https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Charectristiscs of related preliminary studies reviewed in the present study in details ($n = 41$)

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
1	Plohl and Musil, 2021 [52]	International data	Cross-sectional study	525 Participants	Confidence in science has a direct and significant relationship with following the protective guidelines of COVID-19 (B = 0.26, $p < 0.01$). Other variables at the structural level, such as political conservatism, orthodoxy, and conspiracy theories, also through following the Covid-19 guidelines are related. Understanding the risk of COVID-19 is directly and significantly related to following the health guidelines of COVID-19 (B = 0.35, $p < 0.001$).	Political conservatism, religious beliefs (orthodoxy)[a], conspiracy beliefs, confidence in science	Understanding the danger of COVID-19 (risk perception)
2	Zhai et al., 2021 [27]	USA	Ecological study	Google community mobility data	Both the rich and the poor generally reduced their trip. However, the poor people declined journey less than the rich, except going to the park.	Socio-economic status	-
3	Bezerra et al., 2020 [40]	Brazil	Cross-sectional study	16,440 Participants	Socio-economic profiles of individuals, including gender, education, household size, and income level, are related to the behavior of maintaining physical distance and staying at home during the COVID-19 pandemic quarantine. Also, housing quality is related to keeping physical distance and staying at home during the COVID-19 pandemic quarantine period.	Education, income level, household size, gender	Quality of housing
4	Chan et al., 2020 [41]	China	Cross-sectional study	750 Participants	Housewives, unemployed, and retired people were more likely to engage in COVID-19-related preventive behaviors, including avoiding public places and using public transportation, than those with white-collar jobs. Also, people with higher incomes and lower education considered themselves less at risk of COVID-19 and less likely to engage in COVID-related preventive behaviors than those with lower incomes and higher education. Men were also significantly less likely than women to engage in related preventative behaviors, including washing their hands with soap and avoiding gatherings and meals around. Younger people have more preventive behavior than older people, and the most preventive behavior was in the age group of 44 to 25 years.	Education, job, income, gender	Age

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
5	Cvetkovic et al., 2020 [55]	Serbia	Cross-sectional study	975 Participants	Education has no significant relationship with preventive behaviors. However, participants with a high school education were more likely to engage in quarantine and stay home. People with a bachelor's degree were more likely to avoid hugging and kissing family, friends, and relatives, and those with a higher college education avoided contact with animals. Also, people with a master's or doctoral degree were more likely to engage in preventative behaviors, including avoiding handshaking, maintaining social distance, storing food for a month or more. Participants in the 38 to 39 age group were more likely to limit their travel, have food save for a month or more, and avoid contact with the elderly. On the other hand, people in the age group of 39 to 48 years were more likely to avoid hugging, and kissing family members, friends, and relatives use more disinfectants and generally avoid contact with others. Besides, participants in the 49 to 58 age group avoided handshaking, followed the recommended social distance, observed a proper diet, and avoided contact with pets. Women are significantly more likely than men to engage in related preventative behaviors, including washing their hands with soap, not shaking hands with acquaintances, avoiding contact with the elderly, not seeing family members, and avoiding contact with pets. In contrast, men use more disinfectants than women.	Education, gender	Age

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
6	Nasirzadeh and Aligol, 2020 [42]	Iran	Cross-sectional study	2,423 Participants	Women are significantly more preventive behaviors than men ($t = -6.09$, $p < 0.001$). Single people were also significantly more proactive than married people in adhering to preventive behaviors. There is a direct and significant relationship between preventive behaviors and knowledge and attitude in which the latter has the strongest predictor of preventive behaviors ($p = 0.009$, $B = 0.362$). In exchange for increasing a score in people's attitudes, 3.6 points increase preventive behaviors.	Gender	Marital status, COVID-19 knowledge and attitudes
7	Kim and Cho, 2020 [43]	South Korea	Cross-sectional study	1,770 Participants	Married people are more proactive than single people. Also, older people show more preventative behaviors than younger people. There was also a significant relationship between leisure time and preventive behaviors related to COVID-19. As, those who generally participated in cultural and artistic activities in their spare time before the COVID-19 pandemic (mean, 4.275; SD, 0.499) and those involved in social activities (mean, 4.249; SD, 0.525) and tourism-related activities (mean, 4.223; SD, 0.482) performed the most preventive behaviors associated with COVID-19, respectively. Also, those who participated in leisure activities with their families showed high preventive behaviors. In contrast, those who spent their leisure time with friends of the opposite sex had low preventive behaviors.	-	Age, marital status, leisure activity

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
8	Paykani et al., 2020 [44]	Iran	Cross-sectional study	1,073 Participants	After controlling for the effect of demographic and socio-economic variables, the social support variable had a significant relationship with how people followed the recommendations to stay at home. Likewise, social support decreased or increased adherence to home self-isolation, depending on the source (friends/family). Thus, perceived social support by the family reduced the likelihood of less compliance with the order to stay at home (OR, 0.874; 95% CI, 0.803 to 0.950), but perceived social support by friends had the opposite effect (OR, 1.147; 95% CI, 1.076 to 1.222).	-	Social support
9	Carlucci et al., 2020 [56]	Italy	Cross-sectional study	3,672 Participants	Women [t (3670) = 11.145, $p < 0.001$], most educated people [F (3;3,668) = 10.228, $p < 0.001$], married people [F (4;3,667) = 36.097, $p < 0.001$], residents of Southern Italy [F (4;3,577) = 13.96, $p < 0.001$], middle-aged individuals [F (4;3,667) = 54.334, $p < 0.001$], health workers [F (4;215) = 4.551, $p < 0.001$], and being at risk of COVID-19 disease [F (3;3,668 = 8.337, $p < 0.001$] more likely to adhere to preventive guidelines.	Employment status, education, gender	Age, marital status, COVID-19 risk perception, place of living
10	Galasso et al., 2020 [28]	Eight OECD countries including Australia, Austria, France, Germany, Italy, New Zealand, UK, USA	Cross-sectional study	21,649 Participants	Women had significantly higher compliance compare to men (mean, 0.881 vs. 0.832; mean difference, 0.049; 95% CI, 0.042 to 0.057) in all countries.	Gender	-
11	Taylor et al., 2021 [29]	USA and Canada	Cross-sectional study	3,075 Participants	Drug abuse was related COVID-19 related disregard for social distancing.	-	Alcohol and drug abuse
12	Kowalski et al., 2020 [57]	Poland	Repeated cross-sectional study	507 Participants	Coronavirus conspiracy beliefs were negatively related to adherence to World Health Organization protective guidelines ($\rho = -0.22$, $p < 0.001$) and governmental protective ($\rho = -0.20$, $p < 0.001$) guidelines.	Conspiracy beliefs about governments, particularly the Polish government	-

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
13	Azene et al., 2020 [51]	Ethiopia	Community-based cross-sectional study	635 Participants	Gender (OR, 2.39; CI, 1.66 to 3.45), level of information exposure (OR, 1.85; CI, 1.03 to 2.43), attitude towards COVID-19 preventive measures (OR, 2.54; CI, 1.79 to 3.60), and risk perception of COVID-19 (OR, 0.61; CI, 0.41 to 0.92) after adjusting for other variables were significantly associated with ACPGs.	Gender	Level of exposure to COVID-19 information, attitude towards COVID-19 preventive measures, COVID-19 risk perception
14	Faria de Moura Villela et al., 2021 [39]	Brazil	Cross-sectional study	23,896 Participants	Age (B = 0.007; CI, 0.006 to 0.007) gender (B = 0.128; CI, 0.116 to 0.141), education (B = 0.099; CI, 0.013 to 0.186), being a health care worker (B = 0.044; CI, 0.031 to 0.056), having comorbidities (B = 0.030; CI, 0.017 to 0.043), living in urban (B = −0.086; CI, −0.117 to −0.048), not being a student (B = 1.743; CI, 1.650 to 1.836), working for non-governmental sector (B = −0.045; CI, −0.075 to −0.015), and smoking (B = −0.024; CI, −0.043 to −0.0047) were significantly associated with ACPGs.	Education, employment status, gender	Age, place of living (rural/urban), smoking
15	Mohamed et al., 2021 [50]	Sudan	Cross-sectional study	987 Participants	Hand washing and avoidance of handshaking were significantly associated with age (OR, 2.022; CI, 1.531 to 2.670) and area of residence (OR, 4.460; CI, 2.614 to 7.611). Also, female practiced hand washing more frequently than males (OR, 1.537; CI, 1.170 to 2.020). However, Knowledge and attitude regarding COVID-19 were not significantly associated with ACPGs.	Gender	Age, area of residence, COVID-19 knowledge and attitude

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
16	Hamidi and Zandiatashbar, 2021 [25]	USA	Longitudinal study	771 Counties	Compact development along with the percentage of college (or higher) (B = 0.171, $p < 0.001$), educated people(B = 0.339, $p = 0.001$), and percentage of Hispanic population (B = 0.869, $p < 0.001$) after controlling for confounders were the strongest predictors of reduction in grocery trips during the shelter in-place-order. However, percent of households below poverty (B = 0.007, $p = 0.971$) and violent crime rate(B = −0.390, $p = 0.001$) were not significantly associated with the reduction in grocery trips during the shelter in-place-order.	Compact development (four distinct dimensions of urban sprawling: development density; land use mix; population and employment centering; and street accessibility, which represents the relative accessibility provided by the county), Ethnicity, percent of households below, poverty, education	-
17	Sturman et al., 2021 [59]	Australia	Cross-sectional study	374 Participants	Knowledge of social distancing was a strong predictor of intentions in specific situations (B = 0.42, $p < 0.01$), but not for general intentions to adhere social distancing (B = 0.08, $p > 0.05$). Also, there was a significant positive association between attitudes and general intentions to adhere social distancing. As having more positive attitudes predicted greater general intentions to adhere (B = 0.31, $p < 0.01$).	-	Knowledge and attitude of social distancing
18	Smith and Branscum, 2021 [30]	USA	Cross-sectional study	84 Participants	The results showed that instrumental attitudes (B = 0.22; CI, 0.07 to 0.39), injunctive norms (B = 0.22; CI, 0.03 to 0.40), and capacity (B = 0.46; CI, 0.28 to 0.63) were predictors of intention to keep 6-feet distance (B = 0.09; CI, 0.0 to 0.27), and to avoid places people congregate. For intentions to avoid places people congregate, only descriptive norms (B = 0.22; CI, 0.02 to 0.41) and capacity (B = 0.48; CI, 0.30 to 0.67) predicted stronger intentions. For intentions to stay home, only capacity (B = 0.63; CI, 0.46 to 0.80) predicted stronger intentions.	-	Age, knowledge and attitude of social distancing, injunctive norms (people who are important to me want me to do this) and descriptive norms (other will do this), capacity (I have the ability to do this.)

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
19	Pollak et al., 2020 [23]	Israel	Cross-sectional study	654 Participants	Non-adherence to COVID-19 health instructions was associated with male gender (OR, 1.54; CI, 1.03 to 2.31), not having children (OR, 1.73; CI, 1.13 to 2.65), smoking (OR, 2.27; CI, 1.42 to 3.62), high levels of past risk-taking behavior (OR, 1.41; CI, 1.10 to 1.81), as well as by current high psychological distress (OR, 1.51; CI, 1.14 to 2.01), low perceived risk of COVID-19 (OR, 1.52; CI, 1.22 to 1.89), low exposure to the instructions (OR, 1.45; CI, 1.14 to 1.82), and low perceived efficacy of the instructions (OR, 1.47; CI, 1.16 to 1.85). Age, economic status, physical health status, and exposure to media did not have significant association with adherence to COVID-19 health instructions.	Economic status, gender	Age, smoking, history of risk-taking behavior, psychological distress, COVID-19 risk perception, exposure to media, exposure to the COVID-19 preventive instructions, attitude towards the COVID-19 instructions
20	Bogg and Milad, 2020 [31]	USA	Cross-sectional study	500 Participants	The results showed significant total associations between conscientiousness (B = 0.191; 95% CI, 0.092 to 0.290], openness (B = 0.098; 95% CI, 0.011 to 0.188), and self-rated health (B = −0.046; 95% CI, −0.081 to −0.016) with COVID-19 guideline adherence. Social norm had significantly direct association with COVID-19 guideline adherence (B = 0.20; $p < 0.01$). Age, self-rated health, sex, education, income, race/ethnicity, children in the household, agreeableness, extraversion, neuroticism, risk perception, and perceived health consequence did not have significant associations with COVID-19 guideline adherence.	Shelter-in-place order certainty, income, education, race/ethnicity, gender	Age, marital status, having children in household, Attitude, perceived norm, self-efficacy, COVID-19 risk perception

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
21	Al-Hasan et al., 2020 [32]	USA, Kuwait, and South Korea	Cross-sectional study	418 Participants	The results showed that the intensity of social media use for the COVID-19 pandemic had a significant positive association with the coping appraisal for the disease. COVID-19 coping appraisal had a significant positive association with the social distancing adherence ($p < 0.001$). Coping appraisal (B = 0.22, $p < 0.001$), and knowledge (B = 0.05, $p = 0.03$) were significantly associated with social distancing adherence. However, age, gender, and household income did not have significant associated with social distancing adherence.	Household income, gender	Age, information sources and social media, knowledge, threat appraisal (risk perception), coping appraisal
22	Moussaoui et al., 2020 [62]	UK	Cross-sectional study	1,006 Participants	Gender (B = 0.188, $p < 0.001$) and frequency of social contacts (B = 0.06, $p < 0.001$) were the only variables significantly associated with protective behaviors, but other variables did not have significant association with protective behaviors.	Civil status, geographical area (region/country and county), social dilemma, education, number of people living in the household, gender	Age, beliefs towards COVID-19 and protective guidelines, frequency of social contacts
23	Beeckman et al., 2020 [61]	Belgium	Two cross-sectional surveys	First survey, 2,379 participants and 2nd survey, 805 participants	Decreased psychosocial well-being including anxiety (B = 1.85; 95% CI, 0.62 to 3.09), depression (B = 2.99; 95% CI, 1.72 to 4.26), anger (B = 2.74; 95% CI, 1.28 to 4.21), and social isolation (B = 2.82; 95% CI, 1.58 to 4.05) and lack of social support (B = 0.15; 95% CI, 0.26 to 0.04) were related to more difficulties with adhering to physical distancing and lower perseverance.	-	Psychosocial well-being, social support

(Continued to the next page)

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
24	Bruine de Bruin et al., 2020 [6]	USA	Cross-sectional study	5,517 Participants	Democrats were 1.76 times more likely than Republicans to wear a face mask (OR, 1.76; CI, 1.44 to 2.16), and 1.45 times more likely to avoid public spaces or crowds (OR, 1.45; CI, 1.17 to 1.79). Participants identifying as third party/independent were no more likely to wear a face mask than Republicans, though they were 1.23 times more likely to avoid public spaces or crowds. Third party/independents only differed from Republicans in terms of being slightly less likely to report hand washing. Also, participants who reported watching Fox News 1.31 times more likely to cancel travelling than non-viewers. Participants who reported watching MSNBC or CNN from 1.27 to 2.10 times were more likely to engage in each of the five protective behaviors, as compared to those who did not. All protective behaviors were also more likely among participants who were aged 65 or older, were Hispanic/Latinx, and had a college education. Additionally, African-Americans and other minorities were more likely to report using face masks and canceling travel. Each of the five protective behaviors was systematically more likely to be reported by participants who perceived greater risks of getting hospitalized if infected, with perceived risk of dying additionally increasing the likelihood of reported hand washing and the perceived risk of running out of money additionally increasing the likelihood of canceling travel.	Political polarization, political inclination, policy preferences, education, race, gender	Age, exposure to media, COVID-19 risk perceptions
25	Yang et al., 2020 [58]	Canada	Cross-sectional study	3,037 Participants	Participants with a higher risk perception (OR, 1.06; 95% CI, 1.02 to 1.10) those wishing to help flatten the disease curve (OR, 1.18; 95% CI, 1.12 to 1.25) or to protect their family/friends (OR, 1.14; 95% CI, 1.05 to 1.24) were more likely to engage in preventive behaviors.	-	COVID-19 risk perceptions

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
26	Iorfa et al., 2020 [49]	Nigeria	Cross-sectional study	1,554 Participants	Higher levels of risk perception predicted higher levels of involvement in COVID-19 preventive behaviors. A moderated mediation effect was found by a significant indirect effect of COVID-19 knowledge on COVID-19 preventive behaviors through risk perception among females (B = 0.22; 95% CI, 0.01 to 0.50), but not males (B = 0.14; 95% CI, 0.05 to 0.37). The other studied variables were not significantly associated with COVID-19 preventive behaviors.	Religion, education, perceived financial situation, gender, ethnicity	Age, marital status, COVID-19 knowledge, COVID-19 risk perception
27	Raude et al., 2020 [54]	France	Two cross-sectional studies	First survey, 2,000 participants and 2nd survey, 2,003 participants	In study first, gender (B = 0.05, $p < 0.05$ for survey1, B = 0.09, $p < 0.001$ for survey2) and age in all categories of both surveys except age group > 65 in survey1 were significant predictors of adherence with COVID-19 preventive behaviors. As female and older participants reported a higher level of adherence with the preventive behaviors than male and younger participants. Also, social norm was significantly associated with adherence with COVID-19 preventive behaviors (B = 0.13, $p < 0.001$ for survey1, B = 0.33, $p < 0.001$ for survey2). However, socioeconomic status was not. Trust in government(B = 0.07, $p < 0.01$ for survey1, B = 0.08, $p < 0.01$ for survey1) and emotional support (B = 0.06, $p < 0.05$ in survey2) were significantly associated with the level of preventive behaviors, as those who trust the authorities and perceived more emotional support were a bit more likely to report the adherence to preventive behaviors.	Socioeconomic status, gender	Age, social support, social norm, trust in government

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
28	Gouin et al., 2021 [60]	Canada	Cross-sectional study	1,003 Participants	The results showed that participants aged 70 and older (OR, 1.67; 95% CI, 1.04 to 2.67), women (OR, 1.35; 95% CI, 1.02 to 1.79), and those who were not essential workers (OR, 3.28; 95% CI, 2.24 to 4.81) reported more physical distancing. Injunctive personal norms (OR, 1.67; 95% CI, 1.23 to 2.31), perceived benefits of physical distancing to others (OR, 1.47; 95% CI, 1.12 to 1.93), and descriptive social norms (OR, 1.26; 95% CI, 1.04 to 1.52) were predictors of adherence to COVID-19 preventive guideline. However, population density and caregiving status were not significantly associated with the adherence to Covid-19 preventive guideline.	Population density, gender, education	Age, being an essential worker (working outside of home during the restriction period), perceived benefits of physical distancing to others, caregiving status (living with young children, adults with disability, or older adults requiring daily physical assistance), social norm
29	Hearne and Nino, 2021 [33]	USA	Cross-sectional study	4,688 Participants	After adjusting for confounding variables, results demonstrate that racial and ethnic background plays a significant role in mask wearing from late April to early June 2020. Compared with White respondents, Black (OR, 2.24; $p < 0.001$), Latina/o (OR, 1.62; $p < 0.05$), and Asian (OR, 2.87; $p < 0.001$) respondents are more likely to wear a mask in response to the coronavirus pandemic.	Gender, race, ethnicity	-
30	Amodan et al., 2020 [48]	Uganda	Cross-sectional study	1,726 Participants	In multivariable analysis, participants living in the Kampala City Centre (OR, 1.7; 95% CI, 1.1 to 2.6), those who obtained Covid-19 information from healthcare workers (OR, 1.2; 95% CI, 1.01 to 1.5), and those who obtained COVID-19 information from village leaders (OR, 1.4; 95% CI, 1.02 to 1.9) were more likely to adhere to the preventive measures positively. Staying with siblings reduced the odds for high adherence (OR, 0.75; 95% CI, 0.61 to 0.93). The other variables were not significantly associated with adherence.	Wealth index quintile, religion, gender	Age, marital status, place of living, source of obtaining COVID-19 information (from healthcare workers, village leaders, television)

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
31	Hagger et al., 2020 [26]	Australia and USA	Prospective correlational survey study	Australian, 365 participants and USA, 440 participants	Subjective norm (B = 0.126, $p < 0.001$ in Australia, B = 0.146, $p < 0.001$ in the USA) was as determinant of social distancing intention and habit.	-	Social norm
32	Wright et al., 2020 [34]	USA	Cross-sectional study	Data from 125 counties	Every additional USD per capita reduces movement by approximately 1.1%. An effect of this magnitude is statistically in distinguished able from the marginal increase in compliance with local mandates associated with an above median income by county. These results suggest that a wide spread economic stimulus program that targeted economically vulnerable individuals and communities significantly increased social distancing overall. These results suggest local income levels significantly affect social distancing during the COVID-19 pandemic.	Local economic endowments, income level	-
33	Margraf et al., 2020 [35]	Eight countries (France, Germany, Poland, Russia, Spain, Sweden, UK, and USA)	Cross-sectional study	7,658 Participants	Female (B = −0.105; CI, −0.254 to −0.165), older people(B = 0.101; CI, 0.055 to 0.093), living environment (B = 0.042; CI, 0.025 to 0.082), perception of governmental communications-guided by the interests of people (B = 0.062; CI, 0.022 to 0.076), feeling of being well informed by government/authorities (B = 0.048; CI, 0.009 to 0.065) positively predicted adherence to Covid-19 preventive behaviors. However, social class, feeling of being supported and taken serious by government were not significantly associated with the adherence.	Communication of government/ authorities (clear and understandable; credible and honest; guided by interests of people regarding the COVID-19 crisis), social class, gender	Age, marital status, living environment (large city, small city, rural community), having children, feeling of being well supported, well informed, taken seriously, left alone by government/ authorities
34	Coroiu et al., 2020 [53]	NorthAmericaand Europe	Cross-sectional study	2,013 Participants	Health literacy and motivation for social distancing were associated with adherence to avoiding contact outside of one's household and leaving the home. Female, 45 years of age or older, distress, and motivations for social distancing were associated with adherence to avoiding in-person socializing.	Conspiracy beliefs, socio-economic status, gender, education	Age, health literacy, psychological distress

(Continued to the next page)

https://doi.org/10.24171/j.phrp.2021.0180

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
35	Al-Sabbagh et al., 2021 [46]	Jordan	Cross-sectional study	5,057 Participants	Gender (B = −0.996; CI, −1.133 to − 0.859) and job (B = −0.320 to −0.638; CI, −0.807 to −0.104) were significant predictors of the level of adherence with home quarantine. Income insecurity (β = −0.096; 95% CI, −0.144 to −0.046), social withdrawal (β = −0.062; 95% CI, −0.121 to −0.004), and hindrance of religious rituals (β = −0.149; 95% CI, −0.202 to −0.096) were barriers of adherence with home quarantine. The governmental recommending for home quarantine was a positive predictor of higher adherence with home quarantine (β = 0.055; 95% CI, 0.004 to 0.014). Other variables were not significantly associated with the adherence.	Governmental recommending for home quarantine, hindrance of religious rituals, gender, education, job, income	Age, marital status, region of residence (north, middle, south), smoking, social withdrawal
36	Ilesanmi and Afolabi, 2020 [47]	Nigeria	Cross-sectional study	360 Participants	There were no significant associations between the studied variables and practices to prevent COVID-19. However, there was a weak positive correlation of 0.239 ($p < 0.001$)between perception of the likelihood to contract COVID-19 and practices to prevent COVID-19.	Gender, education, job, ethnicity	Age, marital status, perception of the likelihood to contract COVID-19 (risk perception)
37	Storopoli et al., 2020 [38]	Brazil	Cross-sectional study	7,554 Participants	Age (B = 0.96; CI, 0.47 to 1.50), gender (B = 3.8; CI, 3.30 to 4.30), marital status (divorced) (B = −1.10; CI, −2.40, −0.13), income (B = 0.40; CI, 0.150 to 0.65), self-confident (B = 3.30; CI, 3.10 to 3.50), trust in government (B = −1.20; CI, −1.60 to −0.94), trust in health workers(B = 1.10; CI, −0.77 to 1.50), vulnerability (B = 2.10; CI, 1.70 to 2.50) and trust in media (B = 0.55; CI, 0.28 to 0.82) were significantly associated with adherence to Covid-19 protective protocols.	Gender, education, income	Age, marital status, COVID-19 vulnerability (risk perception), kind of work, trust in social institutions (government, media, hospitals)

(Continued to the next page)

Table S1. Continued

No	Study	Study location	Study design	Source of data (sample size if possible)	Main finding	Structural determinant	Intermediary determinant
38	Jimenez et al., 2020 [36]	USA	Cross-sectional study	590 Participants	The results showed that age (B = 0.02; CI, 0.01 to 0.03), Coronavirus worry (B = 0.16; CI, 0.09 to 0.23), and perceived ability to take sick leave (B = 0.16; CI, 0.05 to 0.27) positively predicted hand washing intentions as COVID-19 predictive behaviors. However, race was not significantly associated with hand washing intentions. After controlling for coronavirus-related worry, age, race, perceived ability to take sick leave, fatalism negatively predicted social distancing (B = 0.12; CI, −0.19 to 0.05) and hand washing intentions (B = 0.12; CI, −0.19 to 0.05) as Covid-19 predictive behaviors.	Gender, race (Black and non-Black), income, political conservatism, fatalism	Age, subjective health status, working conditions (perceived ability to take sick leave), COVID-19 knowledge and worry
39	Alsan et al., 2020 [24]	USA	Cross-sectional study	5,198 Participants	The results showed that main predictors of hand washing and social distancing were age, gender, and race/ethnicity. However, income, political orientation, and living in a hotspot area didn't have significant association.	Gender, race (African-Americans, Hispanic, White), income, political orientation	Age, living in a hotspot area
40	Wise et al., 2020 [37]	USA	Cross-sectional study	1,591 Participants	The results showed a significant association between risk perception and hand washing (B = 0.17, $p < 0.001$), and social distancing (B = 0.20, $p < 0.001$).	-	COVID-19 risk perception
41	Allington and Dhavan, 2020 [63]	UK	Cross-sectional study	949 participants	The results showed that a statistically significant negative relationship between belief in COVID-19 conspiracy theories and compliance with public health guidance with regard to COVID-19.	Conspiracy beliefs	-

COVID-19, coronavirus disease 2019; SD, standard deviation; OR, odds ratio; CI, confidence interval; OECD, Organisation for Economic Cooperation and Development; ACPG, Adherence to COVID-19 preventive guideline; USD, United States dollar.

[a]The parentheses are included a definition of the variable or introduced the categories of that variable.