

LIFESTYLE DISEASES AND QUALITY OF LIFE

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ABSTRACT

Lifestyle diseases, especially non-communicable diseases (NCDs) are rising at an alarming rate and are clearly visible in developed as well as developing countries too. The shift in the mode of production from agriculture to industrial and towards rising service sectors has brought significant changes in lifestyle and considerably altered daily routines, eating habits, food choices and overall health. NCDs including cardiovascular diseases, obesity, type 2 diabetes, malnutrition and more are interlinked to unhealthy lifestyles and their effect, treatment and post-maintenance varies across different socioeconomic classes. The branch of sociology, medical sociology dives into the intersection of health, illness and socioeconomic factors, and every health policy needs this dimension into consideration for output. This research paper is based on analyses of primary data collected from individuals suffering from NCDs and secondary data published online (NFHS-5, Government, WHO). The findings emphasize the early intervention of government, organizations, and civil society at an early stage and the need to work more towards preventing NCDs rather than cure at later stages of diseases, by incorporating traditional and non-conventional medicine practices and mass awareness programs.

Keywords: Lifestyle diseases, Non-communicable Diseases, Risk factors, Socioeconomic factors, Public health policy.

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INTRODUCTION

Non-communicable diseases are termed life-long diseases collectively affected by environmental, physiological and behavioural factors. NCD treatment needs prolonged medication and today individuals from both high socio-economic backgrounds and marginal sections are affected by it. It includes

a variety of diseases, including cardiovascular diseases (such as heart disease and stroke), diabetes, certain inherited genetic disorders, various types of cancer, reproductive health issues, poor nutrition, obesity, and more. Social determinants of health (SDOH) play a crucial

role in shaping individual and population health outcomes. These determinants are the conditions in which people are born, grow, live, work, and age, and they are influenced by the distribution of resources, power, and money at various levels—global, national, and local. Diseases which were heard after the 60s and 70s among individuals are visible today in early 20s and 30s of a person. To what extent change in lifestyle can impact in early prevention of NCDs is a rising concern of governments. The chief reason behind this is even if the government increase hospitals, medical practitioners, and other associated infrastructure, it is not possible to cure every individual suffering from NCDs and people are generally visit hospitals in the later stages of diseases which increases the cost of cure, risk and decreases chances of survival. Another significant issue is if the majority of the workforce in any country which is assumed to be aged between 15-59 (India) years, gets trapped in a lifelong cycle of diseases, medication, and survival then how will they contribute to the economy and development? Research indicates that risk factors for non-communicable diseases are notably concentrated among individuals aged 30-49, particularly those with poor social determinants such as low educational attainment, marital separation, and adverse socioeconomic backgrounds, compounded by poorly structured work environments in urban settings. This demographic is poised to exert increased pressure on public health centres, necessitating intervention strategies from policymakers. Furthermore, data reveal that individuals from lower socioeconomic strata exhibit a higher propensity for tobacco use, alcohol consumption, and suboptimal dietary practices, characterized by a lack of fruits and vegetables. Conversely, those from higher socioeconomic groups tend to demonstrate greater physical inactivity and a higher intake of unhealthy fats, sodium, and processed

foods. Interestingly, a contrasting pattern emerges regarding the prevalence of heart disease and its associated risk factors, which are more pronounced in higher socioeconomic cohorts, coinciding with elevated mortality rates. Public health policy must prioritize equitable distribution and accessibility of healthcare resources to address the needs of the majority effectively. Additionally, the incidence of metabolic syndrome is found to be disproportionately higher among females, with contributing factors including advanced age, female gender, obesity, inadequate fruit intake, elevated cholesterol levels, and, surprisingly, middle-to-high socioeconomic status. This underscores metabolic syndrome as a salient public health concern, even in economically disadvantaged regions of India, warranting targeted interventions and strategic solutions. Significantly, studies focusing on adolescents in school settings have uncovered concerning dietary practices, encompassing excessive fast-food consumption and experimentation with alcohol and tobacco, alongside rising rates of obesity and hypertension. Moreover, diabetes and hypertension have emerged as critical risk factors for chronic kidney disease, illustrating the interconnectedness of lifestyle diseases. Collectively, these findings highlight that once an individual becomes ensnared in the cycle of lifestyle-related diseases, the pathway to more complex health conditions is paved, severely affecting multiple organ systems. Implementing lifestyle modifications can play a crucial role in the prevention of these diseases.

METHODOLOGY

This research paper primarily used a qualitative content analysis methodological approach. Primary data have been collected from 15 respondents using purposive sampling. Their personal experiences were recorded via open-ended interviews and

gathered narrative data from respondents. Among 15 female respondents who were facing multiple NCDs were selected. Among them 3 were aged between 11-30, 9 were aged between 31-49 and 3 were aged 60 and above. Interviews were conducted face-to-face and lasted for an average of 45-50 minutes. Narratives were summarized keeping the respondent's experience. Secondary data have been used extensively using government reports, NFHS-5 (National Family Health Surveys), and World Health Organization (WHO) publications, previous research studies and findings have been systematically analyzed to provide a comprehensive understanding of lifestyle diseases and their effect on quality of life. Ethical guidelines have been strictly followed.

FINDINGS AND DISCUSSION

Existing health infrastructure in India

Health facilities are increasing every year and India has covered several milestones. Yet there remain significant challenges and our governments have addressed them every time. There are several schemes related to individuals' health across all ages and classes. One of them is the AYUSHMAN Bharat Yojana which is proving to be another milestone in this direction as the number of Ayushman cards made was 34.7 crore. In 2025 more investment seems to be directed towards novelty, AI and Robotics in the health sector. Today we have 780 medical colleges (431 government and 349 private), and seats in medical have risen to 1,18,137 for MBBS and 73,157 seats for Post Graduation. Out of GDP 1.9 per cent have been spent in 2023-24. Talking of the number of hospitals we have 2,00,988 health centers. The Maternal mortality rate has decreased to 103 per one lakh is a significant achievement.

Causes of mortality in India by 2030

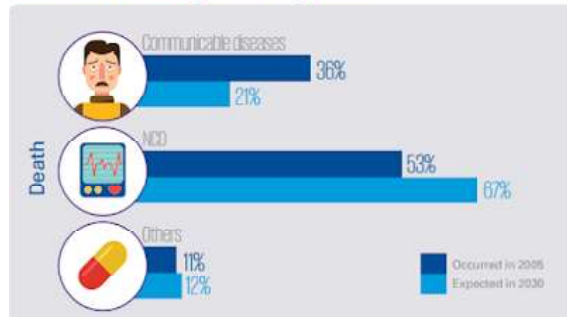


Figure-1: NCDs Mortality Prediction.

NCDS RISK FACTORS

The proportion of mortality in India attributable to non-communicable diseases (NCDs) has escalated markedly, rising from 37.09 per cent in 1990 to 61.8 per cent in 2016. The incidence of cancer within India has shown a consistent annual increase, with cases expanding from 1,328,229 in 2014 to 1,517,426 in 2017. Correspondingly, cancer-related mortality has also seen an upward trajectory, from 670,541 deaths in 2014 to 766,348 in 2017. Data from the 2015-16 National Family Health Survey (NFHS) indicates that hypertension affects 11 per cent of women and 15 per cent of men aged 15 to 49 years. In response to the rising burden of NCDs, the Indian government has implemented a series of strategic measures, notably the National Health Policy 2017. This policy prioritizes preventive and promotional healthcare initiatives and strives for universal access to quality healthcare services. It aims specifically at mitigating premature mortality from major NCDs, including cardiovascular diseases, cancer, diabetes, and chronic respiratory conditions. The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is operational under the National Health Mission, focusing on raising awareness about cancer prevention, early detection, and treatment modalities. NPCDCS places a particular emphasis on the prevention

of breast, cervical, and oral cancers. As part of a comprehensive approach to primary healthcare under the National Health Mission, initiatives have been introduced across over 150 districts for the prevention, management, and screening of prevalent NCDs, including diabetes and hypertension, as well as oral, breast, and cervical cancers. Furthermore, six new All India Institutes of Medical Sciences (AIIMS) have been established via the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), enhancing tertiary care facilities for NCDs like diabetes. Additionally, a pilot initiative is currently being trialled in six districts in collaboration with the Ministry of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) to explore the potential contributions of AYUSH systems of medicine in the prevention and management of NCDs.

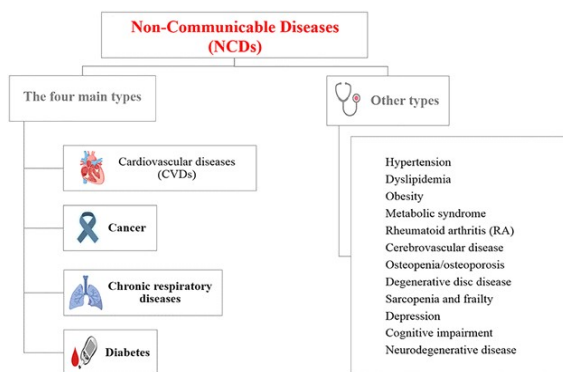


Figure-2: List of NCDs

In India, in 2017 nearly 60 per cent of all fatalities were directly related to NCDs. Risk factors like tobacco consumption, alcohol, unhealthy dietary habits, obesity, physical inactivity, high blood pressure, high cholesterol level, heightened glucose level, and high salt intake of an average of 11mg/day against the WHO recommended 5mg/day. Obesity is a growing health crisis in India. Both obesity and undernutrition are forms of malnutrition and are found in contrasting socioeconomic groups. Globally the number of obese has crossed 100 crores. In India, statistics show number of overweight children

aged between 5 to 19 years exceeds 1.25 crore in 2022 compared to 40 lakhs in 1990, which is a four times increase in obesity. One person once diagnosed with one type of NCD opens doors for other NCDs too.

Life is running at a fast pace and to fill stomachs fast options calming the taste buds is also growing in demand. The fast-food market has grown to 731 billion dollars in 2022. The United States leads the consumption ladder with annual spending of 160 billion dollars, followed by China with 97 per cent of the population consuming fast food. India ranks 13th on this ladder with an annual fast-food revenue of 814.29 million USD in 2023. According to The Global Food Policy Report 2024: Food Systems for Healthy Diets and Nutrition, published by the International Food Policy Research Institute (IFPRI) on May 29 a healthy diet consists of incorporating 5 food groups in the diet that is, staple food, vegetable, fruit, pulses, nut or seed, animal source food). Only 28 per cent of Indians are following this defined healthy diet. Modern lifestyle has incorporated sedentary ways of doing daily activities, even the recreational activities are limited to reduced physical activity. Behaviours include a prolonged session of watching television, mobile screens, laptops, using electronic devices, and video gaming. The work culture associated with service sectors requires elongated hours of sitting at one go of an average of 10-11 hours per day. School curriculum and increasing competitions and cutthroat race to secure a seat and position also demand long hours of sitting. Modular kitchens with all appliances and raised cooking platforms as opposed to traditional kitchens with sitting and cooking arrangements make people stand in one place during entire cooking and associated works with little mobility. Global study reveals high levels of physical inactivity among women as compared to men. This is associated with small families,

small residences with modern means of machinery and luxuries within the home, availability of maids and more eating done either outside the home or via online food delivery companies. The online food delivery market in India in 2023 was 36.3 billion dollars with a growth rate of 24.32 per cent. Above these increasing subscriptions to digital platforms like Netflix, Amazon Prime and similar others have grown to 73 billion Indian rupees, showing time consumed in screen-based activities. Next on the list is the increasing trend towards online shopping and associated screen time scrolling up and down for not only essentials or needed items at that particular time, but also looking for the best deals, discounts and offers which in turn consumes a lot of time and contributes towards more sitting hours, as individuals are spending an average of 2 hours and 25 minutes per week and spending 16 per cent of their income to this activity (consumer study by CyberMedia Research, CMR). This trend is not just limited to metropolitan cities but has percolated to tier 2 and tier 3 cities and rural areas as well. This situation is exacerbated by the post-pandemic circumstances characterized by prolonged sitting and remote operated work arrangements.

The use of alcohol and tobacco is an emerging leading risk factor for mortality in India. Tobacco only resulted in 1 million deaths (17.8 per cent of total deaths). Smoking accounted for 79.8 per cent of these fatalities, with secondhand smoke contributing 21.0 per cent. Major causes of mortality linked to tobacco include Ischemic Heart Disease (18.0 per cent), Stroke (14.2 per cent), Lung Cancer (60.4 per cent), and Chronic Obstructive Pulmonary Disease (40.7 per cent). The increased prevalence of cigarette smoking and alcohol consumption among adolescents is influenced by parental habits, peer pressure, experimentation, imitating the cool images of actors on big screens, lack of family cohesion,

inadequate parental supervision, and no quality family time due to busy lifestyles. Collectively these conditions foster a sense of loneliness, and fear of failure which further compound the issue. Food and beverage companies invest significantly huge amounts in advertisements and popularizing brands and very little attention is given to nutritional content and healthy choices for the public at large. Social influencers also contribute towards building public opinions and increasing party habits, celebrating in restaurants and food outlets and changing the way people live their lives. FMCG (Fast-moving consumer goods) sector topped the list of advertisement spending with 300 billion Indian rupees in 2023 (Statista.com).

The last section is about the factors which are beyond individual control. Top in the list is the issue of poor air quality index (AQI), that harms multiple organ systems. This situation has worsened up in metropolitan cities across the world and caused 5,00,000 lung cancer and 1.6 million COPD (Chronic Obstructive Pulmonary Disease) deaths annually, 19 per cent cardiovascular and 21 per cent of stroke deaths. Development induced pollution has shrunk access to affordable open and green spaces for all age groups. Poor urban development plans and mass migrated population from lower strata of society are bound to live in slums, with no fresh air, no ventilation, sunlight not able to reach ground, unhygienic living conditions and lack of sanitation put them at door of NCDs. The demographic effects of air pollution reveal distinct disparities: families from high socio-economic background often escape to natural environments such as beaches and hill stations, utilizing their resources to mitigate exposure to pollutants. Conversely, individuals from middle-income groups tend to invest in air purification technologies for their homes and vehicles, attempting to create cleaner environments within confined spaces. In stark

contrast, those from lower socio-economic strata disproportionately bear the brunt of air pollution's adverse health impacts, with prolonged exposure leading to severe respiratory ailments. Essential infrastructure, such as playgrounds for children, walking paths for adults, and activity spaces for the elderly, is insufficiently provided in increasingly congested urban environments. As urban populations continue to rise, affordable and adequate housing remains a critical challenge, often relegating communities in affluent areas may offer the necessary amenities, yet skyrocketing real estate prices render these options inaccessible to both middle-class and lower-income populations. The mere acknowledgement of the right to life within constitutional frameworks does not ensure a viable standard of living for all citizens. There is an urgent need for sustainable urban planning and housing initiatives that provide dignified living conditions for everyone, supported by proactive government policies and interventions.

Personal Experience of a Respondent

"I'm Sarla Devi (name changed), a 60-year-old woman who has been battling type 2 diabetes since my early 40s. Sleep eludes me, and I often rely on sleeping pills to get by. After an accident at 45, which left me with multiple fractures in my leg, my mobility declined, and I started gaining weight, leading to serious health issues like obesity, inflammation, and heart problems. I now depend on insulin and my elder son for help with daily tasks. Although my relatives live just 200 meters away, I struggle to visit them without assistance. My family checks in on me often, but I still face a lot of psychological and physical challenges. Coming from a respectable family, I never thought I would feel so dependent on others. Visits from relatives are infrequent, and even the ones

who come find it hard to help. While my medical expenses aren't a major issue due to my socioeconomic status, I often feel trapped in this cycle of illness, which has contributed to a negative self-image and mood swings. My day starts at 4 a.m., I sit lost in thought, trying to prepare my morning tea. I find myself relying on others for basic needs like drinking water, and my son has to give me my insulin injections. This routine has been my life for over two decades, and watching other women my age live freely only deepens my feelings of isolation and longing for a different life."
 "My name is Riya Chakraborty (name changed) and I am 14 years old. I suffer from obesity and was later diagnosed with asthma, which means I have to carry a small inhaler pump with me at all times. This has limited my participation in sports and other activities, leading to the development of a negative self-image."

Socioeconomic Factors and their relation to Non-Communicable Diseases (NCDs)

Socioeconomic factors are deeply connected to the spread and prevention of risks associated with NCDs as summarized in the following table 1.1 given below.

Table-1.1: Relation between Socioeconomic factors and NCDs.

Socioeconomic Factor	Relation with NCDs	Facts (supporting information)
Education	A lower level of education is directly linked with a lack of awareness about healthy eating habits, healthy lifestyles and preventive measures, which increases NCD risk.	The literacy rate gap between males and females is 16.68 per cent. The dropout rate in India is 12.6 per cent for secondary schools.
Age at Effective Marriage	Early marriages of both men and women restrict their further education and career opportunities and increase the risk of health problems, especially in women.	The mean age of marriage for men increased to 23.5 and for women to 19.2 as per census 2011.
Economic factors	Lower incomes set limitations on access to healthy food choices, better healthcare, and a safe living environment increasing the risk of NCDs.	Per capital income in India was 2239.25 US Dollars (2023), which is 18 per cent of the world's average.
Employment	Not having a stable job, and unemployment lead to stress and poor quality of life and other amenities.	The unemployment rate is 3.2 per cent (July 2023 to June 2024), with 129 million Indians living in extreme poverty in 2024 (earning less than \$ 2.15 per day) as per a World Bank report.
Household amenities	Lack of essential amenities like portable safe drinking water, poor sanitation and hygiene facilities, and inadequate drainage increases the risk of NCDs.	Some habitations' water is affected by several harmful chemicals like arsenic, and fluoride. Lack of toilets and poor drainage system.
Availability of cereals and pulses, fruits and vegetables	Malnutrition increases the risk of developing a range of NCDs. Less availability and high prices limit its consumption among lower strata.	The inflation rate in India in November 2024 was 5.48 per cent. (Press Information Beureau, PIB)

<p>NCD Burden</p>	<p>Non-communicable diseases (NCDs) pose a significant public health challenge in India. Although most NCDs are preventable, addressing this issue requires widespread awareness and the promotion of healthy alternatives. If we fail to encourage healthier lifestyles, we will be unable to fully harness the nation's human capital. Living an unhealthy life and relying on lifelong medication not only decreases individual productivity in the long run but also places a greater burden on families and the nation as a whole.</p>	<p>In 2022, approximately 7.5 million people were diagnosed with hypertension, 6.1 million with diabetes, and 2.9 million with both hypertension and diabetes. Additionally, 200,000 people were diagnosed with cardiovascular diseases (CVDs), 100,000 with stroke, and 300,000 with common cancers. The average out-of-pocket spending by households on non-communicable diseases (NCDs) in public hospitals was INR 13,170. The economic burden posed by NCDs is estimated to result in a global cumulative economic loss of \$47 trillion between 2011 and 2030. This significant loss hinders economic development and perpetuates poverty.</p>
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CONCLUSION

Gandhi’s stand on health

Gandhi’s key suggestions for a healthy lifestyle focus on several important aspects: he advocated for an appropriate diet that is balanced and limits high substances like fats, carbohydrates, and salt, while also endorsing fasting for detoxification. He emphasized the need for regular physical activity to mitigate the risks of a sedentary lifestyle, encouraged avoiding tobacco and alcohol due to their health consequences, and highlighted the importance of breathing clean air and maintaining a clean environment. These principles address significant risk factors for non-communicable diseases (NCDs) and reflect Gandhi’s revolutionary philosophy on health, which remains relevant in today’s fight against the NCD epidemic. Mahatma Gandhi conveyed that the body was never meant to be treated as a refuse bin, holding all the foods that the palate demands. He recognized that physical training should have as much place in the curriculum as mental training. Gandhi stated that havoc has been created for mankind by tobacco, and he noted that those who take to drinking ruin themselves and their people, as expressed in Key to Health (1948). He regarded air, water, and grains as the three chief kinds of food, and highlighted that when air is polluted, our health is harmed; it is said that bad air is more harmful than bad water. Gandhi emphasized that instead of being used as a temple of God, the body is often treated as a vehicle for indulgences, with individuals

rushing to medical men for help. He believed that true wealth lies in health, rather than in pieces of gold and silver.

Early Intervention Strategies for Preventing Non-communicable Diseases

We need to incorporate healthy lifestyles, food habits, and health well-being, and this issue needs immediate attention from the government, organizations, civil society, media, and schools. Our traditional and non-conventional medicinal practices, system and knowledge (AYUSH- Ayurveda, Yoga, Unani, Siddha, and Homeopathy) can play a significant role, through the adoption of balanced diets and active living. Ayurveda has deep historical connections to the principles of nutrition and is gaining recognition globally as a viable option for managing lifestyle-related disorders. Among its key practices are Panchakarma and Rasayana, both of which emphasize the importance of detoxification and rejuvenation of the body. Dietary control, alongside physical practices like Ashtanga Yoga, plays a pivotal role in regulating the senses and enhancing mental focus. The government can also act in several ways taking cues from other countries on putting checks on salty snacks and fast food by imposing heavier taxes on them. FSSAI (Food Safety and Standards Authority of India) needs to expand its base, increase the frequency of quality checks on packed food items and famous food outlets and impose severe penalties for substandard deliveries to consumers. Workshops should be conducted in schools starting from the eighth grade, empowering young individuals to become health ambassadors in their communities. Online food deliveries also need to be put under surveillance as they promise 10 minutes but not the quality of food being delivered. Whether the population opt for closed or paid gyms estimated to be around 96,278, free and open gyms have made fitness affordable and

accessible to the masses, children’s parks, sports clubs or walking paths, have options and facilities for all. Lastly, it would be valuable to develop simple meal plans that include regional variations and seasonal foods, which can be taught in educational institutions and widely circulated. By fostering an environment where healthy, simple lifestyles are the norm, we can take significant strides towards reducing the burden of lifestyle diseases in our communities.

Healthcare Schemes in India, Non-Communicable Diseases (<https://pib.gov.in>) The National Tobacco Control Programme (NTCP) aims to reduce tobacco use, while the NPCDCS addresses non-communicable diseases such as cancer and diabetes. Specific health initiatives include programs for occupational diseases, hearing impairment, and mental health, the latter through the National Mental Health Programme. Vision care is enhanced via the NPCB&VI, and renal needs are met through the Pradhan Mantri National Dialysis Programme (PMNDP). The National Programme for Health Care for the Elderly (NPHCE) focuses on older adults, and the National Programme for Prevention and Management of Burn Injuries (NPPMBI) addresses burn injuries. Additionally, the National Oral Health Programme promotes better dental health across the population.

Figure-3: Initiatives at Different Levels.

Global Level	WHO, UN
<ul style="list-style-type: none"> • Design national policies and plans • Support and encourage research for NCDs prevention and control • Monitor NCDs • Support national and international partnerships for NCD prevention and control 	
Country Level	
<ul style="list-style-type: none"> • Improve budgetary allocations to support primary health care systems • Engaging nongovernmental organizations, research institutions, and private sector in collaborative partnerships for implementation of an action plan against NCDs • Develop continuous quality improvement systems focus on primary health care for prevention and management of NCDs 	
Society Level	Schools, Universities, Non-governmental agencies
<ul style="list-style-type: none"> • Offer healthy food in the workplace • Offer opportunities for physical activity in the workplace for all the ages • Offer new resources from health-related non-governmental organizations to support the services for the prevention and control, treatment and care of NCDs 	
Individual Level	
<ul style="list-style-type: none"> • Follow healthy lifestyle 	
<small>This Photo by Unknown Author is licensed under CC BY</small>	

Road Ahead

Governments can make significant contributions to containing NCDs by increasing taxes on unhealthy packed food and simultaneously subsidizing healthy food to make it affordable for the mass population. Open and safe spaces need to be developed to encourage physical activities among all age groups. Workshops could be run in schools to educate children about healthy food habits and games. Additionally, mobile clinics need to be set up to reach and diagnose early and an informal group to provide counselling to sufferers of NCDs. Also, dedicated and controlled media should be used to teach healthy cooking with a budget to the masses. Fitness clubs could be formed at the local level to promote walking, yoga and similar activities together. The population needs to be educated frequently about age-specific routine medical checkups both at home and at the workplace to know early and treat early. This issue requires the collaboration of government, community and individuals to live a happy and healthy life. Our old age practices of fasting once a week along with several festivals across religions also indicate methods towards a healthy and balanced lifestyle. Another significant step would be increasing health insurance to the masses to confront tough medical situations easily.

Figure-4: Few Ways Towards Simple Life.



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