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Relationship Between Consumption Pattern and Lifestyle Diseases: A Comparative Analysis in Keralam

RESMI G.
Assistant Professor
P.G. Department of Economics, Morning Star College, Angamaly (Keralam) India

ABSTRACT

The study entitled "Relationship between Consumption Pattern and Lifestyle Diseases: A Comparative Analysis in Keralam" was undertaken to examine the growing problem of lifestyle diseases such as diabetes, hypertension, cholesterol, obesity and cardiovascular diseases in the context of changing food consumption and lifestyle patterns. The findings revealed that lifestyle diseases were highly prevalent among the respondents, who were mainly middle-aged and had moderate income levels. The implications of the study are that preventing lifestyle diseases requires greater health and nutrition awareness, promotion of balanced diets, regular physical activity, and adequate sleep and reduced dependence on outside and unhealthy foods. The study recommends health-awareness programmes, nutrition education, and affordable access to nutritious foods, regular health check-ups and screening for diabetes, blood pressure and cholesterol, as well as workplace and community fitness programmes. These measures can help individuals, healthcare professionals and policymakers develop effective preventive strategies and reduce the burden of lifestyle diseases. Overall, the study concludes that there is a clear and meaningful relationship between consumption patterns and lifestyle diseases.

Keywords: Lifestyle Diseases, Consumption Pattern, Health, Dietary Habits, Non communicable Diseases, Processed foods

INTRODUCTION

Food and nutrition have a major role in shaping human health. In today's world, accelerated changes in lifestyles, urbanization, and globalization have changed the dietary habits of individuals. Traditional dietary habits rich in natural and unprocessed foods are being replaced by fast foods, processed items, and high-calorie meals. As a result, lifestyle diseases such as diabetes, cholesterol, hypertension, obesity, and cardiovascular conditions are on an increasing rate. According to the World Health Organization (WHO), non-communicable diseases (NCDs) now causing for nearly 70% of global deaths and unhealthy consumption patterns are considered to be a major contributing factor. According to World Health Organization (WHO), "Lifestyle diseases are non-communicable diseases (NCDs) like cardiovascular diseases, cancers, chronic respiratory diseases and diabetes that are mainly connected to long-term unhealthy habits such as poor diet, lack of physical activity, tobacco and alcohol use". These diseases are becoming a major public health concern worldwide.

Throughout the last several years, India experienced a major shift in the proper health environment. Earlier infectious diseases were the major concern but today chronic lifestyle diseases are increasing day by day. Keralam, known for its relatively advanced health indicators, deals with a unique paradox, that is, despite high literacy levels and better healthcare systems compared to any other states, the state records some of the highest prevalence rates of diabetes, hypertension, and obesity in the country. This is highly a contradictory situation. This health burden is strongly linked to changing food consumption patterns, sedentary lifestyles, and urban

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living.

Increasing consciousness about the effect of consumption patterns on health is necessary. By understanding the association of these concepts, individuals can make informed decisions, and policymakers can make or design effective programs to encourage healthy behaviors. This study investigates the relation between consumption patterns and lifestyle diseases, by focusing on the importance of healthy routines in controlling and managing these conditions. By throwing light on the relationship between consumption patterns and lifestyle diseases, this study aims to provide useful insights that can support the development of effective prevention and intervention strategies. In recent years, lifestyle diseases (NCDs) such as diabetes, hypertension, cholesterol, obesity, cardiovascular diseases etc. have emerged as an important health concern in Kerala especially in the semi-urban areas like Aluva Municipality. In earlier years, malnutrition and infectious diseases were the primary threats, but today's health concern is greatly affected by transformations in food consumption pattern, reduced physical activities, alcohol consumption etc. Even though there is an increasing prevalence of NCDs in Keralam, there is limited research that directly examines how consumption pattern especially dietary habits and related lifestyle diseases are linked together. It aimed to analyze consumption patterns, assess lifestyle diseases, and identify the relationship between the two. The findings will help to know the high-risk groups and hence supporting the effective health awareness campaigns and preventive programs for local population. The study also gives significant evidence to municipal authorities, healthcare professionals, workers and policymakers by encouraging them to plan targeted interventions such as nutrition education, community fitness programs and improved access to healthy food options.

Review of Literature

Mishra, V., et al. (2022) in their study on "Relationship between tobacco use, alcohol consumption and Non-communicable Diseases among Women in India: Evidence from National Family Health Survey 2015-16" discovered that among the women of reproductive age, tobacco use and alcohol consumption are the most common risk factors. Moreover, this study found that smoking, tobacco products consumption and alcohol consumption were connected to the higher incidence of NCDs in women. The study encourages the healthcare decision makers to make investments in women's health particularly those who are more vulnerable to NCDs risk factors.

Ramesh, S., & Kosalram, K. (2023) in their study on " The burden of non-communicable diseases: A scoping review focus on the context of India", analysed that the lifestyle diseases have emerged as a significant public health issue worldwide, with a disproportionate impact on nations with lower and intermediate income levels. Even in high-income nations, individuals belonging to lower socio-economic groups face higher vulnerability, making NCDs a significant barrier to reducing global and national health disparities. The study primarily focused on five major NCDs: cardiovascular disease (CVD), hypertension, diabetes, cancer, and stroke. The study gave importance to strengthening preventive healthcare, promoting awareness, and reducing exposure to risk factors.

Muraleedharan, M., et al. (2024) in their study on "Association of Dietary Habits with Non-communicable Diseases: A Qualitative Review" aim to examine the link between the Keralam population's lifestyle, diet and genetic factors and its correlation with a heightened cardio-metabolic risk. The findings of the study emphasises the necessity for more comprehensive research on the dietary habits and genetic predispositions of Keralam's population.

Sharma, M., et al. (2024) has published an article "A Comprehensive Review on Trends and Patterns of Non-communicable Disease Risk Factors in India" examined that the trends and patterns of non-communicable diseases (NCDs) in India highlight four major concerns: tobacco use, unhealthy diets, physical inactivity, and air pollution. Evidences shows that these risk factors are highly prevalent, especially within specific demographic groups and among urban populations. Additionally, the article shows that the socioeconomic inequalities highly influence their distribution across the country.

Udayamathi, M., et al. (2025) in their study on "Preventing Lifestyle Disorders: The Diet Shift in India" emphasized that the change in people's preferences towards processed foods have become a major contributor to various lifestyle diseases like diabetes, cancer, high BP, cardiovascular diseases etc. posing a significant threat to global healthcare in the coming years. This study highlights that younger adults, particularly those

around 20 years old, face a high risk of developing diabetes, with India already having around 77 million affected adults—a number projected to double by 2045.The study focuses on the need for early intervention by promoting healthy diets to prevent lifestyle disorders, aiming to safeguard both present and future generations.

Khajuria, A., et al. (2025) conducted the study entitled "Influence of Dietary Habits and Lifestyle Practices on the Health and Wellbeing of University Students: A Survey Investigation" exploring the awareness of harmful impact of poor dietary habits, alcohol consumption and smoking on physical health of University students. Moreover, the study included that yoga and naturopathy can boost the physical and mental health of students. Mathew, A. (2025) published an article "The Obesity Equation: Unpacking the Role of Changing Food Consumption Patterns" and analyzed that how modern dietary patterns are strongly involved in influencing on individual's weight classification and also analyzed how the patterns link with other lifestyle factors. The article concentrated on the growing issue of overweight and obesity in Kerala. It highlights that obesity is linked to metabolic syndrome, increasing the risk of non-communicable diseases like cancer, heart disease, and diabetes.

Garg, R. K. (2025) conducted a study on "The alarming rise of lifestyle diseases and their impact on public health: A comprehensive overview and strategies for overcoming the epidemic", examined about the growing concern of lifestyle diseases like heart problems, diabetes, obesity, high cholesterol, cancer, and mental health issues. The study points out that these problems mostly come from eating unhealthy food, and living under constant stress. The study emphasizes the necessity for quick and joint efforts through government policies, health education, and community involvement.

Sajan, S., & Ruby, S. (2025) conducted a study on "Effects of Social and Economic Factors on Food Consumption Pattern of People in Keralam" to examine how social and economic factors influence dietary patterns in Kerala by concentrating on mainly three income groups such as lower, middle and upper. The study discovered that dietary patterns are strongly influenced by income levels, with higher-income groups spending more on food eaten outside, especially fast food.

Ajay, A., et al. (2025) in their work "Prevalence and Risk Factors of Hypertension among Adults in Ernakulam District, Keralam: A Cross-Sectional Study" analyzed that hypertension remains a significant health concern in Ernakulam district, largely influenced by lifestyle choices and socioeconomic conditions. The article highlights how daily habits, social status, and related risk factors together increase the chances of developing hypertension.

The research gap in this study is that no study has been done on the relationship between consumption pattern and lifestyle diseases with special reference to Aluva Municipality. The present study attempts to analyze the consumption pattern of individuals, the prevalence of lifestyle diseases and the relationship between the two with special reference to Aluva Municipality.

METHODOLOGY

The study is a descriptive and analytical study based on primary and secondary data. It describes the consumption patterns and prevalence of lifestyle diseases among individuals in Aluva Municipality and analyzes the relationship between consumption patterns and lifestyle diseases using statistical tools. The primary data is gathered from the households in Aluva Municipality through direct interview and survey method. The study was conducted in Aluva Municipality. From the study area, 50 samples are taken. Simple Random Sampling is used for the selection of samples. The analysis tools used in the study are Descriptive Analysis (Percentage analysis, Pie charts, Bar Graph), Chi-square test for testing the association between monthly household income and monthly expenditure on food items, Multiple Linear Regression Analysis is used to examine the relationship between factors influencing food purchase and monthly expenditure on food items, Ordinal Logistic Regression Analysis for analyzing the relationship between lifestyle factors and health condition of respondents.

RESULTS AND DISCUSSION

Table 1 shows the age wise classification of respondents. It reveals that 38 per cent of the respondents fall in the age group of 30-40 years. It also shows that 28 per cent of the respondents fall within the age category of both 20-30 years and 40-50 years. Only 6 per cent of the respondents are in the age group of 50-60 years.

Table 2 shows the gender wise classification of respondents. Most of the respondents i.e., 64 per cent are females and rest of the 36 per cent of respondents are males.

Table 1 : Age of the Respondents

Sr. No.	Age group	Number of Respondents	Percentage
1.	Below 20 years	0	0
2.	20-30 years	14	28
3.	30-40 years	19	38
4.	40-50 years	14	28
5.	50-60 years	3	6
6.	Above 60 years	0	0
	Total	50	100

Source: Primary Data

Table 2 : Gender of the Respondents

Sr. No.	Gender	Number of respondents	Percentage
1.	Male	18	36
2.	Female	32	64
	Total	50	100

Source: Primary Data

Table 3 shows the marital status of respondents. 72 per cent of the respondents are married and 28 per cent of them are unmarried.

Table 3 : Marital Status of the Respondents

Sr. No.	Marital Status	Number of respondents	Percentage
1.	Married	36	72
2.	Unmarried	14	28
	Total	50	100

Source: Primary Data

Table 4 shows the educational qualification of respondents. Most of the respondents that is 52 per cent are graduates. 22 per cent of the respondents have completed Post graduation. 12 per cent of the respondents have the qualification of plus two and 12 per cent of them have responded 'others' which includes Diploma and the remaining 2 per cent have completed SSLC.

Table 4 : Educational Qualification of the Respondents

Sr. No.	Educational Qualification	Number of respondents	Percentage
1.	Primary education	0	0
2.	SSLC	1	2
3.	Plus two	6	12
4.	Degree	26	52
5.	Post Graduate	11	22
6.	Others	6	12
	Total	50	100

Source: Primary Data

Table 5 shows that the occupational type of the respondents. It shows that 68 per cent of the respondents are monthly wage earners and 26 per cent of the respondents responded 'others' which include students, businesses, home bakers, catering workers and fashion designers. Only 6 per cent of the respondents are daily wage earners.

Table 5 : Occupational Type of the Respondents

Sr. No.	Occupational Type	Number of respondents	Percentage
1.	Daily wage earner	3	6
2.	Monthly wage earner	34	68
3.	Others	13	26
	Total	50	100

Source: Primary Data

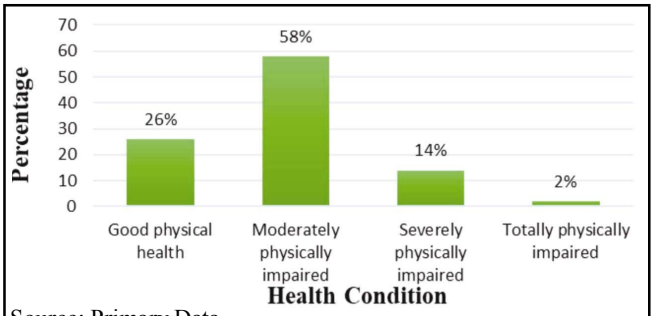
Table 6 shows the monthly household income of the respondents. It shows that 34 per cent of the respondents are in the income group of 41,000-50,000. 30 per cent of the respondents are in the income group of 31,000-40,000. It also shows that 24 per cent of the respondents fall in the income group of above 50,000 and the remaining 12 per cent fall in the income group of 20,000-30,000. No respondents fall in the income category of below 20,000.

Table 6 : Monthly Household Income of the Respondents

Sr. No.	Monthly Household Income	Number of respondents	Percentage
1.	Below 20,000	0	0
2.	20,000-30,000	6	12
3.	31,000-40,000	15	30
4.	41,000-50,000	17	34
5.	Above 50,000	12	24
	Total	50	100

Source: Primary Data

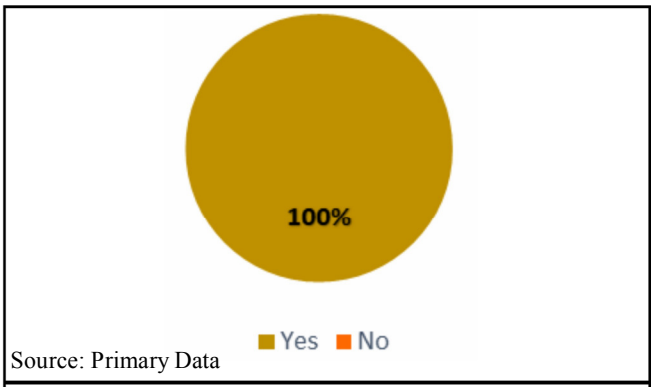
Fig.1 shows the health condition of the respondents. Out of the 50 respondents majority of the respondents that is 58 per cent are moderately physically impaired which means that most individuals have some level of physical limitation but are not severely affected.



Source: Primary Data

Fig. 1 : Health Condition of the Respondents

The Fig. 2 shows the presence of lifestyle diseases among the respondents. It represents that all the respondents (100 %) are suffering from lifestyle diseases. This indicates that lifestyle diseases are prevalent among the entire study population.



Source: Primary Data

Fig. 2 : Presence of Lifestyle Diseases among Respondents

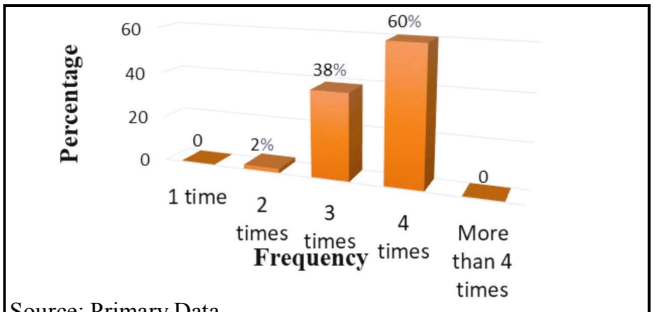
Table 7 shows the duration of lifestyle diseases among the respondents. A majority of the respondents (46 %) have been suffering from lifestyle diseases for about 1-5 years. 28 per cent of the respondents are diagnosed with lifestyle diseases for about 5-10 years and 26 per cent of them are diagnosed with lifestyle diseases for more than 10 years. None of the respondents are diagnosed with the diseases for less than 1 year.

Table 7 : Duration of Lifestyle Diseases

Sr. No.	Duration	Number of respondents	Percentage
1.	Less than 1 year	0	0
2.	1-5 years	23	46
3.	5-10 years	14	28
4.	More than 10 years	13	26
	Total	50	100

Source: Primary Data

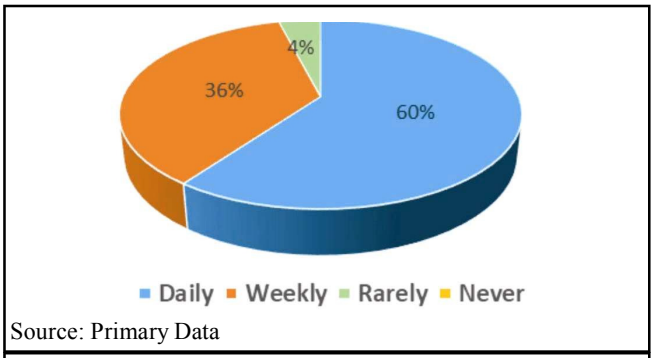
The Fig. 3 explains the frequency of having meals in a day by the respondents. Majority of the respondents (60 %) have their meals 4 times in a day, indicating that this is the most common eating pattern and no respondents reported that having meals once a day or more than four times a day.



Source: Primary Data

Fig. 3 : Frequency of Having Meals in a Day

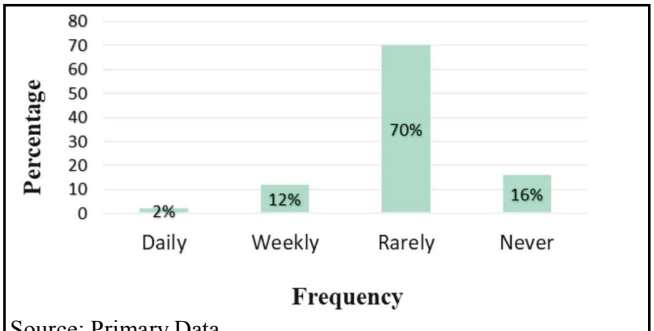
Fig. 4 shows the frequency of consumption of fruits and vegetables among the respondents. Here, majority of the respondents that is 60 per cent consume fruits and vegetables daily, which suggest that most respondents include fruits and vegetables regularly in their diet and also most of the respondents are following a healthy diet. About 36 per cent of the respondents consume fruits and vegetables weekly showing moderate but less consistent intake and only 4 per cent of respondents consume it rarely. None of the respondents reported never consuming them.



Source: Primary Data

Fig. 4 : Frequency of Consumption of Fruits and Vegetables

The Fig. 5 shows the frequency of consumption of fried items among the respondents. Majority of the respondents (70 %) consume fried items rarely, indicating a relatively moderate and health conscious dietary pattern. About 16 per cent of the respondents reported never consuming fried items, which further reflects awareness towards healthy dietary practices. Only a

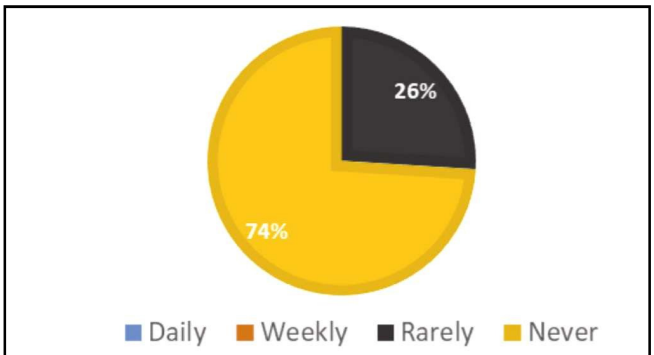


Source: Primary Data

Fig. 5 : Frequency of Consumption of Fried Items

small proportion consume fried items regularly with 12 per cent consuming them weekly and just 2 per cent consume them daily. The data clearly shows that regular consumption of fried items is limited among the respondents and occasional intake is the most common practice.

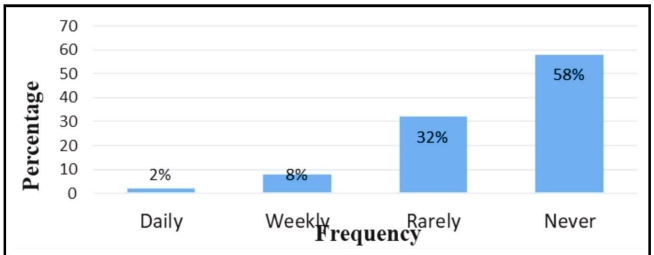
Fig. 6 shows the frequency of consumption of fast food/junk food among the respondents. Majority of the respondents (74 %) reported that they never consume fast foods and the remaining 26 per cent reported that they rarely consume it. This shows that majority of the respondents are careful about their health and always follow a healthy dietary pattern.



Source: Primary Data

Fig. 6 : Frequency of Consumption of Fast Foods/Junk Foods

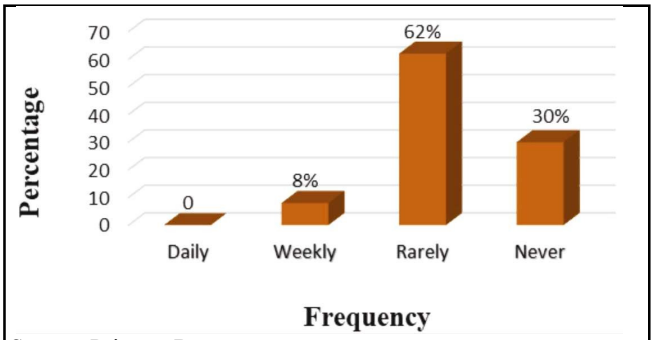
Fig. 7 shows the frequency of consumption of processed foods among the respondents. Majority (58 %) of the respondents opined that they never consume processed foods and 32 per cent of the respondents consume processed foods rarely and 8 per cent of them consume these foods weekly. Only 2 per cent of respondents consume these foods daily. This represents that most of the respondents are health conscious and are occasionally preferring and consuming processed foods.



Source: Primary Data

Fig. 7 : Frequency of Consumption of Processed Foods

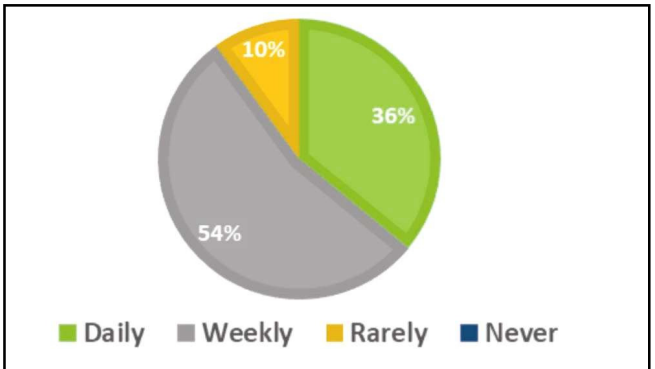
Fig. 8 presents the frequency of consumption of sweets among the respondents. Most of the respondents (62 %) rarely consume sweets, indicating a controlled intake. 30 per cent of them never consume sweets and only a small percentage that is 8 per cent of the respondents consume sweets weekly. None of the respondents consume sweets daily. The data indicates that most respondents have relatively low sweet consumption habits. This may reflect increased health awareness and a conscious effort to maintain a healthier diet and reduce the risk of lifestyle diseases.



Source: Primary Data

Fig. 8 : Frequency of Consumption of Sweets among Respondents

Fig. 9 shows the frequency of consumption of fish, meat and egg among the respondents. Majority of the respondents (54 %) consume fish, meat and egg weekly and 36 per cent of the respondents consume these items daily. Only 10 per cent of the respondents reported that they rarely consume fish, meat and egg and none of the respondents reported never consuming them. This represents that most of the respondents have a high level of protein food intake, with weekly and daily consumption

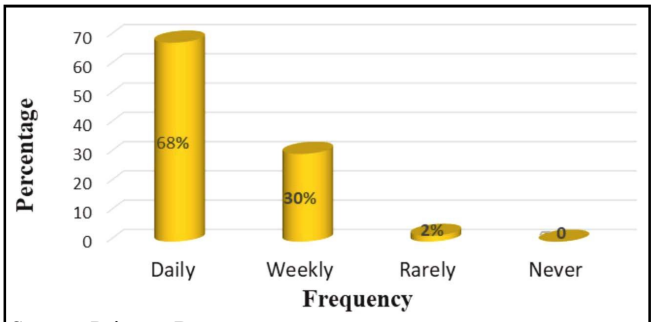


Source: Primary Data

Fig. 9 : Frequency of Consumption of Fish, Meat and Egg

being common dietary habits among the majority and also a significant per centage of the respondents includes non-vegetarian food regularly in their diet.

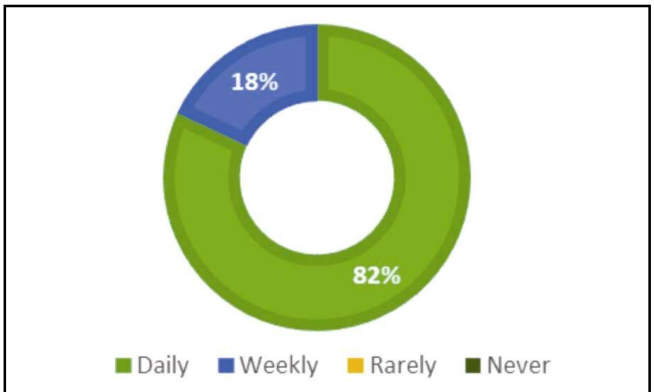
The Fig. 10 reveals the frequency of consumption of dairy products among the respondents. The majority (68 %) of the respondents reported daily consumption of dairy products and about 30 per cent consume them weekly. Only 10 per cent of the respondents reported that they rarely consume fish, meat and egg and none of the respondents reported never consuming them. This indicates that out of the 50 respondents, majority of them have a high level of dietary intake reflecting strong dietary inclusion of milk and related products, which may contribute to better nutritional intake such as calcium and protein.



Source: Primary Data

Fig. 10 : Frequency of Consumption of Dairy Products

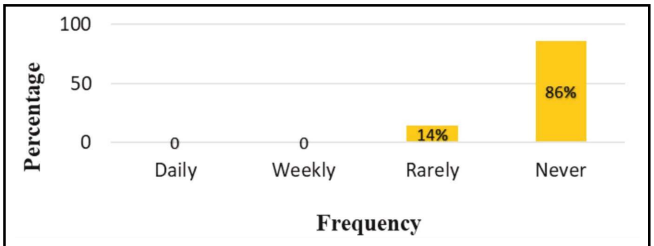
The Fig.. 11 illustrates the frequency of consumption of pulses and grains among the respondents. Most of the respondents that is 82 per cent consume pulses and grains daily. The remaining 18 per cent consume pulses and grains weekly, while none of the respondents reported consuming them rarely or never. This means that a very high and consistent intake of pulses and grains among respondents, reflecting their importance as primary sources of energy and most of the respondents are following a rich and healthy diet.



Source: Primary Data

Fig. 11 :Frequency of Consumption of Pulses and Grains

The Fig. 12 represents the frequency of consumption of carbonated drinks among the respondents. Out of the 50 respondents, majority of them (86 %) reported that they never consume carbonated drinks. And the remaining 14 per cent of the respondents consume carbonated drinks rarely. None of the respondents consume them daily or weekly. This means a very low intake of carbonated drinks among the respondents, which may reflect good health awareness and conscious efforts to reduce the consumption of sugary and unhealthy beverages.



Source: Primary Data

Fig. 12 : Frequency of Consumption of Pulses and Grains

The Table 8 illustrates the primary location of food consumption among respondents. About 46 per cent of the respondents consume food at home, indicating a strong preference for home-based meals. Around 40 per cent of the respondents consume food both at home and in restaurants. Only 14 per cent of respondents mainly depend on restaurants only for their food intake.

Table 8 : Primary Location of Food Consumption

Sr. No.	Location	Number of respondents	Percentage
1.	Home	23	46
2.	Restaurant	7	14
3.	Both	20	40
	Total	50	100

Source: Primary Data

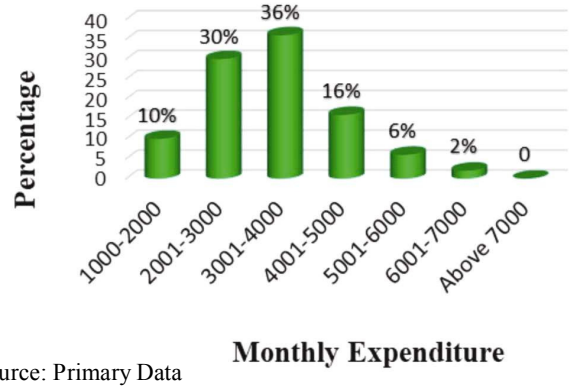
The Table 9 shows the frequency of eating outside among the respondents. About 36 per cent of the respondents reported eating outside once a week, indicating that weekly dining out is the most common pattern. About 32 per cent of the respondents eat outside once in a month, showing moderate frequency. 18 per cent of the respondents rarely eat outside, while only 14 per cent reported eating outside daily. None of the respondents reported never eating outside.

Table 9 : Frequency of Eating Outside

Sr. No.	Frequency	Number of respondents	Percentage
1.	Daily	7	14
2.	Weekly once	18	36
3.	Once in a month	16	32
4.	Rarely	9	18
5.	Never	0	0
	Total	50	100

Source: Primary Data

The Fig. 13 represents the monthly expenditure on food items by the respondents. Majority of the respondents (36 %) spend Rs.3001-Rs.4000 monthly on food items. While 30 per cent of the respondents spend between Rs.2001-Rs.3000. This indicates that most of the respondents fall under the moderate food expenditure category. A smaller group, 16 per cent spends in between Rs.4001-Rs.5000, suggesting slightly higher consumption levels and a 10 per cent of them spend in between Rs.1000-Rs.2000, indicating very low food expenditure among a few participants. The data shows that the majority of the respondents maintain a moderate level of monthly expenditure on food items, with very few exhibiting high spending patterns.



Source: Primary Data

Fig. 13 : Monthly Expenditure on Food Items

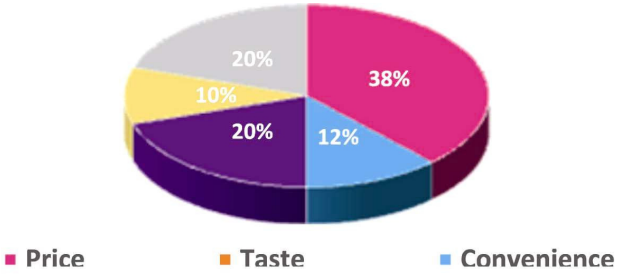
The Table 10 shows the type of diet followed by the respondents. 56 per cent follow both vegetarian and non-vegetarian diet. 26 per cent of them follow only vegetarian diet and the remaining 18 per cent follow only non-vegetarian diet.

Table 10 : Type of Diet Followed by the Respondents

Sr. No.	Type of diet	Number of respondents	Percentage
1.	Vegetarian	13	26
2.	Non-Vegetarian	9	18
3.	Both	28	56
4.	Total	50	100

Source: Primary Data

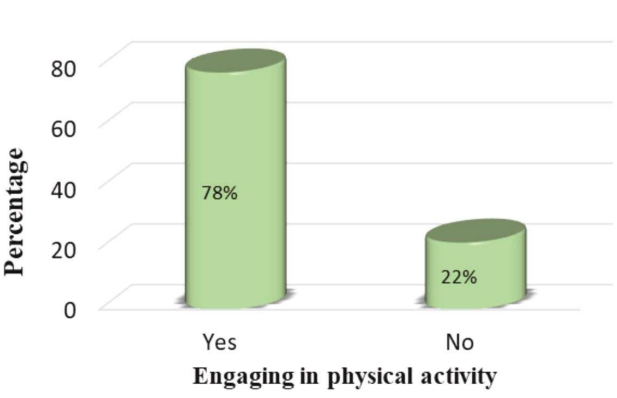
The Fig. 14 illustrates the factors influencing food purchases among the respondents. 38 per cent of the respondents are mainly influenced by the price of the food items only. 20 per cent of them are influenced by social media and also another 20 per cent of the respondents are influenced equally by all these factors included price, taste, convenience, social media and family preferences. 12 per cent of the respondents are influenced by convenience of food purchases only and the remaining 10 per cent are influenced by family preferences only.



Source: Primary Data

Fig. 14 : Factors Influencing Food Purchases

The Fig. 15 depicts the responses of the respondents regarding engaging in physical activity. Majority of the respondents (78 %) are engaging in physical activities. And the remaining 22 per cent are not engaging in any physical activities. This means that majority of the respondents are aware of their health conditions and are following a healthy lifestyle by engaging in small physical activities.



Source: Primary Data

Fig. 15 : Engaging In Physical Activity

The Table 11 shows the duration of physical activity that the respondents are engaging. About 38 per cent of the respondents are engaging in physical activities for daily 1-2 hours. 30 per cent of the respondents are engaging for about weekly 3-4 times. 22 per cent of them are not engaging in any physical activity. A small per centage of respondents 6 per cent and 4 per cent are engaging in physical activities once in a week and rarely respectively.

Table 11 : Duration of Physical Activity

Sr. No.	Duration	Number of respondents	Percentage
1.	Daily 1-2 hours	19	38
2.	Weekly 3-4 times	15	30
3.	Once in a week	3	6
4.	Rarely	2	4
5.	Never	11	22
	Total	50	100

Source: Primary Data

The Table 12 presents the response of the respondents on continuous sitting for more than 6 hours per day. Majority of respondents that is 68 per cent are not engaged in continuous sitting for more than 6 hours per day. The remaining 32per cent are engaged in continuous sitting for more than 6 hours per day for their screen time, work, travel etc.

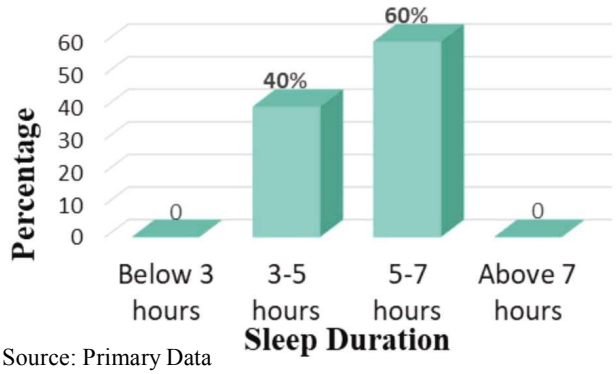
Table 12 : Opinion about Continuous Sitting for more than Six Hours Per Day

Sr. No.	Continuous sitting	Number of respondents	Percentage
1.	Yes	16	32
2.	No	34	68
	Total	50	100

Source: Primary Data

The Fig. 16 illustrates the sleep duration of the respondents. It shows that majority of the respondents (60 %) reported sleeping between 5-7 hours in a day. And the rest 40 per cent of the respondents sleep for 3-5 hours. This means that no respondents are following the 8 hours of sleep and most of them follows 5-7 hours of sleep. This lack of proper sleep can affect the health and increase the risk of lifestyle diseases such as cardiovascular diseases, hypertension, diabetes mellitus etc.

The Table 13 shows the presence of NCDs among the family members of the respondents. 52 per cent of the respondents opined that their family members are not diagnosed with any NCDs. And 48 per cent of



Source: Primary Data

Fig. 16 : Sleep Duration of Respondents

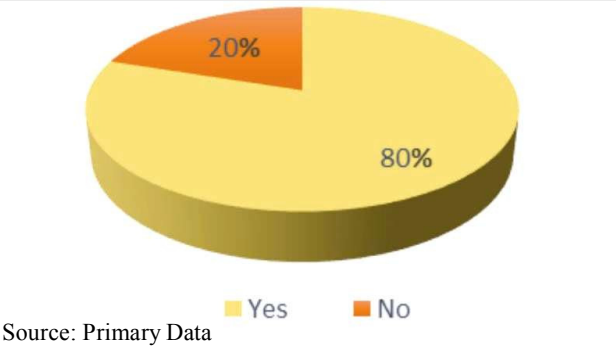
respondents opined that their family members are diagnosed with various NCDs.

Table 13 : Presence of NCDs among Family Members

Sr. No.	Presence of NCDs	Number of respondents	Percentage
1.	Yes	24	48
2.	No	26	52
	Total	50	100

Source: Primary Data

The Fig. 17 presents the distribution of respondents based on whether they take health checkups. This figure shows that majority of the respondents (80 %) reported that they take health checkups. This indicates that a majority of the respondents are conscious about their health and undergo regular medical checkups.



Source: Primary Data

Fig. 17 : Opinion about Taking Health Checkups

The Table 14 shows the frequency of health checkups among the respondents. Out of the 50 respondents, 58 per cent of them take monthly health checkups. 20 per cent of the respondents never undergo health checkups. 16 per cent of them undergo checkups half yearly, while 4 per cent reported yearly health

checkups and only 2 per cent reported that they rarely take health checkups.

Table 14 : Frequency of Health Checkups

Sr. No.	Frequency	Number of respondents	Percentage
1.	Monthly	29	58
2.	Half yearly	8	16
3.	Yearly	2	4
4.	Rarely	1	2
5.	Never	10	20
	Total	50	100

Source: Primary Data

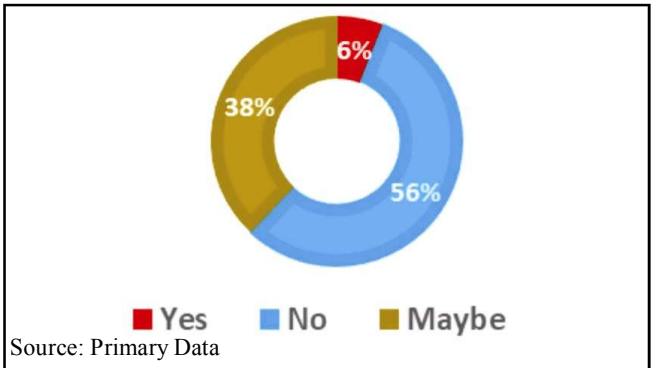
The Table 15 highlights that the awareness levels of the respondents about the risk of lifestyle diseases and diet. 48 per cent of the respondents have a high level of awareness regarding the risk of lifestyle diseases and diet. 36 per cent of them have a very high level of awareness. While 14 per cent of respondents reported a moderate level of awareness and only 2 per cent had a low level of awareness. None of the respondents reported a very low level of awareness.

Table 15 : Awareness Level about the Risk of Lifestyle Diseases and Diet

Sr. No.	Awareness level	Number of respondents	Percentage
1.	Very high	18	36
2.	High	24	48
3.	Moderate	7	14
4.	Low	1	2
5.	Very low	0	0
	Total	50	100

Source: Primary Data

The Fig.18 illustrates the opinion of the respondents regarding the impact of current food habits on the risk of lifestyle diseases. Out of the 50 respondents, majority (56 %) of the respondents do not believe that their current food habits affect their risk of lifestyle diseases. 38 per cent of the respondents shows their uncertainty regarding the impact of current food habits on the risk of lifestyle diseases. And only 6 per cent of the population acknowledges that their current food habits affect their risk of lifestyle diseases. Here, the data shows that majority of the respondents either deny or are uncertain about the influence of their food habits on lifestyle diseases.



Source: Primary Data

Fig. 18 : Opinion on the Impact of Current Food Habits on the Risk of Lifestyle Diseases

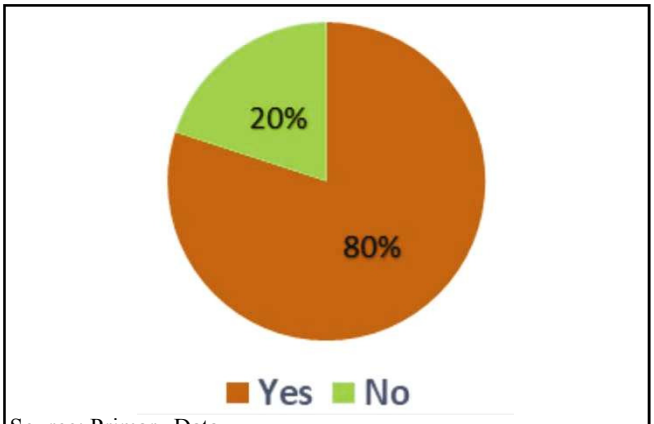
The Table 16 shows the major challenges faced by the respondents in following a healthy diet. The data illustrates that a majority that is 80 per cent of the respondents identified high cost of healthy foods as a major challenge. A small proportion of respondents (10 %) identified lack of time as a challenge. Lack of awareness and other challenges were stated by 8 per cent and 2 per cent of respondents respectively. The table highlights high cost of healthy foods as the key challenge in following a healthy diet.

Table 16 : Challenges In Following Healthy Diet

Sr. No.	Challenges	Number of respondents	Percentage
1.	Lack of time	5	10
2.	Lack of awareness	4	8
3.	High cost of healthy foods	40	80
4.	Others	1	2
	Total	50	100

Source: Primary Data

The Fig. 19 illustrates the awareness of healthy eating habits among the respondents. Out of the 50 respondents, majority (80 %) of them are aware about the healthy eating habits. This indicates that majority of the respondents possess knowledge about healthy eating practices.



Source: Primary Data

Fig. 19 : Awareness of Healthy Eating Habits

The table 4.17 depicts the different sources of information about lifestyle diseases. Out of the 50 respondents, majority of them (54 %) receive information from all the listed sources like television, social media, family/friends and awareness programs. Social media is the next significant source with 32 per cent relying on it for information. A smaller proportion, 10 per cent obtain information from family and friends only. Television and other sources which include dietician were also the sources which were reported by 2 per cent of respondents each. Notably, none of the respondents reported awareness programs as their sole source of information.

Table 17 : Source of Information about Lifestyle Diseases

Sr. No.	Source	Number of respondents	Percentage
1.	Television	1	2
2.	Social media	16	32
3.	Family/ Friends	5	10
4.	Awareness programs	0	0
5.	All of the above	27	54
6.	Others	1	2
	Total	50	100

Source: Primary Data

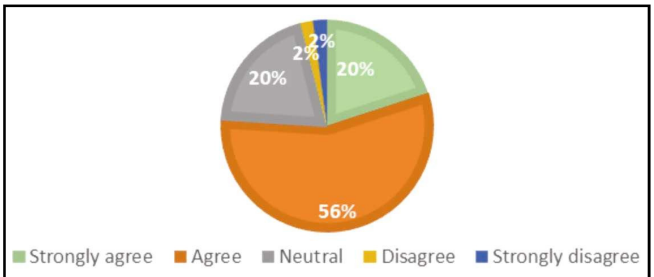
The Table 18 shows how frequently respondents monitor their weights, sugar level and BP. 40 per cent of respondents check their health parameters monthly. A considerable number of respondents, 34 per cent check their weights, sugar level etc. rarely. Meanwhile 14 per cent of the respondents check them regularly and 12 per cent of the respondents check them weekly. None of the respondents reported never checking of weights, sugar level and BP.

Table 18 : Frequency of Checking of Weights, Sugar Level and BP

Sr. No.	Frequency	Number of respondents	Percentage
1.	Regularly	7	14
2.	Weekly	6	12
3.	Monthly	20	40
4.	Rarely	17	34
5.	Never	0	0
	Total	50	100

Source: Primary Data

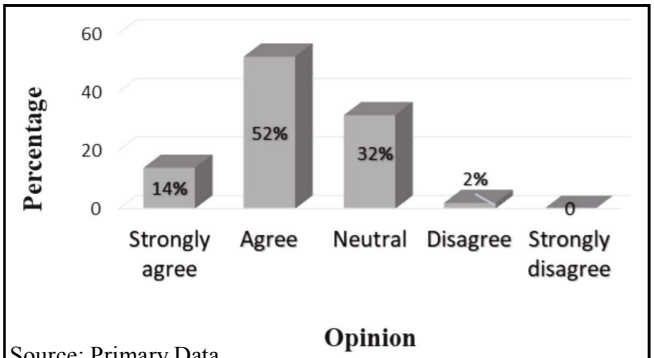
The Fig. 20 depicts the opinion of respondents on the prevention of lifestyle diseases through proper diet and lifestyle. The data indicates that most of the respondents (56 %) agreed with the statement that lifestyle diseases can be prevented through proper diet and lifestyle. Only a small per centage disagreed with the statement. The data reflects a positive attitude towards maintaining a proper diet and healthy lifestyle as effective measures in preventing lifestyle diseases.



Source: Primary Data

Fig. 20 : Opinion on the Prevention of Lifestyle Diseases through Proper Diet and Lifestyle

The Fig. 21 illustrates the opinion of respondents on the prevention of lifestyle diseases through regular physical activity. The figure indicates that, majority of the respondents (52 %) agreed with the statement that lifestyle diseases can be prevented through regular physical activity. This suggests that most respondents recognize the importance of regular physical activity in preventing lifestyle diseases.



Source: Primary Data

Fig. 21 : Opinion on the Prevention of Lifestyle Diseases through Regular Physical Activity

Moreover, the findings show a positive attitude among respondents toward improving their food habits. Many express willingness to reduce processed and fried foods, control portion sizes, maintain regular meal timings, and include more fruits, vegetables, and home-cooked meals in their daily diet. The study underlines the significance of nutrition education, awareness programs, and supportive food environments in institutions and workplaces to encourage healthier choices

A Chi-square test of independence was carried out

Table 19 : Chi-Square Test Showing Relationship between Monthly Household Income and Monthly Expenditure on Food Items	
Chi-square Statistic	56.18948412698413
Degrees of Freedom	45
P-value	0.1224497834620824

Source: Primary Data

to study the relationship between monthly household income and monthly expenditure on food items**.** The test results showed a Chi-square statistic (χ^2) of 56.189 with 45 degrees of freedom and a p-value of 0.1224**.** At the 5% significance level ($\alpha = 0.05$)**,** the p-value is greater than 0.05; therefore, the null hypothesis cannot be rejected**.** That means the null hypothesis is accepted. This indicates that there is no statistically significant association between monthly household income and monthly expenditure on food items in the dataset.

A multiple regression analysis was implemented to examine the relationship between monthly expenditure on food items and factors influencing food purchase decisions, namely convenience, family preference, price, and social media. Regarding the individual variables, family preference shows a statistically significant relationship with monthly food expenditure ($\beta = 4.6842$, $p = 0.010$). This implies that family preference plays a significant role in influencing the monthly expenditure on food items, meaning that changes in family preference can affect how much respondents spend on food.

An ordinal logistic regression is used in order to analyze the relationship between lifestyle factors and health condition of the respondents. The analysis shows that lifestyle factors have a notable influence on the health condition of respondents. The primary location of food consumption has a positive and statistically significant effect on health condition (coefficient = 0.9539, $p = 0.041$), indicating that changes in where individuals consume food are associated with higher levels of health condition categories. Engaging in physical activity has a negative and significant effect on health condition (coefficient = -1.9520, $p = 0.029$), which implies that increased physical activity is associated with better health conditions, assuming higher values of the dependent variable represent poorer health

Conclusion

The study found that most respondents were middle-aged and that lifestyle diseases, particularly diabetes, cholesterol and blood pressure, were highly prevalent. Although respondents generally followed healthy eating habits, engaged in physical activity and had good health awareness, sedentary behaviour, insufficient sleep, eating outside and the high cost of healthy foods remained major concerns. There was also a gap between awareness and personal belief, as many respondents did not feel that

Table 20 : Multiple Regression Analysis Showing the Relationship between Factors Influencing Food Purchases and Monthly Expenditure on Food Items

OLS Regression Results						
Dependent Variable			Monthly expenditure on food items			
Model			OLS			
Method			Least Squares			
Number of Observations			50			
Df Residuals			45			
Df Model			4			
Covariance Type			Non-robust			
R-squared			0.150			
Adj. R-squared			0.075			
F-statistic			1.988			
Prob (F-statistic)			0.112			
Log-Likelihood			-143.20			
AIC			296.4			
BIC			306.0			
	coef	Std err	T	P>|t|	[0.025	0.975]
Const	3.3158	1.026	3.232	0.002	1.250	5.382
Convenience	1.6842	2.248	0.749	0.458	-2.843	6.211
Family preference	4.6842	1.747	2.681	0.010	1.166	8.203
Price	2.7842	1.747	1.594	0.118	-0.734	6.303
Social media	2.8509	2.094	1.361	0.180	-1.367	7.069

Source: Primary Data

Table 21 : Ordinal Logistic Regression Analysis Showing the Relationship between Lifestyle Factors and Health Condition of Respondents

Ordered Model Results						
Dependent Variable			Health condition			
Model			Ordered Model			
Method			Maximum Likelihood			
Number of Observation			50			
Df Residuals			44			
Df Model			3			
Log-Likelihood			-46.301			
AIC			104.6			
BIC			116.1			
	Coefficient	Standard error	Z	P>|z|	[0.025	0.975]
Primary location of food consumption	0.9539	0.466	2.046	0.041	0.040	1.868
Frequency of eating outside	-0.3475	0.315	-1.103	0.270	-0.965	0.270
Engaging in physical activity	-1.9520	0.892	-2.188	0.029	-3.700	-0.204

Source: Primary Data

their food habits influenced lifestyle diseases. Statistical analysis showed that family preference influenced food expenditure, while physical activity and the location of food consumption influenced health conditions. In conclusion, there exist a clear and meaningful relationship between consumption patterns and lifestyle diseases, Addressing this issue requires combined efforts from individuals, healthcare professionals and policymakers to promote healthier food choices, improve awareness and implement effective public health strategies. Such measures can help in reducing the burden of lifestyle diseases and improving the overall quality of life. Thus the study has meets its objectives by establishing a link between changing consumption patterns and the rising incidence of lifestyle diseases. The scope of the study is limited as the analysis included only a case study of Aluva Municipality, so it gives only a bird's eye view, and the findings may not be applicable to other parts of the state. Respondents are reluctant to answer the question properly which leads to incorrect information. Time constraint was one of the major difficulty faced during data collection.

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