over two different health-care access policies. The first was inclusive and affordable, whereas the other restricting. Access indicators from four main thematic areas were selected including maternal health, family planning, child health and monthly access of household. The comparison between findings of both surveys shows a sudden shift in health-care access and utilization behaviours with increased barriers level thus increased health vulnerabilities. Additionally, the finding during implementation of restricted access policy proves the tendency among some refugees groups to adopt negative adaptation strategies to reduce health-care cost. The participants shifted to use a fragmented health care, reduced or delayed care seeking and use drugs irrationally whether by self-medication or reduce drug intake. Understanding access barriers to health services and its negative short- and long-term impact on refugees’ health status as well as the extended risks to the host communities will help states that hosting refugees building rational access policy to protect whole community and save public health gains during and post crisis.

South Africa has the largest HIV pandemic in the world with approximately 7.2 million people living with HIV as of 2017. *Exploring the potential causes of HIV prevalence among young women in South Africa: a critical literature review* argues that there is a disproportionate incidence of HIV between women and men, particularly affecting young women 15–24 years of age. Five themes were identified from the findings as to the potential causes of HIV prevalence among young women these included age-disparate relationships, social factors and sexual behaviour. Impact of HIV on communities and individuals, gender and patriarchy including poverty and social isolation.

*Family level drivers of access to healthcare among persons with disabilities in the Bosomtwe district of Ghana* is based on a qualitative case study with 60 participants. It argues that family members of persons with disabilities play key roles in promoting their access to health care; therefore, there is the need for stakeholders to put in measures that will limit misconceptions about disability not only for the general public but also for individuals like parents and immediate family members.

The final paper, *An inquiry into the achievements in health outcomes of Bangladesh: role of health expenditure, income, governance and female education*, examines how health outcomes such as life expectancy and adolescent fertility are impacted by health expenditure (both public and private). This paper uses autoregressive the distributed lag technique to estimate models with data from 1990 to 2016 under two different scenarios. The paper argues that all the explanatory variables exert significant impact on health outcomes.
Furthermore, public health expenditure is augmented with governance issues because they play a crucial role to achieving the expected health outcomes.

I hope that you find this Issue useful in your practice and research. Your feedback is always welcome; you can submit your views via our website as well as your work for peer review and publication at www.emeraldgrouppublishing.com/journal/ijrh?id=IJHRH#author-guidelines. We review papers on an ongoing basis and have a target of returning them to the author within — five to eight weeks of receipt. Warm wishes from everyone at the IJHRH and stay safe!