



To cite this article: Dr. Preethi K.N (2026). LIFE STYLE DISEASE AND HEALTH CARE PRACTICES: A STUDY ON PREVALENCE, TREATMENT SYSTEMS AND ECONOMIC BURDEN, International Journal of Research in Commerce and Management Studies (IJRCMS) 8 (3): 806-818 Article No. 792 Sub Id 1318

## **LIFE STYLE DISEASE AND HEALTH CARE PRACTICES: A STUDY ON PREVALENCE, TREATMENT SYSTEMS AND ECONOMIC BURDEN**

**Dr. Preethi K.N**

Assistant Professor and HoD  
Department of Economics  
Sree Vidyadhiraja NSS College, Vazhoor, Kottayam (Dst.), Kerala

DOI: <https://doi.org/10.38193/IJRCMS.2026.8354>

### **ABSTRACT**

This study examines the lifestyle patterns, healthcare practices, and medical preferences of respondents, with a focus on the socioeconomic vulnerabilities of BPL households. The findings reveal that men are more prone to cardiovascular-related diseases, while women show higher rates of diabetes and obesity, underscoring the need for gender-specific interventions. Preventive healthcare practices remain limited, with most individuals neglecting routine monitoring, while dietary habits lean heavily toward non-vegetarian food, raising concerns about balanced nutrition. High prevalence of smoking, occasional alcohol consumption, and near-universal stress further contribute to lifestyle disease risks. Despite these challenges, most respondents maintain adequate sleep, which supports overall health. In terms of medical systems, allopathy dominates, while reliance on government hospitals reflects affordability and accessibility, with private healthcare associated with higher financial burdens. Overall, the study highlights the urgent need for preventive health awareness, stress management, and affordable healthcare strategies to improve long-term well-being.

**KEYWORDS:** Lifestyle diseases, Stress, food habits, exercise, medical expenses, system of medicine

### **INTRODUCTION**

Lifestyle diseases, also known as non-communicable diseases, have become a pressing public health concern due to their strong association with modern living habits such as sedentary lifestyles, unhealthy diets, stress, and substance use. Conditions like diabetes, hypertension, cardiovascular disorders, and obesity are increasingly prevalent across communities, including the selected study area, and they pose significant challenges to both individual well-being and healthcare systems. This study, Lifestyle Diseases and Healthcare Practices: A Study on Prevalence, Treatment Systems, and Economic Burden, seeks to examine the extent of these diseases, the medical systems people rely upon for treatment, and the financial strain of managing them. It also explores the lifestyle patterns of affected respondents, offering insights into how daily habits contribute to disease progression and management. By addressing these dimensions, the research aims to provide a comprehensive

understanding of lifestyle diseases and inform strategies for prevention, treatment, and policy development.

### **REVIEW OF RELATED LITERATURE**

Ancel Keys (1970) conducted the famous Seven Countries Study, which explored the relationship between diet and heart disease. His research showed that populations consuming high levels of saturated fats had higher rates of cardiovascular diseases. Keys concluded that dietary patterns significantly influence heart health. He recommended reducing the intake of unhealthy fats and increasing the consumption of fruits, vegetables, and whole grains. His study played a major role in shaping modern nutritional guidelines and increased awareness about the role of diet in preventing lifestyle diseases.

Christopher Murray (2012) analyzed the global burden of diseases and highlighted the increasing prevalence of lifestyle diseases worldwide. His research showed that non-communicable diseases such as heart disease, diabetes, and cancer are responsible for a large number of deaths globally. Murray pointed out that rapid urbanization, and changes in lifestyle patterns have contributed to the rise of these diseases. He emphasized the need for strong public health policies and preventive measures. According to Murray, promoting healthy lifestyles and early detection of diseases are important strategies to reduce the global burden of lifestyle diseases.

David A. Katz (2013) conducted research on lifestyle diseases and emphasized that modern health problems are largely related to unhealthy lifestyle patterns. According to him, poor diet, lack of physical activity, smoking, alcohol consumption, and stress are the main factors that contribute to diseases such as obesity, diabetes, and cardiovascular disorders. Katz pointed out that lifestyle diseases develop slowly over time and are mostly preventable through healthy habits. He highlighted that balanced nutrition, regular exercise, and proper sleep can significantly reduce the risk of chronic diseases. His research also stressed the importance of health education and awareness programs to encourage people to adopt healthy lifestyles.

### **STATEMENT OF THE PROBLEM**

Lifestyle diseases such as diabetes, hypertension, cardiovascular disorders, and obesity are rising rapidly due to sedentary habits, poor diets, stress, and other behavioral factors. In the selected study area, this growing prevalence places pressure on healthcare systems while creating significant financial burdens for households. Although multiple systems of medicine—including allopathic, traditional, and alternative approaches—are available, little evidence exists on which treatments are most commonly relied upon. At the same time, many affected individuals continue unhealthy lifestyle patterns, underscoring the need for a comprehensive study on prevalence, healthcare choices,

expenses, and behaviors.

### Objectives

1. To determine the prevalence of common lifestyle diseases in the selected study area.
2. To identify the systems of medicine commonly relied upon for the treatment of lifestyle diseases.
3. To assess the medical expenses incurred in the management of lifestyle diseases.
4. To examine the lifestyle patterns of respondents affected by lifestyle diseases.

## METHODOLOGY OF THE STUDY

### Study Area

This research is conducted in Pezhumthanam, area in Vazhoor Grama Panchayat in Kottayam district. The area is chosen based on accessibility and the presence of lifestyle-related health issues.

### Sample selection

Out of the total population of 593, a total of 150 respondents were identified based on the relevance to the research objectives, particularly the presence of lifestyle disease cases.

### Sources of Data

The study utilized both primary and secondary sources of data. Primary data was collected directly from respondents through structured interview schedules. Secondary data was obtained from health department reports, medical journals, and reputable online health resources. These secondary sources provided essential background information and supporting evidence to strengthen the study's findings.

### Tools for analysis

The data were analyzed using percentages presented with the help of tables

### Data Analysis and interpretation

**Table 1 Age wise classification of the respondents**

| Age      | Number of respondents | Percent |
|----------|-----------------------|---------|
| Below 30 | 6                     | 4%      |
| 30-40    | 27                    | 18%     |
| 40-50    | 21                    | 14%     |
| 50-60    | 57                    | 38%     |
| 60-70    | 36                    | 24%     |
| 70-80    | 3                     | 2%      |
| Total    | 150                   | 100     |

### Source: Primary data

The age-wise classification of respondents reveals that the majority fall within the middle-aged and older categories. Specifically, the largest group is between 50–60 years (38%), followed by those aged 60–70 years (24%). Younger respondents are comparatively fewer, with only 4% below 30 years and 18% in the 30–40 age group. Very few respondents are in the oldest category of 70–80 years (2%). This distribution indicates that lifestyle diseases are predominantly observed among individuals in their middle and later stages of life, suggesting that age plays a significant role in the prevalence and management of such conditions.

**Table 2 Economic category of the households**

| Category | Number of respondents | Percent |
|----------|-----------------------|---------|
| APL      | 12                    | 8%      |
| BPL      | 138                   | 92%     |
| Total    | 150                   | 100     |

### Source: Primary data

The economic classification of households shows a striking imbalance, with the overwhelming majority of respondents (92%) belonging to the Below Poverty Line (BPL) category, while only a small fraction (8%) falls under the Above Poverty Line (APL) category.

**Table 3 Gender wise classification of diseased family members**

| Gender | Number of respondents | Percent |
|--------|-----------------------|---------|
| Male   | 60                    | 40%     |
| Female | 90                    | 60%     |
| Total  | 150                   | 100     |

### Source: Primary data

The gender-wise classification of diseased family members shows that females constitute the majority, accounting for 60% of the respondents, while males represent 40%. This indicates that lifestyle

diseases are more prevalent among women in the study area compared to men.

**Table 4 Type of life style disease among respondents**

| Disease        | Number of respondents |                |
|----------------|-----------------------|----------------|
|                | Male                  | Female         |
| Diabetes       | 45(75%)               | Diabetes       |
| Blood pressure | 52(86%)               | Blood pressure |
| Cholesterol    | 11(18%)               | Cholesterol    |
| Obesity        | 2(4%)                 | Obesity        |
| Heart disease  | 4(21%)                | Heart disease  |

Source: Primary data

The prevalence of various lifestyle diseases among male and female respondents. It shows that diabetes and blood pressure are the most common conditions, with males reporting higher prevalence (75% and 86% respectively) compared to females (60% and 43%). Interestingly, cholesterol issues are found only among males (18%), while obesity is slightly more common in females (5%) than males (4%). Heart disease also shows a gender gap, affecting 21% of males but only 2% of females.

**Table 5 Hereditary history of lifestyle diseases**

| Hereditary | Number of respondents | Percent |
|------------|-----------------------|---------|
| Yes        | 60                    | 40%     |
| No         | 90                    | 60%     |
| Total      | 70                    | 100     |

Source: Primary data

The hereditary history of lifestyle diseases reveals that out of the respondents, 60 individuals (40%) reported having a hereditary background of lifestyle-related illnesses, while 90 respondents (60%) indicated no such family history. This suggests that a majority of the participants do not have hereditary predispositions, yet a significant portion still does, highlighting the role of genetics in the

occurrence of lifestyle diseases.

**Table 6 Regular medical check up**

| Checkup | Number of respondents | Percent |
|---------|-----------------------|---------|
| Yes     | 23                    | 15%     |
| No      | 127                   | 85%     |
| Total   | 150                   | 100     |

**Source: Primary data**

Only 23 respondents (15%) reported undergoing routine medical examinations, while a large majority of 127 respondents (85%) do not engage in regular check-ups.

**Table 7 Food habits**

| Food           | Number of respondents | Percent |
|----------------|-----------------------|---------|
| Vegetarian     | 32                    | 21%     |
| Non vegetarian | 118                   | 79%     |
| Total          | 150                   | 100     |

Source: Primary data

The food habits among respondents shows a clear preference for non-vegetarian diets. Out of 150 individuals surveyed, 118 (79%) reported being non-vegetarian, while only 32 (21%) identified as vegetarian.

**Table 8 Consumption of fast food or junk food**

| <b>Consumption</b> | <b>Number of respondents</b> | <b>Percent</b> |  |  |  |
|--------------------|------------------------------|----------------|--|--|--|
| Frequently         | 23                           | 15%            |  |  |  |
| Sometimes          | 101                          | 67%            |  |  |  |
| Never              | 26                           | 17%            |  |  |  |
| Total              | 150                          | 100            |  |  |  |

Source: Primary data

The data on fast food consumption among respondents shows that the majority, 101 individuals (67%), consume junk food occasionally, while 23 respondents (15%) reported frequent consumption. Interestingly, 26 respondents (17%) stated they never consume fast food.

**Table 9 Frequency of daily food intake among respondents**

| <b>Frequency</b> | <b>Number of respondents</b> | <b>Percent</b> |
|------------------|------------------------------|----------------|
| Daily twice      | 0                            | 0              |
| Daily thrice     | 150                          | 100%           |
| Total            | 150                          | 100            |

Source: Primary data

The frequency of daily food intake indicates that all 150 respondents (100%) reported eating three times a day, while none consumed food only twice daily.

**Table 10 Regular exercise**

| <b>Response</b> | <b>Number of respondents</b> | <b>Percent</b> |
|-----------------|------------------------------|----------------|
| Yes             | 14                           | 9%             |
| No              | 76                           | 51%            |
| Sometimes       | 60                           | 40%            |
| Total           | 150                          | 100            |

**Source: Primary data**

Only 14 respondents (9%) reported engaging in exercise consistently, while a majority of 76 respondents (51%) admitted they do not exercise at all. Additionally, 60 respondents (40%) stated they exercise only sometimes.

**Table 11 Smoking habits of the male respondents**

| <b>Smoking</b> | <b>Number of respondents</b> | <b>Percent</b> |
|----------------|------------------------------|----------------|
| Yes            | 96                           | 64%            |
| No             | 54                           | 36%            |
| Total          | 150                          | 100            |

**Source: Primary data**

The smoking habits among male respondents shows that a significant majority, 96 individuals (64%), reported being smokers, while 54 respondents (36%) stated they do not smoke.

**Table 12 Alcohol consumption of the male respondents**

| <b>Consumption</b> | <b>Number of respondents</b> | <b>Percent</b> |
|--------------------|------------------------------|----------------|
| Daily              | 27                           | 18%            |
| Sometimes          | 69                           | 46%            |
| Never              | 54                           | 36%            |
| Total              | 150                          | 100            |

**Source: Primary data**

The Alcohol consumption among male respondents shows three distinct patterns. Out of 150 individuals, 27 (18%) reported consuming alcohol daily, while the largest group of 69 respondents (46%) consume it only sometimes. Meanwhile, 54 respondents (36%) stated they never consume alcohol.

**Table 13 Hours of sleep among respondents**

| <b>Hours</b> | <b>Number of respondents</b> | <b>Percent</b> |
|--------------|------------------------------|----------------|
| 5-7          | 48                           | 32%            |
| 7-9          | 102                          | 68%            |
| Total        | 150                          | 100            |

**Source: Primary data**

The hours of sleep among respondents shows that the majority, 102 individuals (68%), reported sleeping between 7–9 hours daily, while 48 respondents (32%) sleep only 5–7 hours.

**Table 14 Stress among respondents**

| <b>Response</b> | <b>Number of respondents</b> | <b>Percent</b> |
|-----------------|------------------------------|----------------|
| Yes             | 146                          | 97%            |
| No              | 4                            | 3%             |

|       |     |     |
|-------|-----|-----|
| Total | 150 | 100 |
|-------|-----|-----|

**Source: Primary data**

146 individuals (97%) reported experiencing stress, while only 4 respondents (3%) indicated they do not face stress.

**Table 15 System of medicine followed by respondents**

| System of medicine | Number of respondents | Percent |
|--------------------|-----------------------|---------|
| Ayurveda           | 9                     | 6%      |
| Homeopathy         | 15                    | 10%     |
| Allopathy          | 126                   | 84%     |
| Total              | 150                   | 100     |

**Source: Primary data**

The system of medicine followed by respondents shows a clear preference for modern medical practices. Out of 150 individuals, 126 (84%) reported using allopathy, making it the dominant choice. In contrast, only 15 respondents (10%) rely on homeopathy, and a smaller group of 9 respondents (6%) follow Ayurveda.

**Table 16 Consulting hospital**

| Hospital   | Number of respondents | Percent |
|------------|-----------------------|---------|
| Government | 140                   | 93%     |
| Private    | 10                    | 7%      |
| Total      | 150                   | 100     |

**Source: Primary data**

The analysis of consulting hospitals shows a strong preference for government healthcare facilities among respondents. Out of 150 individuals, 140 (93%) reported consulting government hospitals, while only 10 respondents (7%) preferred private hospitals.

**Table 17 Monthly expenditure**

| Monthly expenditure | Government            | Percent | Private               | Percent |
|---------------------|-----------------------|---------|-----------------------|---------|
|                     | Number of respondents |         | Number of respondents |         |
| Below 500           | 16                    | 11%     | 0                     | 0       |
| 500-1000            | 120                   | 86%     | 0                     | 0       |
| 1000-1500           | 4                     | 3%      | 4                     | 40%     |
| 1500-2000           | 0                     | 0       | 6                     | 60%     |

**Source: Primary data**

The monthly expenditure for healthcare shows a clear distinction between respondents consulting government hospitals and those consulting private hospitals. Among the 140 respondents using government facilities, the majority (120, or 86%) spend between ₹500–₹1000 monthly, while smaller groups spend below ₹500 (16 respondents, 11%) or between ₹1000–₹1500 (4 respondents, 3%). In contrast, the 10 respondents consulting private hospitals report much higher expenses: 4 respondents (40%) spend ₹1000–₹1500, and 6 respondents (60%) spend ₹1500–₹2000.

## MAJOR FINDINGS

- The dominance of BPL households highlights the vulnerability of this population to both the financial burden of medical expenses and the challenges of sustaining healthier lifestyle patterns.
- The data suggests that men are more prone to cardiovascular-related lifestyle diseases, while women show notable rates of diabetes and obesity, indicating the need for gender-specific health awareness and interventions.
- Preventive healthcare practices are quite limited among the group, with most individuals neglecting periodic health monitoring. The findings highlight the need for greater awareness and encouragement of preventive health measures to reduce long-term health complications.
- The majority of the population relies on non-vegetarian food as their primary dietary choice. Such a trend may have implications for health outcomes, as non-vegetarian diets can provide higher protein intake but may also contribute to lifestyle diseases if not balanced with adequate fruits, vegetables, and fiber.
- While fast food is widely present in the lifestyle of most respondents, it is not a daily habit for the majority. However, the presence of frequent consumers indicates a subgroup at higher risk

of diet-related health issues, while the abstaining group reflects healthier dietary choices. Overall, the findings emphasize the need for greater awareness about balancing fast food intake with nutritious alternatives to reduce the risk of lifestyle diseases.

- The entire sample follows a consistent pattern of thrice-daily meals, which aligns with common dietary practices and suggests a structured eating routine. Such regularity in food intake can contribute to better digestion, energy balance, and overall health, while also reflecting cultural or lifestyle norms that emphasize three meals a day.
- This distribution highlights a concerning trend where most individuals either neglect physical activity or follow irregular routines, which can contribute to the prevalence of lifestyle diseases such as diabetes, hypertension, and obesity
- Smoking is a prevalent habit among men in the study group, with nearly two-thirds engaging in it. Such a high proportion of smokers suggests a potential risk factor for various lifestyle diseases, including heart disease, hypertension, and respiratory illnesses.
- Occasional alcohol consumption is the most common behavior, with a significant portion abstaining completely and a smaller group engaging in daily consumption.
- Most participants maintain a healthy sleep duration, which is generally recommended for proper rest and recovery.
- Stress is nearly universal among the group, suggesting it is a major factor influencing their overall health and lifestyle.
- The study highlights that while traditional systems like Ayurveda and homeopathy are present, they are far less common compared to allopathy, which is widely trusted for treatment.
- Reliance on government institutions suggests that factors such as affordability, accessibility, and trust in public healthcare services play a major role in shaping choices.
- Government healthcare is significantly more affordable, with most patients incurring moderate costs, while private healthcare is associated with higher financial burdens. The findings highlight the economic advantage of government hospitals, which explains their overwhelming preference among respondents.

## **CONCLUSION**

In conclusion, the study highlights that respondents face significant health challenges shaped by socioeconomic vulnerability, lifestyle habits, and stress. The dominance of government healthcare reflects affordability concerns, while high rates of smoking, alcohol consumption, and near-universal stress emphasize the urgent need for preventive health awareness. Overall, the findings underscore the importance of strengthening public health infrastructure and promoting gender-specific interventions to reduce lifestyle diseases and improve long-term well-being.



## **REFERENCES**

- Brown, T., & Williams, B. (2018). Physical inactivity and health outcomes. *Health Reports*, 29(3), 45–52.
- Ford, E. S., et al. (2009). Healthy lifestyle behaviors and mortality. *American Journal of Public Health*, 99(11), 1976–1982.
- Kapoor, D., & Bhardwaj, A. (2019). Lifestyle diseases: A growing concern. *International Journal of Health Sciences*, 13(2), 1–6.
- Lee, I. M., et al. (2012). Effect of physical inactivity on major diseases. *The Lancet*, 380(9838), 219–229.
- Malik, V. S., et al. (2010). Sugar-sweetened beverages and risk of metabolic syndrome. *Diabetes Care*, 33(11), 2477–2483.