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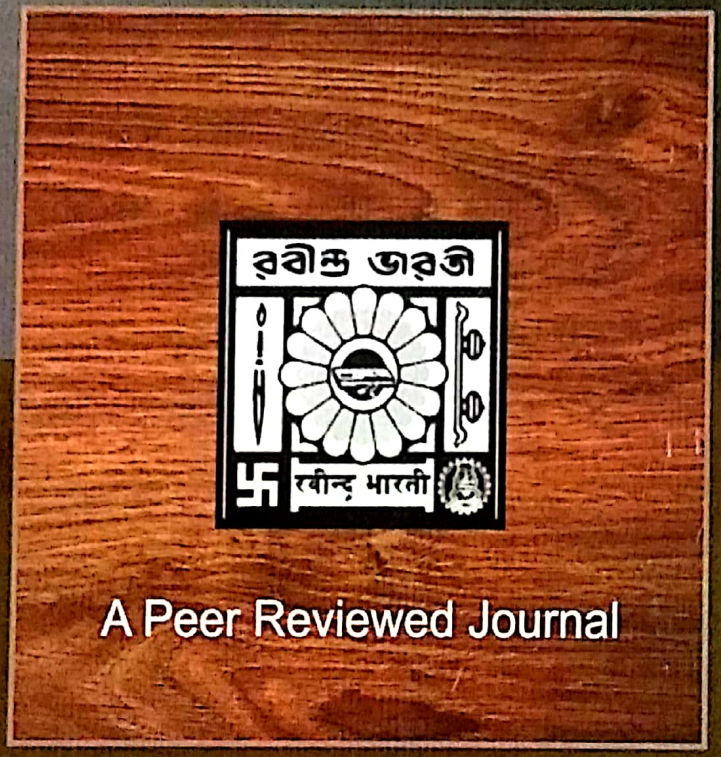

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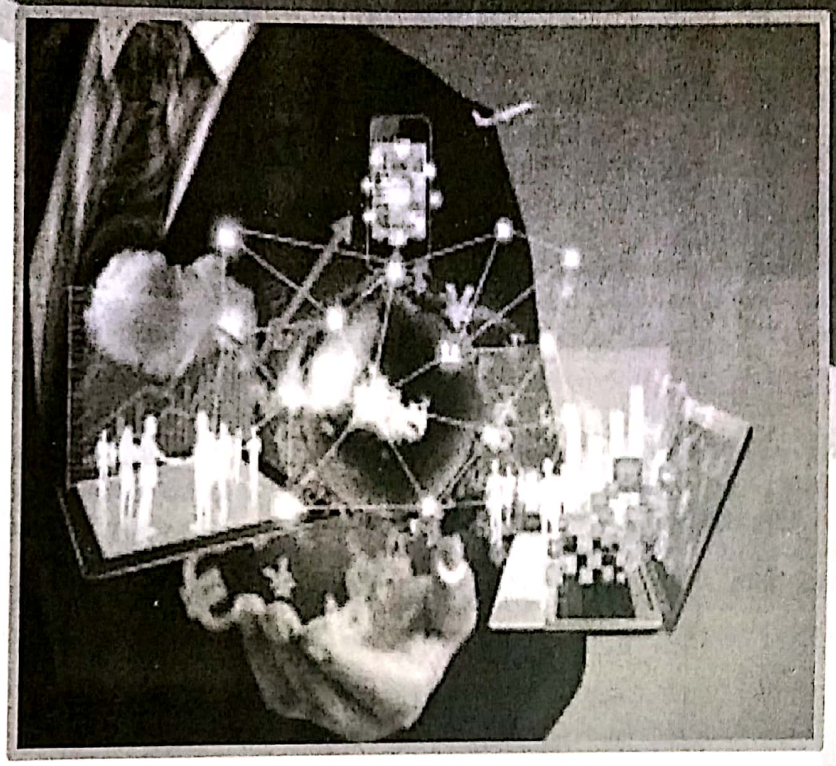

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THE ECONOMIC BURDEN OF THE LIFE STYLE DISEASES

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Abstract

A lifestyle disease has become a worldwide problem that has grown rapidly due to the rise in urbanization and globalization. It has led to a great change in the way people live. The changes in lifestyle and dietary choices greatly increases the risk for non-communicable diseases such as obesity, type 2 diabetes, hypertension, sleep apnea, osteoarthritis, and some types of cancer. It was demonstrated that lifestyle disease posed a significant economic burden on the household. Preventive measures are typical to modify the lifestyle such as weight loss, increasing physical activity, avoiding fast food or preserved food, avoiding alcoholic and artificially sweetened beverages and smoking, increased intake of food rich in antioxidants. Controlling blood pressure and serum lipid levels and reduced stress conditions are also essential. In view of this fact, this paper explores the economic burden of lifestyle disease.

Keywords: Lifestyle diseases, Preventive measures, Economic burden.

Introduction:

The improvements in standard of living and health care have resulted in a significant increase in life expectancy. Lifestyle factors like bad eating habits, sedentary lifestyle, high-calorie diet, and excessive alcohol intake increase the speed at which some or most chronic human diseases develop. Most of those diseases, which include cancer, diabetes, and atherosclerosis, are a number one explanation for death and pose great health and economic burden to the country. The prevalence of diabetes continues to increase in the world. Diabetes is projected to be the seventh leading explanation of death by the year 2030. Lifestyle changes profound effect on the development and progression of chronic human diseases, including the disease progress, for example, from the pre diabetes stage to diabetes, or even diabetes-associated complications.

In developing countries like India, where traditional lifestyles still persist, the risk of illness and death is connected with lack of sanitation, poor nutrition, and lack of personal hygiene, unhealthy human habits, customs and cultural patterns.

Lifestyle can be divided into two sets of behaviours:

1) Personal or individual lifestyle behaviours

2) Social or collective in nature of lifestyle behaviours.

Individual lifestyle is, however often viewed as if the behaviour of the individual is entirely volitional. In the case of mental & emotional factors, it is likely that lifestyles affected by stress are not always volitional in their truest sense but socially created and almost inescapable and relatively remote to change. These habits, of course, do not develop in a vacuum. The extent to which a person acquires a habit depends on circumstances, such as advertising of the product, price and peer pressure. However social policies affecting such matters become an important issue for public health.

The Social lifestyle behaviour aspect of lifestyle which is significantly associated with health is its relationship to social networks. Considerable evidence now links health to marital status, degree of closeness to friends' relationships & social group involvement.

The lifestyles are also often shaped by political events, war, communal tensions, migration, and natural disaster, epidemics etc. There are many lifestyle-related problems, especially those that are of special concern to youth. More than any other age groups, young people especially adolescents, face profound physical, psychological and social upheavals in their way of lives and the values they imbibe. These have a great bearing on their health and wellbeing now and in the future. But youth generally fail

to recognise this because, on the face of it, young people tend to be better endowed with health than any other segment of the population. They have survived the rigours of infancy and early childhood, but they may have very substantial health problems, largely due to their lifestyle & risk taking behaviours.

Statement of the problem

The changes in lifestyle among the population have led to a high prevalence of chronic diseases like diabetes, disorder, and cancer. Although people live longer, the older have to often admit disabilities and chronic diseases. People with chronic diseases including cancer, disorder, and diabetes have a shorter life expectancy than do their peers without these chronic conditions. The important causative factors of lifestyle disorders are malnutrition, poor physical fitness, lack of sleep, fast food habits, stress, worry, and poor health habits like smoking and alcohol. Hence the present study briefly assesses the erratic lifestyle factors including smoking, alcohol intake, reduction in physical activity, accumulation or low level of body weight, and the diet quality which influence the incidence of chronic diseases.

Scope of the study:

Lifestyle diseases are now the main causes of premature morbidity, mortality, and economic loss in developed and developing countries, including the younger age groups. Lifestyle diseases also called "diseases of civilization", characterize those diseases whose occurrence is based on the daily habits of individuals and are a results of an inappropriate relationship of people with their environment. The onset of these diseases is insidious, takes years to develop and once developed is difficult to cure. The most important preventable behavioral risk factors are tobacco use, unhealthy diet, physical inactivity, and use of alcohol. The present study focuses to find the prevalence of lifestyle diseases and risk factors associated with them. This study also highlighted a high prevalence of risk factors for chronic diseases and poor health seeking behavior despite accessibility and affordability to all levels of health care.

Profile of the study area

Udumalpet town is located at 559Km South-West of Chennai and 69Km South-East of Coimbatore on the Dindigul-Mysore National Highway No.209. The important towns around Udumalpet are Palani at a distance of 34 km within the east and Pollachi at a distance of 29 Km within the west. The town is well connected with other nearby urban centers – Coimbatore, Pollachi, Valparai, Palani, Dharapuram, Palladam, Tirupur, and Dindigul. it's a Taluk headquarter and a transshipment point for the railway network. It's connected with Madurai, Rameswaram, Coimbatore, and Palghat by Railway. Being the Taluk headquarters the town has a population of 59668 lakhs as per the 2001 census. The town features a rich agricultural land fed by the Parambikulam – Aliyar irrigation project and is directly linked to the Thirumoorthy dam project and hence it is a crucial trading/ commercial and industrial town for the neighboring area.

Udumalpet is additionally referred to as "Poor Man's Ooty' for its enjoyable climate. Udumalpet may be a Municipality and a Taluk Head Quarters. It's 33 Elected Wards. The entire urban population consistent with the 2011 Census was 61,133 lakhs. Udumalpet town has recorded a literacy rate of 81 percent within the year 2001among the literate population 51.68 percent are male and 48.31 percent are female. This town is a crucial trading center for cotton, jaggery, rice, and other food grains.

Method of data collection

The study is based on the primary data collected through the well designed questionnaire and the data collected regarding the basic information on socio economic conditions and the relationship of lifestyle and health. The present study had adopted random sampling method. A sample of 60 respondents in Udumalpet Taluk, Tirupur district was selected to collect the data. The collected data are

carefully reviewed and consolidated in a master table with the help of SPSS. It is tabulated and analyzed with reference to the objectives of the study. The study was conducted during the month of November 2020 to December 2020.

Objectives for the study

The objectives of this study are:

- To find the prevalent of lifestyle diseases within the study area.
- To study the varied factors contributing to lifestyle diseases.
- To understand the life-style modification perceived by the respondents.
- To suggest various measures to stop lifestyles diseases among the respondents.

Hypothesis

- Ho: There is no significant relationship between demographic variables on lifestyle diseases.
- Ho: There is no significant relationship between monthly family income and lifestyle modification.

Analysis and Interpretations

Demographic Profile of the respondents

Demographic profile explains about the socioeconomic information expressed statistically including employment, education, income, marriage rates, birth and death rates, and more.

Table: 1

Particulars	Frequency (n:60)	Percentage of the Respondents (%)
Gender		
Female	30	50.0
Male	30	50.0
Age in years		
Below 20	2	3.3
20-40	12	20.0
40-60	25	41.7
60-80	21	35.0
Educational status		
School Education	13	21.7
Diploma	7	11.6
Degree	19	31.7
Professional Education	12	20.0
Others	9	15.0
Community wise distribution		
BC	23	38.3
MBC	14	23.3
SC/ST	19	31.7
OC	04	06.7
Marital status		
Married	47	78.3
Unmarried	13	21.7
Type of family		
Nuclear	32	53.3

Joint family	18	30.0
Extended family	10	16.7
Occupational status		
Service	16	26.7
Business	25	41.7
House Keeping	13	21.7
Retired	6	10.0
Monthly family income		
Below 10000	8	13.3
10000-20000	21	35.0
20000-30000	14	23.3
30000-40000	6	10.0
50000and above	11	18.4
Monthly family expenditure		
Below10000	33	55.0
10000-20000	19	31.7
20000-30000	4	6.7
30000-40000	2	3.3
50000and above	2	3.3

The above table reveals that most of the respondents (35 per cent) are belong to 60-80 years old, and 20 per cent of them are belong to 20-40 years. The majority of the respondents (31.7 per cent) are degree holders and 20 per cent of them are professionally educated. A maximum of the respondents (78.3 per cent) are married. 53.3 per cent of the respondents living in the nuclear family system. Most of the respondents 38.3 per cent belong to the backward community. 26.7 per cent of the respondents are engaged in the service sector, and 41.7per cent of them are involved in the business. 35 per cent of the respondent's monthly family income ranges between Rs.10000-20000, and 18.4 per cent of the respondent's monthly family income is more than Rs.50000. Maximum of the 55 per cent of the respondent's monthly family expenditure is less than Rs.10000 per month, and each 3.3 per cent of their expenditure ranges between Rs. 30000-40000 and more than Rs. 50000 respectively.

Lifestyle Diseases

Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Habits that detract people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences.

Table: 2 Lifestyle diseases prevailing among the Respondents

Type of Lifestyle Diseases	No. of Respondents	Percentage
Heart Diseases	2	3.3
High Cholesterol	7	11.7
High Blood Pressure	6	10.0
Cancer	4	6.7
Obesity	1	1.7
Diabetes	40	66.7
Total	60	100.0

The above table reveals that the type of diseases prevailing among the respondents, 66.7 per cent of them are suffering due to diabetes, 11.7 per cent the respondents are having high cholesterol, 10.0 per cent of them are suffering due to high blood pressure. 6.7 per cent of them are ailing from cancer.

Factors contributing to Lifestyle Diseases

Lifestyle diseases characterize those diseases whose occurrence is primarily based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. The main factors contributing to lifestyle diseases include bad food habits, physical inactivity, wrong body posture, and disturbed biological clock.

Table: 3 Factors contributing to Lifestyle Diseases

Factors	No. of Respondents	Percentage
Tobacco and cigarette consumption	30	50.0
Alcohol consumption	24	40.0
Less physical activity	52	86.7
Junk foods	38	63.3
Overweight or obesity	26	43.3

The above table explains that the factors contributing to lifestyle diseases 86.7 per cent of the respondents revealed that the less fiscal activity is the cause for the lifestyle diseases. 63.3 per cent of them opined that consumption of junk foods are the cause, 43.3 per cent of them expressed that overweight or obesity are the cause. 50 per cent and 40 per cent of them told that tobacco and cigarette consumption and alcohol consumption are the causing factors for lifestyle diseases respectively.

Monthly Average Expenditure on Health Care

The following table explains above monthly average expenditure on health care by the respondents.

Table 4Monthly Average Expenditure on Health Care

(Amount in Rupees)

Monthly average expenditure	No. of Respondents	Percentage
Below 2000	24	40.0
2000-4000	18	30.0
4000-6000	10	16.7
6000 and above	8	13.3
Total	**60**	**100**

It is inferred that most of the 40 per cent of the respondents have spend less than Rs.2000 and 30 per cent of them have spend Rs.2000-4000 towards healthcare expenditure.

Source of spending on healthcare

The spending includes both public and private sources on medical services and goods, public health and prevention programmes and administration, but excludes spending on capital formation. Expenditures on health include final consumption, subsidies to producers, and transfers to households. The following table shows about the source of spending on healthcare of the respondents.

Table 5 Source of Spending on Healthcare

Source of spending on Healthcare	No of Respondents	Percentage
Personal income	22	36.7
Family income	13	21.7

Previous savings	05	08.3
Selling of jewellery or assets/ land	09	15.0
Borrowing	04	06.7
Pension	07	11.7
Total	**60**	**100**

The above table shows that the sources of spending on health among the respondents. 36.7 per cent of the respondents are spending from their personal income

Life Style Modifications

Lifestyle modification involves altering long-term habits, typically of eating or physical activity, and maintaining the new behaviour for months or years. Lifestyle modification can be used to treat a range of diseases, including obesity.

Table: 6 Life Style Modifications

Factors	No. of Respondents	Percentage
Dietary modifications	54	90.0
Increase fruit intake	36	60.0
Increase vegetable intake	48	80.0
Decrease salt intake	52	86.7
Decrease intake of non-vegetarian item	38	63.3
Decrease oil use, butter, ghee, coconut	50	83.3
Decrease fried snacks	28	56.0

The above table discuss about lifestyle modifications made by the respondents, 90 per cent of the respondents told that they have modified their diet intake. 86.7 per cent of them have decreased their quantity of salt intake, 83.3 per cent of them have changed their oil, butter, ghee and coconut usage. 63.3 per cent of them expressed that they have decreased the quantity intake of non vegetarian food items. 60 per cent of them have increased their vegetable intake. 56 per cent of them have decreased their eating habit of fried snacks and their diet intake.

Hypothesis Test

Hypothesis: Ho, There is significant of demographic variables on lifestyle diseases.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	
					F Change	Sig. F Change
1	.787[a]	.620	.600	1.050	30.451	.000

a. Predictors: (Constant), Occupation, Education status, Age

b. Dependent Variable: lifestyle diseases a prevailing

Interpretation:

R values found to be 0.620 that 62 percent of the variation means dependents variable is explained by creditors. Since F values is found to be significant, the null hypothesis is rejected and alternative hypothesis is accepted, meaning there by that there is significant different in the variation cost by predictors.

Hypothesis: H1, There is no significant relation between monthly family income and lifestyle modification.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.136[a]	4	.711
Likelihood Ratio	2.759	4	.599
Linear-by-Linear Association	1.594	1	.207
N of Valid Cases	60		

Interpretation:

5 cells (50%) have expected count less than 5. The minimum expected count is 60. Calculate value (2.136) is less than the table value (88%). So the null hypothesis accepted.

The Major Findings

The analysis of primary has resulted in the following major findings.

- The majority of 60 per cent of the respondents are unaware of lifestyle risk factors.
- Most 48.3 per cent of the respondents reveal that they are very active and only 3.3 per cent of them felt that they are not active.
- The majority of the 41.7 per cent of the respondents consume less than 2 liters of water per day.
- 45 per cent of the respondents alone taking their breakfast regularly.
- 45 per cent of the respondents are having an irregular eating pattern.
- The majority 38.3 per cent of the respondents reveal that the time gap between food intake is 3-6 hours.
- 45 per cent of the respondents can have 6-8 hours of sleep per day.
- 43.4 per cent of the respondents are practicing walking. 18.3 per cent of them are prepared to practice at the fitness center.
- A maximum of 66.7 per cent of the respondents are suffering due to diabetes, obesity, cancer, high blood pressure, high cholesterol, heart diseases.
- The majority of the 55 per cent of the respondents are rarely doing their health screening, and 16.7 per cent of them are screening an annual basis.
- 86.7 per cent of the respondents revealed that less fiscal activity is the major cause of lifestyle diseases.
- The majority of the 40 per cent of the respondents have to spend less than Rs.2000 and 30 per cent of them have to spend Rs.2000-4000 towards healthcare expenditure.
- 36.7 per cent of the respondents are spending from their personal income
- Most of the respondents (80 per cent) are preferred private healthcare services.
- The majority of 90 per cent of the respondents told that they have modified their diet intake.
- A maximum of 70 per cent of the respondents has awareness about health insurance schemes.
- The majority (60 per cent) of the respondents had not taken any health insurance policy.

Suggestions:

- There is an urgent need to educate society in the aspects of healthy food habits to prevent obesity and its associated ill effects.
- Town planning must be scientific by providing an adequate playground, park, etc. Since roads and neighbors' courtyards are unsafe today, the government can provide playgrounds in every village where people can do their exercise and play outdoor games without any fear.

- Government can impose higher taxes on all fast foods, soft drinks, snacks, and other packaged low nutritional value foods. The tax revenue can be used for giving subsidies for the home-based cultivation of vegetables and fruits.
- People can cultivate a habit of maintaining normal BMI at all ages, by attending fitness classes and health club programmes.
- Peer group influence should be used to prevent lifestyle diseases and ensure that to do physical exercise regularly.

Conclusion:

This study summarizes evidence about the association between the foremost common modifiable lifestyle factors and survival in advanced age. The benefits of healthy lifestyle activities and social support are even seen among the people. Living a healthier lifestyle, even when older, results in better physical function, may reduce susceptibility to disease, and should be one among the keys to longevity. Healthy lifestyle methods are now easily achievable with appropriate interventions, like nutritional counseling, exercise training, de-addiction programmes, regular medical checkups and stress management techniques that promote a healthy lifestyle and have a profound impact on individuals and society, reduce the suffering and health care related costs.

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