

*The Perceptions of Lifestyle diseases in
contemporary Kolkata: A Sociological Study.*

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The Perceptions of Lifestyle diseases in contemporary Kolkata: A Sociological Study

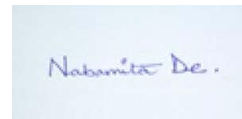
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CONTENTS

		Page Number
CHAPTER 1:	Introduction	1-7
CHAPTER 2:	Objectives	8
CHAPTER 3:	Theoretical and Conceptual Framework	9-39
CHAPTER 4:	Review of Literature	40-76
CHAPTER 5:	Research Methodology	77-105
CHAPTER 6:	Data Analysis & Interpretation	106-179
CHAPTER 7:	Summary	180-200
CHAPTER 8:	Conclusion	201-209
ANNEXURE-1:	Bibliography	
ANNEXURE-2:	Questionnaire	

Introduction

Modernization is an irreversible ever changing and an unending process. It has engulfed the world in a way that has driven people insane over its increasing demands. The situation is quite precarious in the context of India. The Indian economy still relies on agriculture as its major source of revenue, without much scope for revolutionising the production process. Thus, it gets very tough for the Indians to participate in the rat-race and emerge victorious.

India boasts of cities with historical worth, where time seems to stand still and life becomes stagnant. Kolkata, the capital of West-Bengal is one such city where the past rarely meets the present and therefore encounters a dichotomy between underdevelopment and modernity. In an urge to jump on the bandwagon of modernization, the typical traditional culture of Kolkata has suddenly come to face rapid replacement by an unacceptable and unrecognizable culture. People of Kolkata being a metro citizen, do not want to get loosened from their roots of origin, whereas at the same time can't deny the forceful impact of modernization which they are bound to accept. The present situation of the society is such that only the educated and 'Y' generation people are getting a foothold and can cope with the constant changing effects of modernization. On the other hand, the older generation people who believe in their traditionalism can't internalise the irreversible change. This makes them vulnerable to unprecedented situations. These in due course cumulatively cause stress, depression and loneliness at large in the city.

The researcher wanted to have an analytical understanding of the actual representation of the population of Kolkata. The Census Report of 2011 has been used as the primary source for this purpose. As the majority of the religious communities in Kolkata, are comprised of Hindus, Muslims and Christians, hence these three religious groups have been considered for the study. Moreover, the focus has been laid specifically on the Bengalee community adhering to the aforementioned religious faiths. Even the gender structure has been followed according to the Census Report. It must be mentioned at this juncture, as a permanent resident of Kolkata, the researcher is very much familiar with the nitty-gritties of the Bengalee tradition and culture. The researcher also happens to belong

to a middle-class Bengalee family which gave her the inspiration to study the impact of modernization and neo-liberalization on lifestyle.

Secondly, the researcher is concentrating solely on the middle-income white-collar group of workers, as they have earned their position in the society by facing challenges. They are also the ones who have succumbed to the ever-changing characteristics of society. So, it is believed that they are more accustomed to the fast-moving changes afflicting the lives of middle-class people.

Thirdly, as per the present scenario of Kolkata, the issue of non-communicable lifestyle illnesses has caught the fancy of the young and the old alike. This arises in the context of the changes made in the lifestyles associated with the respective religions. So, a comparative study of the respective lifestyles was deemed necessary enough as it has not been explored yet, especially in the context of its relation with the people of Kolkata. The sense of communal harmony and sense of reciprocity is the main theme, where humanity is held high amidst caste, class, creed and gender. Though religiosity, spirituality and faith, still persist, but the regularity of routinized rituals have diminished. People are engaged in pomp and grandeur of festivity and its celebration more than maintaining its traditional rituals.

Modernization means division of labour and specialization where people excel in their own domain of work. Therefore, people become selfless and mechanical to deal with such specialised work, as per Durkheim's notion of organic solidarity. Work and profit are the only concept of modernity, where capitalism and consumerism both play a great role to exploit people in better but in a camouflaged way for the ultimate profit. The competition between one another has increased and has achieved relevance in the current times. These sudden changes in lifestyle have invited unwelcomed situations all over, irrespective of age, gender and race.

It is important to understand meaning of lifestyle in order to analyse the origin and significance of lifestyle disease. In sociology, a lifestyle is the way a person lives. This includes patterns of social relations, consumption, entertainment, and dress. A lifestyle typically also reflects an individual's attitudes, values or worldview. Having a specific "lifestyle" means engaging in a characteristic bundle of behaviours that makes sense to both others and the self in different times and places. Therefore, a lifestyle can be used to

forge a sense of self identity and to create cultural symbols for the way a person is. The behaviours and practices within lifestyles are a mixture of habits, conventional ways of doing things, and reasoned actions. To be more explicit, Lifestyle is the typical way of life of an individual, group, or culture. The term was originally used by Austrian psychologist Alfred Adler (1870-1937). The term was introduced in the 1950s as a derivative of that of style in modernist art. The term refers to a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks. A rural environment has different lifestyles compared to an urban metropolis. Location is important even within an urban scope. A particular neighbourhood affects lifestyle due to varying degrees of affluence and proximity to open spaces. For example, in areas within a close proximity to the sea, a surf culture or lifestyle is often present.

Later on, to be more sociologically specific, the term "lifestyle" first appeared in 1939. Alvin Toffler predicted an explosion of lifestyles ("subcults") as diversity increases in Post-industrial societies. Pre-modern societies did not require such a term to describe sub-culture or "lifestyle", as different ways of living were expressed as entirely different cultures, religions, ethnicities or by an oppressed minority racial group. As such the minority culture was always seen as alien or other. "Lifestyles", by comparison, are the accepted or partially accepted differences within the majority culture or group. This tolerance of differentiation within a majority culture seems to be associated with modernity and capitalism.

Now, having explained what lifestyle is, let's concentrate on health and health factors to develop deeper understanding of lifestyle diseases. We all know that the Sociological Perspective of health is a state of complete well-being: physical, mental, and emotional. This definition emphasizes the importance of being more than disease free, and recognizes that a healthy body depends upon a healthy environment and a stable mind. Along with that Lifestyle factors like change in ill-habits and certain ways of life go a long way in influencing in overall health and well-being.

A good or satisfactory condition of existence, a state characterized by health, happiness, and prosperity, are the necessary factors to ensure the well-being of a person. There are times when we deviate from our roots and oversee the traditionalism, but do not or rather cannot cope up with the trends of the present day as well, our body rebels by manifesting symptoms as indicators of diseases. This is what we understand as the origin of lifestyle diseases. Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. Diseases that impact on our lifestyle mainly are heart disease, stroke, obesity and type II diabetes. The diseases appear to increase in frequency as countries become more industrialized and life expectancy takes a leap. Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression, obesity and vascular dementia are some of the most common diseases found to occur.

Some commenters maintain a distinction between diseases of longevity and diseases of civilization or diseases of affluence. Certain diseases, such as diabetes, dental caries and asthma, appear at greater rates in young populations living in the "western" way; their increased incidence is not related to age, so the terms cannot accurately be used interchangeably for all diseases. A new set of diseases are seen due to the changed lifestyle. Not only lifestyle, but the new trend of eating habits of having snacks and fast food is also hampering the health of all. As these are available widely everywhere, pocket friendly and seems to be tasty, that is why urbanites being aware of the bad effects of snacking still opt for having it. The concept of dining out and trying new foods in multi-cuisine restaurants has become popular. The cook shows, cook books, availability of spices and condiments and cooking as a lucrative profession, these all have given a rise of urge of experimentation with food.

Food festivals and carnivals are common in Kolkata which people enjoy a lot. More over Kolkata is a harmonious place, where every community people celebrate all festivals by feasting. This happens by inviting people over feasts of religious festivals, donating and sharing food. As the unending cycle of eating good food is repeated very frequently, so different types of diseases are seen very commonly in Kolkata. Obesity, high blood pressure, gastro-intestinal problems, indigestion etc. are common story of every

household. On top of it the pollution and population problem of Kolkata, has aggravated the problem further. Various air and water borne lifestyle diseases are common like asthma, allergy, cancer, and skin and hair problem to name a few.

Consumerism has touched all the aspects of our lives, along with its goodness it has hampered different other aspects of life too. Along with that, the social media or internet has helped all of us to be more informative about religious, fashion, food or important news every query is being solved with in seconds which is also causing problem in society. The problem is, females specially the teenage girls are being targeted and they are lured by the advertisements in television or newspaper and even in different webpages, for being fair and slim. Even the patriarchal society demands so, thus from the very beginning they are taught, read out and shown about the fairy tales, where queens, princess, girls are good-looking and very much concerned about their beauty. The religious scripts also prove to be the same. The goddess and angels have very much praiseworthy figure. Which in all have impact on today's women. That is why they follow different fasting and dieting regime to present themselves as acceptable object in society. They use make-ups and cosmetics and even come under the knives to make themselves beautiful, which in return take toll on their health and they lose their identity too. They suffer from mal-nutrition, low pressure, anaemia, gynaecological problems, inferior complex etc. At the same time, they cannot concentrate on the fruitful aspects of life, to make their future bright or successful. Thus, the society, religion and media, all accumulatively trying to put women down, and making them a pray for and by themselves. Here's how, consumerism is a slow poison for society.

Time is an important factor at present, everybody is falling short of time, thus automatically all lengthy, irrelevant work of life has been either cut short or handed over to specialized persons. The religious rituals and rites are one of them. Though religious experts say that in every religion whatever the stipulated rituals are, those are so scientifically or logically made that, it actually helps to maintain a healthy, positive life. They also claim that, as people are abstaining from these rituals, so they are getting different kinds of lifestyle diseases. Each and every ritual have different health benefits. The diseases are not only happening due to elimination of rituals, but for the type and kind of work one does. The work culture, pattern, risk factors are considered for occupational or situational lifestyle disease caused by smoke, pollutants, heat, cold,

sound, dust, fumes etc. most of the working professional passes through these situations and fall prey to different lifestyle diseases. Urbanites are more exposed to different awareness measures due to accesses to different things like uninterrupted internet connection, social media, library, good network of learned people and different campaigns etc. Thus, they take necessary precautions. Some of the remedies which they usually follow are dieting, light exercising, yoga, meditations, proper rest etc. in some cases proper medications either allopathic, homoeopathy or Ayurveda is taken, as lifestyle diseases are chronic and long termed. People have started to tailor-make their life according to their lifestyle. Because everybody has come to know that lifestyle diseases are part and parcel of life so it has to be accepted positively. Not only these, they follow lifestyle health profile pattern like, regular doctor check-ups, seek counselling when required, stress management, proper serving of food, like vegetables, fruits, cereals and beverages.

No such religion is singly responsible for any kinds of diseases, as the researcher has taken three major religious groups as representation of Kolkata, because, only gender related study and lifestyle diseases will indicate mainly the women centred problems, but the traditional pre-set of religious expectations from different rituals sometimes causes diseases, thus the researcher wanted to do the representative study based on the religious and related ritualistic orientations and changes in Kolkata. The kind of disease one has doesn't depends on one's religion solely but majorly on one's lifestyle and one's sense of ethnicity, traditionalism, originality history etc. Secondly no religion as such is responsible for certain kind of disease, in fact all kinds of lifestyle diseases are found in all religions. We all know that each religion has something good and noteworthy and few drawbacks related to it. These drawbacks can be overlooked only by the power of education. Education can help to understand and reason out logically the odd religious demands, and at the same time relate to other goodness of different religions and ultimately use the amalgamated goodness of religions in one's life. Then only one can feel harmonious to oneself and at the same time care for one's health. As people in Kolkata don't worry about the rituals or religious bindings, and the youth here believe in more solidarity and socialism. Thus, religion does not play a vital role in disease formation neither does it help in reduction of disease. The same thing is true for health education also. As health is the ultimate wealth of the society, so it is very necessary to put health education in syllabus, like other compulsory subjects, so that from the very beginning one

knows the best and cheapest ways of proper food habits by keeping in mind the nutritional part. To know the dos and don'ts of food intake is very important for avoiding food related diseases. This habit will be taught and practised by both the present generation and their previous generations too and like this way the concepts of healthy and non-healthy foods will be clear and people can lead a disease-free life.

Objectives

1. What do the middle class Bengalee Hindu, Muslim and Christians of Kolkata understand by the term lifestyle as a concept and how do they relate lifestyle with lifestyle diseases?
2. What changes can be seen in the religious activities of HINDU MUSLIM and CHRISTIANS in respect to their genders in this neo-liberal age?
3. How modernization and consumerism related to both religion and lifestyle diseases?
4. What consciousness and remedies are followed about the lifestyle diseases?

THEORETICAL AND CONCEPTUAL FRAMEWORK

A. THEORETICAL FRAMEWORK

Religion is such a vast topic to discuss and diagnose under one roof, thus philosophers, psychologists, and sociologists always keep on trying to keep up pace and understand its courses and changes. Religion is seen as a game changer in every aspect of life and in every society since time immemorial. The everyday functions are also considered as religious act, and in some places, religion speaks aloud till now. Here we will see how various sociologists have incorporated different aspects of religion at certain times due to certain noteworthy phenomenon noticed.

We know about the theorists and their theories from the period of industrial revolution to till date. There are different theorists who thought about religion and its perspectives. Starting from the work of Weber to Simmel and coming through mid-century Bourdieu's perspective of religion and then switching over to Giddens, where he dealt with modernity. The twist and turns of society based on religion went on. The classical concept of Weber's life-chances and choice of life is the base of the topic, because these two concepts are what we know as base of life-style today. This was the reason on which society changed and gives us the clear idea how lifestyle diseases occurred. This is how theoretically we will be able to analyse the practical scenario.

Neal Krause and R. David Hayward (December 2012) have claimed that, it is very obvious that in any religion or caste and creed the older people get benefitted through religion for better coping and healing, but it is also interesting to know that other than formal spiritual support, informal support acts much more intensely for better adaptability. Informal spirituality deals with homely religious deeds, thus people who are attached with this have quicker healing experiences. Both Taylor and Turner have evidences that this phenomenon is true.

James M. Freeman¹⁹⁷⁵, argued that due to modernization the work of priests has changed a bit and they have become more devotional than spiritual or ritualistic. Because due to social and economic pressure they are bound to lead a city life in an urban setting, by trying to hold upon the rural culture. This is a continuation of their life in a new way; it

is just their extension of life leading in a modernised society. There happens to be a sudden lifestyle change too. So now we can see compartmentalization in their professionalism and can find new additional side profession in their life. In addition, he also claimed that, though Weber, Myrdal and Levy argued that Hindu lifestyle is incompatible with modernization, or is a hindrance in development, because both cannot go hand in hand.

This study is mainly focusing on three parameters of sociology. They are mainly sociology of health and illness, sociology of religion and finally sociology of modernization, consumerism and development. Here the researcher has searched upon and used such a theoretical perspective which is all encompassing in relation to the said parameters. Though mainly the researcher has focused on theories of religion and opted for such a theory which is slightly tilted towards other parameters of the study too. The name of the theory is Rational Choice Theory (RCT) by Rodney Stark and William Sims Bainbridge (1980).

The application of Rational Choice Theory (RCT) to the domain of religion is debatable. The cost-benefit model of RCT does not solely determine individuals' allegiance to particular religious belief or practice. Hence religious activity is a field where applying RCT may not be adequate. However, RCT stands out as the most reliable theory formulated so far in an attempt to objectively understand religious affinity.

Rational Choice theory is part of economic theory where maximum benefit for least cost determines human behaviour. All behaviour accounted here is then by nature rational. As for example friendship and marital relations can be understood through RCT. Choice of friend or partner is a measure of benefits over costs.

Applying RCT to sociology of religion has led to a reanalysis of the latter. Within which

- i. RCT explains secularization thesis through new basis, and
- ii. RCT attempts to provide new understanding in the study of sectarianism and religious movements.

Rodney Stark and William Sims Bainbridge first applied the laws of Rational Choice Theory to sociology of religion (1980). It has since then been furthered and modified by them continuously. Roger Finke and Laurence Lannaccone have also significantly contributed to refining RCT.

Stark and Bainbridge developed a deductive theory of religion. They see religions as systems of "compensators" The theory is based on a general theory of human nature and action. It is closely related to the popular exchange theory. According to exchange theory actors will always try to obtain maximum benefit through every interaction. Every human interaction is treated in the form of an exchange. Hence, exchange theory is a special case of RCT.

Rational Choice Theory of Religion (RCTR)

From this understanding then we would now be able to formulate the Rational Choice theory of Religion (RCTR). RCTR states that ‘within the limits of their information and understanding, restricted by available options, guided by their preferences and tastes, humans attempt to make rational choices’ (Stark and Finke, 2000: 65). Humans weigh rewards against costs. They develop ways to minimize costs to the most. As a result of this balancing of rewards against costs, explanations develop on how to minimise costs and maximize rewards. Humans then chose from these explanations the most effective one.

By definition rewards are anything which is desired by humans and to obtain which humans are ready to incur costs. There are two types of rewards: Specific and General and both are limited as compared to their demands. Some rewards are very strongly desired by humans but which are very difficult to obtain. For example, immortality. Religion provides explanations in how these difficult-to-obtain rewards can be achieved by humans.

The role of religion

Religion is the means by which humans can achieve strongly desired rewards in everyday life. Religion is like a set of explanations but those which cannot be verified. But humans believe in it because it provides promises of beyond-this-life rewards. These other-worldly rewards are those which can be received only through supernatural forces. The

presence of supernatural forces in religious explanations is a very important characteristic to be present in most religions. Therefore *Theravada Buddhism* is different from popular Buddhism, which has the presence of supernatural beings.

The existence of Gods is also very important feature for any system of explanation to be called religion. Gods are considered to be beings which have consciousness and desire. This is accepted by Stark and Finke's in their Rational Choice Theory of Religion. In RCTR therefore abstraction in idea of God is not accepted hence Taoism or 'ground of being' are not examples of true gods.

Defining religion through exchange theory

The relation of humans to gods is one of exchange. Gods provide rewards which are not available through everyday means. Therefore, according to Stark and Finke (2000: 91) "Religion consists of very general explanations of existence, including terms of exchange with a god or gods". Religious explanations are useful for humans on various grounds:

- i. Firstly, they show what gods want from humans and what humans want from god.
- ii. Secondly, they are capable of answering questions on
 - a. Meaning of life
 - b. How humans came to being
 - c. Why do humans exist in this life?
 - d. What happens to them after death, and so on?

From this understanding it shows that for RCTR religion acts more like an explanatory system. It does not consider it to be functional or symbolic which help in social integration, solidarity and maintaining order. For RCTR religion can be functional or symbolic in specific empirical cases.

Gods and exchange

Gods are believed to have different characteristics that also vary. Gods, in general, are seen as having power more or less, helps others being benevolent and malevolent, reliable, consistent. Exchanges between humans and gods are dependent on these characteristics. Such exchanges can also be of varying nature. Like, short-term or long-term, less important or more significant. These exchange relations change from one

society to the other depending on the nature of the particular society. In societies having division of labour dealings with gods are taken up as responsibilities by specific organizations. These organizations in their work further develop a cultural system of exchange.

Stark and Finke explain how religious explanations are difficult to be considered as neutral (2000). Humans believe strongly in these and therefore place a lot of trust on them. This attribute therefore makes religion a collective and communal system. The collective nature of religion is expressed in the communal form of ritual and ceremony practices. Maintaining rituals provide confidence to the loyalists. An example of ritual is praying. It is a private form of ritual that gives assurance in the existence of gods and the possibilities of miracles and mystical experiences.

Nature of religious organization

A number of religious organizations develop in society providing religious explanations. According to RCTR religious organizations also operate in an 'economic' way. Religious organizations are like firms which are providing products in the form of religious explanations to consumers that are humans. Humans then choose between these firms i.e. the religious organizations as to who is providing the greatest products in exchange of minimum costs. Costs in this case are in the form of costs of religious participation and rewards are measured by humans in terms of their preferences and level of benefits. Among these religious organizations there are certain exclusive organizations who involve religious specialists (Stark and Finke, 2000). Exclusive organizations provide those rewards that are least uncertain to achieve.

People chose their religious organizations according to their preferences regarding what they want from the latter. These preferences vary widely. Preferences are in the nature of religious involvement. Some prefer expressive excitement while others calm contemplation at worship. One tenet of RCT is that human preferences are relatively stable and uniform. What humans want from religion are in general:

- Security,
- Comfort,

- Material wellbeing,
- Entertainment and others.

Religion as a system offers rewards that are difficult to achieve. Hence religious answers are required in everyday problems of human life. Religious organizations will emerge based on these preferences and trying to provide for all types of individual choices.

Markets with religious organizations will emerge surrounding these preferences that will either be in tune with predominant social values or which deviate from them. So, according to RCT there will be those organizations which are in low tension with society and those which are in high tension with society. In a free religious market all types of organizations will be present. Those with high tension will be ultra-strict and those with low-tension will be ultra-liberal. Generally, most religious organizations will be neither of the two. They will be in the centre where most individual preferences will be present.

RCTR's understanding of religious market

RCTR emphasizes on the supply side of religious markets. Since the religious preferences of individuals are fixed and religious change is not so common the role of 'religious entrepreneurs' are important. The religious entrepreneurs are those who provide new ways to cater to religious needs. They provide new ways that appeal to customers and which so far have not been expressed by them.

A pluralistic religious market is one where various religious organizations are present that cater to almost all types of individual preferences. Competition in this religious market is between religious organizations. They will try to attract more members by offering newer and newer ways of achieving rewards.

According to conventional theory in case of religion there is no pluralism or competition among religious organizations. This questions the authority of religious beliefs and encourages indifference leading to secularism. Rather the presence of unchallenged church ensures that dissent and deviance do not develop at all.

RCTR on the other hand says that monopolistic religious market that is existence of only one religious organization does not meet all religious needs. The place of religious

specialists and functionaries are secure in the monopolistic religious market though they may not be popular. Individual preferences are not seen therefore humans have no choice. This results in very few allegiances to the organization and widespread indifference. But if pluralistic religious market is present individuals can choose according to preference. There will be more religious participation and more and more promotion of religion will be possible. RCTR believes pluralism will help to develop more and more spontaneous religious participation. There will be more religious vitality among the people.

Use of empirical studies to prove the claims of RCTR

Various studies have been conducted to prove the claims of RCTR. Some studies are in favour of them and some have found limitations in the use of methods by RCTR. It is accepted by rational choice theorists that choice of religious affiliation is different from choosing other products of everyday life. Religious affiliation is received through birth and is believed strongly. So, making changes in religious choices is not very common or easily done. The reason for this according to RCTR theorist Stark and Finke can be explained by social and religious capital.

Social capital means the network of personal relationships that an individual develops with other members of their religious organizations (Stark and Finke, 2000). Changing to new religious organizations cannot replenish that capital.

Religious capital is the accumulated stock of religious knowledge and activities in which individuals already make a lot of investments (Iannaccone, 1990). According to Iannaccone the more an individual has religious capital the more the individual gains satisfaction from religious activity.

From the above it can be understood why younger age-group convert their religious affiliation because they have lesser religious capital. Also, it can be understood why older people participate more in religious activities.

Secularization and pluralism

Rational choice theorists have from the beginning rejected the understanding that with modernity there has been more of secularity and marginalization in religion. Secularization as an inevitable process of modern society is a myth. There is a

misunderstanding that modernity and religion are not compatible with each other. Losses of religious vitality, indifference to religion, low rates of church membership are not examples of secularization according to RCTR theorists. They have explained this through the example of United States Rational choice theorists have challenged traditional theorists by showing how United States which is one of the most technologically advanced country is also one of the most religious country. The reason for this is US has a free religious market while Europe has monopolistic authority and strict regulation. Through their studies of United States between 1776 and 1990 Finke and Stark argue that the development of free competitive religious market resulted in the rise of more religious affiliation and church attendance.

Iannaccone (1991) also applied RCTR to understand religious behaviour in 18 countries in Europe. More competition in religious market resulted in more church attendance in most of the European nations. Scandinavia is an example of how religious monopoly has reduced religious vitality. In Sweden (study by Finke,2007) subsidies in established church have affected the emergence of other religious organizations. In Germany bureaucratic rules have affected the same. All these studies therefore, reveal that less competition and more monopolist religious market reduces religious vitality.

Sects, cults and movements

Rational Choice Theory has also been applied to the empirical field of sects and cults. Stark and Bainbridge (1979, 1985, 1987) and Stark and Finke(2000) through their studies have defined sects and cults as deviant religious organizations. Sects are ‘deviant religious organization that breaks away from an established religious organization’. Cults on the other hand, refer to a deviant religious organization that is entirely new. Both Sects and cults are in high tension with the surrounding socio-cultural environment. Every religious organization is internally differentiated. Membership to the organization is also directed by such differentiation. Depending on the nature of allegiance membership can be of better-off or worse-off or between more-powerful and less-powerful. These differences lead to conflict within the organization. Such conflicts lead to emergence of different sects. The relatively deprived members break way to form sects. This happens when the former finds that the potential gains are much greater than the potential costs in moving out.

There are four models of cult formation:

Psychopathological model: religions are founded during a period of severe stress in the life of the founder. The founder suffers from psychological problems, which they resolve through the founding of the religion. (The development of the religion is for them a form of self-therapy, or self-medication.)

Entrepreneurial model: founders of religions act like entrepreneurs, developing new products (religions) to sell to consumers (to convert people to). According to this model, most founders of new religions already have experience in several religious groups before they begin their own. They take ideas from the pre-existing religions, and try to improve on them to make them more popular.

Social model: religions are founded by means of [social implosions](#). Members of the religious group spend less and less time with people outside the group, and more and more time with each other within it. The level of affection and emotional bonding between members of a group increases, and their emotional bonds to members outside the group diminish. According to the social model, when a social implosion occurs, the group will naturally develop a new theology and rituals to accompany it.

Normal revelations: religions are founded when the founder interprets ordinary natural phenomena as supernatural; for instance, ascribing his or her own creativity in inventing the religion to that of the deity.

Some religions are better described by one model than another, though all apply to differing degrees to all religions.

Once a cult or sect has been founded, the next problem for the founder is to convert new members to it. Prime candidates for [religious conversion](#) are those with an openness to religion, but who do not belong or fit well in any existing religious group. Those with no religion or no interest in religion are difficult to convert, especially since the cult and sect beliefs are so extreme by the standards of the surrounding society. But those already happy members of a religious group are difficult to convert as well, since they have strong social links to their pre-existing religion and are unlikely to want to sever them in

order to join a new one. The best candidates for religious conversion are those who are members of or have been associated with religious groups (thereby showing an interest or openness to religion), yet exist on the fringe of these groups, without strong social ties to prevent them from joining a new group.

According to Stark and Bainbridge(1987) there are four possible consequences of conflict within the religious organizations:

- i. The differing parties will balance each other and the group would be able to maintain unity and cohesion. It would be at an equilibrium tension with society.
- ii. The opposing parties will split the group into two. One will go Churchward and the other will go sect ward.
- iii. The most common possibility is that the powerful majority belief remains prominent and the whole group moves Churchward.
- iv. The dissatisfied group becomes the majority and is able to move the whole group sect ward. However this requires special conditions.

These outcomes do not all follow the tenets of RCTR. Only in the schismatic sect movements do we find that the economic theoretical bases of RCTR are found.

Empirical evidence of RCTR: Study on sects

Iannacone's work (1988, 1992, 1995) includes the principles of RCTR as part of his studies on sects. Iannacone has used the approach to analyse the main features of sects in terms of their strictness, conservatism, high levels of participation, low socio-economic social base and others. His work is also significant because of its emphasis on the role and nature of the 'free-rider' in religious organizations. The concept of the 'free-rider' has been proposed by Iannacone in sociology of religion. The 'free-rider' is that member of the group who does not contribute to the resources or make any effort yet enjoys the privileges and provisions of the group. Sects are cautious in preventing such tendencies by putting costly demands on the members. They are highly demanding and are capable of restricting those whose commitment is less. The demands can be in the form of wearing particular dresses, prohibitions on food habits, distinct separate lifestyles and regulated behaviour patterns. These help the sect to be distinct from the others surrounding it. The demands also ensure that only those who truly value the sect and

believe in it will become its member. The high commitment demanded from its members help the sects to avoid free-riders in the group. Sects by maintaining such norms become relatively segregated groups in society. However, to ensure gratification of its members, sects encourage friendships and socialization within the group. This results in high participation of the members in the life of the sects.

Criticisms of Rational Choice Theory of Religion

Critiques of RCTR attack the core principle of how RCTR understands religion. Is it suitable to consider religious affiliation in terms of exchange value and rational choice, or is it simply a matter of choice? There is a fundamental difference between religion and consumer products. This has been explained by Bruce (1993) through his study. One does not change his/her religion based on changes in the market. One does not choose religion from what is in offer in the market. Rather religion is about belief and hence it is hardly changed at all. More so because commitment is a necessary characteristic of religious believers. Believers of religion accept it as the truth and there is no choice in accepting truth. The social and cultural backgrounds of individuals play a determining role in their choices. Beliefs are always shaped by the socialization and cultural environment in which individuals find themselves. RCTR is criticized for not considering these social, cultural, traditional and historical factors.

Sherkat(1997) particularly criticizes RCTR's focus on individual choices without regard to any socio-cultural context. Sherkat's study shows that markets are always based on social relations. Religious markets are more based on social ties. According to Sherkat it is valuable to know the difference between choice and preference and not make them equal. An individual's choice is not determined by preference alone but by the surrounding attitudes and reactions.

Critics have criticized RCTR's approach to what constitutes truth. Truth is not only embedded in the means-ends relationship that RCTR is stressing on. Truth can also reside in describing things as they are. In religion particularly truth prevails in such nature i.e. truth as making sense of things around us. Thus, RCTR emphasized more on what Weber described as *Zweck Rationality*. While in religion it is more a case of '*Epistemic Rationality*'. Epistemic rationality is a concept developed by Jerolmack and Porpora (2004) which is especially applicable for beliefs than for actions because it involves

making sense of things. Beliefs stem from direct experience and are warranted by them. RCTR by emphasizing on mean-ends rationality ignores the role of experience as an important aspect of religion.

RCTR also fails in approaching the punishment part of religion, the presence of evil and ethics in religion. The cost-benefit model of RCTR is also incapable of explaining the realization of values over personal advantages and cost in religion.

The other very important critic of RCTR is that it equates religion with the belief in supernatural. Such an understanding is problematic for it shows ethnocentric bias. RCTR mainly serves the exclusivist western religions and cannot be applied to religions which are non-exclusivist.

Finally, critics have pointed out to the neglect of social and cultural influences on religious choice and preference of people. The notion of religious markets is also highly problematic. Most essentially the non-availability of any accounting unit or currency makes the economic model less effective.

Having discussed the critical points in RCTR, however mention should be made of its usefulness in dealing with sects and movements. The cause of sect formations and the role of the members can be discussed at length through RCTR approach.

Conclusion

While concluding the major effect of RCTR on sociology of religion has to be acknowledged. It has been able to show that religion can also involve active agency and human behaviour can be motivated by needs and desires and pursued with the help of means. RCTR is capable of bringing out religion from the dark zones of irrationality, delusion or false consciousness. RCTR is guilty of 'economization' of religion (Robertson 1992) but it is also true in showing the competition amongst religious organizations and the changing loyalties of its followers.

RCTR should be applauded for being able to challenge the long-held belief that pluralism undermines religion. Finally, RCTR is a useful model of aggregate processes which has been able to effectively consider people as consumers of religion.

Here for this topic of research, this theory is very appropriate because firstly it is dealing with everyday life and our wish fulfilments and expectations towards god/gods, secondly in this modern secularised era, we can see pluralism as a constant phenomenon, which is also a discussed portion of the theory. Thus the perception of religion in this modern world could not have been studied better. Thirdly, we here come to know the concept of interaction and exchange, reward and how to minimise costs and maximize rewards in relation to our expectation from god. We get to know about any religious affiliation and phenomenon of society more clearly, just by sharing and discussing thoughts with one another. In the same way the researcher has collected the information by doing the survey. For searching the different root causes of lifestyle diseases, either for religious purpose or for present social set-up, one to one interaction became very important, because different people have various outlook and perceptions regarding a particular religion, or in this case it is diseases related to lifestyle and one's religious affiliation. Hence exchange of thoughts and interaction was important. Fourthly, as this is a social research and the researcher being a lame person on medical science, it was very challenging to converse with people with very few proven facts of diseases and its causes or effects. As per the theory, the perceptions of people are far more accurate and relatable for different affiliations to religions. In such situations in accordance to the pluralistic nature of society, the religiosity or religiousness varies according to one's social and religious capital. Because data are made for general terms, but it changes and varies place to place and person to person. For example, we know the ratio and percentage of Hindu Muslim and Christians of Kolkata, but their religiosity and affiliations to other religion can give another data. Kolkata is a place of communal harmony. Where Bengalese reach out for any problems to any sect, either for political or for religious ground. Food is here another source of bonding, moreover participation in any and all festivals, without considering which religion's celebration it is, Bengalese just indulge themselves into enjoyment. This is what Stark and Brainbridge said religious and social capital, i.e. even though we are into one particular religion, still the cost incurred for the rituals is benefiting as reward along with knowledge of other religion. Like this way, we are wilfully obeying and abiding by different rules and regulations of other religions, because we know there is something good in every religion and always want to follow it so that we can do more holy activities. The researcher here wants to focus something beyond facts and objectivity, which is purely subjective in nature; it is being done because she

believes that there are many unknown hidden facts which can be brought out just by conversing and exchanging ideas, because this nature and action is what Bainbridge believes is constructing the society as network. As Stark and Bainbridge has said that believing in truth and engaging in religious activities of any form or kind is what binding the society as communal harmony. In this neoliberal age, where secularism is thought to be prevailing and religiosity is reducing, Kolkata is such a place, where not only religiosity is prevailed, but acknowledgement and respect or reciprocity to other religion is also found, this is what Stark and Bainbridge has mentioned as free religious market, the consumers are all adaptive to others by following rituals and this is why peace and satisfaction sustain amongst everybody. People here believe that religion cannot provide solutions to all problems, one has to be considerate, and so all people of different religions are found to be liberal and compassionate. Religious stigmas and overshadowing power is not found, as the concept of the 'free-rider' has been proposed by Iannaccone in sociology of religion the 'free-rider' is that member of the group who does not contribute to the resources or make any effort yet enjoys the privileges and provisions of the group, i.e. the religion of . That is people of respective religion, though part of that group, do not anyhow stick to it rigidly, rather stays in the fringes and enjoy the religiosity of other religions as well.

B. CONCEPTUAL FRAME WORK

A conceptual framework has been drawn on the basis of the dimensions explored while conducting the research.

Modernity or modernization

Liquid modernity or the liquid modern attitude, following Bauman 2000, is the manifestation of a number of attitudes or features which becomes evident as experienced through the lifestyle habits among the urban, cosmopolitan individuals. As the research revealed that positive co-relative between the agony of indecision, desire towards excessive gratification, lesser kinship ties were evident. It is also evident that respondents manifested clear signs that they feared being left behind, if they didn't visit different kinds of restaurants. They also reported that they suffered from anxiety often owing to the surfeit of choices at hand while eating out. A sharp trend of universalization of lifestyle changes was also evident among the respondents. With so many indications of liquid

modernity or liquid modern attitude among respondents as experienced through eating out does not however indicate that it is a one-way process. Economy turning as the soul of the system makes it a both-way process whereby eateries project themselves as the ultimate destination of satiating the 'excessive gratification'. The picture of an eatery that only specializes on donuts reads 'Gratification Guaranteed', followed by a sub-heading 'sinfully yours' that is indicative of the fact that by entering the consumer spaces, instantly gratification is guaranteed. Even though that might instigate 'sin' of consumption among people but there is subtle hint that sin is encouraged. Thus, people are constantly churned in a hopeless chase driven by an elusive force engaged in making profits. Similar instances are visible whereby indulgence is ratified in another food shop which uses the tag-line 'suno tongue ki awaz'. Excessive importance to individuals tastes and the picture of excessive indulgence, calls for pleasures, even though momentarily that are guaranteed at the shop, it apparently highlights taste so very much that it blindfolds consumers about the notions of nutrition. Gratification, experimenting etc are so very much highlighted that individuals are travelling to non-places through the addiction of choosing compulsory at least for the moment de-rooting one-self from the very basic ties of fundamentals of nutrition and health. This is how RCT also lends its hands by proving that outweighing one's tendencies towards feeling of wellbeing is so intense that they mould their choices accordingly by keeping aside the traditional ritualistic concepts.

Lifestyle and Gastro-Anomie:

Gastro-anomie, following Fishler 1975, is the condition which compromises the psychological wellbeing of the individual whereby people given to so many options of eating out feels confused about which alternative to opt for. Respondents re-iterated, mostly that they felt confused given to so many options that are available. So, the respondents can be said to suffer from gastro-anomie. In this pluralistic society there seems to be so many options that it has become a boon for the city dwellers for experimentation with different dishes. Might be this phenomenon is more common in a developing country like India, where the neo-liberalism is a relatively new phenomenon and people more recently have been made vulnerable to so many choices. Whether this restlessness and normlessness as applied to 'eating out' sublimates or capitalism devices new ways to make people enter the never-ending vicious cycle of more and more gastro-anomic tendencies is worth observing in future by the further diffusion of binding social norms concerning lifestyle and food choices.

‘Eating Out’-the Weapon of Social Snobbery:

It can rightfully be said that in most cases of the respondents even though taste was a major determinant of the eateries. But the purity of the taste can be questioned as the majority of them considered that having food at a renowned, aristocratic restaurant is always a status-marker among the friends, colleagues and others. It is a way of expressing ‘social snobbery’. They also admitted that those who did not visit them always experience isolation when such discussions concerning them take place. The ‘lifestyle changes’ phenomenon now contributes to a vital element of exercising ‘social snobbery’ is an interesting phenomenon, as this study reveal. Respondents try to visit new eat-outs than the ones previously visited also involves the element of social snobbery as the more one’s diversified experiences of eating out is the more up is the person’s social status and more the person can manifest social snobbery.

Lifestyle and the Individuality:

The profound diversity in the diets of and tastes of the members of the same family, the increased preference to eat alone, refusing diets as related to one’s culture because of it being high caloric, relaxation of ritual practices as is the case of food and lifestyle choices, increased options for permutation and combining of rituals and practises all these are pointers to the fact that a steady rise in the individuality concerning the changed lifestyle habits have taken place. lifestyle is social in the sense that it binds the individuals, but excessive individualism is characterized by the corresponding decline in the collectivity and this becomes evident in case of food. That it encourages customization to the extent that reaching a common point in case of lifestyle is considered a dilemma even in case of the immediate family; leave alone the wider social group to which an individual belongs.

The Dual Processes of Social Exclusion and Social Inclusion:

The dual processes of social exclusion and inclusion operates in terms of ‘lifestyle’ practices that people engage in. Those who have access to similar elite, branded, latest, popularized by media, or attaches importance to exquisiteness and offers extensive or authentic cuisines or burns a whole in the pocket and attaches symbolic implications of aristocracy, are socially included and they by adopting similar life-style behaviours. It obviously involves the contrasting feature of those who are devoid of such practices and so are socially excluded. But in case of ‘lifestyle’ these are not two mutually exclusive

categories. As food is directly consumed, so, who are socially included in this case, also have food from the roadside stalls, which is generally associated as very mediocre, mundane or is considered unhealthy. But the irony is that the processes of social inclusion and exclusion do not overshadow each other as the former category considers themselves to be superior as they have food from mediocre, mundane places by 'choice' and the later by 'compulsion'.

On the other hand, the social values attached to lifestyle is no longer seen to revolve around what is accepted in the eating out behaviour as it has become highly individualistic. Social values have been redefined by class values which are predominantly expressed through changed lifestyle behaviour specially in the urban, cosmopolitan settings. New forms of social values largely prescribed by economic terms define and redefine eating out behaviour every moment as people more and more engage in the act of eating out. Social values are no longer those which cut across all the social classes in the same society but they have now become more or less shared among the same classes across the global societies under the operative umbrella of dynamic capitalism, so it highlights the increasing emergence and penetration of global values dictating patterns of changed lifestyle habits.

The Symbolic Value of modernization:

The symbolic value attached to lifestyle extends well beyond its exchange dimension and it is the symbolic dimension that is attached to food. It goes well on to include a number of dimensions but the remarkable one is how symbolism plays a vital role in the utensils that are used in the households. The traditional utensils that are used have mostly been replaced by glass, melamine, microwave proof utensils etc., these days have become more important than what is being eaten. Even though presentation is mostly done in most of the households using these utensils but cooking is still done in steel or aluminium wares. The microwave ovens have also replaced the cooking utensils of steel and aluminium with glass ware with the concept of heat and eat. However, the trend of using glass, melamine or other utensils replacing the traditional ones like that of steel or aluminium is more evident among the Hindus over the Muslims. The Christians mostly are used to using modern utensils like that of glass, melamine etc. With the drop-in of guests switch over to glass utensils across the majority of the respondents is indicative of the increasing association of lifestyle changes with symbols. This reflects how people are always in a

way internalizing the symbols that are attached to lifestyle, especially in the public sphere, and thereby what is eaten is readily replaced by the fact that how it is eaten.

Etiquettes and Informalization:

Lifestyle has been informalized to a great extent whereby the rules both social and cultural have become quite blurred and previous stigma which was attached to non-observance has become less consequential. Lifestyle practices have become much more flexible and more prone to discretion. This behaviour is collective in the sense that this change is not only at the individual level, but is collective in its nature as it is practiced by a collectivity. So, this does not mean breaking away from the groups and evading social sanctions. The etiquettes concerning rules about how to eat, the table manners, what to eat, the styles of behaviour have become more accommodative. The Chinese restaurants, who offer the chopsticks for eating also provide the usual knife, fork and spoon, so that those who are not acquainted with the chopsticks can resort to the other option and avoid embarrassment. But again, in a country like India, where traditionally food is eaten by the hand, to engage in the eating out practices one will have to have a basic level of familiarity with the global rules of dining, thus this is having an impact on overall lifestyle of all.

Health and Well-being:

lifestyle directly is related to one's health. The recent lifestyle habits as found in the study of having outside meals, eating junk and ready foods in-between meals, skipping meals etc. have a bearing on the proper digestion cycle of the individuals. The respondents reported majorly of suffering from life-style disorders like, acidity, gastritis, constipation, vomiting tendencies, fatigue, depression, frequent stomach upsets etc. which all compromised with the physical well-being of individuals. And for the proper functioning of an individual a sound health and mind are the pre-requisites. But people more and more involved in these practices and aided by regular in-take of medicines cannot break-free the obsessions of eating outside food. This has turned as a compulsive behaviour thereby addictive and hence very difficult to break free the cycle. These however do not culminate into a situation marked by refrainment from eating out.

Nutritional Re-Socialization:

There has been a steady decline or re-orientation in the nutritional socialization. The nutritional socialization defines what is edible or inedible or in other words what is harmful might be just symbolic to certain cultures. With the onset of globalization there have been a shift in the orientation of nutritional socialization with what is edible, or if at all something is inedible does not have any cultural overtone but inedibility has gone global and it is relegated to the realm of health and body. Body as a sight of power should be 'perfect' and thereby tendencies of nutritional re-socialization are evident. Snacks are at first identified as potential sources of calories and thus to attain that 'perfect' body, the 'seekers' should refrain but this current era epitomizes consumption so a snack comes to the market with the notion of loving the taker back. Thus one-way love towards a food item is replaced with a so-called claim of both way love, the later being associated with taking care of the health of the consumer. Nutritional re-socialization occurs, claiming that the consumer can munch a mindless amount of the snack without the fear of calories, i.e., it is 'light on your waist'. These, also claims to take care of the heart as it has ingredients like 'flaxseed', multigrain's etc. Thus, edibility and inedibility are constantly being constructed and re-constructed by various agencies. It in one hand is beneficial that it largely is connected to the physical wellbeing like dalda as is made from the animal fat is considered to be harmful so restrictions have been imposed, but in this process it washes away man's religious orientation as was transfused through inedibility, like eating beef is no longer a strict taboo as attached previously by the Hindus, as research revealed. The Muslims were also seen to have less strict attitudes towards consumption of pork or haram. As inedibility has been directly attached to health, so more and more people do not circumscribe to it as was previously socialized by the religion to have what is right and wrong.

Consumer Sovereignty:

A KFC menu will keep one 'spoilt for choices'. But a closer examination of the menu will reveal that that there is one main item at KFC, that is fried chicken. To make the consumers spoilt for choices only presentation, add-on choices and accompaniments are changed. The size on display is not at all even closer to the final product. The price even though might appear as more or less reasonable, but there is conditions apply at the right hand side corner that says, that the price is exclusive of local taxes. With the local taxes on the price of a product at KFC turns quite high. The apparent choice or freedom is

largely guided by the large, capitalist producers and global giants and so the choices people are making in terms of choosing what to have, makes no sovereign choices. People are basically made to operate within circumstances that are created by others. Peoples' choices are constrained by conditions which disguise themselves as apparent 'choices' and exercise of individual's conscious decisions are definitely wrapped by blinkers restricting individuals sovereign capabilities as related to food choices. Hence consumer sovereignty is compromised, people make choices but these are not real, free choices. The lack of consumer sovereignty among people stems from lack of choice whereby they fail to take proper decisions.

Lifestyle and Globalization:

The essences of globalization in terms of stretching the borders of the world are visible through the constant effort of discourse formation across the urban centre not only by the global merchants but also by the local ones. Consuming certain food items or using some daily essentials makes one travel across the globe, getting a taste of the world elevates oneself socially and this is initiated through a constant effort aimed at engaging in mindless consumption. The strength of the discourse formation is felt strongly through advertisements of the local and global brands. The advertisement of a restaurant called 'The Global Kitchen' also does the same. It does not only bring the world on the palate but also brings with it the promise of being exotic. Similarly, a clothing brand named 'Global-Desi' promises an indo-western twist to couture. The name is indicative of transportation in time and space, even though for a moment by engaging in consumption. The collage of the different languages of the world and India at a wall at a famous sweetmeat shop at central Kolkata is indicative of globalization that how not only through food but by all other possible means stretching of borders world-wide do take place.

Lifestyle and Westernization:

The respondents reply to whether they have used any foreign brands like Dolce and Gabbana products or have consumed Baskin and Robins ice-cream, which is recently the talk of the ice-cream world, majority of the respondents said that they have consumed this variety and liked it a lot, others who did not have consumed the same said that they have a strong desire to taste the same in the near future. In the response of the question that what draws the respondents' likings about the fast-food outlet chains, the respondents replied that the self-servicing options and counter servicing is what they liked, as it has an

element of modernity engraved in it. Similarly foreign brands have great finishing and better customer satisfaction. But mostly replies flourished as to that they liked mostly the feeling of having food at the McDonalds or KFC and the global experience that these restaurants provide. Thus, the experience, the feeling becomes more important than the food itself. The a different kind of atmosphere, one of haste, not relaxing, queuing up at counters turn people mechanical at the cost of money. Perhaps this is the best way through which the colonial legacy of superiority over the nation-states is still existent through the much unnoticed challenge of washing away the cultural identities.

Lifestyle and the Space-Time Crunch:

The introduction of refrigeration techniques and the massive development in the food processing technologies have made the availability of all kinds of foods and vegetables at each and every corner of the world that previously restricted to particular locales. This is definitely good on one hand as the foods and vegetables which were not tasted by the local population could be exported to distant places, thus the space crunch is evident. If it is looked at a deeper detail it is to be found that nothing remains particular to distinctive cultures or to regions. The paradox lies here that in order to experience the inexperienced people tend to compromise with the freshness and tend to supplement the local, fresh products. Thus, indulging in this behaviour, a silent approval to the supermarkets and not the local farmers as preserving techniques in these supermarkets are conducive to these products which can never be the case with local farmers. The local apple being replaced by Washington ones and local mangoes by Alphonso ones, the local pears by the imported ones exemplify that how the outer appearance is changed to attract the middle-class' attention and prompting buying behaviours. Seasonal fruits and vegetables are now a passé. No longer do people have to wait till the winters to get oranges or till summer to get mangoes. The supermarkets make them available all throughout the year. What is needed is the money in the wallet and an access to the local supermarket to get hold of what is want. Thus, time also has crunched in the domain of food. The international import- export liberalization has prompted this availability of each and every food item and the availability itself persuades buyers. This also has helped all produces of the world reach the domesticities of others at the other corners of the world.

Lifestyle and Capitalism:

Capitalism is the most accommodative of the economic systems which always devices its ways of survival even under changed circumstances and also to expand more and more markets for its ultimate aim of profit accumulation. Lifestyle products are also taken as one of the vital means of reaching that aim for the global capitalists. The percolation of global foods like the Lays or the Coca Cola in the rural areas marks the ultimate triumph of capitalism. As it can make the consumer food items popular even among the rural folks, who might be otherwise 'backward' in many dimensions succumbs to profit seeking endeavours of capitalism by becoming dependent on the convenient foods, by supplementing their proximity to the food sources. Not only that the standardization involved in the process of production and the subsequent need for a global market is evident in the way the global products use advertisements to project that these products are much needed by the consumers. In the supermarkets to initiate an initial consumption of the product they come with offers like, buy one, get one free or some discounts. Now in India, traditional cooking was always done with mustard oil, it has now been complemented with white oil majorly, because of health reasons etc. These are much lesser in price than the olive oil and Indian cooking always uses more oil than most of the other cuisines. So not only is the standardized product being pushed out of context but it with a whole body of discourse being made to believe that it will bring goodness to the consumers. Consumption and excess expenditure's vicious cycle go on and on. Capitalistic notions are operative under various guises.

Lifestyle and Post-Modernity:

Fixed time has also become less significant with the food in-take. Previously meals were largely taken at fixed times of the day as family rules presided over meal consumption. With the new lifestyle practices, times of food in-take has been taken over by the times in which the restaurants remain open and people find it convenient to drop-in. most of the respondents admitted that they ate out at any time of the day. It does not correspond with the traditional times of lunch, dinner or breakfast. Thus, new apart from these new meals based on the time in which it is consumed emerge like the ones consumed in between breakfast and lunch are called the brunch etc. In the research it was found that respondents are engaging in erratic meal habits by getting carried away by such traps. In the post-modern world thus, when people are eating, what they are eating, with whom

they are eating and what are they eating are all getting endlessly constructed every moment. Fixed, traditional notions are all getting replaced at the blink of the eye.

Pluralism, Acculturation and Authenticity:

Acculturation is the process which is caused by the continuous contact of people of different cultures and the changes or modifications which occur in one's culture because of this contact. Thus, acculturation is a very crucial and integral element for food. Acculturation stands in a very contradictory position to that of authenticity. A cuisine that is acculturated is very popular as it is in tune with the local cuisines, but authenticity of the cuisine is challenged. experiences of taste that the researcher feel that in the hierarchy of restaurants, both high, mediocre and local followed by the others and if the bottom is occupied by the roadside stalls, then it can be concluded that lower an eatery's rank is in the hierarchy, the food it provides is more acculturated and the levels of acculturation apparently reduces while we move up in the hierarchy. The restaurants which are projected as elite cash upon their claim to authenticity to the particular cuisine. But authenticity of the cuisine does not mean that the food is not acculturated, the degree of acculturation varies as without even a bit of change the cuisine cannot have general acceptance among the local people.

Cookery Shows- a new form of Penetrative Culture:

Cookery shows on television are increasing every month; they provide assortment of penetrative culture as through television they penetrate the households and the kitchen and makes the audiences try out these recipes. It provides not only with new recipes from all over the world but also makes things easy for people with the visual impact and propels one to try these out at home and so is penetrative. They are not only innovative; they also motivate the women to attain a half an hour aura of recognition in the media. As the figures indicate, their target audience the housewives are the ones who are regular viewers of the show. Maximum of the others said that they did try out the recipes and hence incorporate or modify the culinary culture of their households in ways that really is shared among all the others who try the same. The others said that as they cannot manage time so they try to catch them on weekdays. A strong desire to accept this new way of life as presented by the people so ordinary and next door is found among the respondents. But the recipes that would be telecasted are the ones which are guided by the decisions of the media houses. So, the culinary culture through these shows penetrates the household

largely dictated in terms of others not known. Cooking as this study revealed has largely been supplemented not only by the public kitchen but also by the public hand. With time people, mostly women are getting disinterested in engaging in cooking on a daily basis, but they engage in cooking on occasions, so they want to cook exotic, global cuisines which slowly is becoming a part and parcel of lifestyle.

Body and the Self Identity:

Lifestyle is always directly related to the body. Our kind of food intake reflects on our body and as lifestyle varies from societies to societies so it's reflection through individuals also varies across cultures. Exceptions in case of body size are a reality and are universal, but a general level of acceptance of a body size is dependent on the culture from which one hail. In case of the Third world countries which are a common site of famines, a healthy body always seen as a marker of affluence as it highlighted symbols of access to food sources. So always was looked up upon. But globalization has superimposed the idea of a perfect, body which is re-enforced by a large body of literatures on what to eat and how to eat. The body which is seen as an individual identity is homogenized to an extent that across cultures, across food habits, a particular realization of self-identity formation, which is perpetual site of power, through the attainment of that globally acclaimed 'body'. A trend towards size zero cuts across societies. The situation has thus arrived that in a developing nation like India, healthy body has been taken over by a thin look and is a source of identity formation as that reveals one's acceptance, superiority and the associated ridicule and inferiority that is mounted in everyday life through daily activities. Our lack of awareness fails to make people realize that it is a beneficial effort on the part of the global merchants as that helps in the standardized production of large-scale clothes that can be marketed across the globe. The physical consequences of the social pressures of that perfect body attainment as described by the Western culture plays havoc on the individual's health. Models always feel the pressures of being marketable and hence to attain a thin figure, whereby 'thin' have no fixed definition and so no amount of thinness is considered enough. All those who are skinny by nature are considered to be the luckiest of the human species. The genetic constitution, which stands in the way of those who thrive to attain that figure, resort to self-denial of food which in the long term develops diseases like anorexia, bulimia, etc. Starvation has a secular basis as it provides people a religious orientation and is very rare and occasional. This starvation has been reduced to the self-denial of food which at all does not have any

firm orientation like that of the religion. Even though self-denial of food is accepted by the respondents, but none reported to be suffering from disorders like anorexia or bulimia. Now there can be two reasons behind this, on one hand might be there is lack of awareness about these diseases and so not reported or acceptance about this condition as normal one and hence coming out of the vicious cycle of these diseases is not an issue at all. The pressure of attaining that perfect figure is so compulsive that respondents admitted of hitting the gymnasium or consuming pills and potions which assure to bridge the gap between the perfect and the existent, the later might also prove in long run to be harmful for those who consume them. The numbers of slimming houses are getting their business from this fanaticism of attaining that perfect figure, whereby perfection is never defined or is not consistent. Thus, individuals are always restless, disoriented and unsatisfied with oneself, thus this is not only is harmful for the mental well-being of an individual, but also loosens the social fabric. Thus, the self-identity which is supposed to stem from within an individual is socially constructed at the milieu of globalization.

Modernization of religion

Here all the concepts related to religion used in the study has been explained from the researcher's point of view. They are as follows-

Religion

Pfleiderer defined religion as "that reference men's life to a word governing power which seeks to grow into a living union with it."

According to James G. Frazer considered religion as a belief in "Powers superior to man which are believed to direct and control the course of nature and of human life".

In sociology, the word religion is used in a wider sense than that used in religious books. A common characteristic found among all religions is that they represent a complex of emotional feelings and attitudes towards mysterious and perplexities of life. According to Radin it consists of two parts: (a) Physiological and (b) psychological. The physiological part expresses itself in such acts as kneeling, closing the eyes, touching the feet. The psychological part consists of supernormal sensitivity to certain traditions and beliefs. While belief in supernatural powers may be considered basic to all religion, equally fundamental is the presence of a deeply emotional feeling which Golden Weiber called

the “religion thrill”. If we analyse the great religions of the world, we shall find that each of them contains, five basic elements: (1) belief in supernatural powers, (2) belief in the holy, (3) ritual, (4) acts defined as sinful and (5) some method of salvation. Religion is an almost universal institution in human society. It is found in all societies, past and present. All the preliterate societies known to us have religion. Religion goes back to the beginning of the culture itself. It is a very ancient institution. There is no primitive society without religion. Religion is concerned with the shared beliefs and practices of human beings. It is the human response to those elements in the life and environment of mankind which are beyond their ordinary comprehension. Religion is pre-eminently social and is found in nearly all societies. Majumdar and Madan explain that the word religion has its origin in the Latin word *Religio*. This is derived from two root words. The first root is *Leg*, meaning “together, count or observe”. The second root is *Lig*, meaning ‘to bind’. The first root refers to belief in and practice of “signs of Divine Communication”. The second root refers to the carrying out those activities which link human beings with the supernatural powers. Thus, we find that the word religion basically represents beliefs and practices which are generally the main characteristics of all religions.

Central to all religions is the concept of faith. Religion in this sense is the organisation of faith which binds human beings to their temporal and transcendental foundation. By faith man is distinguished from other beings. It is essentially a subjective and private matter. Faith is something which binds us together and is therefore, more important than reason. Religion refers to a belief in a divine entity or deity. Moreover, religion is about the presence of God who is controlling the entire world. Different people have different beliefs. And due to this belief, many different cultures exist. Further, there are a series of rituals performed by each religion. This is done to please Gods of their particular religion. Religion creates an emotional factor in our country. The Constitution of our country is secular. This means that we have the freedom of following any religion. As our country is the most diverse in religions, religion has two main sub broad categories:

Monotheistic Religion

Monotheistic religions believe in the existence of one God. Some of the monotheistic religions are:

Islam: The people who follow are Muslims. Moreover, Islam means to ‘surrender’ and the people who follow this religion surrender themselves to ‘Allah’.

Furthermore, the holy book of Islam is ‘QURAN’, Muslims believe that Allah revealed this book to Muhammad. Muhammad was the last prophet. Above all, Islam has the second most popular religion in the entire world. The most important festivals in this religion are Eid al-Fitr and Eid al-Adha.

Christianity: Christian also believes in the existence of only one God. Moreover, the Christians believe that God sent his only Jesus Christ for our Salvation. The Holy book of Christians is the Bible.

Furthermore, the bible is subdivided into the Old Testament and the New Testament. Most Importantly, Jesus Christ died on the cross to free us from our sins. The people celebrate Easter on the third day. Because Jesus Christ resurrected on the third day of his death. However, the celebration of Christmas signifies the birth of our Lord Jesus Christ. Above all Christianity has the most following in the entire world.

Polytheistic Religion

Polytheistic religions are those that believe in the worship of many gods. One of the most believed polytheistic religion is:

Hinduism: Hinduism has the most popularity in India and South-east Asian sub-continent. Moreover, Hindus believe that our rewards in the present life are the result of our deeds in previous lives. This signifies their belief in Karma. Above all the holy book of Hindus is ‘Geeta’. Also, Hindus celebrate many festivals. Some of the important ones are Holi-The festival of colours and Diwali- the festival of lights. As we are concentrating only on HINDUS, MUSLIMS AND CHRISTIANS of Kolkata, so only stated about these religions.

Religious orientation

Religious orientation is a foundational aspect of faith that includes a myriad of ways for approaching or avoiding religion. Commitment is the most easily identifiable trait of religious orientation but the underpinnings of why the individual is committed often manifest in many different ways due to a variety of motivations. Thus, religious

orientation is multidimensional in nature and can promote human flourishing as well as create distress in some forms. Two of the most influential theories that have attempted to define religious motivation on an individual basis have been Allport and Ross (1967) Intrinsic/Extrinsic (I/E) motivation and Batson (1976) Quest (Q) model. I/E and Q were some the first to ask the important question of why a person seeks out or shies away from religion; rather, asking about behaviors and ideologies of faith commitment (e.g., frequency of prayer, church attendance, and doctrine of belief). Although I/E, and Q have been often considered the gold standard regarding religious motivation, there has been much debate over what these established scales are truly measuring. For example, evidence suggests that Q and E are positively correlated and have the potential to be somewhat aggregated constructs. Similar relationships have also been found between I and E.

Religious faith

Having faith is the essence of having hope. No matter how high one's aspirations maybe if they keep trusting in themselves and embrace faith, their dreams turn into reality. Faith teaches us persistence and determination – nothing is possible when faith is absent. Faith serves as the driving force behind all the greatest endeavours that have ever been and are still being pursued in this world. Faith gives a person the push that they need to achieve their goals and fulfil their dreams – which they have set for themselves. Hence every new invention, discovery and success is possible because of the faith that was held on to during the tough times.

Faith not only means worshipping or believing in an idol. One can have faith without any prayers or any idols. Faith goes a long way in making an individual's life happier and full of achievements. Having faith is necessary as even if one fails, faith gives them the strength to embrace the failures and try again. Faith cannot be taught, forced or imbibed into a person. It comes from within and serves as the determiner of one's attitude towards life. Faith gives one motivation and also strength and enthusiasm for achieving their goals. Faith also serves as an important factor in determining the success or failure of one's dreams – when faith is lost, failure is forthcoming. A person who has any skills, intelligence or capabilities cannot accomplish their set goals if he or she lacks faith. Faith serves as the foundation of any mission that a person undertakes and has hope and will to complete. Even if having faith doesn't make the struggles go away, it gives one the

strength to face your challenges head-on and not let them drag them down. Faith helps in keeping a person's aim clear to them and helps them focus on their destination by not being deterred by the hardships that come their way. An individual feels enlightened and doesn't lose their heart in a moment of hopelessness – is they have faith.

Great men and saints have lived their lives challenging the mainstream and stereotypes. They have accomplished tasks and missions that ordinary men were far from achieving. It was their faith, hope and belief that helped them achieve all this. Freedom fighters have faith in their country and themselves and have won great battles. This faith has also helped them in not getting disheartened when they have encountered failure. A doctor has full faith in his abilities that gives him the strength to cure his patients.

Even in the epics, there are examples of great characters like Lord Krishna, who won the battle against evil forces with his faith in goodness and fairness. Swami Vivekananda is another example of great men who practised and preached the power of faith to people and used it to get rid of most miseries faced by people. Mother Teresa had faith in humanity and brotherhood – and she kept serving the poor and sick selflessly. People still have in goodness for the selfless and kind contributions of people like her. History and one's own experience has innumerable examples to showcase that faith is the mother of success and force of life.

Spirituality

“Spirituality is the capacity of persons to transcend themselves through knowledge and love, that is, to reach beyond themselves in relationship to others and thus become more than self-enclosed monads.” Spirituality is a dimension of a human being that is actualized as a life project and practice. Spirituality is a developed relationality rather than a mere capacity. It is not generic. For example, we can distinguish in a qualitative sense between a healthy and rigid spirituality, even within a religious tradition. A spirituality is as unique as a personality is unique. Spirituality can be religious or secular. A secular spirituality is still a “relationship between what one truly is and everything that is” (Peter Van Ness). A religious/secular spirituality, according to Schneiders, is “the experience of conscious involvement in the project of life integration through self-transcendence toward the ultimate value one perceives.” Generally, the term spirituality is the human capacity for self transcendence, regardless of whether that experience is religious or not. Here, the

activity of the human spirit, not Holy Spirit, may be thereference. The fact is that no religion has complete ownership of the term spirituality as it once had with reference to the Holy Spirit, the product of a religious tradition. There are definite qualities of the word spirituality which are made clear in today's secular and religious uses of the word. First, it denotes an experience. It is not abstract idea, or theory or movement. It is, however, a personal-lived reality with both active and passive dimensions. It is something that is experienced. Secondly, it is an experience of a conscious involvement in a project. It is not temporary, but an ongoing and coherent approach to life, always consciously pursued. Thirdly, it involves one's whole life as an integrative process. It is not a temporary attitude, but rather an attitude about life that others model. It involves a life-integration, mind and body, emotions and thought, activity and passivity, social and individual aspects of life. Spirituality promotes an integrated synthesis of ongoing growth and development. Fourthly, spirituality pursues a consistent self-transcendence toward ultimate values. It is positive and not negative in direction. It excludes narcissistic egoism and self-destructive behaviours and thoughts. There must be a self-transcendent quality which is ultimate. This may include personal or social well-being, the good of the earth, justice for all or union with God as an ultimate value. In a culture without a self-transcendent attitude in the form of gratitude, humility, awe and some form of a spiritual outlook, healing personal growth and well-being are often compromised.

Right religious path

When a man is on travel, he often comes to junctions and crossroads, and gets mixed up about which road to take. Life too is a journey, the goal being the attainment of liberation from repeated worldly life, and in this journey too, the paths are many, in a discourse. We could take the right path and attain the feet of God. Or we could take the wrong path, and never reach our destination.

God gave us a good path for us to traverse on. But on the edges of the path, He also placed thorns. If we walk on the good path that He has laid out for us, we will have a comfortable journey, with no confusions, and finally reach the goal. But what happens, if we are to stray from the right path? There are the thorns to prick us and hurt us. Thus it is in the journey of life too. The Lord has given us choices. He has shown us the path, and made it clear to us that the consequences of stepping aside from the path will be hurt and misery. The choice is ours —whether we stay on the straight path, or deviate and get hurt.

We have a huge accumulated bag of sins, known as Sanchita Karma. Of this, a small portion is responsible for our present experiences on this earth. But while we are here on the earth, we only keep adding to the already huge baggage of sins. So the more we stray from the right path, the more our births on this earth, and greater the chance of our adding to our karma. So the way out is to stick to the path shown by Him and use it to break free of this repetitive cycle.

Too much religious

Keeping religion immune from criticism is both unwarranted and dangerous. Unless we are willing to expose religious irrationality whenever it arises, we will encourage irrational public policy and promote ignorance over education for our children. As too much of anything is not good. Religiosity is something which stands on belief system. Our excessive ritualistic exercise on daily activities can cause problems at times. It causes imbalance amongst work life balance.

REVIEW OF LITERATURE

We are risking our lives to the changing lifestyle of modern era. The society is also trying to pull itself up with the drawback of globalization, modernization, westernization and consumerism as its side effect. People are in constant trial of adjusting with the change. The change in lifestyle is causing various lifestyle diseases. It is found in all groups of people irrespective of their caste, class, creed and religion. Here, the researcher is trying to find out in which religion, what kind of lifestyle diseases is more prevalent and why? Whether their rituals for worshipping have any kind of indulgence in having any particular sort of lifestyle diseases or not? This chapter revolves around explaining the researcher's objectives of the study. The chapter has been divided into six subheadings under which the topic proceeds. They are - a. Religious impact on health and lifestyle, b. How life style and life style diseases are interlinked, c. Globalization and consumerism on lifestyle, d. Modernization of religion, and lastly e. Changed views of Hindu, Muslim and Christians.

a. Religious impact on health and lifestyle

Religion is directly related to health and we all know that it has more positive effects, than the negative ones. In passing days the environment is also changing due to various unavoidable and forceful activities. Which is leading people to fall prey to different disease. In relation to the life and life style of the people are also getting changed and having a new dimension. Day by day new life style diseases are evolving, and people are trying their level best to handle the situation and overcome it. People are pushing themselves to extremes to find ways to keep themselves out of this danger. Religion works as a saviour here. People find mental, physical and social peace in religion, thus get the confidence to fight against the odds of the changed lifestyle. Many works have been done on the positive and direct impact of religion on health, some of them are the following, which have some sort of relevance with my work.

According to **Scott A. Desmond, George Kikuchi and Kristen Budd (2010)** *opined that* the religiosity of the parents has tremendous impact on their children, especially on the adolescents. It is the duty of the parents to make their children adapted and adjusted to the religious fundamentals, so that they think twice before taking any rustic step. The

effectiveness of religiosity is fully dependent on the pattern of upbringing of the parents. The more religious the parents are the better the children would be. Hence, the more religious one is, the better lifestyle one has.

Likewise, **Mark D. Regnerus and Christian Smith (Sep2005)** also claimed that the behaviour of the adolescents is the expression which is actually being nurtured within the family or his surroundings. Their mentality is shaped mostly by these two factors. It has been observed that the more one attaches or incorporates oneself within family, one restrains from all the wrong doings and tries to be religious due to this integration.

This means one will abstain oneself from various life-risking activities, like taking drugs or smoking. Though it is quite clear that it is not always true that very religious persons are always healthy and do not have any lifestyle diseases. Lifestyle disease is an epidemic and affecting this present situation and it can happen to anybody and everybody. In fact, very religious persons are so involved and engaged with religious activities and they always think and act regarding religion that they seem far away from reality. They are also not aware of the precautions of lifestyle diseases. So it is not always true that parents' religiosity has a great impact on children. Now-a-days everybody has one's own opinion and there is no hard and fast rule to follow one's parents blindly. Above all it has become a trend for not listening to parents and going beyond their words and following to which one's heart says.

Jeff Levin, December (2009) opined that though religion has a psychological therapeutic value on health but it solely cannot help one to recover from any ailments. Biopsychological move is required for faster and better recovery. This means that religious values and sentiments along with medicines are needed for enhanced recovery. This proves that only following religion will not help anybody to achieve a disease-free life. In regard to this concept **J. T. Dillon December (2004)** claims that from childhood to youth and then slowly to adulthood the faith and belief in religion remains all throughout the same in the life-course. It seems that during old age the old people get inclined towards religion and expect more out of it, because at that time they have no other engagements, struggles or hardships of life. Similarly, **G. Alexander Ross (2011)** explained that attending religious places and getting involved in religious gatherings give a positive feeling of happiness and acceptance. Thus, the miseries and shortcomings of

life is dealt properly and solved in accordance with other sufferers also. He wanted to make us see that old age is such an age where some dependency and inclination comes on god, religious places and on religion preachers. This is how religion keeps one mentally and physically fit, and helps to keep away from lifestyle diseases.

On other hand **Alfonso Scandrett Jr(1994)** has found that stronger the religious orientation is the stronger will be one's social and psychological state will be. It varies from religion to religion and sect of people and even races. Health is also somehow related to it, because in many instances it has been seen that the health-related issues are being discussed in religious places and the religious leaders taking initiative to help the patient become devotee to get relief. Even doctors are also seen taking participation. Thus, more culturally one is related to religion, more he has to acquire and achieve from health benefits from it.

Cheryl Mattingly (2006) claims that for mind-body healing we have to consider both meditation/prayer and medicine respectively. Bodily healing is related with illness and mind healing is dependent on philosophy on one's life. Healing of mind does not depend on medicine or bodily healing. At times of crisis our prayers keep us strong and content, so mind healing is very much related with religion. Today in this stressful world peace of mind is quite obviously required to have a proper disease-free lifestyle, because it is our mind that keeps us alert and awake.

Similarly, **Ho-Yee Ng and Daniel T. L. Shek(2001)** found that religion helps to promote mental health, either in times of crisis, stress, or in illness. Religious ideas and thoughts also help in understanding the meaning of life, thus in rehabilitation centre also religion helps a lot to get back people on track.

Katherine C. Haley, Harold G. Koenig and Bruce M. Bruchett(2001) argues that patients also want doctors to pray with them for the better healing and treatment. Though it is very unlikely for the doctors to assume how much importance religion has, to make a patient mentally and physically strong to fasten up the healing procedure.

Samuel F. Sears Jr., James R. Rodrigue, Anthony F. Greene, Peter Fauerbach, Roger M. Mills Jr., Samuel F. Sears and Roger M. Mills (1997) examined that those

who have deep faith and hope on God, they are proved to be having better mental and physical health post operation, than the ones' who have less faith. Here religion works as a bridge through which one can reach a goal of betterment and good health all over.

G. Alexander Ross(2011)found that, attending religious places and getting involved in religious gatherings give a positive feeling of happiness and acceptance. Thus, the miseries, unhappiness and short comings of life is dealt properly and solved in accordance with other sufferers also. Religion is such a space where every kind of voids and emptiness gets filled. Whoever comes with a broken heart and sorrowful soul gets healed here and one can find every kind of problems of life to get resolved here.

Shifalika Goenka(Nov. 8, 2008)claims that due to familial, social, religious and cultural values are looked upon and maintained strictly till now, so the lifestyle diseases cannot be suppressed, because as the environment, society and whole surrounding has changed but we are still in the nascent stage of accepting the change. Educational and religious teaching can break free the cultural barriers to get back a proper lifestyle and prevent diseases. Many alternative ideas regarding eliminating or avoiding life-style diseases without medicines have come up.

Further **Clare Grace, Reha Begum, Syed Subhani, Peter Kopelman, Trisha Greenhalgh and Goenka(Nov. 8, 2008)**have added that health educators and faith-based organizations are fruitful approach for disease control. Secondly, the youth of this generation though aware of the facts of better lifestyle, but the social norms of hospitality and religious modesty and rejection of sporting identity is restricting them down, specially the women. Hospitality here means the way we treat and meet people and offer or exchange foods and finally gorge on them. These are leading to different kinds of food related diseases. Rejection of sporting identity means religion want slow and passive activities so that we can concentrate more on religious matter and purposes. Thus, this is another reason we are facing different kinds of life style diseases. But to contradict it we can say that unless and until we are active, we will not be able to concentrate on religious activities, because it is written in religious texts itself that one has to be physically active enough to participate in religious activities and prayers. Thus over eating and drinking is prohibited in all religions.

Similarly, **Mark H. Anshel (March 2010)** also stated the same thing in his article, how the religious leaders can take part in propagating the ways of good health to followers through their own respective ways and keep people aware of staying away from diseases. Secondly it has been seen that in every religion it is said that a good health is needed to work for God and fulfil his desires, and then only one can achieve one's goal in life. So, he pointed "The main reason to exercise is for your health." Without good health you cannot do all, the Lord has for you to do and you cannot be all the Lord wants you to be". In support of the need to exert greater self-control over one's destiny from a religious context, "The world's religions encourage healthy living.... All established religions discourage ...a habit or activity harmful to the human body, which has traditionally been viewed as sacred, created in the image of God". **Mark H. Anshel (March 2010)** also added that "God works within us to will his holy spirit and the free will to have the desire to create balance in our life and the will to act on that desire" *Journal of Religion and Health*, Vol. 49, No. 1 (March 2010), pp. 32-49. So, this is quite clear that the preacher's way of living both psychologically and physically can become a model for all of us to lead a disease-free life. To follow God and to serve him we too need to follow a healthy regimen.

Donald G. King (1990) again confessed that there is a strong relation and bond between religious belief systems and health and it has been proved several times. On this ground James W. Jones add a new concept of psychology in religion by stating that, "the unique about religion is the use to which these ordinary psychological forces are put. Research suggests that being motivated by matters of ultimate concern, attributing sacredness to ordinary activities, receiving spiritual comfort, experiencing a sense of the sacred are all means through which religion makes a unique contribution to human well-being. So, religion can be understood as both a unique dimension in human life and also as involving ordinary psychological processes" *Journal of Religion and Health*, Vol. 43, No. 4 (Winter, 2004), pp. 317-328.

Flowing with the same concept **David B. Larson, Harold G. Koenig, Berton H. Kaplan, Raymond S. Greenberg, Everett Logue, Herman A. Tyroler and Raymond F. Greenberg (1989)** also stated that religion works as a calmer or soother which brings a sense of wellbeing and makes man to believe that he is without any problem surrounded by positivity.

Along with this in same tune **Michelle J. Sternthal, David R. Williams, Marc A. Musick and Anna C. Buck (September 2010)** pointed that religion helps in reducing depression and anxiety so sometimes theorists relate religion to psychology too.

Another view which has been given by **Jeffrey S. Levin and Preston L. Schiller (1987)** relates that religion and health is related, we all know this, but there is no as such established scientific theory or prove to explain this phenomenon. Though the epidemiologist, psychiatrists, psychoneuroimmunologists, physicians, sociologists and psychologists of religion, church historians, theologians, and historians of religions have agreed that there is relation among the two, but all depends on soft-science or belief and observation. Secondly the notion of religious faith can control the central nervous system by reducing fear and stress which ultimately helps in combating the life style diseases. Similarly, **Jennifer G. Nooney (2005)** also penned that religion act as psychological coolant for the adolescents which helps to reduce the negative impact of adolescence, like peer pressure or suicidal tendency or depression. On this regard **Kenneth F. Ferraro and Jessica A. Kelley-Moore (June 2000)** has focused that religion works as a consoling power and women are more benefitted from this rather than men from life threatening diseases. As they seem to be more inclined to religion and devotes more time in it so mentally, they feel safe that they are on hands of god, and god will help them. The men tend to be diverted to other engagements and need consolation in other instances, like joblessness old age problems etc.

Laurent Pordié (2007) also claimed that being good to others and maintaining the right religious path give a sense of wholeness and purity, so this gives a medicinal effect, as they can mix with people in society freely and fearlessly with-out any hesitations. This gives them a social and psychological acknowledgement. Praying to their god also give them a medicinal effect of staying fit

In another view **Harold G. Koenig (2002)** attempted to say that in case of any disease, if the patient is somehow related to religion, then the severity decreases a lot of the particular disease. It happens due to the prevalence of religious beliefs and practices and relationships with physical and mental health.

To add on more, **Linda K. George, Christopher G. Ellison and David B. Larson(2002)**pointed out more about the relation between health and religion, that is, the main health religion is healthy practices of lifestyle, social and psychological support and last but not the least strong belief structures. Yes, these are more or less the main links between the two factors that is religion and health.

Edward H. Thompson Jr., Leslie Killgore and Heather Connors (Sep 2009) have found out that in old age both men and women get more inclined to religion, but men have a tendency to maintain a masculine nature, so that they can make others feel that they are in good mental, physical and social state to be accepted and need not that extra time to devote to god to feel good. Whereas the women on other hand takes upon this feel good factor to be accepted in mainstream and be healthy and think to be disease free.

Neal Krause (Aug 2010) pointed out another factor of wellbeing, that is being humble. According to him people who go to church more often tend to receive more spiritual support from fellow church members (i.e., encouragement to adopt religious teachings and principles) and individuals who get more frequent spiritual support are more likely to be humble, and last but not the least people with greater humility tend to rate their health more favourably for this too people become more mentally active..

On the other hand, **Kathleen A. Lawler and Jarred W. Younger (2002)** argued that not religiosity but spirituality which is required for better health and mental state, because in religion we need to follow different kinds of ritualistic activities or participation at different times of different kinds and have several commitments, which ultimately makes us monotonous and stressful. If somebody gets all happiness and mental peace, and gets accepted in society then automatically his health condition will improve.

If we shift our view a little bit, then we will get to see that the preachers of each religion are also taking into account that religion can heal, so they are persuading the followers to have faith and rely upon their respective religion. Simultaneously they are also urging the followers to believe on symbols or some kinds of rituals so that they can forget their pain and put themselves in comfortable zone.

Continuing with the same note **Kevin S. Seybold and Peter C. Hill(Feb 2001)**stated that religion and spirituality is positively related to mental and physical health. Psychology, Gerontology, Medicine, Sociology and Education also claim that religion and spirituality are co-related to have a check on the diseases. Daniel E. Hall, Keith G. Meador and Harold G. Koenig have given a fresh and new insight of how religion and health is related, they have given an all-encompassing view by saying that in a multi-dimensional world it is very difficult to give a generalised view of religiosity in health research. There can be various and different factors related to direct and indirect generalizations. As days have changed and so is people's views of religion has also changed, thus no particular individual factor is responsible for making any relation between health and religion. Still to make the picture clear we can somehow relate historical context, religious attendance, private religious practice, intrinsic or extrinsic religious motivation, religious coping, well-being, belief, affiliation, maturity, history and last but not the least is experience, more the number of factors one is associated with, more peaceful and happy he is.

Jennifer L. Anderson (1987) has added a new insight into the relation of health and religion. She added that in each and every religion, we know there are some rituals, and through practicing these religious rituals the followers get some happiness. While undergoing the practices a feeling of wholeness, unity and fullness arises which bind the people together and even the practise in this present competitive world seems to be worthless still people feel the urge to do it for the togetherness. It is true to some extent, because in every religion we see that together they celebrate the occasion or festival just to have fun and share joy and happiness.

Under the concept of religious rituals and its relation between wellbeing, we can refer to **Andrew Eungi Kim,(2003)** because he pointed that religion not only helps in mental healing, but it also provoke personal and societal well-being by doing a lot of charity, health programmes and educational programmes. Because now a days we usually get to see that in different religious centre, people sponsor affluently through open mind for various helping grounds. This actually brings a sense of happiness and purity within them and so they repeatedly and gladly keep on offering help and through this the social acceptance also increases. Ultimately this keeps them happy, hence disease free.

Hadi Hassankhani, Fariba Taleghani, Jane Mills, Melanie Birks, Karen Francis and Fazlolah Ahmadi (2010) also showered light on the rituals of religion, because according to them, in this present situation it is through the following of rituals we try to maintain the originality and customs of religion and this helps to take us back to basic. The veterans are well aware of the fact of various changes around us, and this is only by following rituals we can be like them and try to be healthy and mentally strong. Lastly these rituals help to be absorbed and supported in social life and carry on with proper lifestyle.

Another example of how religious rituals help people in different fields of life especially in professional life is also very noteworthy, and it has been discussed by **Eugene J. Kutcher, Jennifer D. Bragger, Ofelia Rodriguez-Srednicki and Jamie L. Masco (2010)**. As we know that, religion acts as a mental booster and relive pressure, hence religion plays a very vital part in work place also, it helps in reducing stress, brings faith back in work and changed attitude towards work is always very welcoming, because all of this is related to job satisfaction, which is very necessary for both the candidate and the organization. This is why in many work places we get to see variety of religious festivals being observed with pomp and grandeur, so that people from same community or from other can enjoy and involve them too to get the most out of it and feel delighted.

If we consider rituals to be a helping aid in religion for betterment of health, on the other hand to some people it can be a way of leading a proper lifestyle. Because according to **William Lindsey (2005)** the symbols, motives, metaphors and myth written in popular texts seems to be the ideal way of life leading. They think if they follow these, then they will be able to achieve their respective goals of life and accordingly will be blessed. Contradictorily it is not at all a way of living, because if it would have been the way, then automatically innumerable number of people would have been without any diseases and would have been in total peace of mind.

A totally different view has been given by **Harry C. Meserve, (2005)** according to him staying disease free is totally a psychological concept, thus one has to think that one is well both mentally and physically all throughout, so that even if he is not well still this feeling will keep him motivated. Similarly, in the same way he also added that it is the duty of the citizens to create an atmosphere of well-being, i.e. to make others assume and

feel that all are in healthy condition, so that they can keep diseases at bay. Secondly, small group of people can help themselves by making out ways of combating diseases in their own style among themselves and then it can be cited or related to others or other's ways can be also adopted in this relation.

Another out of the box idea has been given by **Christopher G. Ellison, Jennifer B. Barrett and Benjamin E. (2008)** According to his findings, to have a proper lifestyle one has to have some sort of bindings in life, so he added that litigations in life, good network, integration and responsibilities can change people a lot to be healthy and keep close to healthy habits to lead a healthy life-style. To prove this one can, see how married persons who come from conservative family stay away from harmful addictions of any forms.

Rachel W. Loser, E. Jeffrey Hill, Shirley R. Klein and David C. Dollahite (2009) mentioned about consecutiveness through familial performance of rituals, so he said that if routinely the familial rituals are followed and all members engage themselves appropriately then obviously a healing therapy acts within the family which helps them to be more ritualistic. And more realistic means strengthened social and mental acceptance and attachments.

b. How life style and life style diseases are interlinked

As we can clearly make out, it goes without saying that, lifestyle disease itself comes from the word lifestyle. The word 'disease' comes along as an addition with the word lifestyle, in reality too the diseases related to lifestyles happens to be lifestyle disease. This is not just rearrangement of words or addition of suffix; this is in real sense a problem of today's world and a delicate situation to handle with. There are plenty of factors based on which the diseases happen to be. Some of the reasons for which lifestyle of people getting hampered or changed are discussed here –

George R. Slater(1981) have mentioned that people have come to know that the diseases due to lifestyle are unavoidable, and bound to happen so it is useless to keep on trying to control it. They are even aware of the various factors responsible for it. People now want to enjoy and live life to the fullest and keep the thought of diseases at bay, because they know that getting ill is very easy at this present scenario. Everyone and anyone are easily susceptible to lifestyle disease. At the same time, they are aware of the remedies of

various diseases and the healing procedures, so that they can have a balanced life to lead happily and enjoyably.

On the same note **Katherine L. Frohlich and Louise Potvin (1999)** have pointed that Life-style is not at-all an individual attribute but a collective one, because lifestyle is nothing but it is just the amalgamation of social conditions and behaviour with each other. This joint activity actually helps in understanding the present generation, thus the fourth-coming diseases and notion of combating it will also be known from them itself. Thus life-style helps in knowing of new pattern disease combating tricks.

Contradictorily **Clyde R. Pope (1982)** also said that only if we consider and modify our lifestyle, then only we will be able to have a problem and disease-free life. In fact, this is the only way by which one can stay fit. Here modification does not always mean to lead a Vedic life, instead Clyde has mentioned that the modification should be according to the requirement of the situation. If we take into consideration that preventing disease is not possible, then we all will face a dangerous future, where lifestyle diseases will be considered as an epidemic.

We cannot solely accuse the changed environment and the surrounding, the lifestyle diseases mostly depends on our daily habits too, that is why **Andrew Steptoe and Jane Wardle (1994)** stated that the different factors of lifestyle diseases are smoking, alcohol consumption, no exercise, stress, body weight, dietary fat, fibre and excessive salt which can cause heart disease, high blood pressure, lung and breast cancer and diabetes. This proves how the lifestyle provokes diseases. Before westernization or urbanization, the lifestyle was very simple, and people used to work hard, but now the scenario has changed and luxury is the key word. It is due to luxury that is hampering the lifestyles.

Elizabeth m. Williams (2006) has focused on another concept of lifestyle problem, for which diseases are spreading like wild fire. This kind of lifestyle is very much prevalent in the nuclear family where the parents are working and the child or children are alone and there is problem of security. Due to lack of time the parents can't take out their children for playing in outdoors, and from that point they become home sick and prefer staying at home. On the other hand, it is most impossible to follow the traditional cultural lifestyle in this situation. It almost seems like putting square peg in a round hole. He

added more that obesity is a very big problem of society. We know that it is being caused by too much of eating, but that is not the only reason, nor the reason for having junk and fast food. Simultaneously we have to keep this in mind that our world has changed and developed a lot technologically and socially. From childhood, the children are brought up in this condition of being fatter day-by-day. On the other hand, parents are unable to help themselves, even though knowing the facts of obesity, the situation is so worse that it has just become impossible to stay fit and fine by following the old cultural lifestyle of food selection and working conditions, because the present situation cannot be altered.

We are very much acquainted with the term dominant culture or popular culture, actually the term is very much related with the changed environment, due to the impact of westernization and urbanization. Everybody is modern and due to modernization same kind of lifestyle is followed in the cities and in the suburbs too. As there is no alteration or variation of lifestyle, everybody is facing the same problem. That is why **Jagdish Lal Dawar (1996)** claimed that Religious feast is not a new concept, but as society has changed the concept of popular or dominant culture came into existence. Wherever the popular culture took the centre stage, the pre-existing culture vanished so the people for adjustment to the new culture, was bound to change their lifestyle. As the lifestyle changing mode is very common now, so the vividness of lifestyle diseases is also prevalent.

Janet D. Allan(1987) has given an all-encompassing view and has referred that only health education or lifestyle modification is not the way of eradicating lifestyle diseases, along with it regular exercise, regular health check-ups, proper nutrition intake, lessening of smoking and drinking, and to have a stress-free relationships and jobs affairs is a necessary for all of us, to have a disease free life.

Along with the same concept **Annette Leclerc, Françoise Pietri, Liliane Boitel, Jean-François Chastang, PhilippeCarval and Michel Blondet(1992)** has commented that Level of education is very much related with proper lifestyle, because low lifestyle is always associated with health disorders. The more educated one is better lifestyle one has, that is why diseases are also relatively less, and they know the knowhow of combating it. Opposing the above idea **Vidje Hansen and Bjarne K. Jacobsen(1989)** has mentioned that financial crisis, can have a problem on health because of low lifestyle, it worsens if it

is during one's childhood time. The socioeconomic problems positively bring in mental disturbances which again have a toll on one's lifestyle.

J. Wardle and A. Steptoe (2003) came up in the pipe line by stating that socioeconomic differences in healthy lifestyles are associated with differences in attitudes to health that may themselves arise through variations in life opportunities and exposure to material hardship and ill health over the life course.

Let us shift our view to another level of lifestyle pattern, **HANA LIBROVÁ(2008)** has mentioned that simplicity is the ideal way of having a proper lifestyle but as technology is advancing and due to more civilization, the simplicity is vanishing or diminishing by bringing in complex rituals and meanings of life. Though people are trying to have a simpler lifestyle, but the changed environment is not going with the simplicity and vice versa.

Lalonde(2008) considered that the health field could be broken up into four broad elements: human biology, environment, lifestyle, and health care organization. But it is quite obvious that one's health is on one's hands, everything depends upon what one does or doesn't with oneself. Even though we have plenty of options of keeping ourselves disease free, still our choice of decision is all that matters.

Now if we shift our view a little, then we will come to know that as lifestyle is the root cause of disease, similarly the diseases are also the cause of stress or obesity, that is why **Alison Donnan and Lesley Rushton (1998)** stated that the work culture can be hampered by lack of exercise, stress, addiction of any form or for being overweight. It is considered that the spirit of work is achieved through good health.

Falling in the same loop **Eva Corpeleijn, Stephan J. L. Bakker and Ronald P. Stolk(2009)** also talked about the same thing, i.e. in this obesogenic society with obese generation we need tailored lifestyle programmes to prevent the lifestyle diseases like renal dysfunction, related cardio-vascular disease or kidney problems.

Kimberly K. Yeager, Robert F. Anda, Caroline A. Macera, Ralph S. Donchoo and Elaine D. Eaker (1995) also commented that the sedentary lifestyle has become very

common now; any sort of work is done mostly in a sedentary way. So, it is the duty of the government to take up actions to promote more physical activity to prevent heart disease. Most of the work in today's world is less laborious but very time consuming, thus they don't get time to regulate their workout regimen and control their weight and other associated problems.

The lifestyle is such a vital point in our life that it has to be corrected or maintained from childhood, so that we have healthy habits and simultaneously check the diseases. In this regards **John M. Wallace, Jr. and Jerald G. Bachman (1991)** confirmed that the background of a child is very important for making it a habit to have a proper lifestyle in the future. Out of this, education is also a very important factor, because it keeps the child busy even after school hours. Though it is proved that being good in studies cannot reduce the level of truancy or being addicted, so it is recommended that the child should undergo some sorts of life-skills training and other various engagements, involvements or commitment in different activities or organization. Then only the tendency towards addiction can be reduced.

Mary E. Muscari (1998), went a step further to claim that not only unhealthy habits or the lifestyle hampers public life, the situational trend is also a point. For example, the career which is female candidate oriented, there women maintain their body weight by abstaining from food, from there itself the diseases starts its race. Secondly teens who have some abusive and defective history and who cannot express themselves have eating disorder. Last but not the least, family who have an eating disorder history bears adolescent with deformed and weak body with disease.

Falling under the same loop, **Wioleta Polinska (2000)** has admitted that in compare to older or previous generations' women, now a day's adolescent girls get more opportunities from educational point of view, but it is seen that they ignore the opportunities mostly and tend to be like their moms. They start eating disorders as soon as they leave college, to maintain their shape of body. Thus, from there the graph of ill health starts. Not only that they do not get that much of strength to prove the opportunities which comes on their way and be equal to the opposite gender. So, we always get to see a lag both in their career and health graph. It happens only due to the thought of staying in shape or making one more beautiful.

Adding a punch to the above discussion **Shannon L. Ray(2004)** discussed that it is the duty of school and school counsellors to look after and rectify the food habits of the adolescents, because they stay over a long period of time with the children. It will be fruitful then only when the growing adults will be aware of the right food pattern for consuming. Then only the intensity of lifestyle diseases will be reduced in long run for future.

Depending on the function of school, **K. L. Ramaiya, A. B. M. Swai, D. G. McLarty, R. S. Bhopal and K. G. M. M. Alberti (1998)** have pointed out that, health education is actually the way of leading a proper lifestyle, because it is only when, we have detailed understanding of our health and related issues we understand what LIFESTYLE is, and from then we can differentiate how and why we are different among the same status group. As we know health is wealth, so we must know to utilise and preserve it for better future use. Because based on our health we will lead our later life, stronger it is better disease free will be the life ahead.

Many lifestyle diseases are also responsible for eating disorder, which has been utilised by **Theodore E. Weltzin,(2004)** one of the best examples according to him is, figure correction, it is due to this reason, people start to choose and eat, and mostly try to control hunger. From there on they start having diseases.

Following the concept of figure correction or eating disorder another factor related to lifestyle disease has been formulated by **Michelle Lehwica, Emma Hoglund and Jenna McNallie.(2005)** According to them concept of slenderness is another reason for which diseases are creeping in. they added that the concept of slenderness is not only a mythical or cultural concept but, rather the intonation is largely influenced by the western trend also, it has happened as an impact of colonization.

Contradictorily basing on the above discussed points on being intentionally lean or doing diet is not always the reason for ill health, and this has been discussed by **Robert S. Goldfarb, Thomas C. Leonard and Steven Suranovic. (2006)** Diet can be followed for many reasons and it can vary from person to person and his bodily requirement. For example, sports people have energetic diet, old people have easily digestible diet, babies

and toddlers have protein rich diet etc, so this is clear that diet always does not mean weight losing plan. People can always have a healthy diet for healthy disease-free living.

Shifting to another point, **Sunia Foliaki and Neil Pearce (2003)** shared that, due to privatization of health care, the socio economically low people can't afford good health, because day by day it is becoming too costly to continue regular check-ups for detection of new diseases. Above that, having a proper lifestyle is very expensive now-a-days, the inexpensive things found to be eaten are actually causing harm and are considered to be the storehouse of diseases. Thus, the socio-economic pressure is here too acting as hindrance to have a proper health care for the commoners.

Till now we have seen and discussed about the life style pattern, the flaws in it in the present age, and how it brings in diseases. But now on we will discuss how and what type of diseases we face in which kind of lifestyle. **Ama de-Graft Aikins (2005)** has written about the different procedures through which we can reduce and control diabetes, they are biomedical, spiritual, cure seeking and faith healing.

Mark Peyrot, James F. McMurry, Jr. and Davida F. Kruger (2005) have seen that the psychological stress is a common factor of diabetes, thus the physical health and other circumstances related to it have to be taken care of to have a good life-style.

K. L. Ramaiya, A. B. M. Swai, D. G. McLarty, R. S. Bhopal and K. G. M. M. Alberti(2005) have stated that Genetic and environmental factors act very actively for provoking life-style diseases. The effects of the diseases are more prone in socioeconomically back-ward classes because they are not that very much apt about the healing and controlling procedures of the diseases.

Patrick M. Horan and Bradford H. Gray (1947) have mentioned that status inconsistency or mobility from either higher to lower strata or vice versa is a prime effect of coronary heart disease (CHD). As this phenomenon is very common in cities so it can be vaguely called a disease of the cities. Life-style change occurs and so diseases creep in. the sudden abrupt change in lifestyle is always hazardous.

ROBERT A. HALBERSTEIN (1999) has given another point of view of lifestyle disease, and he mainly concentrated on hyper tension or blood pressure. He added that the reasons of high blood-pressure or hyper-tension are heredity, dietary practices and environment. These are actually causing the disease.

Ivor L. Livingston (1987) has given us an awareness outlook, where he commented that erectile dysfunction is also a lifestyle disease, here we got to know how and what is the particular lifestyle drugs used now-a-days. Obesity is also related with erectile dysfunction, so how to incorporate proper medication with lifestyle for better healing is also a look-out from here.

Deepesh Chand Prasad and S. K. Srivastava (2002) has focused on diabetic patients and assessed that the diabetic patients suffer or face different social and physical problems and for which they have some psychological problems. It has been proved that the aged have more of these problems than the young diabetic patients. Thus, it is seen that the older patients are more prone to lifestyle disorder and more susceptible to the diseases.

John A. Clausen (1963) added a few view point extra and has said that social and cultural factors are trigger of lifestyle diseases, these include illiteracy, low purchasing power and different rites and rituals, but he said that over population and pollution is also a reason for increasing lifestyle diseases.

Rob M. van Dam(2003) as given views on how to reduce and control over diabetes, according to him dietary changes and increased physical activities can lower the type 2 diabetes. Secondly consumption of wholegrain products and replacing saturated fat with the unsaturated one also reduces diabetes.

Robert E. Hockley (1979) has stated not only the reasons for getting obese but the types of obese people too, according to him the basic attitudes of obese persons are helplessness, powerlessness, craving for love and strong guilt feelings. In one kind of obese patient obesity is seen from very childhood age and obesity plays a central part of that individual's growth and development and they can't tolerate frustration on delay in

gratification. A second kind of obesity is observed, where patients undergoes emotional trauma and start to put on weight.

A. Solaroli, G. Marchesini, D. Boccaccini, R. Biolcati, F. Visani, S. Migliorini (1999) also added view to the above discussed point on obesity, according to him, the obese people irrespective of their gender suffer from psychological disorder and poor mental health accompanied by other ailments in their daily life from different aspects and corners of society. They think that due to their body shape they will be rejected from all spheres of life.

Deborah Carr and Michael A. Friedman fell into the same loop and echoed that obese individuals perceive that they are the target of multiple forms of discrimination and that this discrimination has implications for their psychological well-being.

Jeffery Sobal, Barbara S. Rauschenbach and Edward A. Frongillo (2009) claimed that obesity at certain times can be disheartening because Obesity can have impact on a love relationship, because many-a-times it has been seen that over weighted boys and girls get rejected simply for being overweight.

As we can see innumerable obese people around us and we desperately think that government should think and take actions on the increasing rate of lifestyle diseases and obesity being one of them Stefan Mann has talked about a plan on behalf of government. He said that charging for being overweight can be a policy by which government can give a stimulus and a message for being in shape.

Seth S. Martin has added an extra edge to it, by going one step further and saying that along with the fat tax on the obese people the government should also balance the cost of healthy foods and unhealthy foods so that the poor can opt for healthy food and change their food habits to healthy living. Moreover, there should be few low-cost shops in the suburbs or villages, where they can buy and have it.

Barrie M. Margetts, Lawrence J. Beilin, Robert Vandongen and Bruce K. Armstrong (1986) worked on blood pressure, and concluded that it has been proved that people with vegetarian diet have less blood pressure than in compare to the non-

vegetarians. It is possible because it is a proven fact that vegetables are easily digestible than meat or any kinds of non-veg items.

Jim Mann (2009) has given an idea regarding vegetarian diet and why it should be adopted. The majority of people prefer vegetarian diets not only for keeping themselves fit or reducing the chances of getting ill or reducing chronic diseases, but due to the soaring prices of products in market, has led people to find out easiest and cheapest way of getting proper diet and keeping diseases at bay. Thus, he has given a tactics of having a cheap and best lifestyle.

Gary D. James and Daniel E. Brown (1997) said that the urban western environments are actually responsible for high B.P, because the situation and place is full of those factors which ultimately lead to lifestyle disease.

Lorena Madrigal, Jeffrey Brady, Michelle Raxter, Ernesto Ruiz, Floryotarola and Mwenza Blell (2011) has opined that for migration with some other associated factors like gender, age, or urban, rural migration people fall prey to different sorts of lifestyle diseases due to inappropriate adjustments to the present situation. It has been proved that any sort of mal adjustment can cause mental agony, which can cause lifestyle diseases.

S. Bharati, m. Pal, B. N. Bhattacharya and P. Bharati (2007) has added a tagline to the above discussed idea, that more educated women will be better will be the chance of nutritional and standard of living status. It varies a lot among women of different castes, religions, occupations and specifically in urban or rural places.

Seth W. Norton and Annette Tomal (2009) added to the above note regarding women that Education to women can help to get over gender gap and enhance capital accumulation which in certain cases gets lagged due to religion.

William C. Cockerham, Thomas Abel and Günther Lüschen (1993) have given a fully new ideology about the new way of life leading in this post-modern era, according to them, as post-modernism set in from modernism, it is believed that the knowledge advancement was the only reason to lose hope on physicians and that is why people started to handle their own health with the advanced knowledge. It happened like this

because from the onset of post-modernism the environment started to lose its properties of healing the diseases or illness, even medicines cannot cure the ailments thus people started self-control to survive properly. It is nothing but the result of distrust or dissatisfaction from the physicians that resulted in self-control to combat diseases. Nature is also unable to take care of the health of people and have lost the properties of health. People have come to know that they cannot solely treat their diseases by medicines, so they have taken actions to keep them disease free by self-controlling them.

c. Globalization and consumerism on lifestyle

Globalization is an unending procedure till date, which has been started from the onset of industrialization. Modernization and urbanization were a side effect of industrialization. Westernization was also included for complimenting globalization, as these are two faces of the same coin. It is due to these factors in total for the sudden change in approach of all the eastern places. Due to set up of cities and rapid growth and demand of luxury items, consumerism happened to happen. The uniqueness of individual identity of places started losing names and fames; soon it became global village, where everybody gets everything under one roof. Consumerism is such a term with which we can relate to all happening things happening to everybody at same time. This has reduced the time and space factors. Here we will discuss how lifestyles locally have changed globally and how the craze of consumerism has led to a massive change in thoughts, words and actions of people.

Steven E. Krauss, Azimi H. Hamzah, Turiman Suandi, Sidek M. Noah, Rumaya Juhari, Jamiah H. Manap, Khairul A. Mastor, Hasnan Kassan and Azma Mahmood (2006) has pointed out that it is proved that rural people are more religious than the urbanites, and it is true for all religions. This happens because rural people face less impact of globalization and westernization thus they can still practice their worshipping and other associated daily chores. So they tend to be more religious and lead a peaceful life than the urbanites.

Jon D. Holtzman (2006) has shown how the concept of food changed due to sudden change in environment and mixing of people. He added that food works as a melting pot, where one's ethnicity does not matter if taste is considered as a priority. At home one can think of one's ethnic food but when they mix with other ethnic people, all want to get

hold of new food items in exchange. Not only to know the unknown and explore the new, due to mixing of people the conservativeness is also withering away.

Following the same concept **Abbebe Kifleyesus (2002)** has mentioned that due to socio-economic changes and free mixing of people, food habits according to the gender, ethnicity and class is not coming under consideration, and above all the conservative people are also having foreign foods with different preparation and distribution. The social and symbolic function of Muslim people is changing due to consumerism, on which they have no control.

John Kearney (2010) has focused on the production procedures and the health issues related with it. Moreover he also looked after the agricultural and environmental issues related with it. So in short what he said was the social health is being hampered, due to collaborative function of food production, processing, distribution and consumption. Globalization, industrialization and aging along with food industry marketing and policies of trade liberalization had caused many diet related problems in developing countries. So a sustainable policy is needed which will help agriculture, human health and environment, so that the adversities can be avoided in near future.

George Gumerman IV (1997) has opined that food is considered differently at different point of life to different people irrespective of one's colour creed or religion, that is why he penned that in complex societies, the requirements of food for each individual is different, according to the requirements of their health and energy requirements. 'Within complex societies, different individuals' elites and commoners, males and females, specialists and non-specialists, old and young often consume different resources for a variety of reasons. By viewing complex societies as groups of individuals that interrelate with each other and have varying needs, wants, and abilities, we can gain a more complete understanding of food and complex societies. (Journal of Archaeological Method and Theory, Vol. 4, No. 2 (Jun., 1997), pp. 105-139)

Clare Wyllie (2002) has shown how food is a product of commoditisation, so she added that Body and food is a part of consumerism, thus it has been a set of trend, and where looking good and eating good is a must, so by keeping in mind the concept of appearance

and display of self and lifestyle is nothing but commoditisation. Everything depends upon how the world sees the individual and how individual acts accordingly.

Ivan Strenski (2004) has elaborated that Due to cosmopolitan openness and other associated development of societies, it is now a trend to follow certain culture or facts, which might have some local origin, but slowly it becomes globally accepted and then prevails to persist. Thus, this is how the different religious concepts get absorbed in society and many conservative religious people also want to have knowledge about other religion.

John Cairney and Robert Arnold (1998) focused on the social differences of status caused by economical inequalities, and it is because of this that the health problems are seen everywhere. Due to privatization of health centres the cost of good health has increased, only the rich get access to it, thus who so ever are poor are sufferers. The main reason of social disequilibrium is globalization and consumerism. They added that it is happening because the concept of life-style differs from strata to strata and among every strata of every society. Unless and until there is a socio-economical equilibrium in society, there will be a life-style difference so the health difference.

Douglas B. Holt(1997)also accompanied what the last authors said, it is the post-structural pattern to follow the trend so he said that the post-structural era is very much consumption oriented, it has become a social phenomenon so consumerism developed and along with it the ethnic population is changing along with the consumer culture.

Mark Tomlinson has also opined that class and status is a very important factor for considering better lifestyle. So, he concluded that, Life-style is totally an indication of the class in which one belongs. Life-style has two characteristics, i.e. it follows some cultural pattern and secondly it moves from place to place and time to time.

Alice Ross (1993) has showered a totally different angle, according to her as we are approaching to a global forum of food and knowledge of food, so we are keeping ourselves adapted and updated regarding food and its nutrition or nutritive value. Above that she also added that cooking style and knowledge of proper nutrition intake has become a very common accessible point to all; even the poor and illiterate got

accustomed, due to the cook-shows and books. The changes are in accordance with the changing society. At present we find that supervision, regulation of food quality, pasteurization, government food inspection and licensing are done to maintain the standard of food. Various acts regarding pure food and drug are also looked after to keep our body away from disease, because people now want to become athletic, muscular, and vigorous. The concept of thinning is eroding away.

Michael Owen Jones(2007)stated about the food and its symbolic culture related to it. Food is a symbol, giving multiple meanings. The culinary behaviour and ways of consumption also give us idea of culture in which one belongs and the ethnicity which comes along. So it becomes easier to assume which food is being accepted by others and why and how the new changed food is getting its newness.

Bernestine B. McGee, Jeffrey M. Gossett, Pippa M. Simpson, Glenda Stein Johnson, Kimberly Bardell, Valerie Richardson, Alma Thornton, Crystal Johnson, Jovan Eugene, Karen Kim and Margaret L. Bogle (2009). Have found out that the culture of eating out and tasting different types of cuisine is a new trend. The young generation is the major follower of this trend. As the income level is increasing and simultaneously the delicacies are so much appealing that numbers of followers are increasing day-by day. The affluent are more inclined to it, although the socio-economic difference, gender, income, education, age, ethnicity and obviously locality also influences the choice of eating out. So, this is ultimately causing deep root problems of lifestyle diseases. We cannot lower down frequency of eating out, but we should opt for more healthy food and simultaneously the restaurants should also offer such preparations, where the nutritive value should be high and the appearance and taste should be un-resistibly good. At the same time people should also order for nutritive food only, then only we will be able to restrict diseases to some extent.

Metin M. Coşgel and Lanse Minkler (2004) theorized that each society has different belief system, norms, commitments, expressive needs and way of conduct. Society to society this expressiveness differs as their consumption choice differs too. Thus, these dietary guideline patterns actually help to understand each society explicitly. The distinct and sometimes seemingly strange patterns of consumption behavior that most religions prescribe are very much their identity. Among the well-known consumption prescriptions

are dietary guidelines such as the Catholics being asked to abstain from eating meat on Fridays during Lent, vegetarianism for Hindus, and Muslims and Jews abstaining from pork altogether.

N. Purendra Prasad(2007) gave a very Indian view of traditionalism, according to him modernism is a part and parcel of traditionalism, more over modernism revolves around the axis named traditionalism he added more that Here we got to know how traditionalism over modernity helps in giving a mass education in health and care, because it is upon the traditional base the concepts of modernity revolves. It is us only, who proceed towards modernity by coping with the associated changes from traditionalism. In case of India, tradition matters a lot, so in case of medicine also they prefer traditional knowledge over the modern knowledge of bio-medicine. It is considered that in later phase bio-medicine will take the centre stage. So here it is the question of hegemony of knowledge and who wants to continue which medicinal practise over whom. Though all tests are initially done upon the traditional people only, where the social base remains same before and after, still it all depends upon the situation at which and when the knowledge is spreading and from whom, because it is the concept orientation which matters.

Katherine E. Ulrich(2007)made an awareness that food habits, patterns and culture has a very strong background and it works as a litmus paper to let us know what are the traits of food is and how it is related to every individual. Food is an integral part of our body, because it passes through the body which actually is being served by somebody else externally. Here we get to know, how, for what reason, which food habits prevalent among which religious groups of people. Thus, from here we get to know which religious group is prone to which disease due to their food habits. Secondly there is always a conflict going on in society of playing a dominant role in improvising the food patterns on other religious groups, hence whoever is the dominant religious group has to be very much cautious regarding their eating procedure, so that life-style diseases do not take place due to having wrong food choice.

George Gumerman IV(1997)claims that food is a cultural part of every individual and society. As societies are becoming complex so are our life, thus various life-style diseases are following. The culturally changed food-patterns are affecting our health from an over-all aspect.

Following the same footsteps **Sidney W. Mintz and Christine M. Du Bois (2002)** discussed about the food-oriented lifestyle diseases, according to them westernization, globalization and cosmopolitanism has helped to bring about changes in the ethical to cross-cultural variation in different food ways. Thus, this process has given birth to different life-style food-oriented diseases.

Paul Rozin (1996) talked about the changed food pattern of the society due to multiculturalism. Multiculturalism is also a product of consumerism. What we eat depicts our being or origin, therefore we also know what and what not we eat and why we eat. That is the know-about of our food culture. Now as society has become multicultural so people are bound to obey by the changed food culture pattern. Even we are aware of this fact but we cannot help it but flow in the running stream accordingly.

Tulasi Srinivas (2006) has argued that in this tough time of cosmopolitanism we want to latch over our own traditional food, but the situation is so dreadful that we don't have time to make our own dishes and jump over to readymade food, Due to globalization the cosmopolitan changes is evident, thus individual ethnicity also has become marketable to all other ethnic groups. We have no time to cook our ethnic dishes and have started taking 'heat and eat' ready-made food, which is taking a toll on our health. We always want to have food baked with motherly touch, as it is unavailable every moment for different circumstances, so we are getting trapped in mechanised packed food, thus life-style diseases are following in.

Gerald G. Quackenbush (1957) has talked about the technological innovation in food and food science Mechanization of food processing due to havoc technological innovation is having a direct link with bad health. As the originality is withering away and replaced by artificial modern technique, so the taste of food is getting differed day-by-day. Thus, it is having a negative impact on our health. Both quality and quantity is getting worse gradually.

Margaret Mead claimed that there is a trend of forceful changes in the patterns of food habits, due to the effects of stressful, competitive and globalised world. Ultimately this is

having an effect on the daily lives of people. The stress is nothing but the nonstop busy schedules of our daily life.

Charles Glen King(1949) talked about the quality and taste of food after passing test, both from cook and nutritionist. According to her the concept is of proper nutrient rich food has to be conceived, and consuming those should also be in regular practise. He has also spoke about the combined work of both the nutritionist and the cook. They have to hold hands and make innovative food which will be both tasty and nutritive, so that the youth that is the adolescents have a better choice over snacks.

Estelle Mongeau(1971) has stated about the problem of snacking, the habit of snaking and skipping meal is really taking a toll in society. The youth that is the adolescent group, and they are our power or strength of future. If they are habituated in this habit then obviously our country's future will be endangered. So, she added that the present trend of food patterns among the adolescents is mainly "snacking", which is very unhealthy and thus creating a bad impact on health, so they are prone to life-style diseases.

Marianne E. Lien(2002) has given a general overview of food culture and its relation with innovation, modernization and mechanization. In addition, she also said that the social, cultural, economic and historical backgrounds are required for tracing the food habits of individuals. Secondly the change in society due to modernization, mechanization and invention has given a greater impact on life-style of people. Though it has both good and bad impacts, but it depends upon ones, who take it as it comes.

Nicola Kime (2008) claimed that lifestyle is a set of habits which should be trained and made into habit from the childhood age. If he has good childhood habits of leading a proper lifestyle then obviously, he will have a healthy disease-free life ahead. That is why she also added that it is the duty of the family to have a proper lifestyle habit and setting from the beginning, so that the children can adopt it as soon as possible. This helps in building the sense of where, how and with whom to eat with. Like this he will be able to have a disease-free life, of proper knowledge, how to maintain a proper lifestyle for his later life also.

d. Modernization of religion

Religion is such a word which is recognised by everybody and respected, looked upon, followed, and feared as well for ages. Religion works as a comforting and soothing effect and give us a sense of wellbeing and peace of mind. Religion is where we surrender ourselves to the powerful and almighty. Religion is one of the many constants of the rapidly changing world. We relate ourselves to every bit in religion, because we believe that, it is our origin. We can go back to the origin by reading the religious texts and make ourselves related to that. But in recent past the scenario has changed a bit, after the industrialization, modernization as an after effect of westernization, and consumerism. People have become very job or money oriented and is always busy to go beyond limits. Thus, they don't get that much of time and energy or tenacity to follow the stated rituals of religion and worship gods. Here we will see how and for what reasons notice a changeover in religion with a modern touch.

Margaret R. Miles(1995)has claimed that the media is creating a hype of having slender body of women as seen or read in the religious texts. As women are trying to follow it and maintain it, they are having health problems. This artificial and fake broadcasting is actually creating a tremendous impact on their mind and as a result the women of whole nation are suffering from both misconception and various diseases. She also added that religion and health is inter-related and religion helps in keeping mental and physical health in active and acceptable mode. On the other hand, media has created an unhealthy hype of artificial figure for women, and for which they are suffering various life-style diseases. For figure corrections they are avoiding food and being mal-nourished.

James W. Jones (2004) has claimed in similar way of Margaret, he argued that through ages the concept and ideologies of religion changes according to the requirement of society. So, he added that, how Christianity is related to food, and how the concept of 'safe eating' worked as watchword. Through history, food worked as an easily changeable feature of every-day life and slowly helped in defining religious and social life. The food habits symbolise a particular religion and make one more religious. If there is any eating disorder, then automatically there is a hamper of sexual, social, spiritual life and surely dissatisfaction in clinical approaches. The concept of looking picture perfect is also taking a toll on women. because looking like goddesses and angels is a new trend.

Before the main motive of following them was due to the qualities attached to them, but now just to be alike them visually is the only intension.

Christopher G. Ellison and Jinwoo Lee(2010)questions about the relevancy of following the rites and rituals of religions in this present scenario. So, in short, they tried to say that religion can be maintained without following various time-consuming rites. There is a negative effect of religion also, for which our daily life-style is affected badly leading us to lifestyle diseases. Religion is consisted of various rigorous rites, rituals and practises, which of-course now-a-days have no relevance to the present scenario. But this is not always correct, because if we practice the rituals then not only, we will feel connected to god but a feeling of togetherness also develops due to sharing and exchanging thoughts words and actions related to various rituals.

Margaret R. Miles(1995)also focused on figure correction and ritualistic and religious dogmas of society. So, she added that, how religion, society and media are transforming the life of women from history to till present is very interesting and devastating too. This is why the health of women in any society is questionable. Spirituality is placed in the daily life of women in such a larger context that they cannot come out of that. And that is why they are tackled with spirituality itself. They are shown that the female goddesses are all in shape, no single female goddess is bulky or overweight, and thus intentionally women are intended to be like that to be more acceptable in society. Above that the rituals of fasting are also prevalent. Secondly media is also acting as a figure correcting agent in this modern age. So, in total women are being mal-nourished from all aspects, social, mental and physical.

Krista M. C. Cline and Kenneth F. Ferraro(2006)has shifted his focus and has mentioned that social media is providing us with all sorts of needed information and quenching our thirst of knowledge about religion and helps us to relate ourselves to god and issues of life. Thus, we are sitting idle at home and not going to religious places and participating in different rituals or talking to religious leaders regarding our problem solving. Hence, we are getting obese day by day. So, in short, we can say that modern religion makes us overweight.

Kenneth F. Ferraro (2006) has put forth the idea of good health in religion and closeness to god, so he told that, In Bible, we find that fatty and obese people are looked down as they are thought to be morally weak or have lack of discipline. As they are considered to have taken wine or meat excessively, so they are un-fit mentally and physically to be religious or pure, because it is believed that healthy body is required to have stronger spiritually or religiosity. This notion can be achieved also in another way, i.e. being educated and religious altogether can give a healthy body with-out excessive body-weight.

Peter H. Van Ness(1999)has told about the contemporariness of religion, he claimed that we need a modification of all religion and makes it acceptable in accordance to present situation, so that we can put aside the drawbacks and follow the renewed hand-crafted acceptable religion. So, he said that, religion is negatively incorporated with health in the modern world. The role of religion in personal health and community health is also a look-out. The conception of salvation through bio-medical conceptions and help is also clarified i.e. we all need medicines along with prayer to combat with diseases till the end. The food habits of some religion are causing some deep-root causes of disease in society. Thus, people have to start a self-analysis about the wrongs and act accordingly by going against the religious institutional pressures and stop having blind-faith on religion. We should start modifications of religious activities according to the requirement of the present situation. The remodelling can be done by assimilation of all goodness of various religion practices and obviously pushing aside the drawbacks of each and every religion.

On same point **Debra L. Franko and Jessica B. Edwards George(2006)**has also focused upon, according to them, It is clear that in each and every religious culture and ethnicity there is sure to be seen women having eating disorder, so to get rid of the problems a mixed cultural group has to be made where the cross cultural adaptation therapy is very necessary to understand the drawbacks of eating disorder and a wholesome study will fill in the blanks in-between to understand the usefulness of proper eating and lifestyle.

Joseph B. Tamney(1980)has noted about the idea of fasting in modern world. He has mentioned that, fasting has changed its meaning and has become more generalised and secular at present, thus it is not practised as a religious act but as a weight loss regimen,

abstaining from delicious attractive calorific food. The history of fasting has changed as society changed and concept of religion also changed accordingly. The self-control of over-eating is expressed through fasting, because it is considered healthy and accepted wholly. He also claimed that fasting in modern days is a new interpretation of self-control, which is being used as a way out of leading a proper lifestyle, thus this sort of activity is more secular and practical than religious. Fasting due to religious grounds is diminishing. He argued more that as practising different kinds of rituals are decreasing day-by-day so the importance of fasting is also fading away. Above that, the intermarriage and other mixing procedures of rituals is actually changing the meaning of fasting and making it to disappear fast.

Jo Nash (2006) also pointed about the fading concept of fasting, according to him, fasting, irrespective of all the religion has become secular and the religious reason behind is vanishing fast. The western fad of having beautiful and thin body in this consumerist society is prevailing immensely. This has led to new age transformation, because now we get to see new food patterns, seminars and conferences on micronutrients are being held, books and magazines on diets and fasting are being sold etc. so this is very clear that fasting is losing spirituality.

Lynne Goodman(1992)has again stated about the impact on women from both religious and social point of view with special reference to media, he said that, throughout the history women has been the victim of being the perfect women either from mythological viewpoint or from contemporary stigmas like being thin and lean or slim, and looking picture perfect etc. thus new concepts of making money out of women has also developed i.e.cosmatology and slowly women are becoming cosmetic object. So in true sense women are losing their true identity of being true women.

Valerie J. Hoffman(1995)has mentioned that in Sufi religion text we find that, it has been mentioned clearly that, what type of food and of what amount has to be taken, to become the perfect Sufi person has been declared properly. This proves that religion had a strong hold on our health from very beginning.

C. Wayne Callaway(1987)has mentioned about dieting, and its relation with religion, the notion of dieting is not new, it is being maintained from long before and probably it is

infused in our culture to follow the trend of looking thin. Thus, due to eating disorder, people are getting prone to diseases. The notion of slenderness should be eliminated from our cultural history and our ideologies also.

Jeffrey W. Dwyer, Leslie L. Clarke and Michael K. Miller (1990) has talked about the direct relation with food and religion. In many conservative religion health promoting practises are not looked upon well. Each and every religion has some prescriptive practices on dietary and lifestyle patterns which have a negative effect on our health. In many religions we find, that they discourage health promoting behaviours, especially those religions which are conservative. Thus, it is very clear that religion is very much related with health and its related diseases. Religious attitudes and behaviours engendered by various religious traditions can have differential effects on health-related activities ranging from drinking, smoking, and multiple sexual contacts to nutrition, hygiene, and vaccination. In some circumstances religious groups may discourage action which may be health promoting and acceptance of modern public health principles and medical treatment."

R. Marie Griffith (2001), has focused upon what the religious text emphasize, and he has already mentioned everything in support of the text, so he said that, Unless and until we are not capable of surrendering ourselves to god from the habit of eating good food, we will not be able to attain the blissful blessings of god, and get a beautiful desired slim body. The example may be cited from Adam and Eve, how eating brought them miseries. If one cannot surrender oneself, then automatically, one will be cursed with a fat body, which proves that religion (Christianity) has immense control over our health.

Brian K. Smith (1987) on the other hand gave another view of following religion, but with a twist. He said that for understanding religion, we need to go back to the basic, i.e. the original texts. In case of Hinduism, Vedas is the only text where we will be able to know about the religion perfectly. Though we find many theorists have worked on religion, for instance, Marx, Freud or Foucault, but they got their derivations from the originals only, thus whatever the changes may be seen in the present scenario of religion, they are the derivations. So, if we want a proper maintenance of the religious life, we need to follow its texts only. That is all these modifications are temporary, underneath the perennial flow of belief on religion still exists.

Kenneth I. Pargament, Bruce W. Smith, Harold G. Koenig and Lisa Perez (1998) has given totally a new concept on being too much religious or negative side effects of religion. He said that, whatever the positive effects of religion are, those same effects can be negatively related to religion, if somebody adhere himself too much to religion. He might become callous associated with depression and low-lifestyle.

Nicholas B. King(2002)has made us aware of the original truth of respective religion, he says that the present phase will be wiped out very soon, due to colonization and westernization the religious concepts has changed, thus the so-called religious market is also changing, but there should be resistance amongst us, to prevent changes and stick to the original. This is true for diseases also; we should stick to the original procedures of preventing it, accompanied by the new acceptable changes coming from the worldwide.

Scott Schieman (2008) has given a view on being less religious, but not anti - religious. He has claimed that, those who are less religious, they have control over them and can think differently out of spirituality in compare to those who are religiously devoted to religion. Religious people think that, god will drive them in his own way and need not to put any self-input in them, thus they become very weak and dependent upon god whatever the situation may be, if there is any problem god will show them the path.

Ram A. Cnaan, Richard J. Gelles and Jill W. Sinha(2004)has argued with data that, the main tendency of the youth of upper middle class is just to be present in religious participation, but the belief system does not work for them, so parents think that their children are more over like them and maintain religious beliefs.

Susan Sered(November 2007/February 2008)has talked about the synchronization of the different religious practices and rituals all over the world in such a way that it becomes a healing process for all. Synchronization or using different forms of rituals which are useful to some extent and putting it into use to other ritual is very common now-a-days. Thus, different western rituals are now practising many eastern rituals which are coming into help and the same viceversa is happening for eastern countries also. For example, “Yoga is another popular target for appropriation. Around the country at gyms and spas, we find the appropriation of Indian spiritual and healing techniques by America’s fitness culture. In pursuit of Americans’ quest for perfect beauty and sex

appeal, yoga becomes part of an institutional package that may include facials, manicures, and relaxation exercises. But perhaps the most strenuously appropriated healing practices are Native American rituals, acts that many European Americans see as especially “authentic.” Chants and sweat lodges have been added to the ritual repertoires of a broad range of non-native American individuals, practitioners, and even institutions (e.g., the Unitarian Universalist Church)”.’.

June McDaniel(2010)has given an alternative concept of accepting a new religion where there will be a total collection of all goodness of all religions, so that everybody of society follow by it, and there will be communal harmony prevailing all over. For an instance, he added that, An alternative to a new religion can be something like the Agama Hindu Dharma of Indonesia, because it is supported by government, secondly it follows the dominant mainstream culture of the place, thirdly it is not related to prophets or charismatic leader, but can be understood by plain academics.

Sindre Bangstad (2004) stated that, the religious leaders are going slightly back foot, because due to increased pilgrimages, education, media, increased exposure to the diversity of local and global religious discourses along with globalization has influenced in democratisation of religious authority.

P. Radhakrishnan (2004), has focused on a very interesting and current topic of religion of modern world. He stated that, Globalization has a great impact on religion, the religions of the first world countries are acting as saviour and donor of funds to the third world countries, thus there is a tendency of copying and coping with their religion and a tendency of being like them. The religious traditionalism is also disintegrating and changing its patterns as consumerism is more prevalent now.

Richard A. O'Connor (1993) has argued that, there has been a lot of makeover in the ritual practices not only within the commoners or followers, but the distinctive changes can be seen in different worshiping places, so he said like this that, Due to capitalization and followed by modernization, there has been an abrupt change in the sanghas, temples or wat and a newer interpretation of religion has evolved. The monks have changed their thoughts, words, actions and attitudes accordingly. The different traditional rites and

rituals are also being given a modern touch to make it more adaptive. Thus, being adaptive is the key word in the modern world.

e. Changed views of Hindu, Muslim and Christians

Modernization has touched every aspects of our life. No stone is unturned with the magical wand of modernization. People of every religion and creed are trying to cope with the changed situation. But in turn they are landing with different types of ailments and always left behind the ideologies of modernization. Thus, we can see distinctive changes in all of our life. If we go for detailing, then, we will get to see that, this event has brought changes in every religion too. Every religion has changed in its own terms and in its own ways. Though every change is valid and well accepted, still we find that more modifications are needed to make religions more flexible to follow and understand. In this regard Thomas B. Coburn has given a very important view on religion, he argued that, there is no such art or act of being religious, to understand religion one needs to understand the human as an individual, his concepts and notions of faith regarding his religion, can be computed objectively, and there lies the art and act of the researcher to analyse the act of being religious.

● Hindu

Vasudha Narayanan (2000), has claimed that, religion now-a-days has become more communication based, it is conceived by either stage shows or narratives or through mass-media. Especially for Hinduism, most of the religious concepts are achieved through dance, drama or music. Thus, the interpretation of religion is being changed day by day and it is becoming more universally accepted. For example, we get to see and hear the Mahalaya in television and radio before Durga puja and it can be heard by everybody, thus if anyone has interest in Hindu religion, he can get easy access to it, same is with the dandiya of Gujaratis during Navaratri.

Chitrita Banerji (2003), has stated that, Hindus have deep rooted relation with food and religion and especially the different rituals related to it. It is through food that they can fulfil their rituals and come close to relatives and family members and closer to god also. She also added that, Bengalee Hindus have a relation with food in different level far more than material meaning. They not only relate their food with rituals and sacrifices, but their

blessing also. The geographical location of Bengal is such that it has ample supply of alluvial soil for its cultivation. Secondly food is not only a way of satisfaction but a way of serving god, so food is very favourite to them and they keep on practising their rituals and serving savouries to themselves.

Leela Mullatti has talked about the functions of Hindu family, according to her from the morning to goodnight sleep whatever the Hindus do is itself a ritual. Because it is from the beginning in Hindu culture, every act is serving to god. Thus, in this modern situation also Hindus show a proper way of sharing, caring, and loving. It is an all-encompassing religion where each and every change is accepted along with challenges. So, she argued that, Indian family in general and Hindu family in particular mirror Indian religion, right from the morning to the good night sleep they are involved in religious activities. Lastly the intense sense of duty towards society, even in this modernized world is making them to be involved in the bindings of religion.

● Christian

John R. Belcher, Donald Fandetti and Danny Cole(2004) have argued that, Christians still now hold very conservative mind, though they want to improve the situations of their community, still there is government interventions needed. At some point, Christians still think themselves as minority and that is why do not want to mix with the main stream but retain their characteristics within themselves. Though it is well known that they are best known for change accepting religion, due to their origin in west, and west is known for its open mindedness.

On this regard **Christine L. Carabain and René Bekkers(2012)** has clarified that, in comparison to the three major religions of the world, it has been seen that the Christians are very much secular and actively donate in secular activities, whereas Hindus come second in this regard and followed by the Muslims. But drastically from the aspect of religious contribution and religious behaviour the positions of religion changes, in this case the Muslims come first, and contribute full heartedly in religious contribution, then comes both the Hindus and the Christians. This signifies that, the Muslims are very religious from within and hold strong sentiments regarding their own religion, thus they always contribute to and for their community for maintaining equilibrium in their religion amongst themselves.

- **Muslim**

Christian Kiem(2012)has noticed that, modernization at some point has given some religions opportunities to go back to basics, for instance she said that, re- islamization is a new trend seen in the youth, due to the impact of the western influence the mingling properties of the Muslim youth gets maximised in the urban areas, but at the same time, they feel that going back to basic roots and following the scriptural lesions of Islam is specifically needed when they face some anxiety due to economic and social problem of modernization caused due to westernization. Thus, it is modernity that is causing people to go back to basics.

Hava Lazarus-Yafeh(1978)has argued that Muslims are always grounded and always want to stick to the basic way of life leading, as per their religious text. They always abide by the religious text. So he also added that, According to Muslims there needs to be no such modifications in their festivities so that they remember or celebrate it just to remember it by means of food or feast. This means that festivals to them means pure worshipping and praying, so the celebrations along with it has no such meaning to them.

M. E. Khan(1976)has given a generalised view of Muslim, he notified that, Muslims are bit fundamentalist that is why they are reluctant to change themselves with the modernity, and it is their environment and way of living that they don't get motivated for change and stay poor and unhealthy. Thus, change towards betterment is also a big 'NO' for them.

f. Various theories of Religion

Religion is such a vast topic to discuss and diagnose under one roof, thus philosophers, psychologists, and sociologist always keep on trying to keep up pace and understand its courses and changes. Religion is seen as a game changer in every aspect of life and in every society since time immemorial. The everyday functions are also considered as religious act, and in some places, religion speaks aloud till now. Here we will see how various sociologists have incorporated different aspects of religion at certain times due to certain noteworthy phenomenon noticed.

William C. Cockerham, Alfred Rütten and Thomas Abel(1997)have given a broader aspect of religion, through the theorists. They have talked about the theorists and their theories from the period of industrial revolution to till date. They here focused about the

different theorist's thought about religion and its perspectives. The authors started from the work of Weber to Simmel and coming through mid-century Bourdieu's perspective of religion and then switching over to Giddens, where he dealt with modernity. The classical concept of Weber's life-chances and choice of life is the base of the topic, because these two concepts are what we know as base of life-style today. This was the reason on which society changed and gives us the clear idea how lifestyle diseases occurred. This is how theoretically we will be able to analyse the practical scenario.

Neal Krause and R. David Hayward have claimed that, it is very obvious that in any religion or caste and creed the older people get benefitted through religion for better coping and healing, but it is also interesting to know that other than formal spiritual support, informal support acts much more intensely for better adoptability. Informal spirituality deals with homely religious deeds, thus people who are attached with this have quicker healing experiences. Both Taylor and Turner have evidences that this phenomenon is true.

James M. Freeman (1975), argued that due to modernization the work of priests has changed a bit and they have become more devotional than spiritual or ritualistic. Because due to social and economic pressure they are bound to lead a city life in an urban setting, by trying to hold upon the rural culture, thus this is a continuation of their life in a new way; it is just their extension of life leading in a modernised society. There happens to be a sudden lifestyle change too. So now we can see compartmentalization in their professionalism and can find new additional side profession in their life. In addition, he also claimed that, though Weber, Myrdal and Levy argued that Hindu lifestyle is incompatible with modernization, or is a hindrance in development, because both cannot go hand in hand.

RESEARCH METHODOLOGY

Research, going by the Oxford Dictionary is ‘The systematic investigation into and study of materials and sources in order to establish facts and reach conclusions.’ Research in common parlance refers to search of knowledge. Methodology means the philosophy of the research process. This includes assumptions and values that serve as a rationale for research and the standards or criteria that the researcher uses for the purpose of interpretation of data and arriving at conclusions. It is one of the basic distinctions that must be cleared at the onset of the chapter is between the methodology, method and technique. The methodology is the study of the methods at the analytical level. A successful field enquiry becomes feasible with use of a number of techniques together all of which constitute method. Whereas, technique refers to the actual device, a means or procedure for collecting and processing data in the particular context of scientific enquiry. Sociology specially shows a strong trend towards analytical and in most cases deductive. However, the researcher has adopted both quantitative and qualitative methods to study, *The Perceptions of Lifestyle diseases in contemporary Kolkata: A Sociological Study*.

RESEARCH DESIGN:

Science is an enterprise dedicated to finding out what is generally true and real in life. In this research paper effort is dedicated to the analysis of the underlying social implications of the specific trends of the responses of people towards the wide shift in the locus of eating from the private to the public arena, courtesy globalization which offers a wide range of options that contributes to this shift of the eating related practice of the homo-sapiens. This study employs both quantitative and qualitative methods. In which the measurement of the concept is done by making use of the quantitative methods as that the data is collected through questionnaires and the gathered data and the associated the associated observations are analyzed by the means of qualitative method. Our enquiry will be more scientific if we follow the rules of observation and interpretation. Some photographs related to the field of enquiry have also been taken as a visual aide and so we have also resorted to content analysis at some point of this research. So, therein lies the necessity of planning in the research design for that will guide us in what we are going to observe and analyze. This calls for a research design which can be said to be a blue-print

of the research, it helps in the collection and analysis of the collected data or in other words this design is extremely important for it guides and determines the execution of the research process. The research design as will help in conducting the research will consist of the following stages:

- Conceptualizing ‘lifestyle diseases’ through ‘lifestyle’ changes and patterns, which is the dimension and indicating the features of the concept.
- Considering the Units of Analysis, i.e., what or whom the researcher wants to study.
- Sampling
- Choosing methods of data collection and observation through which the researcher shall collect the data relevant for the study.
- Subsequently analysing the findings to arrive at the conclusion.

RESEARCH STRATEGY:

For the implementation of the quantitative method in this research Survey is chosen as a research strategy. Survey strategy seeks to gain an understanding of a particular facet of a defined population (as defined by the researcher) by directing an enquiry to a subset of the population by drawing a sample as mostly the population is huge. Inductive Inference will allow drawing of conclusions on the basis of sample about the population. Survey strategy has been resorted to as it is thought to be beneficial not only for descriptive purposes but also for identification of the influencing factors that would assist in understanding the phenomenon in question.

RESEARCH QUESTION:

Lifestyle disease has been regulated for quite some centuries and the institution of eating being in a regulatory domain of mainstream religion and predominantly guided by beliefs and first principles, in the form of axioms. The research question is that is there any perceptible and measurable shift in the normative armature that regulates human daily life practices in urban, cosmopolitan Kolkata in the wake of the modern era and the excesses of lifestyle diseases of the individual.

UNIT OF ANALYSIS:

This research intends to study the lifestyle to be viewed as a social practice among the urban, educated, middle and upper middle-class people is chosen as per the actual ratio of population of Kolkata as the unit of analysis for this research. Unit of Analyses must be mentioned by characterizing them in terms of features. In this case, the group has been characterized as: In scientific research there is a wide range of variation in what/who is studied- that is the Unit of Analysis. The unit of analysis in a study is typically also the unit of observation. Thus, to study the lifestyle pattern as a social practice among the urban, educated, upper middle-class and middle-class group is the chosen unit of analysis for this study. The variety in terms of working status, age, etc have been engaged in to find out the various needs and the responses to the same in terms of 'lifestyle' practices among the age-group specified and to infer, if possible, the variations among the respondents. It is also aimed to make observations describing the characteristics of the individuals within the group and then combining the descriptions of the individuals to provide a composite picture of the population chosen from the universe.

Unit of Analyses must be mentioned by characterizing them in terms of the following sociodemographic features. In this case, the group has been characterized as:

- Sample Size
- Range of age
- Sex
- Location
- Economic Status
- Educational Status
- Religious Orientation
- Family Type
- Meal orientation
- Sample Size: 120
- Age: (divided into a group ranging from): - 20 years- 60years and beyond.
- Sex: Both Male and Female
- Location: Urban Kolkata
- Economic Status (per month): Middle- Class (upper): Income Range: Rs.50000-Rs.100,000 and above.

- Educational Status: Under Graduates, Graduates and above.
- Religious Groups: Hindus, Christians and Muslims.
- Working Status: Both economically Independents and Dependents
- Marital Status: Both Married and Single
- Family type: family with both dual and single earning members
- Meal orientation: Non-Vegetarian, Vegetarian, etc.

SAMPLING:

Sample is basically a sub-set of the entire population of interest. It is beneficial over the census technique as it saves in the resources as well as helps one to minimize non-response and allow for detailed information about the respondents. For conducting research by adopting Survey as a research strategy it is essential to adhere to the proper sampling technique so that the sample adequately and perfectly reflects the characteristics of the universe from where they are drawn. Sampling refers to the systematic method of selecting the respondents who will appropriately serve to represent the entire universe or population. Universe or Population refers to the totality of persons or objects which comprise the focus of the research and about which generalizations or conclusions are to be drawn. Realistic assessment of such aspirations is to be made with the aid of the procedures used in research. Sampling is engaged in social science research when universe cannot be mapped because of its size. So, the aim of sampling in case of research in general and field research is particular are representativeness and the sample must have the quality from which inferences can be drawn and that can easily be applied to the larger population from which the sample have been drawn. The selection of sample must not be shadowed by any form of bias. In social science research sampling methods are used to select the subjects to be studied. Sampling can broadly be of two types: Probability Sampling and Non-Probability Sampling. As in this case, the map of the entire universe is absent so it is not feasible to select the Probability Sampling (whereby each item in the population has an equal probability of being selected as a sample), wherein instead the Non-Probability Sampling technique has been used in absence of any sort of sampling frame, the procedure of selecting the subjects has been done by the Purposive Sampling technique. Purposive sampling has been chosen because samples chosen exemplify the category, share common characteristics and also subscribe to the criteria which would satisfy the need of the research. The respondents selected for the

survey is on the basis of some known categories. Thus, the respondents selected appropriate and to whom questionnaires were administered were selected by using Non-Probability Purposive Sampling. As the respondents are chosen from varied religious backgrounds to map the desired characteristics so Snow-ball Sampling has been used by which one respondent often have provided with the information about the other probable respondent and likewise. However, the catchwords of Sampling like: Accuracy and Precision in selecting the sample has been followed as far as possible. Sample size has also been taken fairly large to ensure representativeness.

Participants

The subjects for the current research constitutes of 120 citizens. Out of these 120 respondents, $(44+12+7=63)$ were males and $(41+11+5=57)$ were females. As the research is tended to be an actual representation of the religious population and that too in accordance with the sex ratio of Kolkata with reference to 2011 censex. The exact male ratio is 52.41% and the female is 47.87%, which the researcher rounded off to 52 and 48 respectively. On the other hand these 120 respondents were divided according to the religious percentage of Kolkata i.e. 76.51% of Hindus, 20.60% of Muslims and 0.88% of Christians. For easy calculations, the researcher has changed the decimals to whole number. Hence Hindu, Muslims and Christians became 77, 21 and 1 respectively. These all if added is coming to 99, the rest one percent consists of atheist, and of other religions, as these rest 1% is not required, so more Christians respondents has been added to make it full 100%. The division of respondents is like $(44 \text{ males} + 41 \text{ females} = 85 \text{ Hindus})$, $(12 \text{ males} + 11 \text{ females} = 23 \text{ Muslims})$ and $(7 \text{ males} + 5 \text{ females} = 12 \text{ Christians})$ thus $(85+23+12= 120 \text{ respondents})$.

The participants were divided in the age group of 20-40, 41-60 and > 60 , they were drawn from middle income background. Most of them consisted of working, non-working, homemakers, students, professionals and business man under 20 - 40 group of age. This is a versatile group, the researcher gets the opportunity to utilise it most and interrogate and interact without hesitation, because most of them were known faces and good friends since long. Secondly the researcher herself falls into this age group.

Variables

The main variables of interest in this study are the dependent variables and independent variables. The depended variables are the religiosity and lifestyle diseases of the three religious groups, those are Hindu, Muslims and Christians of Kolkata. The religiosity of the respondents was accessed by following parameters:

- Belief on one's religion.
- Knowledge of religious impact in having good health.
- Impact of parents' religiosity on children.
- Following of different religious rites and rituals.
- Knowledge regarding inclination of older people towards religion.
- Knowledge of role of religious leaders.
- Impact of one's religion on society.
- Suggestion on being too much religious.

The lifestyle diseases were assessed on different parameters:

- Concept of one's lifestyle.
- Relation of lifestyle and religious background.
- Impact of luxury on lifestyle.
- Impact of different habits on lifestyle (smoking, drinking, drugs etc.)
- Relation of chronic diseases to lifestyle
- Concept of occupational disease its causes and sufferings.
- Daily problems faced due to lifestyle diseases.

The health promoting lifestyle profile (HPLP) ADULT VERSION (added at last) has been used as a yardstick, to know what are the measures to access a model of proper lifestyle.

• Remedies of lifestyle diseases.

The independent variables were measured as in terms of a person's age, gender, marital status, educational qualification, profession, religious status, socio-economic condition etc. The independent variables have been identified to find out the non-physiological factors that influence the lifestyle diseases. Age was measured in terms of different age groups such as 20-40 years (young), 41-60 years (middle) and 60 years and above (old). A person's gender was defined in terms of male and female. A person's religious status

was confirmed on basis of three groups: Hindu, Muslim and Christian religion. Educational qualification was accessed on three groups: 10th – 12th, 12th – graduation, graduation and above. Profession on basis of: student, business man, home maker, retired and professionals. The socio-economic condition was measured in terms of two groups: those belonging to the income groups of 50,000 – 1 lac and < 1 lac

CONCEPTUALIZATION:

In pursuing the concept of ‘lifestyle changes’, a wide variety of more literatures have been consulted. ‘Lifestyle’ as expressed in the Cosmopolitan social space or setting as expressed through the various dimension has been measured through a set of indicators, which aim at measuring the concept through the indicators with the appropriate measurement tool. This entire procedure is known as Operationalization of the concept and will help to conceptualize the concept. In pursuing the concept of ‘lifestyle and lifestyle changes’, further undoubtedly a wide variety of literatures available have been consulted and those related to the field of enquiry which have already been analyzed in the previous chapter. From there the concept of ‘lifestyle changes’ as a practice enmeshed with and channelized through the multiple dimensions. Having specified the concept to be studied concrete steps or operations were undergone that subsequently was used to measure this concept. This research process is known to researchers as Operationalization. Operationalization is the development of specific research procedures that will result in the empirical observation representing the chosen concept in the real world. The purpose is to get closer to the nitty-gritty of the concept of the social world so operationalization is inseparable from the process of data collection. So when it has been decided to map the new lifestyle changes with ritual practices, operationalization took the form of the questionnaire items.

DATA COLLECTION METHOD:

The data was collected in Kolkata city. As the subjects under study consisted of people of different age groups, it was not possible to contact them in formal setting, so the subjects were contacted in various setups like their own homes, work place and recreational areas. Having identified the sample, the researcher then established contact with them via personal visits to ascertain their willingness to participate in the study. The study objective was explained to the eligible subjects and their informed verbal consent was sought. The researcher has collected the data by mailing the questionnaire to the relatives

and their referred people. The researcher knew the ones who are well equipped with internet and computer. With their prior permission she had mailed the questionnaire to them. Secondly, she telephoned few of them, especially the senior people who are pensioners or retired persons. As they were reluctant to answer for such longer time.

A preliminary study was carried out in order to pre-test the questionnaire before using them on the final sample. Data was collected through a structured questionnaire containing mainly close-ended questions. The subjects were individually interviewed and most of the respondents showed keen interest and gave responses with great enthusiasm realizing that their problems may be recognized in research study, which may promote efforts on the part of administrative agencies to minimize their problems. The average time taken to interview each respondent was approximately 30-45 minutes. The subjects were requested to clarify all their doubts in answering all the items and to complete all the questions, in each scale. The data obtained was manually transferred and summarized from the questions into tables using the Microsoft excel sheet. The analysis has been largely descriptive with the use of percentage.

Sources of information to be tapped: This research study aims to seek and tap variety of information sources like:

- a) Documentary Sources- which include official and unofficial statistics, local newspaper account, other publications which are found to be coherent with this research topic.
- b) Census Report: this method helps one to gather information about the population, number of households, religious orientation, literacy and other demographic details. Census sheets containing basic biographical data like name, age, sex, residential history, occupation, educational background etc. were consulted for the research.
- c) Personal Sources: are of various types: Questionnaires: both open and closed ended questions were administered to the respondents, i.e. those who practice eating out.

Unstructured Interview: has been used to tap data in the form of focus group interview which has wielded much needed insight about the research.

OBSERVATION:

To be used as an additional aid in this research to check the tangibility of the data gathered and also to gather additional information about the research topic.

LIBRARY SOURCES

Are and will be used as sources of supplying both practical and theoretical knowledge which has and will help in the accumulation of pertinent data.

TIME DIMENSION:

Time plays a very crucial role in the execution of research and it is a critical element in deciding causation. Research Design is regarded as a process of deciding what aspects or dimensions shall be observed, for whom and for what purposes. Now these observations can be made more or less at one point of time or may be deliberately stretched for a longer period of time. This being an exploratory study a cross section of people's habits of daily life at one point of time is taken into consideration. This study is to be carried on in this 21st century, era of delicensing, globalization and urbanization, where a few indicators of cosmopolitanism are being felt in the social space. The field work was carried out among the people of Kolkata, West Bengal was carried out in several phases from 2017 OCT-2018 FEB. To conduct the above-mentioned study the researcher combined both quantitative and qualitative methods. Although in social sciences there is a trend for distinguishing between quantitative and qualitative data, but it has been argued that the two must go hand in hand and large amounts of qualitative work is an essential prerequisite to quantitative studies. In this research mixed-methods is followed as qualitative research not only gives meaning to the quantification but also helps in developing an understanding of the phenomenon that acts as a basis of quantitative research. Similarly, quantification provides precise expression to qualitative analysis. So, by following mixed-method research it is expected that a total understanding of the phenomenon in question can be achieved.

QUANTITATIVE RESEARCH METHODS:

Quantitative Research has been described as entailing the collection of numerical data and as exhibiting a view of the relationship between theory and research as deductive aimed at providing an objective understanding of the social reality. The fact that in social science

the researcher starts off with theory signifies that a broad deductive approach to the relationship between theory and research is taken. In this research the researcher has formulated a few objectives from several theories. The objectives has been channelised into various structured and semi structured questionnaire and calculated only in percentage to get a fair idea in support of the qualitative data analysed.

RANGE OF VARIATION:

To operationalize any concept, it is essential to have a clear image about the range of variation that interest in this research. Now that the interest revolves around the ‘lifestyle changes’ which have emerged as a social practice, so to estimate the widespread internalization of the values associated with the behavioural practices, it can be anticipated in advance that the levels of internalization of such practices would vary among the respondents. To get a picture of the drifts, trends and tendencies among people in terms of their lifestyle practices, a wide range of variations have been provided and the number of close-ended questions of the questionnaire varies within the yes-no-sometimes range. The range of variations has been clearly mapped only after developing the questionnaire. Also, similar questions have been administered to recognize the social space of the respondents’ everyday living and their perceptions about the same. The open ended questions in the questionnaire have been developed to attain an understanding of the respondent’s perspective without any influence of the researcher.

PILOT STUDY:

Pilot survey is a survey conducted before administration of the final questionnaire to map the limitations of the questionnaire schedule. It is actually a safe-guard method before conducting the actual survey to gauge whether the questionnaire can tap the necessary and intended data required for the survey. If loopholes are discovered they are immediately mended to make a full proof arrangement of the final survey. It leads to elimination of unnecessary questions and improves on the accuracy of the research tool. The researcher has conducted a pilot study with twenty-five questionnaire schedules and necessary modifications were arranged in the final questionnaire. The next step involves that the collected information must be converted into data, it needs to be quantified. This can be done following a number of ways. Coding of information will entail converting it to numbers, so that for quantitative analysis of the data becomes easier, particularly so if the computation is to be carried out by the computer.

CODING:

Coding is the prime stage in quantitative research. It involves two subsequent stages whereby, at first the amount of unstructured data is categorized and subsequently numbers are assigned to each of these categories. The numbers just act as tags that help in the process of quantification. Coding has been resorted to for the purpose of analysis of data. Coding can be of two types:

- Pre-coding (closed ended questions are pre-coded in survey research instruments)
- Post-coding (occurs in case of open-ended questions only after they are filled)

Coding has to follow certain principles. Bryman recognizes that the categories generated must not overlap each other so that they can be used to indicate distinct categories. The list of categories coded must be complete to cover all possibilities as far as possible. Recoding is required in certain cases for quantitative data to re-group certain categories. Re-coding has been followed in this research as respondents were re-coded on the basis of their religious bands, age bands etc. Analysis of the collected data calls for the researcher to use a number of techniques of quantitative data analysis to test the relationship between the variables, device ways for presenting the data etc. The researcher has constructed both univariate and bivariate tables. In case of the later, two variables have been cross-classified. Such tables contain rows and columns, the categories of one variable are labels for the rows and the categories of the second variable are labels for the columns. Usually, the independent variable is the label for the column and, listed across the top and the dependent variable is the row variable listed along the left side of the table.

CONCEPTS, DIMENSIONS AND INDICATORS:

After having chosen the concept, 'lifestyle disease', as the domain of exploration of this research work, follows the next step of looking out for the specification of the dimension, 'social practice' in this case of research and the consequent indicators which will help us to measure this concept by their presence or absence, as gathered from the data. This entire process aids the purpose of 'operationalization' of the concept. Along with the inconsistencies that is faced in social sciences, here not only is any 'essentialism' of the concept set aside, but the likeliness of a good deal of muddiness within one's mental

images is always there. If a moment is looked at what is meant by the concept of ‘eating out’ a number of mental images of the concept will appear at once in our minds. It is only after grouping these kinds; it might seem that the researcher can group them into feelings and actions. This grouping is technically known as ‘dimension’: a specifiable aspect or concept. Here it is proposed to act on the dimension of the concept and then proceed to the identification of the procedures which act as the ‘indicators. These indicators are the ones that tell us the presence or absence of the concept that are being studied. Questions in the questionnaire are framed on the basis of these indicators involved in the process which in turn will help us to measure the concept. Below the chart illustrates how the process of operationalization of the concept occurs through the journey from the concept of ‘lifestyle changes and lifestyle diseases’ to the dimension of ‘social practice’ and finally to the realm of ‘indicators’, namely ‘bad eating habits’, ‘occupational hazards’, ‘rituals followed’ and ‘distinction’.

For steering the research in the proper way it is extremely essential to further operationalize the concept of ‘rational choice’ so that not only it clears ‘the mental image’ in the mind but also acts as an effective tool for questionnaire development. Thus the concept of ‘rational choice’ have been operationalized by identifying its dimension of ‘fluidity’ which can further be mapped by measuring its indicators which are, ‘relocation of the levels of cohabitation from macro to micro’, ‘agony of indecision’, ‘commercialization of hospitality’, ‘fading of social norms’, ‘corrosion of primary kinship ties and subsequent emergence of class-based identities’, ‘caught by the never-ending cycle of desires’, ‘beyond space and time’, ‘flexibility, non-routinization and impatience’.

FOCUS GROUP INTERVIEW:

The focus group interview method is especially useful to conduct an effective interview and get reactions of a small group of people. It helps research to draw together background information on an issue. It is helpful as it involves synergism, security, spontaneity and opens up scope of snowballing on the part of the respondents and also it is scientific scrutiny, involves serendipity in terms of highlighting ‘out of the blue’ ideas, is speedy and the structure can be controlled as the interview is being moderated by the researcher. Focus group interview aides survey research by helping in the better understanding and thorough interpretation of survey data. In this research, three focus group interviews were conducted by the researcher whereby a group of college students

and a group of office-goers were interviewed in two groups in their respective settings. The aged group were interviewed at their home and park. It helped immensely as they got involved in the interview and a considerable amount of emic (which emerge from the natural settings) and etic (which complies to the researcher's intents) data were collected that would help in the analysis of the data. Apart from the administration of questionnaires from the frequency in order to map the daily practices among the respondents a scale has been used by the researcher named as Health-Promoting Lifestyle Profile [HPLP II] (Adult Version). As the scale has been introduced by the researcher for the purpose of conducting the research, so before administering of the final questionnaire for the purpose of pretesting the scale an initial study was conducted at Jadavpur University, which shares similarities with the final research setting but was not a part of it. The results found were seen to be replicated in the final study and so it can be said that the results of the research were not a mere coincidence or accident.

QUALITATIVE RESEARCH:

Qualitative research is different from quantitative research in a number of ways. To start with the former deals with words and the later with numbers. Firstly, an inductive view of relationship between the theory and research is present whereby the former is generated out of the later. The qualitative research secondly, follows an epistemological position whereby, an emphasis is always drawn on the understanding of the social milieu of the respondents through an examination of the interpretation of the world by the participant. Thirdly, the ontological position called constructionist, implies that social properties emerge out of the interactions between individuals over the fact that they are present as phenomenon 'out there' and separate from those involved in its construction. The predilection of seeing through the eyes of the people studied in course of qualitative research is often accompanied by probes beneath the surface appearances. By seeing an event through the eyes of the people one is studying a better understanding of the event is expected over short-term involvements by the researcher. It is an empathetic stance of seeking to see through the eyes of one's research participants go hand in hand with the interpretivism and demonstrates well the connection between the theoretical positions and epistemological links between phenomenology, symbolic interactionism and Verstehen. The qualitative researcher is concerned about providing descriptive details of their study, often in the form of explanations. However, it is not free from certain loopholes. There is always a risk of going naïve, to lose sight of the actual research problem, the researcher

can also get lost in the field of large amounts of qualitative data, etc. However, the researcher has focused to represent the field accurately so that the qualitative methods used can generate adequate information about the field.

OBSERVATION METHOD:

Observation method is used for collecting information on the basis of perception of human behaviour in one's immediate environment, which perception having being conceptualized is capable of being transmitted to others. The observation may be of two types:

- Participant Observation and
- Non-Participant Observation

Participant observation entails the involvement of the researcher into the lives of the people who are the focus of the study. So, a high level of involvement is intertwined with that of the participant observer. Whereas, in case of non-participant observation the researcher collects data from a distance by only observing the respondents and not by directly participating in the group. In this research the researcher was both a participant and a non-participant observer. The nature of social gatherings while discussing about problems in one's lifestyle has been captured through participant observation by involving in 'discussion' with the respondents. Whereas, the social milieu has been captured through non-participant observation from a distance to grasp an idea about the social phenomenon of 'lifestyle changes'.

CASE STUDY METHODS:

Case Study method is a way of exploring and analysing the life of a social unit. Its goal is to determine the complex behavioural pattern of the respondent that account for an understanding of the respondents, the surroundings and also the relationship of the respondent with the other social units. Case studies, either throughout the life cycle or on a definite section of the life-cycle of the unit asserts the natural history of the social unit, the relationship with other social entities and the social forces of the environment. In the present research this source of information has been tapped as the views, perceptions about the social milieu of the respondents as evident from their perceptions is expected to provide an insight about the research topic.

CONTENT ANALYSIS:

Content analysis helps in the study of patterns in various forms of communication. In this case, one does not need to go to the field to find data but rather the researcher defines a body of communication as the 'social field' (Baker, Therese L. (1994:277) which helps to quantify from a descriptive set of materials. The method allows examination of a form of media over a selected span of time. In the case of content analysis, the content's social influence is also measured by studying the content. In this case, the researcher has employed printed advertisements of lifestyle products and tried to analyse how they act as a useful aid in generating vital information about the current social setting.

AUDIO RECORDING, PHOTOGRAPHY AND VIDEO RECORDING TECHNIQUE:

In the current era with the massive advancement of science and technology photography, audio and video recording acts as an essential tool to not only represent the social environment of the respondent, but also acts as a basis of providing necessary information about the respondent's lifestyle under a single frame that aides in conducting the research correctly. Visual images act to offer direct referents and they can show relationships. It helps in not only representing the field correctly but also helps in providing vital information relevant for the survey.

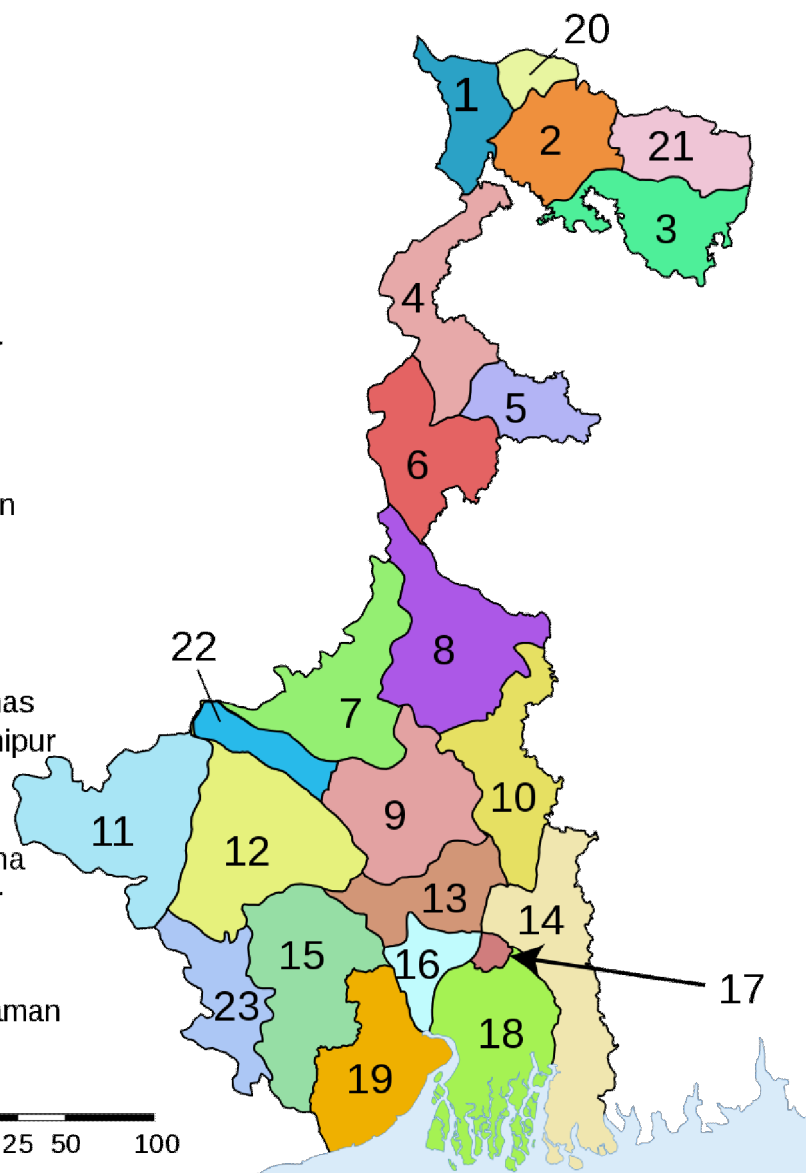
RESEARCH SETTING



Districts of West Bengal

1. Darjeeling
2. Jalpaiguri
3. Cooch Behar
4. Uttar Dinajpur
5. Dakshin Dinajpur
6. Malda
7. Birbhum
8. Murshidabad
9. Purba Bardhaman
10. Nadia
11. Purulia
12. Bankura
13. Hooghly
14. North 24 Parganas
15. Pashchim Medinipur
16. Howrah
17. Kolkata
18. South 24 Pargana
19. Purbo Medinipur
20. Kalimpong
21. Alipurduar
22. Paschim Bardhaman
23. Jhargram

Km 25 50 100



Research setting is the location setting or the area in which the proposed research is to be conducted. The study here is intended to take place in a specific locale. This area is chosen as it exhibits a cosmopolitan environment it will be convenient to conduct the research in the said metropolis. The lifestyle diseases are more prevalent in the urban, metropolitan sectors as post globalization the options of eating out, luxury, population, pollution each and every thing has been added galore in these arenas. It is also essential to identify the physical, geographic and demographic situation of the city of Kolkata.

Physical Features:

Area:185.39 square kilometres (1, 84, 000 hectares)

Geographical Location:

Latitude:22°-37₁ North and 22°30₁ South

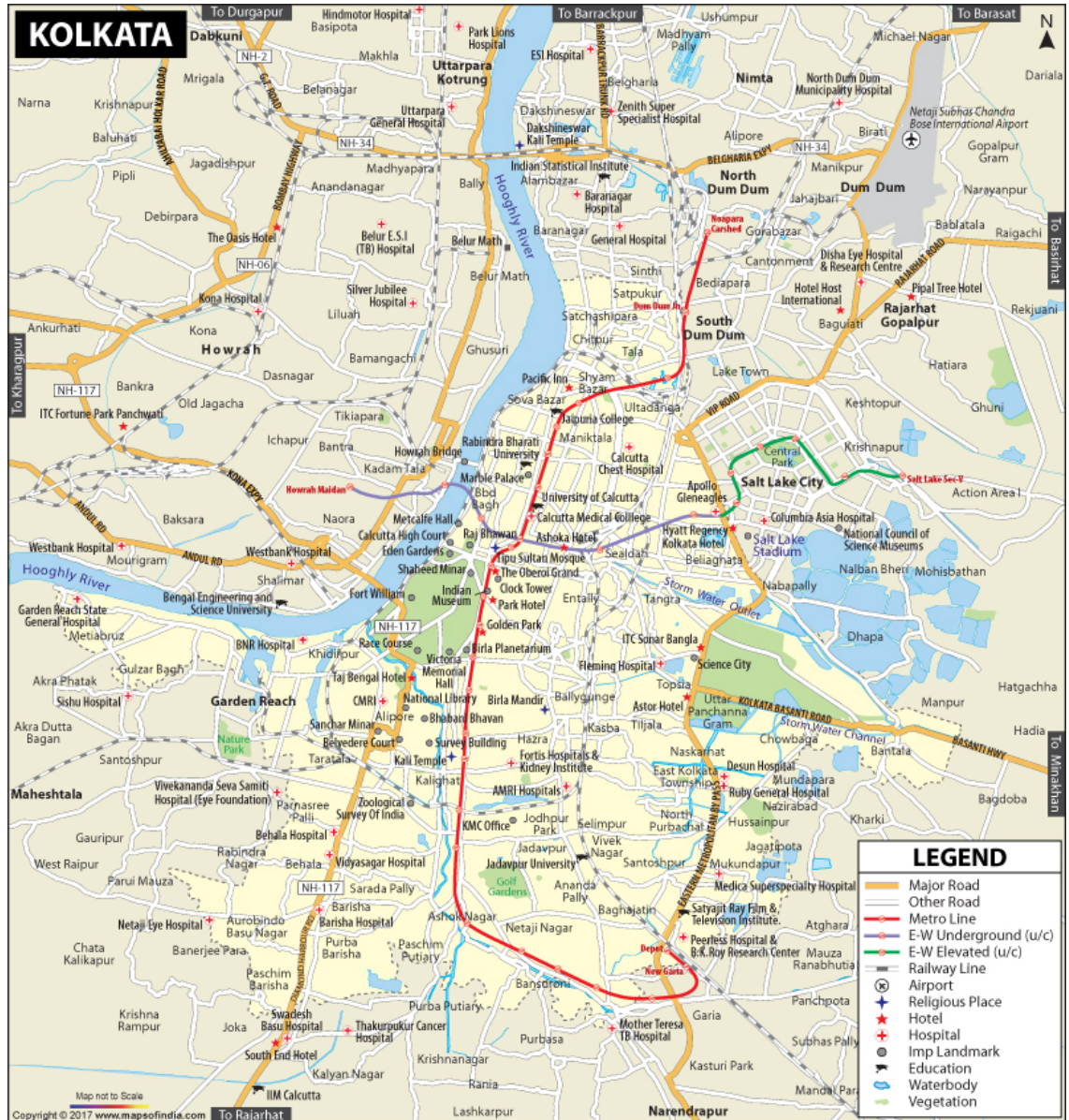
Longitude:80°23₁ East and 88°18₁ West.

Administrative Set-up:Kolkata Municipal Corporation.

Number of Wards:141

Population:(2011 Census)-Total:4,486,679 (Male:2,362,662, Female:2,124,017)

Density:24,718 persons per square kilometer.



Kolkata can be divided into five zones (www.kmcgov.in):

North Kolkata: Which includes Dakshineswar, Dum Dum, Lake Town, Maniktala, Shobhabazar, Shyambazar etc.

South Kolkata: Includes Alipore, Ballygaunge, Bhowanipur, Garia, Jadavpur, Jodhpur Park, Park Circus, Taratala, Golf Green, Lake Gardens, Lansdowne etc.

East Kolkata: Includes E.M. Bypass, VIP Nagar, Mukundapur, Santoshpur etc.

West Kolkata: Includes Behala, Garden Reach and Khidderpore

Central Kolkata: Includes places like B.B.D. Bag, Entally, Esplanade etc.

The Census report has been consulted to map a picture of population density as per religious orientations. The study has been conducted in the greater city of Kolkata, capital of the state of West Bengal. It accounts for 4.91% of the total population of West Bengal. A sex ratio of female: male is 899: 1000 is observed in the city. The total number of households in the city is 929586 (Bureau of Applied Economics and Statistics, Government of West Bengal District Handbook, (2008:2)). The latest Census of 2011 notes that compared to the Census of 2001 there has been a population growth of -1.88%. The literacy rate of the city is 3,648,210, out of which male literates account for 1,966,122 and females account for 1,682, 088 overall it accounts for 87.14%. The Directorate of Census Operations in West Bengal identifies the urban region of Kolkata as an Urban Agglomeration, a Mega City. The Urban structure of the city under Kolkata Municipal Corporation is located on the Eastern bank of River Hoogly and stretches up to Eastern Metropolitan Bypass. Kolkata is the seat of the Government of West Bengal, has the State Secretariat, i.e. Writers' Building, hosts High Court, Assembly House, the port etc. The metropolitan city of greater Kolkata is dissected into 141 zones known as wards which constitute 15 Boroughs. The city falls under the jurisdiction of the Kolkata Municipal Corporation headed by the Mayor Mr. Firhad Hakim. The Sheriff of Kolkata is Mr.Indrajit Roy and the Police Commissioner is Mr. Rajeev Kumar. All the urban planning and maintenance projects are undertaken by the Kolkata

Metropolitan Development Authority (KMDA). The North Eastern side of the city has developed planned town-ships of Bidhannagar, popularly called Salt-Lake and New Town which is part of Greater Kolkata. They operate in their own Municipalities outside the purview of Kolkata Municipal Corporation.

As this study has been conducted across different religious communities in Kolkata, so at the outset it becomes necessary to figure out the details of the religious distribution of population of the area. Even though the majority of the population here are Hindus but here the cosmopolitan environment is manifested through a peaceful co-existence of people across different religious backgrounds like Muslims, Christians, Buddhists, Jains and others. As per the 2001 Census the population of Kolkata is distributed likewise across different religious communities:

Religious Distribution of Population in Kolkata (Bureau of Applied Economics and Statistics, Government of West Bengal District Handbook, 2008):

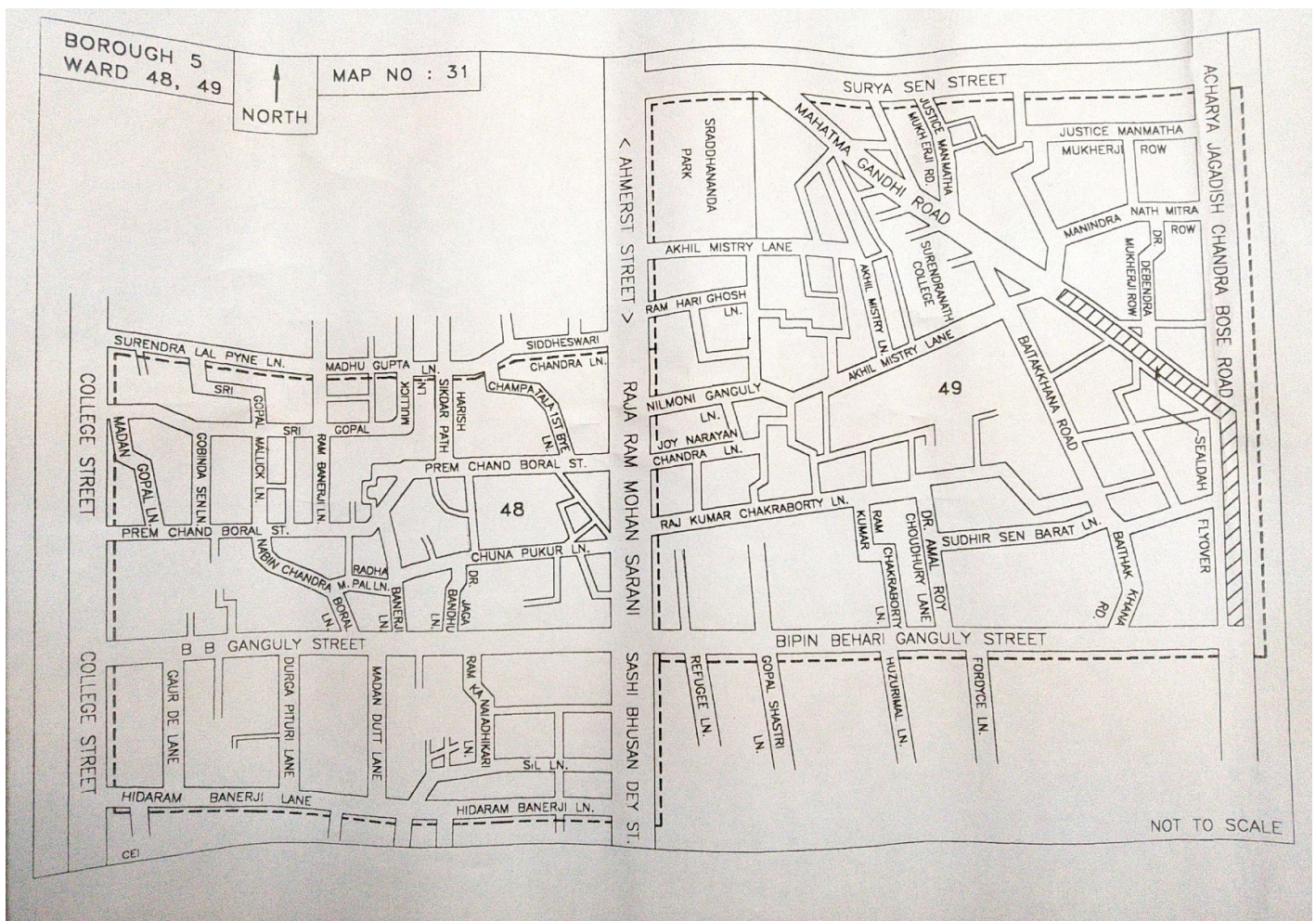
RELIGION	TOTAL	PERCENTAGE
HINDUS	3552274	77.68%
MUSLIMS	926769	20.27%
CHRISTIANS	40218	0.88%
SIKHS	15599	0.34%
BUDDHISTS	6445	0.14%
JAINS	20859	0.46%
OTHERS	2179	0.05%
RELIGION(Not Stated)	8533	0.19%

This research has been done across several wards. The selection of respondents varied from ward to ward, as Muslim and Christian people are very handful and that too available in specific pockets of area. The wards are divided into different zones, they are the following:

- o Rajabazar- ward no 38, borough 5, under K.M.C from Jorasanko (Vidhan Sabha constituency), Parliamentary constituency: Kolkata Uttar, area covered- Kailash Bose Street, MahendraSrimani Street, Acharya Prafulla Chandra Street, Keshab Sen Street and Bidhan Sarani. The researcher searched mainly for Muslim respondents in this area.



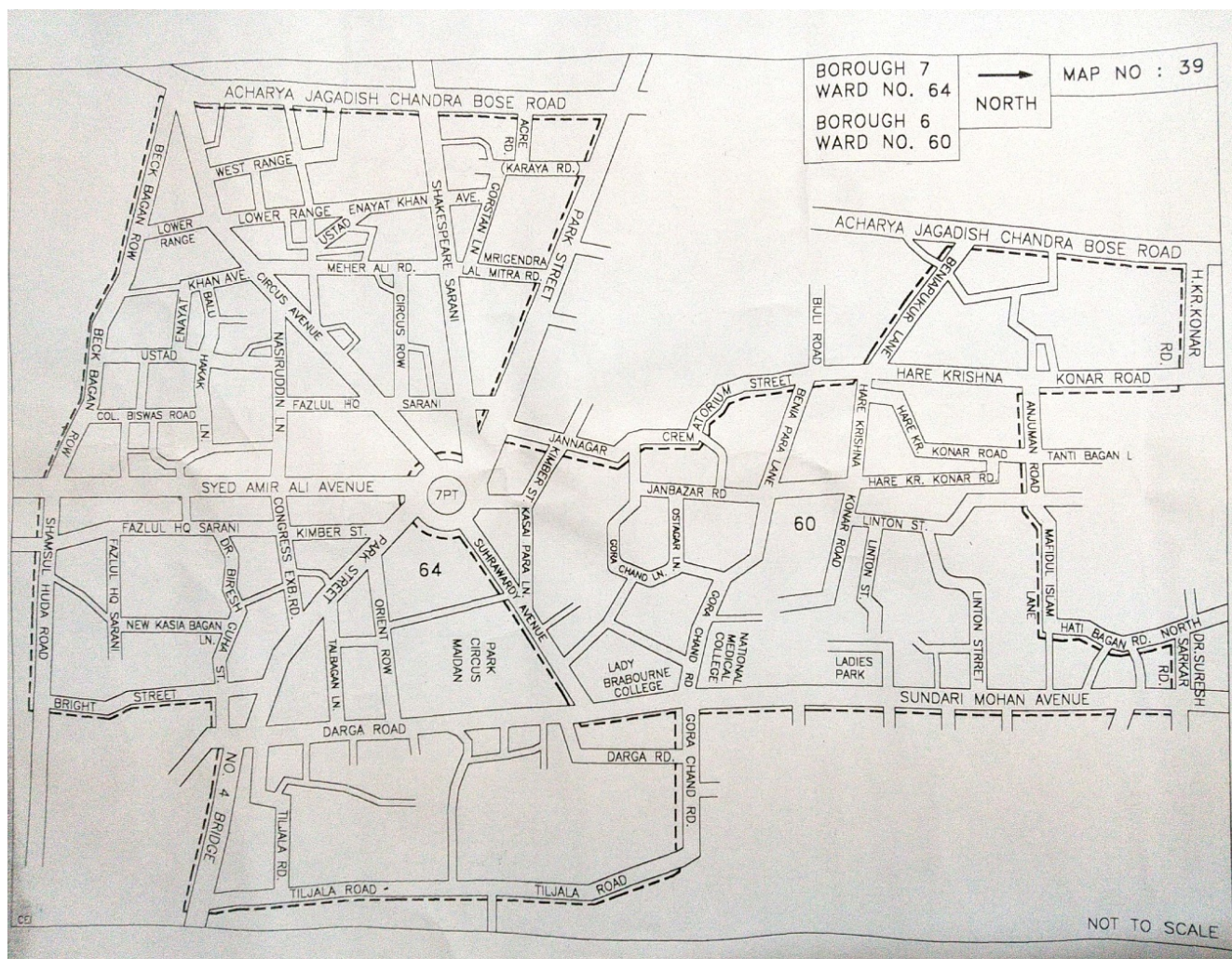
- o Sealdah- ward no 49 , borough 5, under K.M.C from Chowranghee (Vidhan Sabha constituency) Parliamentary constituency: Kolkata Uttar area covered- Surendra Lal Pyne Lane, Surya Sen Street, Acharya Prafulla Chandra Road and Acharya Jagadish Chandra Bose Road, along with the Sealdah hump fly over, Bepin Behari Ganguly Street and Raja Rammohan Roy Sarani. This area was considered for Hindus mainly.



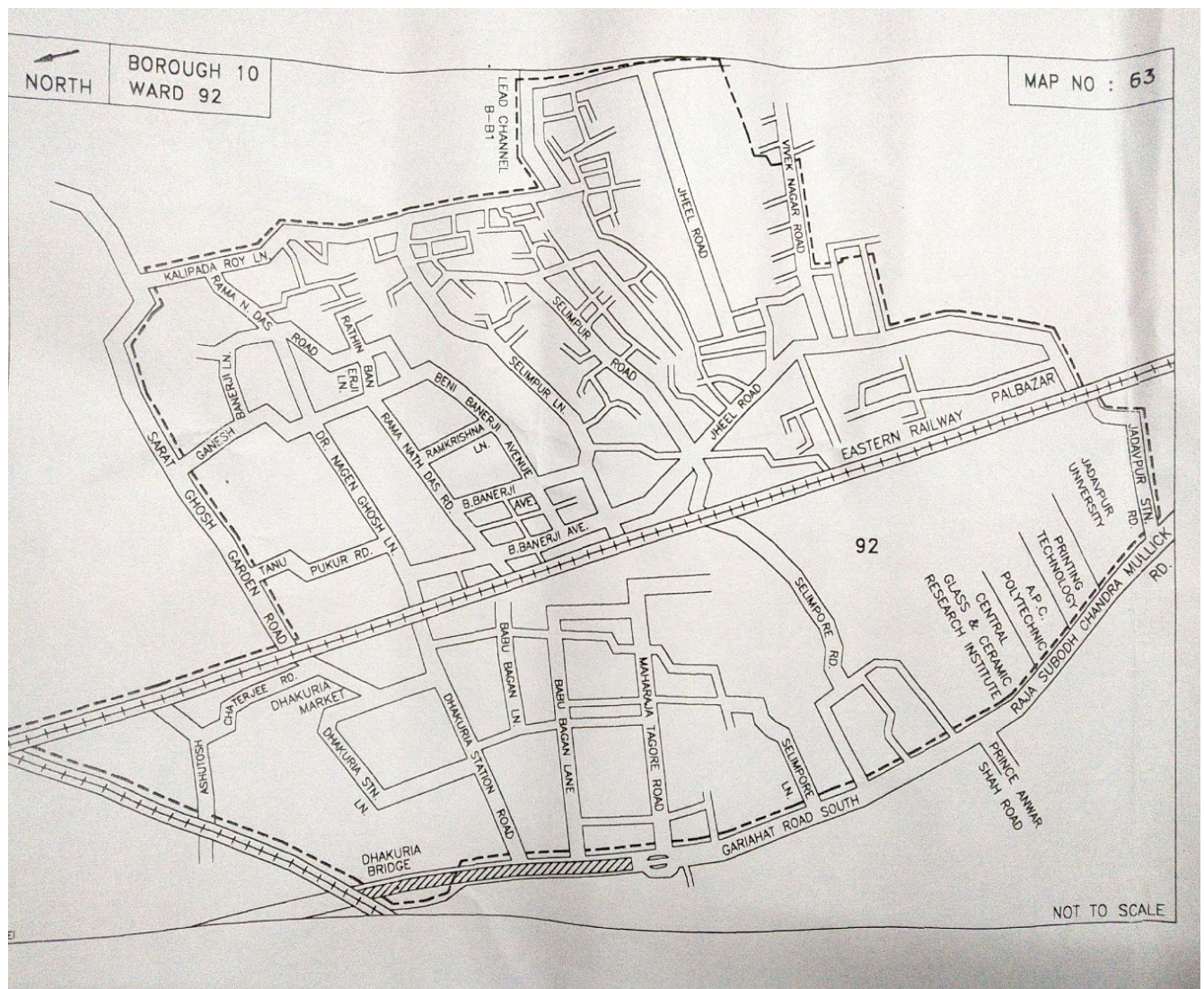
-
- The map shows the layout of Ward 33 in Narkeldanga. Key features include:
- Roads:** NARKELDANGA MAIN ROAD, SUREN SARKAR ROAD, SARKAR ROAD, SUREN SARKAR RD., DR. SURESH CHANDRA BANERJEE ROAD, CHAULPATY ROAD, BELIAGHATA CANAL, CANAL CIRCULAR ROAD, EASTERN METROPOLITAN BYE PASS, E. M. BYE PASS, RAJA JANNENJOY ROAD, KHODAGANU ROAD, T. K. NASKAR LANE, C.J.T. HOUSING COMPLEX, RAM KRISHNA NASKAR LANE, RAM MALLICK GARDEN LN., RADHA MADHAB DUTTA GARDEN LN., JORA MANDIR LN., SURAH CROSS LANE, EAST RD., C. I. T. ROAD, ROY RD., BADA MANDIR, HEM CHANDRA NASKAR ROAD, SUREN SARKER ROAD, GURU DAS PARK, JORA SHIB BAGAN LN., SURAH 2ND LN., SURAH 1ST LN., ANIKASH BANERJEE LN.
 - Landmarks:** SUBHAS SAROVAR, INFECTIONOUS DISEASE HOSPITAL, FOOTBALL GROUND, GARDEN, JORA MANDIR, RAM MALLICK GARDEN LN., RADHA MADHAB DUTTA GARDEN LN., RAM KRISHNA NASKAR LANE, C.J.T. HOUSING COMPLEX, RAM KRISHNA NASKAR LANE.
 - Other:** A north arrow pointing up, labeled "NORTH". A box in the top right corner contains the text "BOROUGH 3" and "WARD 33". A box in the top right corner contains the text "MAP NO : 20". A box in the bottom left corner contains the text "NOT TO SCALE".

➤ **South Kolkata**

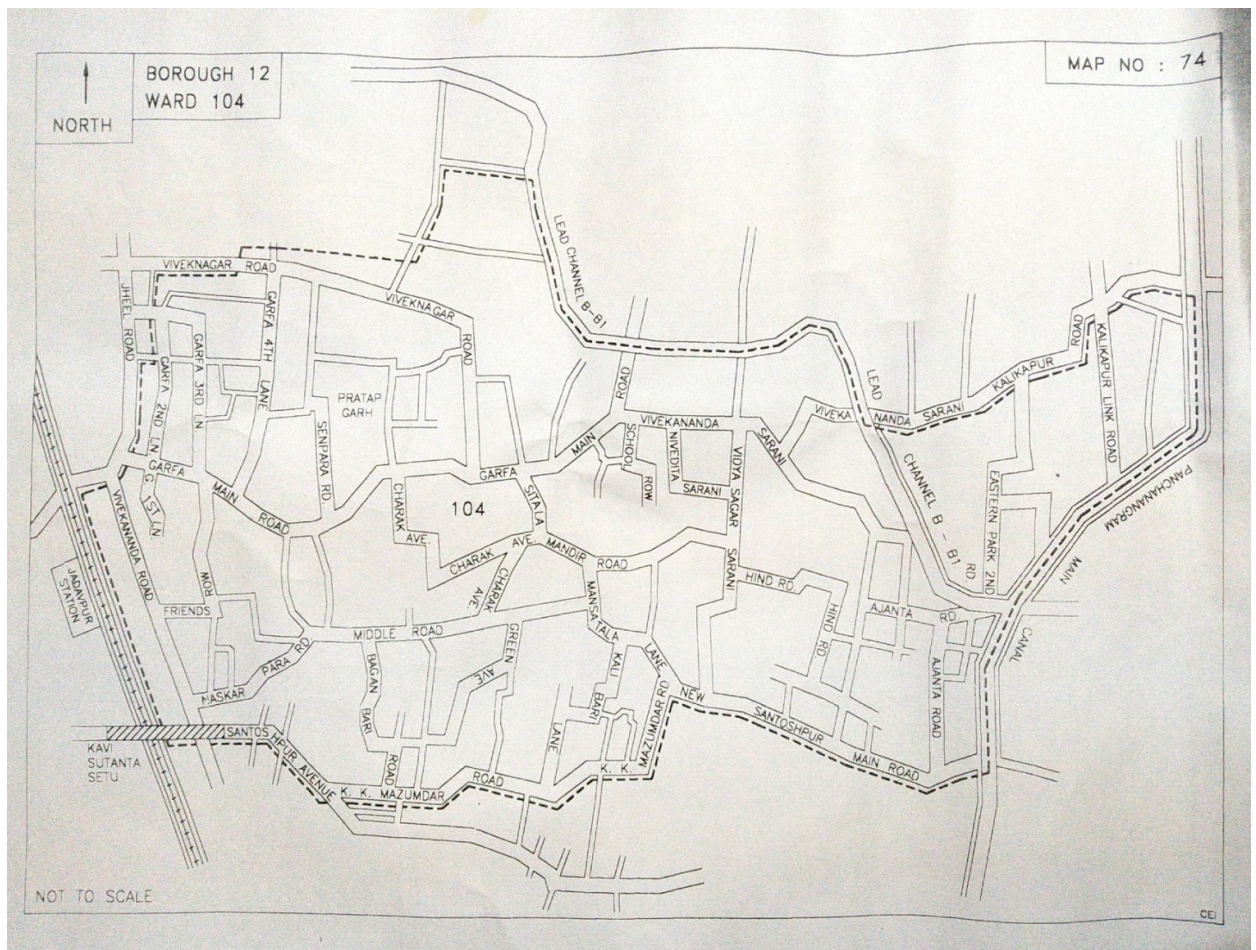
- 0 Parkcircuit, ward no 64, borough 7, under K.M.C from Ballygunge (Vidhan Sabha constituency), Parliamentary constituency: Kolkata dakshin. Area covered - Park Street, Suhrawardy Avenue, Gorachand Road, Bright Street, Tiljala Road, Circus Avenue, Bechbagan Row, Shamsul Huda Road and Dr. Biresh Guha Street, Acharyya Jagadish Bose Road and Dr. Sundari Mohan Avenue. This area was looked for Muslim respondents only.



- o Dhakuria, ward no 92, borough 10, under K.M.C, from Kasba (Vidhan Sabha constituency), Parliamentary constituency: Kolkata dakshin. Area covered - Sarat Ghosh Garden Road, Budge Budge branch of Eastern Railway, Kalipada Roy Lane, Jheel Road, the western boundary of former Haltu Union Board, Jadavpur Station Road, Garfa Road, the northern boundary of former Haltu Union Board, Raja Subodh Chandra Mullick Road and Gariahat Road(South). This area was searched for both Hindus and few Christians.



- o Jadavpur, ward no 104, borough 12, under K.M.C, from Jadavpur (Vidhan Sabha constituency) Parliamentary constituency: Jadavpur. Area covered - Viveknagar Road, southern bank of southern Jheel, northern bank of northern Jheel, Prince Anwar Shah Road, Link Canal and Kalikapur Road, Panchannagram Canal, Kalikumar Mazumder Road, Santoshpur Avenue up to the Eastern Railway, New Santoshpur Main Road, The Eastern Railway and Jheel Road. Mainly Hindus were found in this belt.



➤ **North East Kolkata**

- Baguiati, Assembly constituency: Rajarhat Gopalpur assembly constituency
Lok Sabha constituency: Dum Dum parliamentary constituency, area covered Jagatpur, Chittyanjan colony, Raghunathpur and Nagerbazar. Mainly Hindus but scattered Christians were also found.
- Kestopur Rajarhat Gopalpur assembly constituency Lok Sabha constituency: Dum Dum parliamentary constituency, area covered -Khristian Para, Misson Bazar, Jagatpur, Sabuj Pally, Ananda Pally. In this area mainly the Christians were searched.

DATA ANALYSIS & INTERPRETATION

a. GRAPHICAL INTERPRETATION WITH PERCENTAGE

b. CASE STUDIES

c. CONTENT ANALYSIS

a. GRAPHICAL INTERPRETATION WITH PERCENTAGE

The study was designed to find out the factors that influence the lifestyle diseases of the Hindus, Muslims and Christians of Kolkata, and to understand whether religiosity has some relation with lifestyle diseases. With this objective in mind, the following findings has been found in this chapter.

GROUP 1: SOCIO-ECONOMICAL PART

Q3. Sex

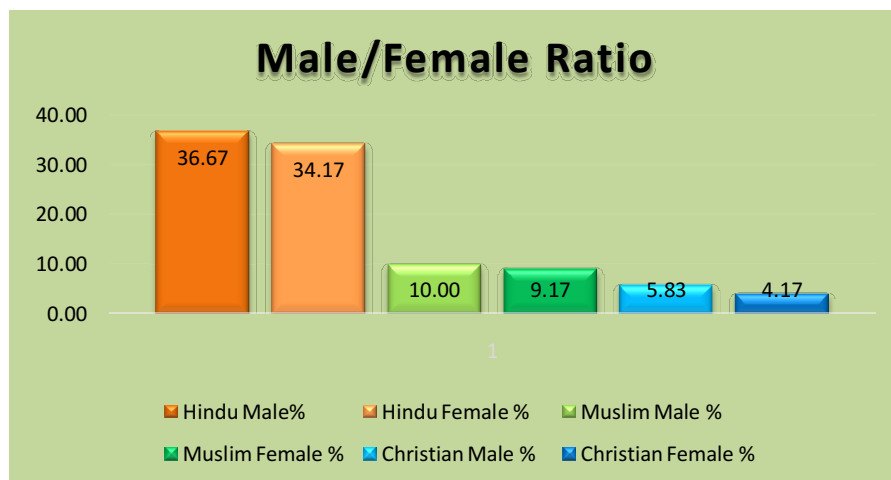


Figure 1.3: Sex distribution

Hindu Male%	Hindu Female %	Muslim Male %	Muslim Female %	Christian Male %	Christian Female %
36.67 %	34.17 %	10.00 %	9.17 %	5.83 %	4.17 %

The total percentage of male is 52.5% out of which, individually (Hindu male was 36.67%, Muslim male was 10% and Christian male was 5.83%) and total percentage of female is 47.5% out of which separately (Hindu female was 34.17%, Muslim female was 9.17% and Christian female was 4.17%). The subjects for the current research constitute of 120 citizens. Out of these 120 respondents, (44+12+7=63) were males and (41+11+5=57) were females. As the research is tended to be an actual representation of the religious population and that too in accordance with the sex ratio of Kolkata with reference to 2011 census. The exact male ratio is 52.41% and the female is 47.87%, which the researcher rounded off to 52 and 48 respectively.

Q4. Age

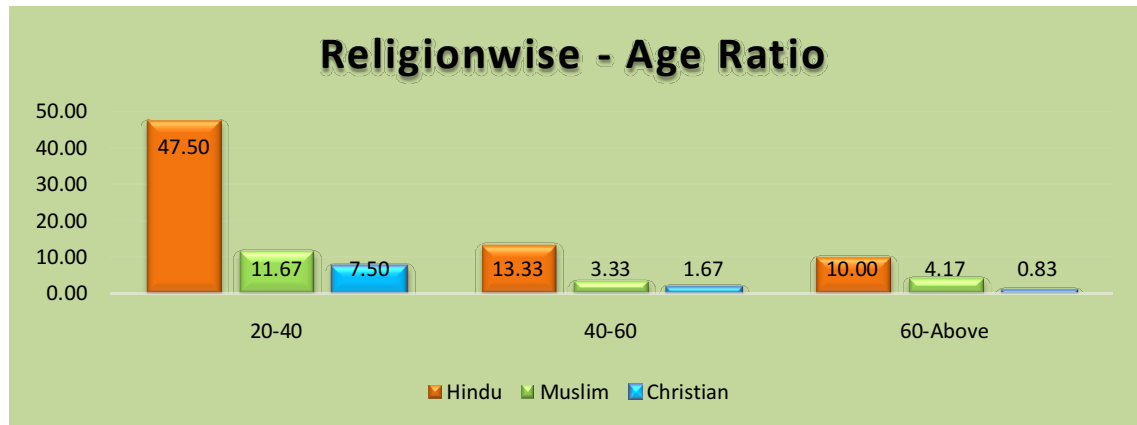


Figure 1.4: Age distribution

Religion	20-40	40-60	60-Above
Hindu	47.50 %	13.33 %	10.00 %
Muslim	11.67 %	3.33 %	4.17 %
Christian	7.50 %	1.67 %	0.83 %

There are three age groups

- 20 – 40 years – the total percentage of respondents in this group is 66.67%, here the division of Hindu Muslim and Christian respondents are 47.50%, 11.67% and 7.50% respectively. This youth group outnumbered in percentage because not only they were the most easily available group but they consist of the maximum percentage, as they lead in West-Bengal. It is the highest percentage group, because the age group matches with the researcher's age. Most of the working, non-working, homemakers, students, professionals and business man

comes under this group of age. This is a versatile group where the researcher gets the opportunity to utilize it most and interrogate and interact without hesitation, because most of them were known faces and good friends since long.

- 41 – 60 years – 18.33% of respondents were found in this age group, the division of Hindu, Muslim and Christian respondents are 13.33%, 3.33% and 1.67% respectively. This group mainly consisted the house wives, entrepreneurs and few working professionals. As respondents in this age group is less than the above-mentioned group so it was easy to maintain the ratio of respondents at an equilibrium to each other.
- 60 years and above – 15% is the lowest respondent rate found in this group, the division of Hindu, Muslim and Christian respondents is 10.00%, 4.17% and 0.83% respectively. As most of them were reluctant to answer questions for so long and they were found in very few numbers. So, this group mostly consisted the retired person.

Q5. Religion

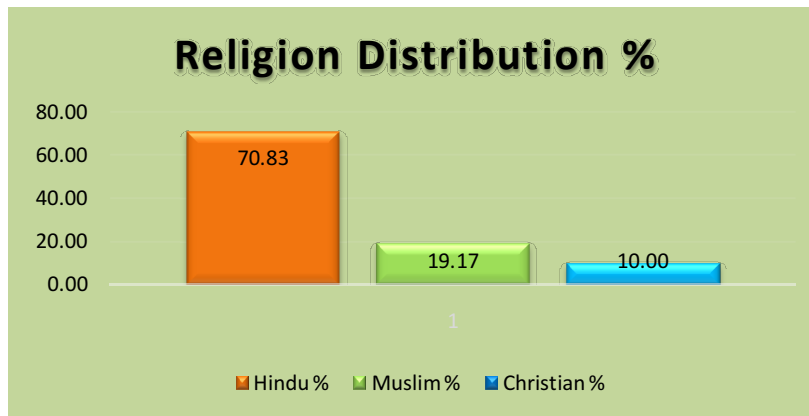


Figure 1.5: Religion distribution

Hindu %	Muslim %	Christian %
70.83 %	19.17 %	10.00 %

The researcher took three religions for her study. They are all Bangalee Hindu, Muslim and Christians based in Kolkata. As there are plenty of sub-categories amongst them, so the researcher considered only the ethnic bengalee resident of Kolkata, falling under the aforesaid religions. Hinduism – 70.83%, Islamism – 19.17% and Christianity – 10.00% was the total divisions of respondents. It has to be

kept in mind that the ratio or proportion in which the researcher has interviewed the different religious groups is similar to the ratio or proportion of the actual religious population of Kolkata. That is, this is a representation of the three religions of Kolkata according to its exact population report of census 2011. Another point which has to be noted is, the researcher followed purposive convenience sampling, which again depends on the availability and referrals of the respondents. 120 respondents were divided according to the religious percentage of Kolkata i.e. 76.51% of Hindus, 20.60% of Muslims and 0.88% of Christians. For easy calculations, the researcher has changed the decimals to whole number. Hence Hindu, Muslims and Christians became 77, 21 and 1 respectively. These all if added is coming to 99, the rest one percent consists of atheist, and of other religions, as these rest 1% is not required, so more Christians respondents has been added to make it full 100%. The division of respondents is like (44 males + 41 females = 85 Hindus), (12 males + 11 females = 23 Muslims) and (7 males + 5 females = 12 Christians) thus (85+23+12= 120 respondents).

Q6. Educational Qualification

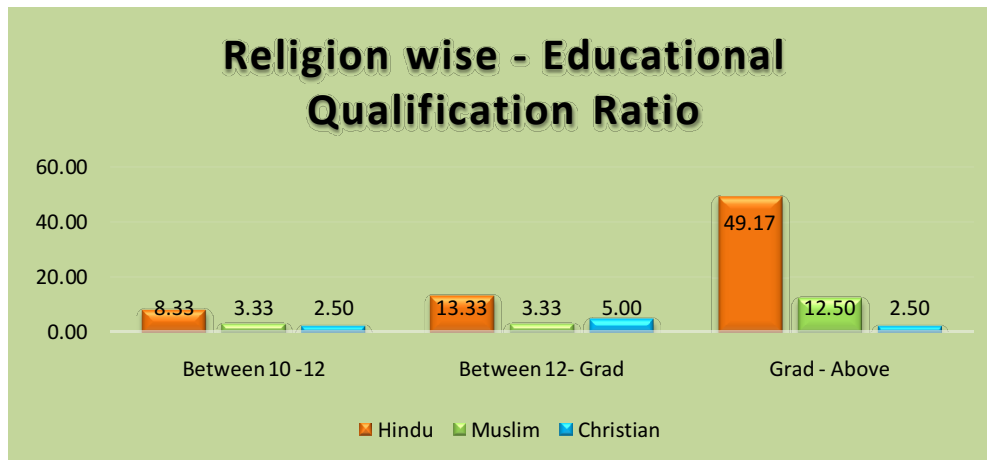


Figure 1.6: Educational Qualification

Religion	Between 10 - 12	Between 12- Grad	Grad - Above
Hindu	8.33 %	13.33 %	49.17 %
Muslim	3.33 %	3.33 %	12.50 %
Christian	2.50 %	5.00 %	2.50 %

- Between 10th – 12th - 14.16% mainly consisted the older women who couldn't complete their studies for marriage purpose and the domestic help and their relatives

who were economically weak and became refugee in Kolkata after fleeing from Bangladesh. As they didn't have proper national identity cards so schooling was not possible for them. Though a considerable number of business man and women were also found who started very early at their age, and didn't proceed with their studies intentionally, as they had either interest in it and knew that they will flourish, and some knew that they have to continue with their father's business. The division of Hindu Muslim and Christian respondents are 8.33%, 3.33% and 2.50% respectively. It is a very low rate of depiction, because whomever the researcher interviewed, they mostly are from learned background, these people however couldn't complete their studies for some personal or situational reasons. But their family persons are all learned, and being a resident of metropolis, they have become very polished both internally (mentally) and externally (outer appearance).

- 12th - Graduation – 21.66% is a moderate portion of respondent rate. It is a mixed bag, where maximum of them were graduate and either working or searching for job. Here IT professionals, bankers, customer care executives, government employees, HR personnel, nurse, private tutors, school teachers and few students etc. were found. Noticeable number of house wives were found too. The division of Hindu Muslim and Christian respondents are 13.33%, 3.33% and 5.00% respectively.
- Graduation and above – 64.17% is a moderate amount. Here research scholars, professors, lecturers, managers, office executives, doctors and engineers were mainly found. Among this group few house wives and retired personals were found too. The division of Hindu Muslim and Christian respondents are 49.17%, 12.50% and 2.50% respectively. The Hindus seemed to be more in numbers because of their availability.

Q7. Profession



Figure 1.7: Profession wise distribution

Religion	Student	Working	Housewife	Business	Retried
Hindu	18.33 %	35.83 %	5.00 %	5.00 %	6.67 %
Muslim	5.83 %	5.83 %	3.33 %	2.50 %	1.67 %
Christian	1.67 %	4.17 %	1.67 %	1.67 %	0.83 %

- Students – 25.84% of the students mainly were the postgraduate students and few job aspirants who were taking competitive exam coaching for government jobs. The division of Hindu Muslim and Christian respondents are 18.33%, 5.83% and 1.67% respectively.
- Working professionals – 45.83% were the professionals comprising of IT professionals, bankers, customer care executives, government employees, HR personnel, nurse, private tutors, school teachers, research scholars, professors, lecturers, managers, office executives, doctors and engineers. The division of Hindu, Muslim and Christian respondents are 35.83%, 5.83% and 4.17% respectively.
- Housewife- 10% of the respondents seemed to be housewife, because they were always available at home, and they had time to relay and give detailing of answers. The division of Hindu Muslim and Christian respondents are 5%, 3.33% and 1.67% respectively. Their knowledge of religion and lifestyle disease seemed to be more updated and appropriate, as they had to manage both at home, i.e. cook food and serve the members and do the ritualistic rites for worshipping. Secondly the

housewife group itself is a mixed bag, where everybody has different cultural, social, educational and religious background.

- Business men and women – 9.17% is the handful amount, who thought business will suit them, they planned and excelled in business. The division of Hindu Muslim and Christian respondents are 5.00%, 2.5% and 1.67% respectively. The men generally owned restaurants, medicine shops, travel agencies, contractors, promoters etc. the women had ayah and nurse agencies, flower and chocolate boutique, sari boutique, gift and cosmetic shop, parlors, stationary shops etc.
- Retired – 9.17% are the very old people consisting of the governmental pensioners and the eldest or oldest of the family. The division of Hindu Muslim and Christian respondents are 6.67%, 1.67% and 0.83% respectively.

Q8. Different professions

This was an open question, specially asked to the professionals who are learned goes to work and does different kinds of white-collar jobs. The name and type of the profession will help the researcher to make out what kind of work one does, the work culture, work pattern or environment he goes through. Because these factors can lead to access different kinds of lifestyle diseases. As most of the respondents work in private concerns and MNCs, the pattern of work followed there is very stressful and unhealthy, thus it is very obvious that they should be suffering either one or other lifestyle diseases. What kind of work is leading to what kind of disease can also be found under this question. As each profession is tailor-made according to the need of the society, so the diseases varies profession wise.

Q9. Monthly family income

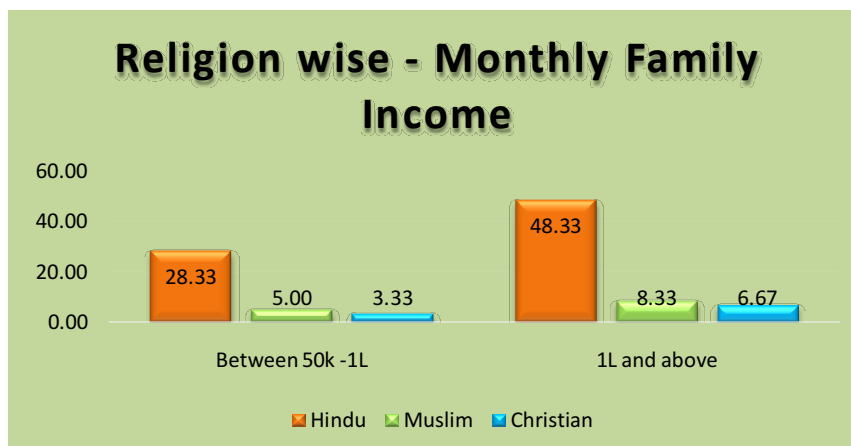


Figure 1.9: Monthly Family Income

Religion	Between 50k -1L	1L and above
Hindu	28.33 %	48.33 %
Muslim	5.00 %	8.33 %
Christian	3.33 %	6.67 %

The slab of middle and upper middle-class income group of India has been standardized by the information of World Bank.

- 50k -1Lac – this is the largest portion of the respondents, here the researcher found a combination of both semi-skilled and skilled labours. The family where only two persons or one works in a start-up company or have just started working, are found here. School teachers, entrepreneurs, engineers, scholars comprise this group. The division of Hindu, Muslim and Christians for this income slab are 28.33%, 5.00% and 3.33% respectively.
- 1Lac – Above – this income slab has the largest portion of respondents, here all the experienced and skilled labours are found, and who are working for long and that too in good organizations. Mostly, all the members of family are found to be working here. And the size of family also considerably small in compare to the other mentioned group, so affluence is seen. Doctors, engineers, professors, managers and high officials are found here. The division of Hindu, Muslim and Christians for this income slab are 48.33%, 8.33% and 6.67% respectively. But this group is the replica of the above discussed group, the only difference is that they are more experienced highly ranked people, where all family members are earning in good amount.

GROUP 2: SOCIO-RELIGIOUS PART

Q1. Is religion good to health?

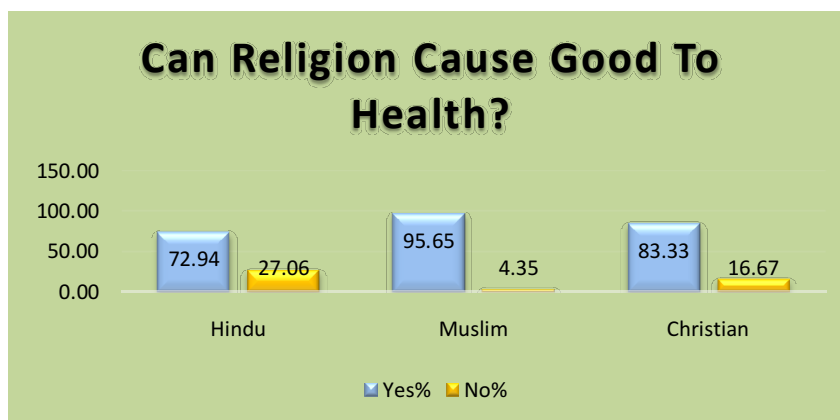


Figure 1: Religion good to health?

Religion	Yes%	No%
Hindu	72.94	27.06
Muslim	95.65	4.35
Christian	83.33	16.67

- Hindu – 72.94% said yes and rest 27.06% said no.
- Muslims – 95.65% of them agreed to the goodness of religion and 4.35% said no
- Christians – 83.33% of them agreed to the religious wellness but 16.67% disagreed to it.

Majority of the respondents from all religious group accepted that religion is good for health. To support their answer, they have told different viewpoints they are as follows-

- o Religion has psychological therapeutic value, which helps in controlling depression and anxiety.
- o Gives a sense of positivity and happiness, which eradicates problems of life and sufferings.
- o It works as soother or calmer to the patient. At times it works as coolant and brings down suicidal tendency and peer pressure.
- o The religious faith can control central nervous system by reducing fear and stress.
- o People going to religious places become humble, no aggressiveness is seen anywhere.

- o The religious practices help to be absorbed in social life and carry on with proper lifestyle. Because the rituals are very laborious, which makes our body fit.
The very few percentages of respondents who ever denied the effects of good health also had some viewpoints to share, they are as follows-
- o The sense of wellbeing is totally up to oneself. How one takes into consideration one's life and tackle with problems and overcome it. Religiosity is a camouflaging effect to suppress it.
- o Now-a-days many people are changing their religion and even being atheist according to ones will, thus, if one would have had stuck to one's religion by keeping in mind it's so-called good effect, then this wouldn't have had happened.
- o Religion has become a culture to many, especially to the youth. They just follow it blindly without acknowledging its flaws or goodness. It has become very methodical to them.
- o If religion could have handled all illness with its goodness and wellbeing, then there would not have been a boom in the medicine market. As religion alone cannot control the outnumbering diseases of human being, so the numbers of unregistered, quack and fake doctors are increasing too.

Q2. Does religiosity of parents affect children?

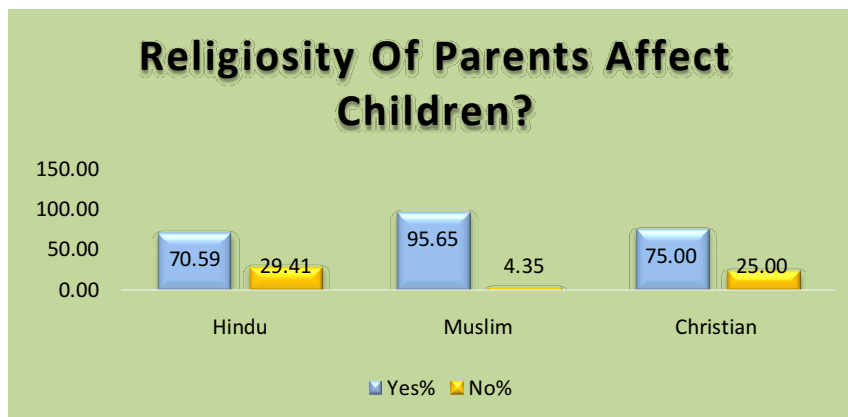


Figure 2: Religiosity of parents affects children?

Religion	Yes%	No%
Hindu	70.59	29.41
Muslim	95.65	4.35
Christian	75.00	25.00

- Hindu – 70.59% of respondents said yes religiosity of parents' matters a lot. Whereas 29.41% of them notified that it is not always true.
- Muslims – 95.65% of them admitted it. 4.35% of them denied it.
- Christians – 75.00% of them agreed to it, but 25.00% did not agree at all.

Here we can see that majority of respondents from each religion mentioned that parents' religiosity affects their children because-

- Once they were children their parents' religiosity affected them too. It has become a generation wise duty to follow what elder followed. Hence, automatically the religiosity gets transmitted.
- Religion being an institution teaches us lessons on life courses and discourses, thus the process has to be started from childhood itself to get accustomed to it. Not only religion but its practices are equally important to justify that our life is fully encircled in and around religious sentiments, deeds, actions and words.
- As we know socialization starts with the primary group agency, and that comprises the unit of family, thus it becomes a very essential duty of family to introduce the norms, mores, taboos and culture of their respective religion. It is clear that children unknowingly get to know about religion without any say, as they are helpless and dependent on parents.
- Parents and religion both act as watch dog and strong guide from the beginning to put a child on track of accepted life course, naturally they become so accustomed to it that it seems nearly impossible to break free it and take a new path for belief even later in life too.

Whoever has said that parents' religiosity doesn't affect their children always, were very few in numbers from all groups of religion. They said this because-

- Now-a-days we get to see many liberal parents, who do not force their children to obey by or follow their religion. Because to them belief system should be self-made and a self-realization process, which should be self-satisfying and self-justified. There is no point making someone a follower of religion without one's consent and acknowledgement. It might later hurt the parents when they will learn that their children are following or believing something different from their own.
- Children though are spiritual, but do not tend to be religious. Because it is time taking, secondly, they want to be identified as youth, not just under a

community which can lead to communalism later. They believe in social wellbeing more than physical and mental wellbeing.

- o In Kolkata people are converting to other religions just to get under OBC quota and to get few other facilities in good schools or college, or jobs either in private or in government sector. People are running towards the religious umbrella, which has a lot to give as help either in form of donations or charity. Thus, where lies the religiosity effectiveness of parents? Here the rationality of choice is proved again.

Q3. What religious rites and rituals do you follow regularly or very frequently?

This was an open-ended question, just to see what and how much religiosity in a person is related to the lifestyle disease. This question is an indicator to track religious activities, which in return will help in analyzing the relation between the two, if any. In response to this question more or less every group of religious people gave same answer, but the variation came in the older age group.

- **Hindu** – Mostly the working and the youth said that they try to maintain and attain all the necessary and mandatory rites and rituals, but it doesn't always happen to happen. It might be due to the work pressure or engagements, or the tight schedule of daily routine. According to the youth they are saying that, they have both faith and spirituality, but don't get that extra time to go through the rules and activities involved in it. They believe in minimalism; thus, they tend to do just that much, which is necessary. The daily prayers and worshipping seemed to be the part of the old or the house wives. These group of people take all necessary actions to follow the rituals and rites, like fasting or taking only vegetarian diet, keeping vratas on particular day dedicated to particular god or goddess, chanting mantras, going to temples, cooking Prasad, doing charity by feeding the poor etc. though this number of respondents are very less, because most of them said that following these are very hectic and cost involving and strenuous too. So, they wait for scopes where they can only give the puja by giving the dakshina, so that they can avoid the arrangements of organizing the vast rituals and rites.
- **Muslim** – They too have the same ideology like the youth and the working. Though some of them said that during Ramadan they do the namaz in work places, and break their fast, and do iftar during the month of roza. Otherwise at

other times no allowance is there. The work culture and pattern are such that even though one tries to maintain it, still cannot manage both work and rituals at the same time. On the other hand, the people back at home, the house wives and old are always trying to follow all the possible rites like 5 times namaz each day. Reading the holy Quran etc. when it comes for any celebration regarding festivals, everybody is seen celebrating and participating.

- **Christians-** The same story is true for them too. First Friday mass, Sunday mass etc. is a part of the olds and people staying back at home. This true for daily worshipping too like rosary, Bible reading etc. Though a handful of percentage of attendants are found of other group too, but their regularity is less. They complain about the study pressure, deadlines and meetings etc. in some cases they replace rest with church attendance.

Thus, it is true that in any and every religion, rituals and rites are becoming obsolete to an age group of people. Whereas other age group of people are trying hard to maintain and follow it.

Q4. Why do you think old people are more prone to religion?

This question was also an open ended one. This question was set just to see, that for being religious prone does the lifestyle disease spare the old? As the pattern of life style has changed and it has hampered the youth and middle aged the most, as they are the most in number and considered to be the backbone of society. Here the answers to the question seemed to be same sounding, almost all from all religious groups gave the repetitive answer. Those are-

- As they have ample of time and less engagements at this age, they tend to know more about their god and religion, as this becomes a wholesome time pass.
- To become religious is considered as a holy act. Doing holy deeds by attending religious places can lead to heaven, or help to attain moksha or lead to jannat. Thus, they concentrate more on religion.
- During old age, people become weak both mentally and physically, they get to have many age-related illnesses also, thus to keep up the mental peace they depend on the religious path. The various motivational speech or lectures and health related camps in religious places, like church, mosques or temples gives them an extra support.

- Meeting with people in these religious places with same problems and sharing or exchanging thoughts gives them different insights for dealing with their own problems.
- The meaning of life gets clearer and the answer of all sufferings are also possibly analyzed, thus they tend to attain religious places more.
- One who is more religious, gets accepted to the society and secondly at this age they can keep all the familial issues and problems at bay just by being religious and attending religious places. This gives them utmost pleasure and comfort to live stress and tension free.

Q5. How do the religious leaders help us?

This was also an open-ended question, just to make out whether the contribution of religious leaders can help to control the lifestyle diseases now –a-days. As we know that they give motivational speech and let us know various anti stress activities like chanting mantras, or reading holy texts, doing yoga, meditation, psychological analysis to some extent, by analyzing various way outs for different problems according to the saying of their respective religion or even consoling the sufferer. These can also help in controlling the harshness of lifestyle diseases. The reply to this question mostly seemed to be positive, that yes, they help a lot in controlling their lifestyle problems and diseases as well. But few from all religion stated some neutral and negative approach regarding the religious leaders. They are as follows-

Positive

- They are chosen to serve God, as we cannot reach to God, they are the only medium to reach God. They help us by sorting our problems and by listening to us.
- They help us by giving lessons on modification of lifestyle, through their respective religious means. And tell how to prevent these diseases according to the present situation.
- In different religious places different healing treatments are also found and they are all run by the religious leaders itself and the fund they get from followers through worldwide. For example, the Muslims have Unani, the Christians have their own health camps run by the nuns and various missionaries and the Hindus also have different hospitals run by the charity

trust of different sanghas and ashramas. Not only these, various Ayurvedic products and medicines are also readily available in these places, and associates are ready to explain the usage of these.

- We get to find various ways of religious life leading processes for example the Auroville of Pondicherry started by the Mother (Mirra Alfassa), ISCON of Mayapur Nawadwip (west Bengal) started by A. C Bhaktivedanta Swami Prabhupada etc. where they teach to avoid the present impact of modernization and westernization thus, they can easily avoid lifestyle diseases.
- They help to propagate good health because in every religion it is believed that good health is required to work for God and fulfil his desires and satisfy him, then only one can achieve one's goal.
- They actually persuade their followers to have faith or rely upon certain rituals or symbols so that they can forget their pain and put themselves in comfortable zones mentally.

Negative

- Many said that they are not helping us in any way, it is their duty to listen to us and guide us, and they are being paid for this.
- It is not that they are not having any of these diseases. They can't help us to get rid of diseases because, we cannot lead life like them by maintaining all possible ways which they do, as we have to look after our job and earnings and other familial responsibilities and issues.
- We all are bound to get affected by the lifestyle disease, because it is the present scenario, which cannot be altered so fast.
- We all have adopted ourselves in this lifestyle and coping in our own way by tailor-made lifestyle to stay healthy as far as possible.
- Due to easy access to education, media and internet the authority of religious leaders are diminishing and people are now knowing about religion from one another and through other various means.

Q6. Impact of religion on society

Respondents from all religious groups said similar words regarding the impact of religion.

- They mainly focused on the unitedness or bonding of the religions. How it binds people under one roof.
- The brotherhood and feeling of equality were also another point.
- The quality of self enhancement and liberation is also another aspect of religious impact on society.
- Religion acts as a guide and perfectionist for all. It shows the dos and don'ts and the most acceptable ways of being absorbed in society.
- Religion gives the meaning of life by explaining why, how and for what we exist.

Q7. Is being too much religious good?

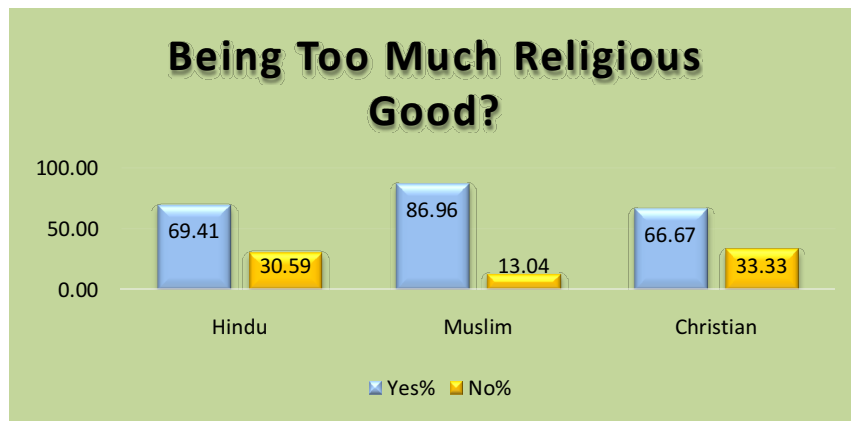


Figure 7: Being too much religious good?

Religion	Yes%	No%
Hindu	69.41	30.59
Muslim	86.96	13.04
Christian	66.67	33.33

- Hindu –69.41% said YES and 30.59% said NO
- Muslims – 86.96% said YES, but 13.04% said NO
- Christians – 66.67% said YES and 33.33% said NO

Majority of the respondents from each religious group said that being too much religious is good from all aspects, though few said that being religious depends on understanding the human as individual and his concepts of faith regarding his religion and then it can be computed and objectified. The religiosity remains the same for all, but it slightly varies according to the local cultural twist. Their replies were like –

- o It refrains oneself from going to ash-tray, due to its strong power of control and strict rules and regulations of life, which one can hardly disobey.
- o Being too much religious means, one is bound to be good too, that is he is acceptable not only in his religious community but from society too.
- o Somebody who is religious means he has a balanced life both in personal and professional life. Because he surely stays stress free throughout the day. The feeling of sacredness helps in having peaceful mind.

Very less percent of respondents has told that being too much religious is not always good because –

- o Each and every religion has more or less same assigned role to play in society, which we have to follow without questioning, thus from one point of view religion is making us dumb or numb from our ability to think differently. It is paralyzing our thinking and acting ability.
- o If somebody is preoccupied with religious rites and rituals, then he cannot assume his effectiveness and fruitfulness in other fields of work or even in his same field of work too. In this competitive world, where people are running after time and success, it becomes very much absurd to give so much time in religion. As we know time is money, so more time means more money. That means if we invest our time in something other than religion and think not in a religious way, then something new and better might happen.
- o Anything too much is not good, there should be a balance and normalcy in everything.

GROUP 3: LIFESTYLE AND DISEASES

Q8. Routine of daily life (lifestyle)

This open-ended question was kept to discuss in detail how one leads one's life on a daily basis. Rather what one understands as lifestyle? In answering this question, respondents, explain what lifestyle means to them, and most of them answered like a PRO. As people are aware and know that lifestyle revolves and depends very much on the surrounding ongoing trends, culture etc. The more one adjusts and gets gelled to the ongoing pattern of life, better it would be to cope up with the changes. This will help the researcher to analyze what one goes through every day that might instigate a trigger to understand the reason of development of any or some kind of lifestyle disease. It is quite clear that the way one leads one's life has an impact on one's health. Secondly, the environment where one works or stays also depends a lot on analyzing the effects on health. For example, people staying in an overcrowded or populated place with low health and hygiene or sanitation along with different kinds of pollution (air, water, sound and vision) has to suffer from various kinds of lifestyle diseases. As they have to combat with these problems on daily basis. On the other hand, people working in factories and mines also go through health hazards due to their surroundings, which should also be taken into consideration to assess the reasons of diseases. Thus, in this way both for professionals and non-professionals also the story related behind their diseases becomes clear. For example, the I.T professionals consisting of BPO employees who work in different shifts, mainly suffer from low back pain, eye problems, gastritis or digestion problem and obesity etc. Though there are other associated problems like piles or fistula, sleeplessness, stress, swelling in leg, heart burn etc. these all happens in courtesy to the work culture and pattern one goes through. Similarly, the students also have some problems like depression, forgetfulness, loneliness, stress various types of addiction etc. which comes from their field of competition and joblessness. The housewives and elderly people who stay back at home also suffers a lot of similar problems. The way they lead their life by doing all daily chores and running after servants to complete one task after one another, this is how they become less active, because they don't get opportunity to go out and do some work-outs or exercise for themselves. Thus, mental refreshment is a big question for them. They don't get time to mix or talk with others. Hence day by day they crumble down within themselves and become very irritated and always feel disturbed and frustrated. This is true for

old people too, because they usually don't go out of house due to fear of falling off due to weakness, short sightedness, joints pain or weak muscle along with osteoporosis. Few have Parkinson and dementia problem too. Thus even they feel like going out, they fear that, they can't properly walk and can collapse while returning back. Along with it the old age problem of having poor metabolism, diabetes, fluctuating B.P and many more other problems too make them very much depressed. Thus, the daily routine is a key to understand both the disease and lifestyle problems.

Q9. Relation of lifestyle with religious background

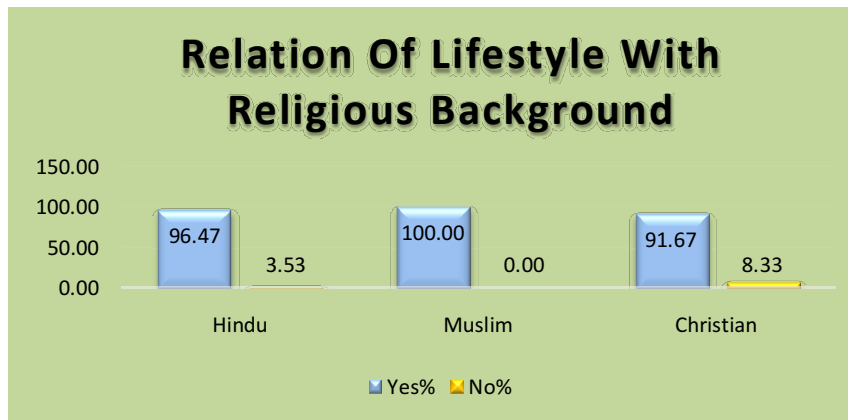


Figure 9: Relation of lifestyle with religious background

Religion	Yes%	No%
Hindu	96.47	3.53
Muslim	100.00	0.00
Christian	91.67	8.33

- Hindu – 96.47% of respondents said yes religious background matters a lot. Whereas 3.53% of them notified that it is not always true.
- Muslims – 100% of them admitted it.
- Christians – 91.67% of them agreed to it, but 8.33% did not agreed at all.

Here we can see that majority of respondents from each religion mentioned that religiosity affects their lifestyle because-

- It is from the very beginning in the childhood age, that people are taught the dos and don'ts or the taboos of society. These norms, rules and customs are mainly the residues of religion that each society considers to be the most acceptable and

take it for granted. Thus to be a part of this society we have to abide by these regulations, which are being followed since time immemorial.

- o It is in our religion that we get to see how one should lead a proper life by following the stated steps. Thus, whoever is religious and have faith and belief in religion is bound to have a clear guideline of proper lifestyle.
- o Our thinking, acting, speaking all takes the shape of our religion. The way we greet people, our eating behavior, clothing sense and even our appearance also traces our religion. In short, the culture we follow is what the by-product of religion is.

The very few percentages of respondents who ever denied the effects of religion on lifestyle also had some viewpoints to share, they are as follows-

- o The way of life leading depends on one's individual way of thinking, whether to opt for a new one to choose and follow or to continue with the old ways of living.
- o We find atheist also, in that case the lifestyle they follow might not be their original one, and rather one might get used to different cultural ways, which one think to be more adaptable and good for health.
- o Lifestyle as a whole, has changed and it has been incorporated to a new one with the effects of westernization, modernization and lastly but not the least by consumerism. Thus, now a days it has become very hard to identify one by their religion or lifestyle. Everything has got a new makeover.

Q10. Any Narcotic habits?

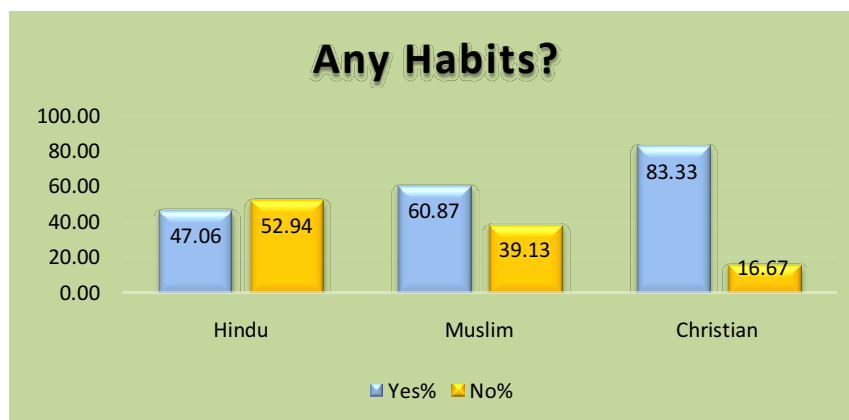


Figure 10: Any Narcotic habits?

Religion	Yes%	No%
Hindu	47.06	52.94
Muslim	60.87	39.13
Christian	83.33	16.67

This question was asked to know whether they have any kind of habits like smoking, drinking, chewing tobacco or pan masala etc. so that whoever has any sort of lifestyle diseases can be linked or traced for this reason of various habits. This question also has mixed reaction among respondents.

- Hindu – 47.06% of respondents admitted that they have various kinds of habits. Whereas 52.94% of them notified that they generally do not do it for a daily basis. But sometime it happens to be on an occasional basis.
- Muslims – 60.87% of them admitted it. But surprisingly 39.13% negated the answer and said that they do not have any sorts of habits, because it is against their religion.
- Christians – 83.33% of them agreed to it, but 16.67% did not fully agreed to it. They also added that occasional or accidental drinking, smoking or chewing of tobacco has had happened for all.

Drinking was the most preferable habit for all the respondents, then came the habit of smoking, thirdly the pan and tobacco habit few said that they have the habit of having chewing gum or mouth fresheners too. Many of their mentality was like, these are quite normal now-a-days, as society has changed, and social acceptance has increased a lot too. We have to balance our health by other good habits, but cannot quit these habits. They know that these habits can accelerate the rate of having disease, but these habits cannot be the sole reason of getting ill. As lifestyle disease has other innumerable reason to count upon, which we cannot change or undo.

Q11. Any chronic diseases?

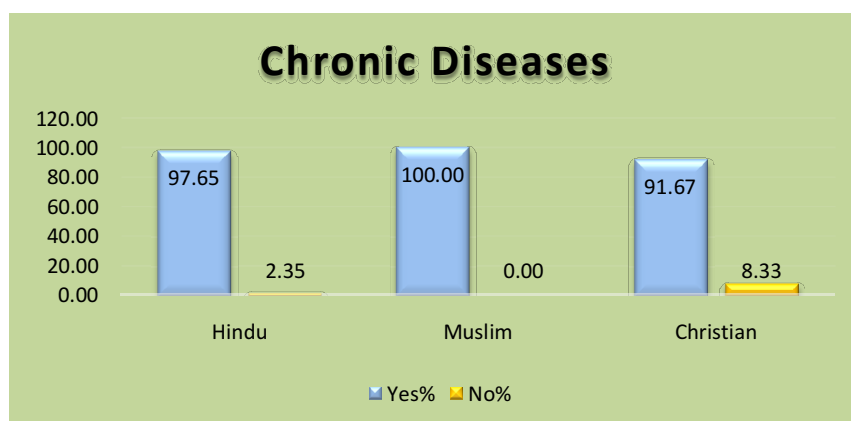


Figure 11: Any chronic disease?

Religion	Yes%	No%
Hindu	97.65	2.35
Muslim	100.00	0.00
Christian	91.67	8.33

- Hindu – 97.65% of respondents said YES to this question, that they suffer from various lifestyle diseases. Only 2.35% said that NO they do not have such diseases.
- Muslim – surprisingly 100% of the respondents agreed that they too suffer from various diseases. And it seems to be a never ending one.
- Christians – 91.67% agreed that they have unavoidable diseases which are not getting over at all. Whereas 8.33% of them said that they have few ailments but not a long-term one. Minor medication helps.

In answer to this question almost every respondent from all age, religious and socio-economical background gave almost same answers, that yes, they suffer from one or more chronic disease at the same time. The researcher found what the common and repetitive diseases are found from each age group.

- Youth and middle-aged working professionals
 - Mental health problem
 - Depression (depression, conduct disorder, social anxiety, panic disorder)
 - Mood disturbances

- Substance abuse (tobacco, alcohol)
- Suicidal or risk-taking dangerous behaviors
- Eating disorders
- Stress
- Forgetfulness or learning disorder
- Anxiety disorder
- Loneliness
- o Obesity and malnutrition / under nutrition
- o Dyslipidaemia (cholesterol and triglycerides)
- o Cancer
 - Oral
 - Lung
 - Breast
 - Ovary
 - Brain
- o Heart disease (stroke)
- o Eye problem
- o Hearing problem
- o Back and neck problem
- o Skin problem
- o Allergy
 - Asthma
 - Cough and cold
- o Blood pressure
- o Diabetes
- o Anemia
- o Bulimia nervosa (intentional vomiting, using laxatives, over exercise for controlling weight. A psychological understanding)
- o Anorexia nervosa (refraining from food itself and starving for controlling weight)
- o Gynecological disorder (PCOS (polycystic ovarian syndrome), menstrual problems), masculine hairline.
- o Acne or pimples, sun damage, age spots and wrinkles
- o Endocrine disorder (hypothyroidism)

- o Respiratory disease
- o Dental and gum issues
- o Arteriosclerosis (blockage)
- o Liver problem (cirrhosis)
- o Kidney problem (nephritis)
- o Heat and cold shock (occupational or situational lifestyle disease caused by smoke, pollutants, heat, cold, sound, dust, fumes etc.)
- o Frozen shoulder, piles
- o Spondylitis
- o Arthritis
- o Urinary tract infection
- o Sleeplessness
- o Gastrointestinal infections or gastritis
- o Sexual impairment
- o Hair fall, greying and dandruff
- o H.I.V aids
- Old
 - o Dementia or Alzheimer
 - o Osteoporosis, weakness and mental trauma for loneliness

As the researcher has discussed before, the diseases depend on a lot of factors and no single factor is responsible solely for the diseases. The culture, religious backgrounds, eating habits, both the living and working environment, the lifestyle as a whole, all are responsible equally for the diseases to happen. Even the respondents admitted that they do also have faults on their part for having illnesses. Very astonishingly, almost everybody was suffering from more than two diseases. They were very calm and composed because, they have taken it for granted as ‘YUG er HAWA,’ i.e. in this era, no one can skip the lifestyle diseases, only the degree can be altered or reduced by proper measures.

Q12. Onset of disease?

This was an open question for the respondents which was asked for the researcher to understand whether there is any time line for the onset of the disease or are there any pre-stage seen before the onset of disease. But all the respondents irrespective of

age, sex or religion replied in their own way, and which seemed to be very much related and overlapping for all. The points can be summarized like this –

- The youth or students complained that the diseases happened to happen at various stages of the student life, and it worsened by days. They explained how back pain started by carrying heavy bags from childhood and they started getting deformed backbone, the eye problem due to studying all time and introduction to computers and mobile phone screen made it more prominent. Headache is also a major problem for this. Thirdly the expectations from parents or guardians made them a mental patient unintentionally from the very childhood age. This is for introducing them in a competitive world, where there is stress, depression, anxiety and agony in all turns and twists of life. Not only this, the target or goal-oriented studies for achieving desired jobs for better posts or good academic results also taking away their youth from them.
- The professionals also tried to explain how the problems of youth along with their new problems of professionalism is affecting their life. The hectic office hours, the official targets and pressure, long journey, the working environment and the lifestyle related to this is giving them the undesired diseases, which they mostly referred that it started after joining job.
- The house wives too stated that the major changes in their life pattern happened after marriage, because they had a different pattern before marriage, later they had to adjust according to the new pattern. After marriage the life changes a lot for the married women, they have to take extra responsibilities and maintain new rules and regulations of the new house. Keeping fasts for family, doing daily chores, taking care of elders and running after the young ones in house and maintaining maids and guests as well, make them very irritated. In due course they keep on losing/missing meal and do not take proper care for themselves. Thus, the onset of diseases mainly starts from after marriage.
- The older people uttered that it is mainly the onset of the old age that they start facing problems. The problems of youth and middle age passes on and gets more intensified with age. They explained that it is late 40 to 60, that they suffer a lot, as body changes and goes through a major change. They have to suffer both mentally and physically. In case of female they go through the menopause period in this age slot only, so there is a havoc change seen in them too. For the older men, who used to be in service and had an active life, suddenly get to face

retirement thus that too seems to be an unacceptable situation for them. They can't literally accept that their main stream of life leading coming to a halt and society wants them to set back.

Q13. Problems faced due to the diseases

This was an open question too; this question was asked to know whether the diseases have any other impacts on the respondents or not. Like for example name calling, taunting, teasing, or rebuking and abusing one who is suffering from any diseases (obesity). Not only this a particular disease can bring along associated other problems too, that too have impact on the patients (diabetes can cause eye, kidney, foot and gum problems. It can bring along sexual impairment and other associated diseases too). All the respondents gave almost similar answer. They are as follows-

- the problems vary from disease to disease. The diseases which can be seen superficially and gets to be noticed faster, are more taunted, therefore patients get some sort of depression and feel harassed. In some cases, they feel secluded and suffer from inferiority complex. Diseases like obesity, skin and hair problems, like pimples and dandruff etc. gets noticed faster.
- As these becomes a lifelong ailment, so other diseases which are short termed are often overlooked.
- The diseases need a constant financial support, which in certain cases seems to be troublesome to maintain.
- If the disease is kept untreated, then it can lead to other diseases.

Q14. Remedies for the diseases

It is needless to say that nowadays people are very much aware of the facts regarding lifestyle diseases, the causes and even its remedies. As we get to handle and deal with all sort of people over the phone either verbally or non-verbally through internet and talk about these issues freely in our society, so it becomes easier to grasp the root of the problem and deal with it. Regarding remedies, all the religious groups gave almost same answer, they are as follows-

- Lifestyle modification, like doing light exercise or yoga, meditation and dieting.
- Proper medication, either by Ayurveda or allopath or homoeopathy.
- Tailor-made lifestyle according to one's need and comfortibility.

- Hit the target area, from where the problem is starting, by mass awareness. Government intervention is also required.

Q15. State health care satisfaction

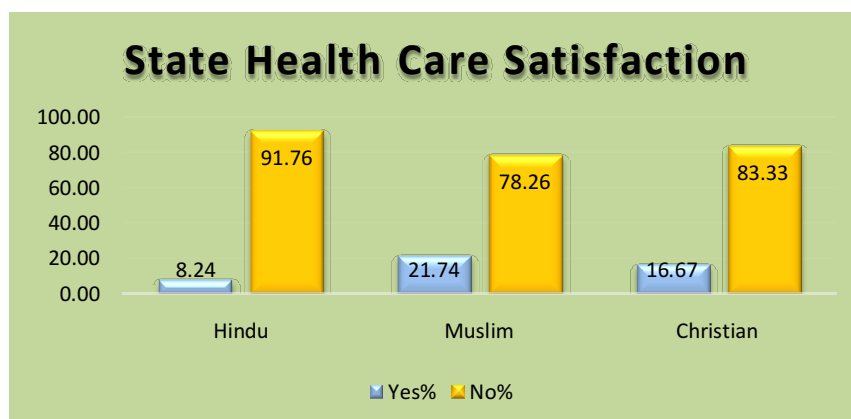


Figure 15: State health care satisfaction

Religion	Yes%	No%
Hindu	8.24	91.76
Muslim	21.74	78.26
Christian	16.67	83.33

This question was asked to see how much care, awareness and help does government do to the people of state and whether the people are satisfied with it or not. But all the respondents gave same answers.

- Hindu – 8.24% of respondents said they have faith in state health care, whereas majority i.e. 91.76% denied it.
- Muslim- 21.74% of the respondents admitted state works properly for their health issues and they get proper aid. On the other hand, 78.26% of them negated the fact.
- Christians- 16.67% of respondents said that state run hospitals are working properly and they are satisfied. But 83.33% of respondents are not at all satisfied with the state service.

Respondents who said that state health care is satisfactory, mainly meant that, those places are for poor people, the middle class go there in case of emergency. Thus, we

should not compare it with private hospitals, which take a huge amount of money, for treatment, and patient foot fall is less than state hospitals.

Let's sum up the reasons why majority rejected the state health care-

- o People have said that state hospitals are very unorganized and unsystematic, there is always rush, and people have to wait for long for their turn. Either for the pathological tests to be done or visiting the doctors, everything is very slow.
- o Numbers of beds are always short; people have to bribe brokers or get referred by politicians to get admitted. In many cases we find the outnumbered patients to be lying on the floor of the hospital and waiting for their turn.
- o The supply and circulation of medicine is not proper, and many a times, it had been seen that expired or used medical kits has been used.
- o The doctors are not always available, even though they are seen, but not on time.
- o These places are very unpromising, and recovery reports are poor.
- o No campaigning or training, nor even leaflets are given for awareness of any kind of diseases.
- o It is the duty of the citizen to create an atmosphere of wellbeing. It is to make others assume and feel all are in healthy condition, so that they can feel safe and try to combat diseases easily.

GROUP 4: MODERNIZATION AND EFFECTS OF CONSUMERISM

Q16. Food pattern

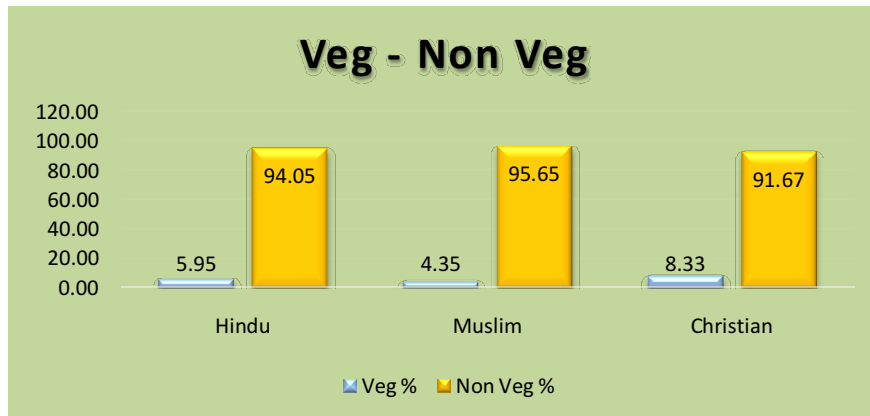


Figure 16a: Food pattern (Veg – Non Veg)

Religion	Veg %	Non-Veg %
Hindu	5.95	94.05
Muslim	4.35	95.65
Christian	8.33	91.67

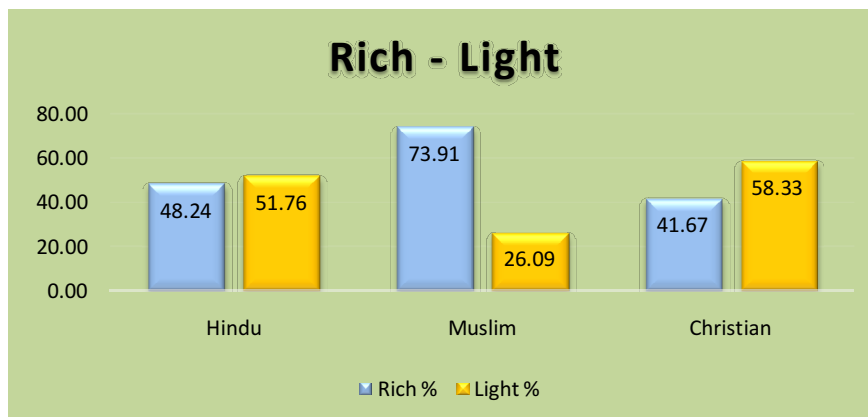


Figure 16b: Food pattern (Rich-Light)

Religion	Rich %	Light %
Hindu	48.24	51.76
Muslim	73.91	26.09
Christian	41.67	58.33

It has to be kept in mind that food and its intake depends on various factors in modern societies. It depends upon one's requirement like male / female, elite / commoners, specialist / non- specialist and old / young. These are effects of globalization and modernization that the specializations have come up.

➤ Veg and Non-veg

- o **Hindu-** 94.05% of the respondents said that they are non-vegetarian, 5.95% said that they are fully vegetarian and do not have fish, egg or meat. This group consists of mainly the old, who suffers from various diseases and have to control over their diet. There are cases of widows too who restrain from non-veg food for religious stigmas. Another sections were found where people found non- veg items to be very unhealthy and costly and considered as a ruthless act to consume them. Another section found, where they said that they can't take the smell of the non-veg items and it makes them feel ill.
- o **Muslims-** 95.65% of respondents are meat eaters and prefer non-veg items over veg ones. 4.33% of respondents are those who are very ill and have restrictions over food are under this group
- o **Christians-** 91.67% of the respondents said that they bend over non-veg items of food. And they can have any and all kinds of meat without any religious barriers. 8.33% of respondents are vegetarian who have health issues and personal preferences over non veg items.

Kolkata is a foodie's paradise. People over here especially Bengalese are very much food lovers. They love experimenting with food and exchanging methods of cooking too. They are good adopters thus they keep on adjusting their taste according to their need and choice. That is why it can be said without hesitation that Bengalee means non – vegetarian people

➤ Rich and light food

- o **Hindu-** 48.24% of respondents said they prefer rich, traditional and authentic food. Whereas 51.76% of them explained that though they prefer rich food, but they have it occasionally, either in any parties or get-together or during festivals. They said that there is a lot of awareness in social media, newspapers and even doctors are warning to have a check on oil and spices. Some of them said that all fast or street food can be cooked at home with proper nutrition and taste, which becomes healthier.

- o **Muslims-** 73.91% prefer rich food, they prefer to stick to their originality. The food which they have, has to be cooked with lot of oil and spices. Thus their taste cannot be differed or compromised. 26.09% of them said that they have to prefer light food due to their health purpose, thus they always do a balancing act of maintaining a semi light diet. The new additions of fortified oil or ingredients are also helping them to attain their goal of light eating.
- o **Christians-** 41.67% said that they eat a combination diet, where they mostly prefer the rich food. Because it has to be kept in mind that Christians don't have such rich food, and most of the Christian respondents are converted, thus they were originally Bengalee from beforehand and their preference is also Bengalee food. 58.33% of respondents are preferring light food because of the awareness all over.

As the ratio of respondents preferring light cooked food is more or less equal to the rich cooked food preferred people, it can be understood that the scenario is changing and people have taken their health issues seriously. Light cooked food is now being accepted by all, especially the youth and the old.

Q17. Changing of food patterns with inventions and mechanizations

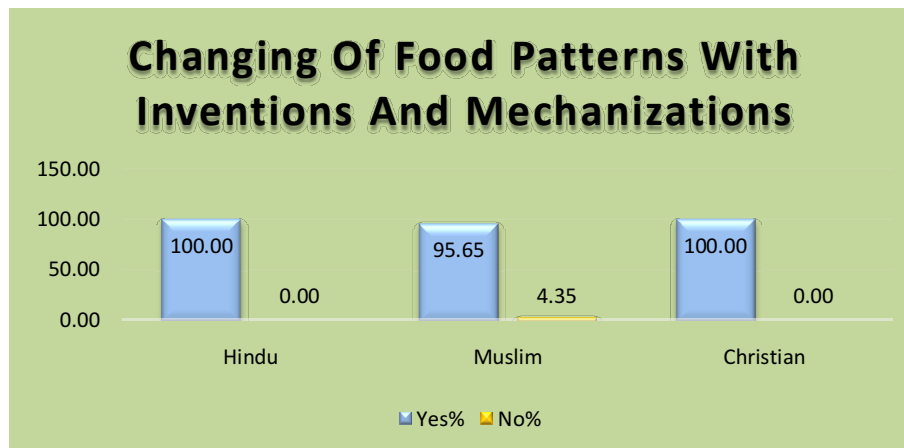


Figure 17: Changing of food patterns with inventions and mechanizations

Religion	Yes%	No%
Hindu	100.00	0.00
Muslim	95.65	4.35
Christian	100.00	0.00

- Hindu- 100% of them replied yes, inventions and mechanizations have changed food patterns.
- Muslims- 95.65% said yes, but 4.35 uttered no to this question.
- Christians- 100% of them agreed to the new brought about changes in food pattern.

In reply to this question, almost all the respondents agreed that the food pattern has changed, with time and with the help of inventions and mechanizations. There are other many factors also, which has helped this to happen they are the following-

- o The cook shows and books in different languages has helped all to get a hold of different dishes of different places. The ingredients and its uses and taste also can be assumed and heard off from the cooking shows.
- o Due to various reasons, people are out of their hometown either within country or in foreign lands, the reasons may be many like, job placements, studies, marriage purpose relocation etc. but for these reasons people tend to adopt the new ways of cooking of that place, and make it according to one's own choice. Because the availability of vegetables or spices depends a lot for adopting the new ways of learning.
- o The cosmopolitan culture with added advantage of departmental store in different malls which keep different spices and condiments also helps a lot for preparation of different dishes. Previously it was due to unavailability of ingredients that people couldn't try new recipes, but now that problem is no more.
- o The urge to taste something new and different is also another reason to get adopted to new taste and type of cooking.
- o Now cooking has become both passion, hobby and profession for many, thus more research and development is done on this field. Both men and women are equally interested in this field. More people are talking about topics of different dishes of all around the world.
- o Cooking is no more a hard work, different machines and cooking aids has come up to boost up the spirit of cooking and try something new.
- o The readymade or ready to cook food also has helped a lot for change of taste. The heat and eat recipes available, saves a lot of time.

Now we will discuss the points, where respondents said that there has been no change as such, the Muslims mainly were found to be saying so, reasons are as follows-

- o At home we usually stick to our own traditional food, because it is our culture and duty to follow these rules. Some of them might think of tasting new, but in that case, it is always outside house the experimentation is done. Moreover, in house also, experimentation doesn't go for long. We come back to basic, when it comes to tradition, because that is where we belong.

Q18. Like snacks?

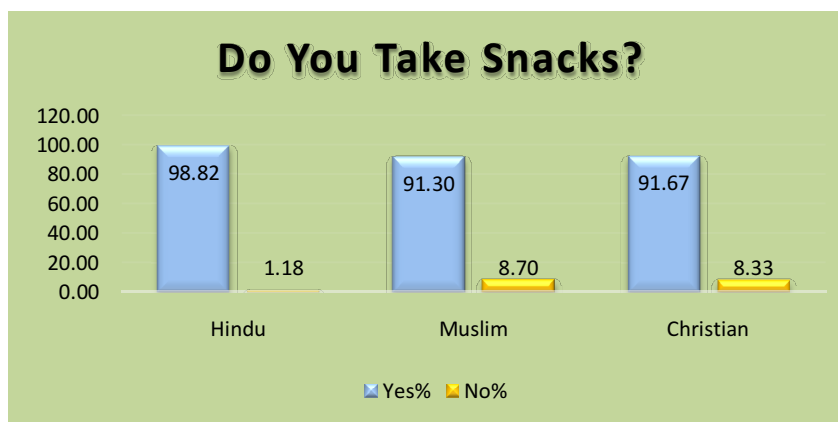


Figure 18: Like Snacks?

Religion	Yes%	No%
Hindu	98.82	1.18
Muslim	91.30	8.70
Christian	91.67	8.33

- Hindu – 98.82% like snacking but 1.18% do not.
- Muslim- 91.30% of respondents prefer snacks but 8.70% didn't do so.
- Christian- 91.67% of respondents do snack but 8.33% doesn't do.

But when in return they were asked that, why do they take it, the replies were like this-

- o It is very tasty and cheap, whereas readily available all throughout.
- o It is not always possible to carry food or Tiffin all the time.
- o Saves time and money and brings satiety value.

- o Different varieties are available; thus, the monotony of home cooked food can be eliminated.

Only a negligible number of respondents disagreed the fact that they don't like snacking, and the reason behind are-

- o The choice of food is a reason for being harmful for snacking. If one chose proper nutritive food, then it cannot be harmful at all. Thus, one should have a habit of carrying healthy foods, like nuts, biscuits or puffed rice etc.
- o Now we find plenty of stalls, shops and restaurants offering healthy snacks. Thus, it all depends what one chooses or wants to eat.

Q19. Is snacking harmful?

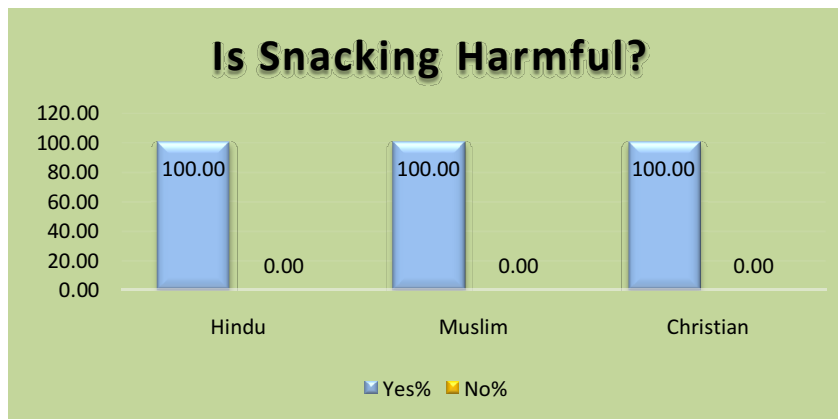


Figure 19: Is snacking harmful?

- Hindu – 100% told it is harmful, 100% said it might not.
- Muslim- 100% of respondents agreed to the harmfulness of snacking.
- Christian- 100% of respondents said it is harmful.

It was a very common question, as all of them were from the city, thus everybody knew the common consequences of snacking. Almost everybody was aware of the facts of snacking, thus mostly all of them said that snacking is harmful. Thus, when they were asked about the alternatives, that what should be taken instead of snacks, the answers were like this-

- o Many of them said that, there can't be any alternatives, because this cannot go missing or changed, thus they have no idea, what can be the alternative to this snack
- o The chef and the nutritionist should come together to bring tasty as well as nutritive foods.

- o Carrying snacks but not consume from outside or roadside but from home, can be another alternative.
- o Change the ways of cooking and ingredients as well, can be another alternative.
The negligible percentage of respondents who said that snacking might not be harmful, their thoughts are-
- o Those who are already suffering, they already have made out alternatives, thus others can learn from them.
- o Choice of food depends on one's health concerns, thus one who is health conscious will always opt for healthy alternatives.

Q20. Dinning out

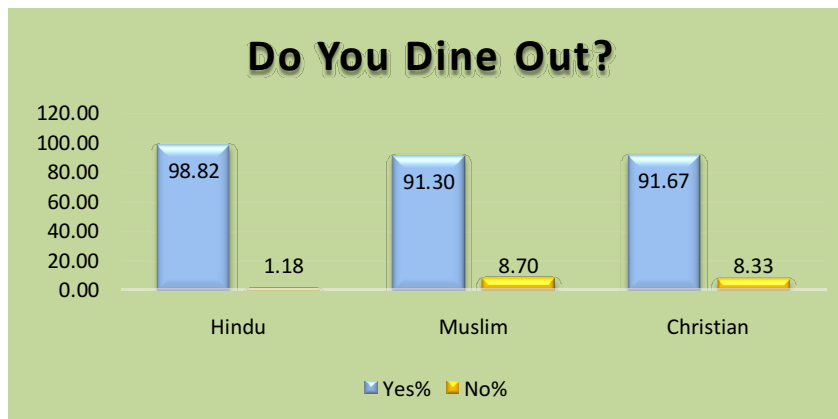


Figure 20: Dinning out

Religion	Yes%	No%
Hindu	98.82	1.18
Muslim	91.30	8.70
Christian	91.67	8.33

This question was asked to clarify whether the trend of eating out is making the respondents vulnerable to lifestyle diseases. What cultural or religious measures do they take while eating or ordering foods in restaurants. Do those measures help them to get over the diseases or not? The reply was overwhelming, almost everybody goes out for dinning.

➤ **Hindu-** 98.82% said they like eating out and explore different dishes at different restaurants. They like to visit different food carnivals and experiment with taste. Whenever there seems to be any occasion or festival or party dinning out seems to be a must. Secondly cooking for many is a hectic job, thus inviting the invitees to a restaurant to one's choice is very easy. Thirdly or lastly home delivery of food via different applications in smart phone is also a reason people are eating more varieties of food.

- For Hindus they keep in mind the kind of meat they are eating and whether the restaurant cater beef or not, though many told that there are many multi cuisine restaurants in Kolkata which make delicious food but serves beef too, in that case they do dine there but do not order beef. Because to them taste matters a lot thus, they keep aside the hesitation and enjoy food.

- The cleanliness also matters a lot.

1.18% said they do not dine out, because they are old and usually do not go out to dine and have plenty of restrictions on food or are seriously ill.

➤ **Muslim-** 91.30% of the respondents said dining out is a very common phenomenon now, and it has become a matter of time pass too. Moreover, outing means a trip to restaurant is mandatory, it might be a shopping date or a movie date.

- They go to places offering halal meat, they mostly avoid authentic Chinese restaurants because of pork. They go to all kinds of restaurants where beef is available and to other non-beef but trustworthy valued restaurants where good and tasty food is offered.

- They mainly revisit the same restaurants which they think satisfactory according to their own criteria.

Though mall culture is helping a lot to break the religious barriers and get exposed to different kinds of dishes.

10% of respondents are those who mainly are very stubborn and stick to their own culture and do not want to be mixed with other culture. Though the poor and old people are also there who do not wish to do so, because home cooked food is what they prefer most.

➤ **Christians-** 91.67% of them agreed that dinning out has become a ritual. Most of the days either in tiffin or during meals restaurant food is ordered. They said that Kolkata is place to try different special dishes in reasonable price. The bakery is

also famous and different pockets or zones are there, where food is the main attraction, like Park Street, Dharmatalla, china town etc.

- o They do not keep any restrictions as such, because they don't have religious stigmas on food.
- o They mainly see the hygienic part of the eatery along with its outcome of taste.

8.33% of them said that they do not go for eating out because, they are not capable of having outside food for health issues.

It can be said that regular or frequent eating out is hampering health, but it has nothing to do with religion, as only avoiding different types of meat cannot be a reason of getting ill or susceptible to diseases.

Q21. Change in religious concept

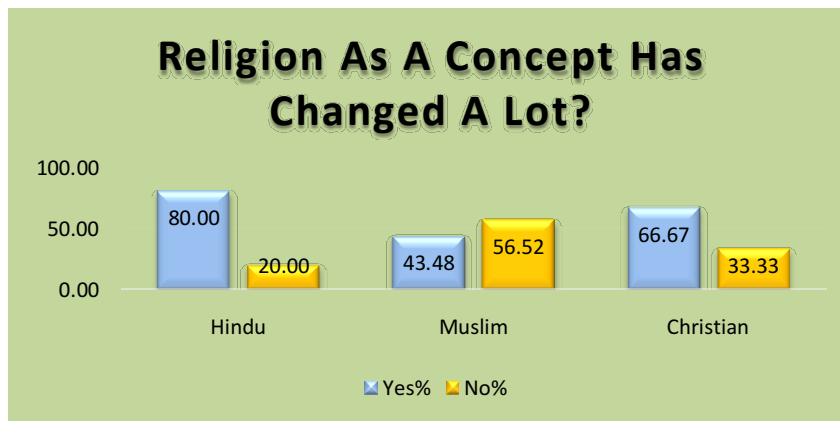


Figure 21: Change in religious concept

Religion	Yes%	No%
Hindu	80.00	20.00
Muslim	43.48	56.52
Christian	66.67	33.33

This question was asked in order to know that if there is any change in the concept of religion at present, if yes, then how it is related to one's illnesses. This question had a mixed reaction-

- **Hindu-** 80% of respondents admit that there has been a lot of changes found in the religious scenario of Hinduism. Whereas 20% said that the same old traditional ritualism and spiritualism exists. But the way we perceive it has changed.
- **Muslims-** 43.48% of Muslim has agreed that it has changed but 56.52% negated and argued that nothing has changed and everything is same as before.
- **Christians-** 66.67% happily said that it has changed a lot, many alterations and additions can be noticed. 33.33% said that the time and people has changed, but god is same and all associated things are also intact, just the manifestation has changed.

The reasons given for the changes seen are as follows-

- The time, energy and money involved for the maintenance of rituals are a factor now, the present scenario is such that everybody is busy in their own respective life with various tasks and engagements, thus organizing a religious activity becomes a tedious job. Thus, the interest in these has decreased a lot.
- The home makers or old people who are at home, they too can't take so much responsibilities, as it requires a lot of rules and regulations and rigorous rites to be followed. Though they know all of them, still cannot perform them due to lack of energy.
- In many cases it is found that salaried priest is kept for performing the daily ritual in many houses, and where it is not kept, the activity is shortened to a very minimal kind.
- People fasting for religious purpose now a days are merely for abstaining from tempting and calorific oily food. This is more common in the youth or middle-aged girls and women. Young girls after passing college or high school get very much figure conscious and start dieting, from there on their health starts to take a setback and they suffer from under nutrition. They take up the excuse of fasting for self-controlling on overeating and in remembrance of god, so that nobody tells anything to them. Religion is an easy way to escape to one's own world.
- Festivals has become a way of merriment or enjoyment, rather recreation, through which people unite amongst themselves. The festivities bring happiness and good times. Thus, the way people celebrate and rejoice, makes the rituals a less important thing. As life has become very stressful and monotonous, people

keep on searching for reasons to make most of a situation to make it memorable.

Thus, religion is losing its traditional glory of serving all rituals.

- o Globalization has more impact on religion, as 1st world countries are donating fund to 3rd world countries, so out of courtesy or obligation, they are coping and copying the 1st world country people. As we know that first world country people are mostly westerners. So, the impact of westernization is clearly seen in this country too.

People who said that religion as a concept has not changed, had few views to support it, those were-

- o This is a short phase, where people are acting like this way, but at time of prayer or worship the spirituality can be seen intact.
- o It is due to the false reality of social media that a hype is created during each festival of every religion, thus we get to believe that enjoyment has become the main reason of festivals. It has become like seeing is believing. But the actuality is not that, it is all same as before. It is what being shown.

Q22. Sources of religious information

This question was asked to ensure how modernity has touched religion, rather how religion has changed its form in the era of internet and smart phone. Whether modernity has accelerated the religiosity among the respondents or not. The replies were very similar from all religious groups.

- It seemed that modernity has helped everybody to know about different religion in detail, and whatever queries they had in mind, regarding religion, everything was available in internet. Thus, the urge of going to religious places reduced. This in return makes people more susceptible to diseases, due to less of activities.
- Most of them replied that they know about news regarding religion from the shared videos and chat shows on social media like Facebook, twitter, WhatsApp, YouTube etc. and rest on addition from newspaper, television, magazines and journals and last but not the least from relatives and neighbor. Because everybody has learned to become very informative. So, they don't need to run to religious places to clarify thoughts and doubts like before.

Q23. Relation of food with religion

This open question was asked to ensure how much the relation of food to religion has changed due to modernization. The answers will help to analyze the effect of modernization on food and its consumption and its relation with diseases. The main motive here is to see whether the feasting in the name of religion is anyhow ushering new disease at present.

Each and every religion has some sort of link and relation with food. We get to see from time immemorial rain god, sun god has been worshipped due to proper harvesting. Even offerings and sacrifices are given in form of food to gods and goddess for proper cultivation and uninterrupted flow of crops. In similar way when farming and harvesting is done properly feasting and get-together is done as a token of thanks giving to god. Not only this in any festivals we celebrate by cooking foods for gods and offer in front of them, and later we share those offerings as Prasad or blessings amongst friends and relatives. Thus it is quite clear that food is anyhow related to religion in different forms, patterns, kinds and types. It just varies religion to religion and places to places.

- **Hindu-** the Hindu claimed that from the birth to death, religion plays a vital role, and it is followed by offering food to god, and later on celebrating by a feast. In every matter of either happiness or in sorrow god is remembered. Not only for personal matter, Hindus have innumerable gods and goddess and their worshipping is known as festivals. So, they are used to continuous celebration of festivals which happens to happen one after the other, throughout the year. The festivals are then ended on a note of family and friend's get-together followed by a grand feast. Food is seen as a media of spreading happiness, it is not only looked upon as a source of satisfaction, but for receiving blessings too. It is through food by which they serve God and in return serve themselves. Though the pattern of foods offered have changed through ages, according to the taste of the followers. On the other hand, the trend of feasting has changed too. The change has crept in for multiculturalism. The free mixing of different cultures are actually making the changes to happen. For example, the traditional cooking method and the preparation of authentic bhog for offering god has changed a lot through ages, and a lot of commercialization and mechanization has come in. the

same is true for feasting too, the favoring of food varies from the surrounding or dominating culture. As festival doesn't only mean, enjoying home cooked food, it entails hopping to restaurants too. The restaurants too change and organize their recipes and menus according to the festive mood. The customization of food is what attract more customers, because it is found only during that time slot.



- **Muslim-** respondents here said that though they don't have so much of festivals to celebrate but they try to maintain the traditionalism to its core. Cooking, sharing, gifting or presenting is a part and parcel of their festivals. They too pray to god for his grace, on different personal occasion, like marriage, child birth, baby shower etc. they too keep god in sorrowful event like demise of near and dear ones. Their authentic dishes both main course and desert are common in each occasion, here very few and selected people are seen to go to restaurants. They like celebrating among them selves

- **Christian-** like the Muslim community, they too have very few festivals. Thus, they do not miss out any opportunity to make it grand. They make it a point that, they do not compromise in sharing and gifting of foods and presents to others. Making of dishes of one's own choice is found. For new taste they too go for restaurants, which does customization, because it is not always possible to stick to the old.

The new and changed pattern of food for, during and after the festivals is taking a toll on respondents, continuous festivals alone is not the factor, but the choice of food, amount and repetition of having rich food is a reason for various diseases like acidity, gas, heart burn, poor metabolism, food poisoning, indigestion, obesity etc. people in Kolkata is very much enthusiastic, and they enjoy to the fullest in each and every kind of festival they come across. Thus, it is very hard to distinguish, which religion people are more susceptible to disease than the other and why. It is quite natural to understand that Kolkata has a strong social bonding, and on basis of that people exchange their thoughts and actions, which ultimately lead all of them to a mainstream humanitarian ground.

Q24. Consumerism increased a lot?

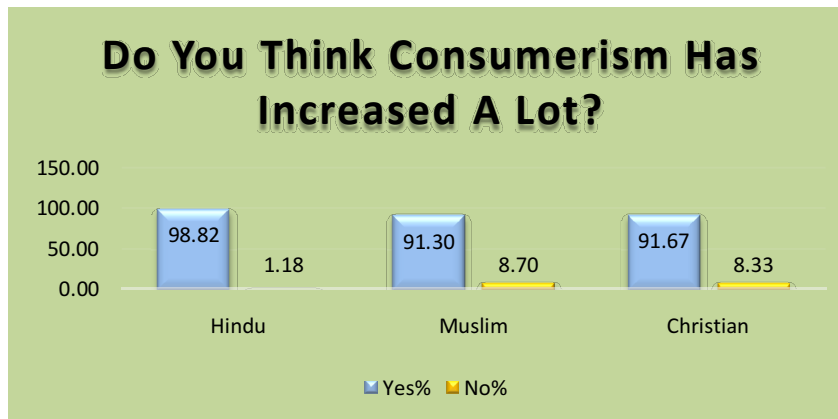


Figure 24: Consumerism increased a lot?

Religion	Yes%	No%
Hindu	98.82	1.18
Muslim	91.30	8.70
Christian	91.67	8.33

- **Hindu-** 98.82% of respondents agreed to question, and said that yes, consumerism has increased a lot, and we have been enslaved by it. But 1.18% of people said that old is gold, so sticking to the local and known product is much better than asking for new and getting accustomed to it. Although consumerism has hit the market, but it is not for our betterment, rather it is a marketing strategy for profit making by fooling us. The concept of the new is actually nothing but presenting the old in a new way. So, consumerism is just a new phase in economy for its own betterment.
- **Muslim-** 91.30% of respondents admitted that consumerism is seen in every sphere of life. Everything has got a new makeover and always and always seems to be in a hurry to get changed for more betterment. Consumerism has become an inevitable process. Whereas 8.70% of respondents said that India is still under developing country, and just merely following them help not help us. We are always far behind the west, and cannot match them up in all aspects. Thus, it is better to stick to our own concepts of modernization and change accordingly.

- **Christian-** 91.67% of respondents said that consumerism is a boon in today's world. And everybody is somehow or the other getting benefited for it. It checks customer's satisfaction and keeps on upgrading. Customers get true value of the product. Consumerism helps us to put ourselves in the pace of change in accordance to the rest of the world. 8.33% of the respondents said change is an ever-changing phenomenon, and people are fed-up with ever-changing attitude of society. Hence consumerism too is a part and parcel of never-ending change as it is a modernization effect.

When asked about, where the maximum effect of consumerism is seen, everybody seemed to cover every aspect of life. According to them body and food is part of consumerism, and it has become a trend to look good and eat well. Thus, consumerism is the new magic wand, to make life easier. The post-structural era is very much consumption oriented, so consumerism developed rapidly, and everybody is following the consumer culture. The aspect, where consumerism is seen most are as follows-

- o Food
- o Fashion
- o Luxury items
- o Gadgets
- o Education
- o Medicine and health care.
- o Every kind of trade and commerce (especially e-commerce) etc.

Q25. Does present situation and cultural effects taking toll in daily life

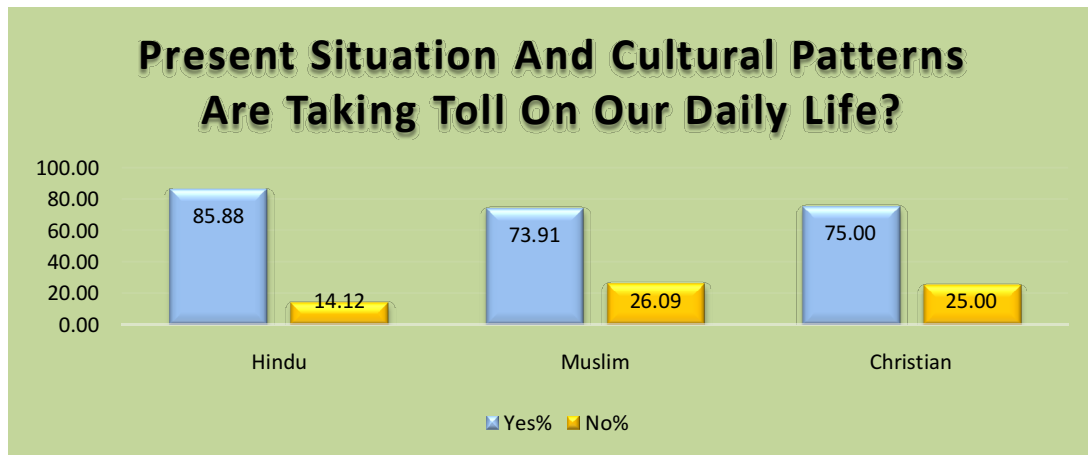


Figure 25: Does present situation and cultural effects taking toll in daily life

Religion	Yes%	No%
Hindu	85.88	14.12
Muslim	73.91	26.09
Christian	75.00	25.00

- **Hindu-** 85.88% said that the present situation is really taking toll on daily life. 14.12% said that the life style has to be tailor-made so that the present situation cannot hamper it.
- **Muslim-** 73.91% told yes, the lifestyle has changed a lot, thus it is creating problem from different aspects. 26.09% of people said that accepting the change depends upon oneself, one who is very particular about one's life and follow strict regimen, do not have to suffer any consequences.
- **Christians-** 75% of respondents said that they too are suffering from the harsh effects of today's life. 25% of them said that change is inevitable, so one has to be very much concerned and aware about the new effects of change, and safeguard oneself accordingly.

The different causes, examples and reasons, why they said that the present situation is very venomous are stated below –

- o The new work pattern and sedentary lifestyle is a main reason, why people are having diseases, the irregular shifts, continuous brainwork, same posture although out, late night parties, work hour extension, tension and stress, restlessness, sleeplessness etc. are accumulatively making people sick and taking them away from their family.

- o As almost every member of the family works, especially both the parents so the children suffer the 'we time', and cannot enjoy the company of parents.
- o The staying in flat culture and busy study schedule of the children are taking away the childhood from them. The gadgets have replaced the playground and park time.
- o The urge of knowing from nature or gathering knowledge from elders has become obsolete, internet has engrossed all their interaction time. They learn by watching videos and listening to audios. This is affecting their eyes and ears and reducing their interacting power with others. They are becoming self-centered and shy.
- o Everything has become very professional and business oriented, like health care, education etc. not only this people have become very robotic and unemotional, and has stopped listening to their heart.
- o We are always obsessed with fair complexioned people with a handsome physic or a beautiful figure. This is because from childhood we are getting to see this from different religious or story books, that is all good and central characters of either story or religious books are slim, good looking and fair complexioned. That may be prince or princess or angels and gods or goddesses. This misconception is getting more hyped by the media till now. In all films, TV serials and even in reality talk shows we get to see all decked up people, who actually doesn't resemble reality. But unfortunately, the youth, especially the girls are trying to follow it unknowingly, thus they are facing different health problems. Because they always want to be like them to be accepted by society. Not only this, the society is pushing them more towards degrading health by forcing them to use all chemical products and artificial clothes and accessories. By this they are actually losing their identity and putting health at stake. Lastly, they are getting out of focus and far behind from their goal achievement of good carrier. Because they are always preoccupied with the thoughts about their looks and figure. Now women have more opportunity in different fields in relation to their previous generation. If they are engaged in figure correction and beauty enhancement, then automatically they will stay behind, and there will be no equilibrium in society. If they do not avail the opportunities on time women will be neglected and looked down upon as ever before.

Q26. Advice to next generation, regarding the changes in and around us, and the associated problems related with it?

This was an open-ended question, to gather facts about, what the majority thinks about the changes and how they deal to get accustomed to it. It is quite clear that everybody is both concerned and clear about the changes in the society, health and especially the environmental changes. Every respondent gave their own idea, for combating and accepting the changes. The different thoughts are –

- o Change is the only constant in this world, so get accustomed to changes and change accordingly.
- o For the major changes in health and environment, the first step should be taken from one's own space, then it may be carried forward to other places too, because charity begins at home.
- o Use, reuse and save is the new concept.
- o Create and recreate new opportunities for the next generation.
- o Try to hold on to roots and maintain originality other than coping others.
- o Back to basic. As the basic things are the simple and best in any form, so it is easy to get accustomed by all.

GROUP 5: CONSCIOUSNESS REGARDING HEALTH

Q27. Educational balance between religious demands and health issues

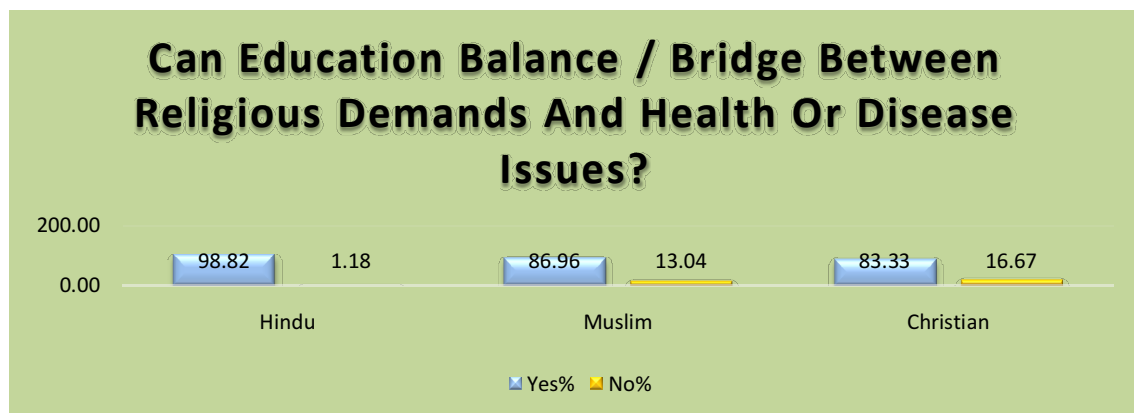


Figure 27: Educational balance between religious demands and health issues

Religion	Yes%	No%
Hindu	98.82	1.18
Muslim	86.96	13.04
Christian	83.33	16.67

This question was asked to know, whether education can bridge between religious demands and health issues related to it. As we know each and every religion has something good and bad at the same time, so the followers find difficulties in maintaining all the rituals and rites of their religion. Especially the rules and regulations which seems obsolete now-a-days. Here arises the base of the question, in this situation does education helps in overcoming the drawbacks of every religion?

- **Hindu** – 98.82% of them said that yes education works like magic wand, and magically every problem fades away with knowledge. Actually, true education is like litmus paper which helps to distinguish between right and wrong. Due to widening of the horizon of knowledge it becomes easier to come out from the shackles of religious burdens. 1.18% of them said that education do make one more tolerant, but it doesn't mean one would overlook the religious dos and don'ts.

For example, the ritual of fasting before each and every puja, or widows having only veg food, the concept of impurity during menstruation and a social, physical and mental seclusion is very much traumatic. These things are in no way significant now a days. All of us have hectic schedule all throughout the day, if we feel hungry, then automatically we will not be able to concentrate on our work. Similarly widow means having only vegetarian food and wearing light colored saree or dresses to symbolize sadness, also doesn't mean anything religious, everybody has their own choice of living. Thus, avoiding one from all sort of happiness or luxuries in life cannot be religious act. The ways women are treated during their menstrual days is really pathetic to consider. They are intentionally kept out of main stream of life for those days due to religious litigations. As if they have done some sort of sins, that is why they are typecast every month with different rules to be maintained as punishments. The strong

speculations from family and friends and different approaches in various places makes them very uncomfortable. Which actually hinders their growth in every sphere of life like in jobs or education. People with education can overcome these problems through their own judgements and rationalization for their own betterment.

- **Muslim** – 86.96% of them agreed that due to education enlightenment happens and it becomes easier to take decisions and actions by oneself. Education makes one more open-minded and it becomes easy for them to welcome all odds. Thus, they can opt for the best them. 13.04% of them said that there are many instances where well educated people are seen to be very much irrational from religious ground, and stick to traditional rites, rituals and thoughts.

For example, the hijab or burkha, which the Muslim women have to wear, sometimes causes them to be confronted with uncomfortable situations. In many instances, they have to forget their wish or desire to learn dancing or swimming or even going to gym. This is just because they are needed to wear loose fitting clothes, which are usually oversized to cover their body well. These kinds of dresses cause hindrance in the above said activities. Thus, they cannot be seen as such in these fields. People who can overcome these obstacles can avail the desired activities.

- **Christians** – 83.33% of them said that education is a good solvent and it can solve many problems. It works as an analyzer too. 16.67% of them said that holding upon the basic and original form of religion and its rites and rituals are the best way to get near god. If we try to change it and mould it in our accordance we will go far from god.

For example, the frequent occurrence of mass like first Friday mass, the Sunday mass, is not always possible to attend. People are heart pressed all throughout the week. Thus, if on holidays also they need to attend the church, it becomes very hectic.

Q28. Introduction of health education in school

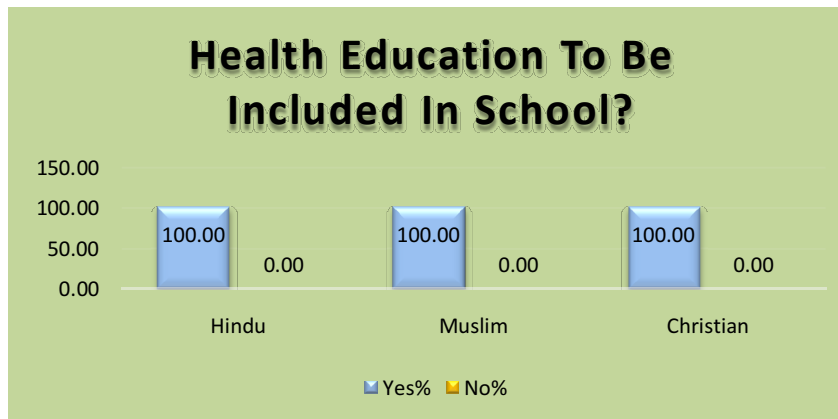


Figure 28: Introduction of health education in school

Religion	Yes%	No%
Hindu	100.00	0.00
Muslim	100.00	0.00
Christian	100.00	0.00

- Hindu – 100%
- Muslim – 100%
- Christian – 100%

This is the only question where all the respondents highly agreed that health education should be introduced to every school, till certain level. When asked about, why do they prefer or demand such subject, the answer was like this –

- Knowledge of food is a must, mostly diseases happens to happen due to less, no or wrong knowledge of food and nutrition.
- Which food is cheap and best for health and which food to avoid, these do's and don'ts are very important to know? Most often it is the wrong choice of foods that we parents put the children to health problems.
- As we know health is the wealth of society, thus if from the very childhood age, if we can clear the idea of proper choice of foods to our children, then from that generation our society will have strong and healthy citizens. Not only this, they can teach both the older and new generations the ideal way of eating or choosing food.
- Each school should have a counsellor, who would look after the choice and problems related to food of each child, so that his choice and likings gets noticed and the food chart is made accordingly. By doing this child will not waste food, and they will become confident about their choice of food.

- o This is actually making both the future of child and society bright, so that the diseases related to food and intake of food gets reduced, and they can concentrate on other important issues on life. By doing this they will be able to avoid many diseases and disease-causing reasons, because their concept will be clear.
- o As most of the schools have physical education, work education, environmental science etc. as compulsory subject, similarly health education should also be considered as equally important.

b. CASE STUDIES

Salma Suleiman, a Muslim by religion, is a second year student of Presidency University. She is 21 years old and stays at Razabazar. She is a student of Islamic History at the college. She is single and has two elder brothers and an elder sister at home. She consumes three meals a day and often eats in between meals. Her height is 4 feet and 11 inches and weight 51 kilograms, therefore she falls within the Normal category. She ate out on an average 9 times a week so following the measure of eating out can be grouped into the High Level of eating out category. She said that ‘jab baharrehtehai, tohbahar ka khanakhatehain, aur jab anderrehtehai to ander ka khanakhanapartahain’ (if she is away from home then she has food outside and when she stays at home she consumes food there). She also admitted of having outside food at home or just going for food outside. She visits eateries with her friends. She loves experimenting with eat outs every time she is eating out. Her elder sister cooks food at home by experimenting with different condiments. She even prepares multi-cuisine dishes by watching cookery shows. She admits that when she visits a restaurant it is purposely chosen on the basis of halal meat being made available. She admits of visiting McDonalds and KFC both. She likes it because it is more fun to stand in the line and carry one’s own food. She asserted that these fast food restaurants must be keeping halal meat. At home occasions are celebrated and not at hotels, because of religious prescriptions. She views food as a stress reliever and said, ‘khana hi toh sab kuchhai, rotein hue insaan ko hasadetahai’ (food is everything, it can make a sad person smile). She does not skip meals or tries out dieting but suffers from few lifestyles related disorders like pimples, hair fall, PCODs and hyperthyroidism. She believes in God, prays five times a day. She fasts on Ramadan month, on Bakr-Id and on Sab-E-Barat. She fasts as she says, ‘Allah ko khushkarnekeliye’ (to please Allah) and refrainment on certain occasions makes Allah happy. She visits Razabazar mosque where

there is partition for ladies and gents. She has friends from other religious backgrounds and is comfortable in sharing food with them. She asserted that she has not consumed anything without religious prescriptions.

Mohammad Ayub is a 20-year, single Muslim, studying at the Maulana Azad College. He loves clinging on to old restaurants as they are tasty and has faced inverse consequences while experimenting a few times. He is overweight as has a weight of 74 kilograms and a height of 5 feet and 4 inches. He eats out 16 times a week, because of the variety. And therefore, falls in extreme eating out category. He visits McDonalds and KFC and likes the chicken bucket very much. Eats out with friends admits that ‘achakhane se sharer, maanpheyeltahain’ (good food makes health and heart happy). Even though he consumes Maggi, top Ramen and others but is not aware of global brands like Baskin and Robins, London Dairy, etc. drops in at eateries at any time of the day. Confessed that does not always comply to zabiha as with friends so consumes chicken at eateries. While consuming oily and spicy food admits ‘oil side karkebakikhatehain’ (separates the oil and has the food). Goes to gym for ‘body’ building. He confessed about belief in God as ‘khud se jyada’ (more than himself). Prays for five times a day and observes fasting on Ramadan, Muharram, Bakr-Id etc. he confessed that he observes fasting as it has been carried on, so a sort of compulsion compels him. He does not generally eat out on days of religious significance. Has friends from other religious backgrounds, does not mind sharing food with them. His family dictates religious prescriptions related to food but he always does not oblige them as he says ‘haankabhi, kabhikuch kha letehain, gharwalon ko malum parta nahi hain, jhar parenge lekin tab hi nahi sudhenge’ (family members are not aware of the respondent consuming religion’s prohibited foods and said that he will continue with such consumptions). He admits that due to obesity he has knee and leg pain. He also has gastritis problems at times. He knows why he is having these problems, but can’t curb or restrict his habit of overeating and eating out.

Shahabanoor Bibi is an 81-year-old house wife, resident of Phoolbagan. She is Overweight and weighs 74 kilograms, with her height 5 feet and 1 inch. She doesn’t eats out or try out new cuisines. Authentic food is a high form of stress reliever, according to her. She admits of eating outside food from KFC and McDonalds. She asserts that these food chains keep halal meat. She is a believer in God, prays and takes part in religious rituals regularly. She also eats with friends of different religious backgrounds and if

unsure of the meat available, before having it she says, ‘Bismillah, boll lete hain, toh Allah sab maaf kar deta hain’ (Bismillah, as that frees the adherents from all sins incurred while having haram food). She admits that she suffers from old-age problems like joint pain, diabetes, blood pressure, memory loss etc.

Sushmita Banerjee is a 35 years old Hindu, Brahmin lady, lecturer by profession. Her height is 5 feet and 6 inches and has a weight of 64 kilograms. She falls within the normal category. She eats out 15 times a week and thereby can be classified as to fall in High levels of eating out category. She generally consumes three meals a day and makes it a point not to eat in-between meals. She loves to eat out and experiment as she loves good food and also because it helps her to break the monotony of day-to-day life. She loves to have food at restaurants as ‘it gives the complete experience of having warm, well served food in a perfect ambience’. As she has a small baby so she often home delivers meals as her mobility restricted to some extent for the baby. She eats out mostly with her family, friends and spouse. Even though she eats out a lot but admits of having high metabolic rate and thus does not worry about calorie intake generally. She is an atheist and does not believe in God, nor does she pray. She does not eat out on festivals as she says ‘I hate overcrowded places and shoddy service’. She consumes beef, pork, etc. She claims her family as a secular one and thus she says ‘I eat everything I feel like, and never felt the need to hide it from my family’. On lifestyle diseases, she admits that it is inevitable and somehow trying to overcome it. She has restlessness and work tension as she has to travel a lot to her work place and return on same day for her kid. This has created a monotony and at times she feels tired and disgusted from which she suffers a mild depression. She admits that her ‘we time’ is reducing.

Eric D’rozario, a 34-year-old Christian teacher by profession. He consumes on an average four meals a day. He says, ‘home-made food brings soul to the recipe which is eaten daily, but at times when the belly rules the mind, I too feel like satisfying the taste buds with food cooked outside (JUNK)’. He loves restaurants because of the perfect service, quality and comfort and adds, ‘it brings in the feel of the food when you eat it in its respective restaurant. Like having Pizza at Pizza Hut....’ He home delivers food as ‘sometimes it’s quite lazy to go to the respective shop or restaurant and get your preferred item, rather getting it delivered at home’. As his wife too is a working woman and cannot always get to cook so very frequently, he has to order. He eats out more with family as ‘it

brings more of a kind of closeness with the family members. International and global brands are considered to offer the best quality and flavours. Considers eating at a restaurant indicative of 'the status of the friend offering to eat in a particular restaurant'. He suffers from fatigue and acidity and avoids taking extra calories while eating out. Both he himself and his wife almost share same ailments like cholesterol and uric acid. He is on medication for high BP and piles. He believes in God, prays regularly, and engages in religious rituals occasionally. He takes part in Sabbath mass and other Christian festivals. He observes these rituals for self-satisfaction and at least tries to fast once a year as a mark of respect for God as he says, 'I feel happy to fast for God, who had given up his life for us. So, I give up meals at least once...'

Dipika Gupta, is a working lady (banker) of 33 years Hindu lady. She is Overweight. Her height is 5 feet, 2 inches and has a weight of 70 kilograms. She eats out both for 'variety, fun and it give her a break from cooking'. She often home delivers outside food as it is convenient and often going out on occasions becomes difficult. She loves to eat out at restaurants as she says, 'I love the ambience as well as the opportunity to get away from home for a while'. She considers food as a high form of stress reliever as she accounts 'Tasty food can divert one's attention from problems and thereby helping one to relax'. She also added that she has to attend regular office party within office only, which is also very monotonous. She believes in God, considers herself as religious and prays occasionally. She observes religious rituals as she considers that being an adherent it's her basic duty to do so and also because of family's compulsion. She eats out on days of religious significance 'for fun and to avoid cooking at home'. She occasionally visits places of religious significance. She has consumed beef, pork and other sorts of meat on several occasions. However, she has friends from other religions and does not mind sharing food or eating out with them.

Adwaita Roy is a 19-year-old student. She is overweight as she has a weight of 59 kilograms and a height of 4 feet and 9 inches. She loves outside food as loves to eat out as 'outside food is always richer in taste and flavour, though it is extremely unhealthy'. She loves to eat out at restaurant as she says 'I feel restaurants offer food which is of good quality and also because of the ambience'. She often home delivers pizza as 'it makes a scope for enjoying our meal together while watching good movies. It is another way of relaxing on days when the cook did not come or to avoid cooking'. She likes restaurants

as ‘the concept of eating outside food at restaurants makes the entire project complete. She visits restaurants for good quality food, services and excellent ambience.’ She eats out with friends mostly and she considers friends as an important part of her life and asserts that the entire point of going out is ‘to eat at restaurants’. She often consumes Baskin and Robins ice-cream and claims that they are not only delicious but is ‘really value for money’. She does some number of physical activities regularly and does not mind about calorie intake. She believes in God and prays regularly but does not take part in religious rituals as she believes, ‘you don’t have to sit in front of an idol to pray, you can pray whenever you feel like’. She does not fast as she finds it difficult to stay without food for the entire day. Festivals offer a break so is the perfect time to hang out with friends and eat out. Her family has no hold over her eating habits as she follows her own set of rules while eating out. She is a non-vegetarian and consumes meat of all sorts as she says, ‘if I can consume chicken then there should be no reason why I cannot eat beef. My belief is that if the lives of numerous animals being slaughtered for consumption hold equal value. I would not stop myself from consuming beef, but consume chicken because of religion.’ She says that she feels the study pressure, so she always keeps her network strong. Due to poor food habits and erratic time for food consumption, she suffers from frequent gastritis problems.

Shreya Chattoraj, is a 36-year-old, married lady. Her weight is 43 and has a height of 4 feet, 10 inches. She eats out about thirteen times a week. She shares every meal with her family. She loves to eat out as she thinks ‘eating out is just an excuse to hang out with friends and also it makes a way for indulging in good food’. She loves to experiment with new restaurants because of different ambiances and cuisines. She loves eating out with old friends as she likes ‘good company’. Food is considered as a high form of stress reliever for her. She also home delivers her meals as she says ‘I feel like having outside food in the comfort of home’. She does not believe in God. She consumes all sorts of meat. She has a lot of physical problems like gastric ulcer, lower back pain, skin disease etc. According to her, all these appeared just after her marriage as she had to manage the house chore.

Roma Florence Das, is a 27 years old Catholic Christian, single, working, resident of Jadavpur. Her weight is 51 kilograms and she falls in the normal category. She regularly eats out to ‘explore new food and for change of taste and for the ambience’. She eats out

mostly with friends as she finds it as a ‘good reason for going out’. Food relieves stress as ‘it diverts attention from all diurnal tensions. She does not think about calories while eating out but suffers from acidity, indigestion, regular stomach upsets, gastritis problems etc. She believes in God, considers herself religious, but prays and performs religious rituals occasionally. She takes part in Christmas, Easter, Good Friday, Pujas etc. She desires to fast but cannot generally complete the fasting cycle. Her family never dictates her consumption preferences and she says, ‘does not matter what I consume’. From childhood I am getting to hear from others that I am very figure conscious and do a lot of dieting. ‘As I look very lean, so I get taunted everywhere, which depresses me a lot’.

Mohammad Rakesh, a 29-year-old, male, Muslim, staff of Maulana Azad College. He stays in Kestopur and loves outside food as he says, ‘home food sucks!’ He suffers from depression. He added, ‘from my college days to my present working stage, I am coming to Park Circus. This place is known for exquisite restaurants. So, it has been a habit to eat outside’. He is a believer, prays occasionally and performs religious rituals as per convenience. Does not observe fasts. Has friends from other religious backgrounds and does not have any inhibitions about trying their food. He eats out with friends mostly. He has not been diagnosed with major lifestyle diseases yet.

Arun Gupta, is a 19-year-old, male, single, Hindu, student of Jadavpur University. He loves outside food for its taste and for experimenting. He eats out mostly with friends. He confesses that ‘I eat out as friends do not come home’. It is advertisements that draw him to restaurants. He loves to party at hotels as ‘it is more convenient and because of no problems from parent’s side’. He is religious, prays daily, and takes part in religious rituals occasionally. It’s his family’s compulsion that compels him to fast on certain occasions. He eats out on days of religious significance ‘for enjoyment’. He said that at times he feels heavily bloated and tiring, but that lingers for very short span of time. After very mild medication it gets over.

Pushpendu Basu, 71-year-old male, Hindu, retired army officer. He falls into Overweight category. Loves to eat out because of the ‘change of atmosphere’. He eats out mostly with friends because of enjoyment. He has often ended up exceeding his budget while eating out. He does not engage in any physical activity but shows concern about weight gain. He is religious, prays, daily, goes for the Sunday mass on a regular basis, but

he does not observe fasting on days of religious significance because he can't control now. He has friends from different religious backgrounds and if they are ready, does not mind sharing food with them. He says, 'grab it and have it if it suits your taste'.

Akash Chatterjee, a 24 year old, male, intern doctor at Medical College, Kolkata. He is obese. He admits of losing 36 kilograms of weight in a span of nine months. He still now continues with his vigorous work out schedules, dance classes etc. to get that 'perfect' body. He even though tries to follow a diet aimed at weight loss but finds it impossible under most of the circumstances to abide by that. He finds it difficult to restrain from drinking and drinks quite often. He also while eating out finds it difficult to resist the temptation of indulging in taste. After consumption of outside food and drink, he suffers from a guilt and therefore to make up works out for the calorie intake. He also drinks a lot of diet Coke and Pepsi. He got great satisfaction after major weight loss, as he got a lot of attention and appreciation from his friends and relatives. He says, 'nije ke ayenaye dekhari por je anando ta lage tokhon mone hoy khawadawa na korleo kichuna, ba saradin work out korteo klanti asena' (the satisfaction of weight loss takes away the desire of eating food and motivates for more rigorous work out). That does not however prevent him from eating out; he mostly sacrifices and skips meals at home. He is a Hindu Brahmin and an ardent believer of God, to the extent that he not only prays, performs religious rituals regularly, but to the extent that he admits of keeping images of Gods and Goddesses in his wallet. He does not fast but refrains from excessive indulgence till offering prayers to the deities on certain days. For him food is indulgence. He however consumes all kinds of meat and has admitted of consuming beef on several occasions; however such things are not cooked at his home. He admits 'dhur beef, pork khelei jaat jaye, eisober kono mane nei, bhogoban khali bhakti dekhen, khawadawa ta nijeshyo byapar' (food intake does not affect one's connection with the divine; it's all a matter of respect towards God that earns blessings). He admits that he had all the obesity related side effects at one point of time, which has reduced now. Moreover, being a junior doctor, he knows details of fitness.

Anish Dasgupta, a 35-year-old, male, married with son employee of an office at Ballygange is a regular visitor of Khao Galli, and has street food as Tiffin. He comes with a group of colleagues for lunch and tea. His friends' group consists of one Muslim and the rest are Hindus. He eats out of compulsion on all days. He says, even though his wife is a housewife, it's not possible for her to prepare his lunch. He and his family eat out

often because of his son on weekends. His son dictates his occasional eating out preferences and they visit mostly Muslim specialty restaurants. However, he has not consumed beef himself, he has certain reservations while consuming food from his Muslim friend and says, ‘kokhonoi khabona’ (I will never consume). He said, ‘akhon to bhuri hoye gyeche, pressure, sugar arokoto ki dhoreche, egulo holo juger hawa bujhlen?’ (Now I have a round belly and have been diagnosed with pressure, sugar and many more allied symptoms but actually this is in trend now).

Benazir Khan, a 26-year-old married Muslim lady is Underweight with a weight of 48 kilograms and a height of 5 feet and 6 inches. She loves to eat out as it gives her a sense of rejuvenation and because of the taste. She prays regularly, believes in God and performs religious rituals as she considers them as something that re-inforces a sense of solidarity and also makes one religiously aware. She eats out on days of religious significance as she considers each occasion to have its unique taste and enjoyment. She has visited KFC and McDonalds and even though tries to consume religion’s prescription but as has friends from other religious backgrounds so often indulge in items not prescribed by Islam. She admitted, ‘ami rogaa chi bole onek kichu sunte hoy, ami onek chesta koreche poisao bhi khoroch koreche kintu kono labh holona’. (as I am underweight I have to listen from everyone. So I have tried a lot by spending on many things but everything went in vain.)

Shabina Khan is a 59-year-old, single, Muslim woman of South Kolkata. She does not eat out but believes the varieties of cuisines available at restaurants cannot be made available at home. She explains how her grand daughters and sons love to experiment while eating out as she says, ‘I get to know new restaurants, its specialties and their choice for the best one’. The ambience of the restaurant, as she finds it is interesting whenever she accompanies with family. She home delivers her meals when she does not feel like cooking or when maid does not come. She says the younger ones eats out with friends mostly, but when they have to visit expensive restaurants, she visits them with her family. Good food is a source of ‘satisfaction’ for her. She used to love to party at friend’s house as they are more ‘happening’. Food is considered as a status marker for her as she points out that it is indicative of one’s economic strength. She tries to count calories while eating out, but being ‘spoilt for choice’, she finds it difficult to maintain. She suffers from gastritis problems and all possible old age problems of renal dysfunction

etc. She is a believer, prays occasionally and takes part in religious rituals as per convenience. She fasts occasionally and does not eat out generally on days of religious significance as food is cooked at home and guests drop in. She does not consume and even does not allow anyone at home to have pork and tries to avoid places where pork is available; as she thinks that eating out at particular places not made for a particular religion might harm the thoughts, beliefs views and perspectives as related to the religion. She however is liberal about zabiha as she finds it difficult to maintain that always.

Seema Dutta is a 25 year old, Hindu female, single Overweight student. She loves outside food for taste and loves to experiment with new restaurants. She visits McDonalds frequently and says ‘of course, I like it’. She finds Baskin and Robins ice-cream, ‘too tasty to resist’. She is a believer in God, prays daily and takes part in Sunday mass weekly. She feels ‘good’ after praying and feels it will secure her a place in heaven. She always does not confide her consumptions to her parents as she fears that it will fetch her scolding for such unhealthy indulgence. She complained of pimples, early greying of hair and constipation problem. She also inferred that one of her family members who always had a very healthy lifestyle has cancer. According to her anybody at any point of time can have any disease. Thus, ‘life should be enjoyed like there is no tomorrow’.

Ruqaiya Ahmed, a 23-year-old post-graduate, underweight student, who eats out a lot. Her height is 5 feet and has a weight of 38 kilograms. She confesses that she likes to eat out ‘only’. She eats out as most of the time she remains out of the house and thus is left with no option than eat out. She visits eateries with friends mostly as it gives her a chance to hang out with friends. She prays daily and also takes part in religious rituals. She offers namaz five times a day. She fasts compulsory throughout the month of Ramadan, as she thinks as an adherent it’s her basic duty to do so. But she says ‘after fasting for thirty days, I need to go out for more enjoyment’. However, she eats out with friends frequently and finds it difficult to comply with zabiha while chicken consumption. She has never consumed pork as she finds it essential for Muslims to avoid it as part of religious prescriptions. She also added that she is trying hard to put on weight by following different diets. She has an aim of cracking several government exams, so she has a lot of pressure of studies. She is having problem to balance all these at a time.

The above cases studied it can be inferred that across all of the cases a high tendency of replacing home-cooked food with the outside ones are found. Irrespective of religious backgrounds people are eating out. Vegetarianism as form of meal orientation is on a decline and among Hindus it is almost non-observant. Among Hindu Brahmins the tendency of consuming beef is also observed. The Muslims, even though have certain reservations against consumption of pork, but are lenient towards zabihah (In Islamic law **'slaughtered animal'** is the prescribed method of ritual slaughter of all lawful halal animals. This method of slaughtering lawful animals has several conditions to be fulfilled) while consumption of chicken. Fasting has declined noticeably. And mostly for those who observe fasting it has become more lenient. Fasting for the purpose of weight loss is also noticeable among respondents. However, for the Muslims comparatively higher tendencies observing fasting is seen. However, across most of the cases it is observed that the belief in God, observance of prayers and religious rituals are found where and whenever possible. The young Hindu Brahmin, as discovered from the cases has not only washed away the notions of commensalism, pollution and purity but consumes beef. The Christians also show steady decline in the observance of the lent period before the Easter. A tendency of overweight and obesity is seen among the youngsters. Erratic meal habits are observed across respondents who are mostly obese and overweight. A compulsive eating out trend is observed among respondents. Eating out is seen to be a means of socializing mostly with the secondary kins. A trend higher among the Muslims as the Muslim respondents reported a higher rate of eating out with friends. Most of the cases revealed a high rate of experimenting to be adept with the latest and happening eateries in urban Kolkata. Across all groups eating out is seen as an important means of socializing or hanging out with friends. Thus, the important findings from the cases studied are that a compulsive eating out trend is located among the youngsters. Nutritional imbalances are also located stemming from erratic meal habits and higher levels of eating out. Secularization in terms of food intake is observed generally across all religious backgrounds. Observances of religious rituals across all communities have evolved more on the basis of convenience. Free intermingling and food sharing is observed across different religious communities. The notions of commensalism, pollution and purity among the Hindus has almost got diffused owing to the excessive pull of and self-created dependence on the public kitchen. Trends of indulgence in excessive consumption and emulating distinction by consumption of global brands are observed.

c) CONTENT ANALYSIS

The content of various advertisements, hoardings, interiors, decors are used in the research as a very apt tool as the matter of the content is indicative of a wide array of social phenomenon involved in understanding present lifestyle of Kolkatans. The site of understanding the lifestyle trend is mostly the restaurants, including theme restaurants, food courts etc. Across the respondents a tendency of visiting the restaurants and theme restaurants has been found in the research. Restaurants have emerged as the new social institutions where people spend a major span of day. New forms of behaviour, now highly patterned structures, the atmosphere within these restaurants, intended for the primary purpose of food intake. These restaurants have emerged as the new site of commodity exchange. With the strong desire, intensity, constant urge to experiment, restaurants no longer are sites of just food intake, they promise for transportation to a different world while having food. The moment one enters a restaurant, the ambience of the restaurant immediately promises transcendence in time and space by simulating a different world through signs and symbols. Social order in restaurants turns up as reproductive social order with the recreation of a different world. The advertisement of a Bengali restaurant at the heart of South Kolkata is indicative of such transportation in time and space. In the urban centre a village is recreated for not only food but also for fun.



Such simulations in terms of signs and symbols are visible almost in all the restaurants. A restaurant specializing in food of North-West frontier, as the picture highlights has recreated a similar atmosphere to make one get the 'feel' through such simulations. It does not only get restricted in terms of the decoration but also it also goes further on to recreate such feelings to keep the consumers intrigued to the system of consuming such pleasures.

Such simulations are taken to an altogether different level with kebabs being served at the table with a traditional barbeque setting. Efforts are made to bridge the gap between the real places and non-places. The consumer's non-places are projected as the best places which not only provide the best places but also are the ones where only good things happen.



Like this advertisement reads that the best deals are sealed while enjoying the delicacies at the restaurant. Thus 'digging in' is not enough a reason, but it becomes more promising with the 'moments of success'. Thus the emergence of restaurants as something more than just a place encouraging food intake is evident from the advertisement.

Mr. Kapoor was about to
dig into Scotch Eggs
when he received the news
that his Japan deal was sealed.

As evident from the inside décor of a KFC outlet it makes it evident that since many years KFC food brings with it happiness, joy, fun and finger licking taste, especially among youngsters. It defines the consumers as 'Kentucky Folks' that connects globally all the consumers of KFC products. Restaurants as sites of consumption always bring with it happiness, fun, frolic, merriment as one engages in eating out.



Food festivals galore throughout the year each season, week or weekend featuring the seasonal specialty. Like the advertisement indicates glazing one's palate with the salt of the sea, like never before. The hoarding at the middle right talks about Hilsa festival. It is unique as it not only gives individuals the freedom to have any variety of hilsa, but the trouble entrenched in removing the bones from the fish are removed and the happiness galores for the consumers that with every hilsa order a complimentary glass of wine is available. Fun, frolic, profit as these restaurants point out are always in indulgence of excessive consumption. Excessive consumption is encouraged at these restaurants and they always motivate that value meals are the ones if they are consumed in huge quantities, they will make the consumers gainer. The research revealed that respondents are largely influenced by offers, loved buffet spreads, value meals and happy hours are also their major considerations for the choice of restaurants.



The sub-way burger offering buy one get one free, with of course conditions apply or the Sarson thali promising unlimited spreads all are manifestations of how excessive consumption is encouraged. Gratification (Bauman, Zygmunt2000:163)lies in excessive,

momentary consumptions are highlighted by the fact that restaurants emerge as sites that help the consumers to embark on the journey of ‘indulgence’.



The buying one and getting one complimentary glass of wine and getting high on Thai spirits at the happy hours also is indicative of encouragements in such excesses.



The Baskin and Robins ice-cream parlour offering 31% discount at every 31st day of the month is also encouraged at making people engage in consumption like never before.



The emergence of restaurants as a site where new forms of social engagements are encouraged is evident from the way in which discourses about eating out are constructed and re-constructed. Tag lines like, ‘A lot can happen over coffee’, ‘Drop by to say Hi’, ‘Adda zone at food park’ etc are all indicative that these places are not just eat outs but they are essential social settings whereby with food comes the associated notions of social

engagements, which make it perhaps more important over having the food itself. The signs, symbols associated with dropping in at these food joints promises more than just food consumption.



The expectations of a social life, however momentary are expected at these drop-in joints. Not only respondents but these houses are also seen to encourage engagements in secondary kinship ties, owing to the transient nature of such social interactions. Such interactions and the making food something more than just consuming it is apparent from the name of the food court, which is called ‘food talk’. It emphasizes not just having food but with it comes notions of talking. So, the discourse is constantly aimed at creation of something more than mere consumption of food.



Thus emergence of restaurants as new agencies encouraging socialization is apparent. The language that is used in the discourse formation has definitely lost its essentialism. An instance of extreme hybridization can be located in the use of language. Language in the discourse formation has been playful to catch the fancy of the masses and also to convey through catchwords denoting a lot more than just food itself, the associated social messages can also be decoded. New, playful languages are used to catch the fancy of the ‘conspicuous consumer’. Kokie Jar tag lining, confectionately yours, is a hybridization of

confectionery and affectionately. It conveys many more things than that of just putting it forward to the consumer that it is a confectionary shop.



An advertisement of a Christmas buffet at a city restaurant use the word, Santastic, it is an amalgamation of Santa and Fantastic. The use of the word FanTastetic, used by an ice-cream parlour also highlights the instance of lost essentialism in the use of language. These catchwords are loaded with messages conveying more than the just food itself.



The advertisement at Trincas delineates a programme in the restaurant as Set agitations. Agitation's association with negativity has lost its essentialism. Lamb Chops being advertised as to provide Tender Meatings, indicates not only the tenderness associated with the lamb chops, but also talks about various kinds of meetings.

The restaurant Savourites, amalgamates Savour and favourites. Thus a wide array of instances can be located throughout urban Kolkata which has found through the analysis of the contents a desperate effort is being undertaken to use language 'playfully' and an

increasing loss of attachment of essentialism as encoded in the language is being witnessed.



Leisure is that free time from work and routine that is used in recreation, hobbies or other creative pursuits. Now food is no longer a regular, monotonous, affair. It has gone up to redefine leisure, as through food and eating out, people enjoy leisure time. Having food has itself becomes a leisure and eating out couples it with a wholesome experience and thus through food and eating out people take a break from everyday routine, relax, enjoy. The response among young people to visit coffee shops for the purpose of spending leisure time or to socialize with their friends or simply to hang out is indicative of how leisure is being re-defined in the modern world. The sitting arrangements at the coffee shops are different. They provide much open, public in their sitting arrangements. These are mostly flocked by youngsters, who find it extremely 'sophisticated' to spend time at these outlets, engaging in idle chats. The purpose of leisure is to make man more productive by energizing him through something that he likes the most. Thus, different food and different venues of eating out is supposed to help him unwind from pressures which are 'urbane', but whether it really makes the modern man more productive or makes him revolve in the vicious cycle of more and more superficial forms of leisure or otherwise. Moreover, the restaurants are creating and re-creating pursuits of leisure and a platform allowing people to relax and enjoy freedom. A restaurant providing an option of spending a lady's night out is indicative of recreation of leisure at the restaurants. Leisure must be creative and re-creative so that it can increase the productive potential of humans from within, food as leisure is consumed from without, so how far it goes on to liberate the individuals can be questioned. Convenience has taken over necessity. The privacy that was always a prime distinguisher of food has been liberalized and opened up and the families' distinguishing identity in terms of food habit has been opened up in the public.

The prior customs of man-woman not sharing the same table at the same time has been diluted with the restaurants and the eat-outs where the atmosphere is much more homogenized. Respondents not only did eat more meals at the public spheres but they liked it because with so many options they could, just by spending money. This havoc re-location of food from the exclusivity of the private sphere to the exquisites of the public sphere is an obvious contributor to the change in the social practices as associated with the food. Thus previously 'eating out' was considered special and restricted only for occasions, if at all it was engaged in, but now-a-days 'eating out' is considered as very mundane, commonplace and ordinary and it does not require a reason to do so. 'Eating out', as in terms of 're-fueling' oneself while travelling is evident from an advertisement at Howrah railway station that says multi-cuisine food is available only a call away and ensures a delivery of food at the train seat.



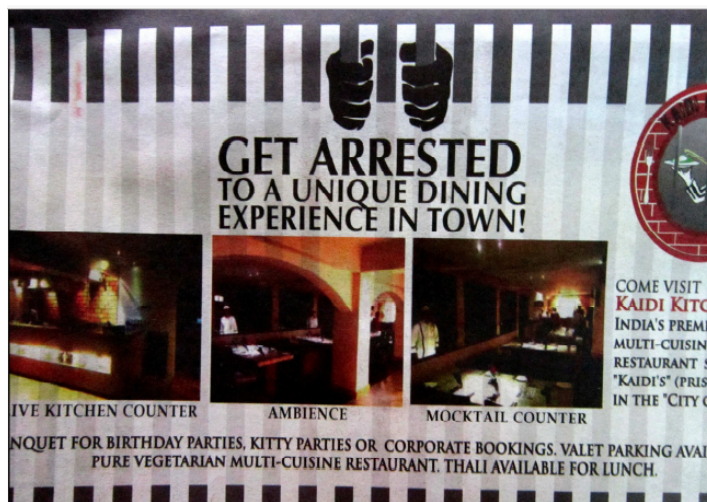
Thus, convenient options are more at hand in the current era. It has become such an endemic practice that a trend among Bengalees is seen to visit restaurants offering Bengali Cuisine. The trend is seen more evident among Bengali Hindus over Christians or Muslims. The percentages of people who visit such restaurants are much less over their Hindu, Bengalee counterparts. The content of the menu above is indicative of the items available at a Bengalee Specialty restaurant. The trend among Non-Bengalese to visit this restaurant is understandable, i.e. as they replied, 'they wanted to explore', 'experiment'

but a close examination of the menu reveals that all these items are common foundations of Bengali kitchen and the rates of the items are indeed exorbitant. But people reasoning that it is an easier way out over injecting the required labour for such item production but substituting it with money and a public kitchen. So convenience gets priority and not only does the unknown ignite the desire of experiment, but also the known does the same.

Eating out these days have emerged as one of the most enjoyable experiences whereby people not only eat but attach importance to the entire experience or package as are coupled with eating out. The theme restaurants are mostly preferred, following the respondents as they elevate themselves from the usual monotony that a regular person faces while eating out by visiting the restaurants. The dimly lit restaurants, dressed waiters always at the service no longer satisfies the people, they want something more and that keeps the restaurants in constant pressure to re-invent themselves so that this 'newness' acts to draw people, who are always eager to experience something different, which has a class dimension attached to it. So the city restaurants not only goes on to dress the waiters as cowboys, or arrange candle-lit dinners, buffet lunch and dinner, complimentary drinks, change menus keeping the specialty items intact, changing the setting like the food courts, which lacks the privacy of the restaurants, changing the décor and ambience are all add-ons that perhaps matters with the food, perhaps more than that. As this research unfolded majority of the respondents were interested in visiting restaurants because of the ambience. It made them 'feel great', gave them a chance 'to enjoy'. Food is no longer just to be eaten, but it has to be consumed along with the experience it brings with it. All the respondents replied to have visited the different categories of eat-outs and rated the ambience and the décor as equally important to like the food and leave a lingering experience that will draw again towards the restaurant. Money even though decides on what to eat and where but the credit cards remove that barrier and the middle class through food experiences the heaven and is ready to burn a hole in their pocket, as the standard earned by eating out is something worth boasting in social gatherings and an experience to cherish the same. Not only are people making such choices themselves, but there is a constant effort among the producers to infuse such experiences among consumers.

It is an era whereby experiences have become almost synonymous with indulgence. The picture is of an advertisement at a leading daily which announces the inauguration of a vegrestaurant called 'Kaidi Kitchen'. The catchword of the restaurant is 'getting arrested

to a unique dining experience'. The restaurant welcomes clients for getting a feel of being arrested. As soon visitors drop-in, waiters dressed as aides (prisoners) guide them to a table behind the bars, lock them, the jailor comes for supervision etc. Thus, a prison atmosphere is recreated and the dining experience is considered as unique because the common men are generally supposed to be away from such settings. Thus the experience of 'getting arrested' is sought as a form of indulgence while eating out. Thus indulgence in a re-created socially disapproved setting and motivating the consumers to instigate the experience of the disapproved is evident. It is evident that eating out is considered as a site of such revelations, even though momentarily.



Experience have attained such a new height that maximum of the respondents agreed to club, eating and shopping or hanging out. Any form of experience was rendered possible without clubbing it with eating. Thus, it is difficult to assess whether it is food that occupies the core or other activities that is complemented with eating out emerging as a wholesome experience. A sharp trend of combining both of eating and other activities outside were found among the respondents. Not only experience but the discourses around food portray it as a form of global adventure. Food is depicted as a means of engaging in adventures of the world cuisines that it is supposed to instigate. The hoarding at a newly launched SouthCalcutta restaurant greets its clientele by welcoming to embark on 'the culinary adventures of Singapore and Malaysia'. Thus, experiencing the unusual is expected to excite the consumers enough to persuade them to embark on the perhaps 'one-shot' journey of culinary adventure. Thus, this advertisement not only uses edgy language to lure consumers by proposing a 'uniqueness' propelling 'culinary adventure'.



India's long legacy of caste and the rules of pollution and purity marking an individual's social status in the hierarchy have been largely defined by the food intake. The dichotomies of the sacred and profane were resolved by the restrictions imposed on food intake. Among Hindus Commensalism, rules of pollution and purity were attached to the food. The higher a person's social position is the stricter rules define what he can eat and mostly what the person cannot. It was possible as food was confined mostly within the private sphere or at best within one's caste or kinds men. As food has now moved on to the public, so result is the diffusion of the religious connotations of food as associated by Hinduism. Eating of pork, lamb, chicken, previously, as was found to possess pungent smell so people consuming it were those who were at the last rank in the social hierarchy and were mostly considered as the 'polluted', the untouchables. Such restrictions have diluted and the resultant secularization in food is visible. Rules that define the private sphere can never be expected to be re-iterated in the public in the urban, cosmopolitan settings. The hired helps who are given the task of everyday cooking are no longer judged by their caste, but by their efficiency as traditionally having food from a person of lower caste implies imbibing pollution and compromising with purity, Among the Hindu respondents, what is found is that a number of respondents admitted of having beef, previously considered as a major taboo as Cow is an object of veneration among Hindus. Even beef steak or chilly beef were the more sought after dish for some. Some avoided beef even because it generated a lot of heat in the body and the humid temperatures

always is not compatible for having beef. So it has in a way diffused the religious restrictions as associated with food. Consumption the respondents did not have beef, and the number of restaurants having beef are very few in number and those who do not offer beef, generally, clearly spell out that beef is not available to draw people who are strict non-beef eaters. Restaurants or fast food joints who offer beef at the international level refrain so in the Indian context to gain consumer confidence and trust, like that of the McDonalds who offer beef in all other restaurants launched its first restaurant in India and announced that it was first of its kind to launch a no-beef outlet. So this shows that a majority of people share strong reservations based on religion even though inhibitions are much more restricted, but have not diluted altogether. Even though pork, crab, squids etc were not components of the Hindu diet, they have made their place strong with the prevalence of eating out. A Chinese restaurant, in South Kolkata is one of the many restaurants that offer pork, squid, prawn, fish, lamb, chicken, crab on one hand and also has vegetarian items available in the menu. So it is evident that keeping in mind the utensils used, or space, or cooking in the same kitchen is concerned concept of pollution and purity almost gets washed away.

Crab

fried crab in exotic sauce
220.00
crab in hot garlic sauce
200.00
steamed crab
220.00
crab in sweet & sour sauce
200.00

Duck

duck with pineapple & vegetable
250.00
duck in garlic sauce
240.00
duck in ginger sauce 240.00
chilly duck
240.00
honey duck
250.00
brown glazed duck
half-200.00 / full-380.00
duck in soybean sauce
380.00

Vegetable

sweet & sour vegetable
130.00
babycorn with mushroom
& vegetable
210.00
chilly paneer
140.00
paneer in sweet corn
cream sauce
180.00

sweet & sour paneer
160.00
paneer babycorn mushroom
& vegetable
220.00
paneer manchurian
140.00
paneer shrewson
140.00
mixed vegetable in hot
garlic sauce
140.00
vegetable cooked in
soya sauce
120.00
vegetable in lemon sauce
125.00
chilly finger chips
100.00
chilly potato
100.00
spinach oriental
160.00
mixed vegetable
schwan style
140.00
mixed vegetable
manchurian style
140.00
mandarin vegetable
140.00
hot vegetable
150.00
vegetable cooked
in the Korean way
150.00
shanghai vegetable
150.00
vegetable tempura
180.00
golden corn hot garlic
200.00
golden corn black
bean sauce
200.00

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PARTY / CATERING
SUGGESTION / COMPLAINS
PLEASE CONTACT
9830118546
9831154851

Terms & Conditions :-

1. Free home delivery within 3KM radius
2. Minimum order of Rs. 250/-
3. Extra charges applicable for delivery beyond 3KM.
4. Prices are subject to change without any prior notice.

**Container Charges Extra

Menu/Vats are not applicable during puja and other festivals
.....VAT as applicable

KRYSTI



66/2B
THE GUEST HOUSE



**KRYSTAL
CHOPSTICK**

71H, Hindustan Park, Kolkata - 700 029

Contact for free home delivery

40603022, 24643449, 9831659710

MENU

Starters

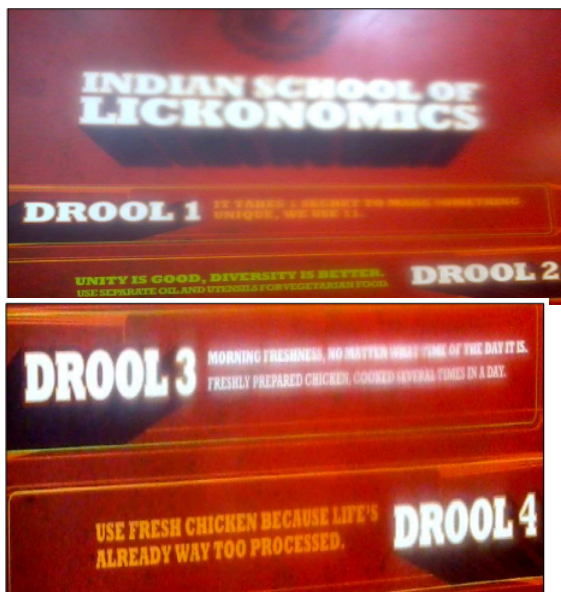
chicken momos (steamed)
110.00
chicken momos (fried)
115.00
pork momos (steamed)
110.00
pork momos (fried)
115.00
chicken spring rolls
120.00
vegetable spring rolls
115.00
fried chicken wings
180.00
mandarin fried chicken
210.00
fried wonton (chicken / veg)
90.00
fish finger
175.00
chilly babycorn
215.00
fried babycorn
205.00
chilly mushroom
175.00
chilly wings
205.00
prawn spring rolls
120.00
crispy thread chicken
205.00
the chinese toast
145.00

red pepper chicken
190.00
chilly lamb golden corn
220.00
chilly golden corn
185.00
chilly crab claws
315.00
fried crab claws
305.00
garlic sauce extra bowl
40.00
chinese salad
90.00

Soups

chicken sweet corn soup
85.00
crab sweet corn soup
110.00
chicken asparagus soup
130.00
wonton soup (veg / chicken)
85.00
cantonese fish soup
150.00
chicken clear soup
80.00
chicken hot & sour soup
95.00
chicken noodle soup
80.00

KFC in order to make their business take-off in the Indian market, utilizes this concept of pollution and has devised five drools to advertise their product in India. The first catchword they use is the Indian School of Lickonomics. In that they use five Drools. But in this context: Drool: 2 Unity is good, diversity is better, use separate oils and utensils for vegetarian food (says that they use separate oil, crew and areas for vegetarian food), it must be kept in mind that KFC originally is a Chicken vending fast-food counter. But it does not step an inch backward by assuring the non-vegetarian consumers that it is 'safe' for them too. Drool: 3 Morning freshness, no matter what time of the day. Freshly prepared chicken cooked several times a day. Drool: 4 Use fresh chicken as life's already too processed. However, drools 1, 3 and 4 are seen to endorse the uniqueness and provide assurance of quality and freshness to the potential consumers.



Thus, the analysis of the contents reveals the way a surreal world is projected through food and sites of eating out is not only indicative of the various discourses at work in urban Kolkata to lure consumers but is also an important dimension to note that food is considered no longer a means to satiate hunger but is a vital means of 'engagement' through which various new social signs and symbols can be 'worn'. The data as found in the survey, the case studies and the content analysis are indicative of the social dimensions that lifestyle in the modern consumer societies connotes. Lifestyle says a lot about the society, the individuals and a lot of underlying socio-economic and cultural phenomenon operative in the society which has been revealed in this chapter.

SUMMARY

The summary is divided into four subheadings, according to the four subgroups of the questionnaire. Here the researcher wants to explain and clarify the objectives of the study with the help of the data collected. The picture of the study will become clear and it will give answer to all queries regarding the issues of the study. The subheadings are-

A. Socio-religious part.

In this portion of the study, the researcher wanted to know how much religiosity can be seen among the different age groups of society. Impact of religiosity is also looked after to see whether it is causing any harm or good to society.

Hindus, Muslims and Christians admitted that, they have belief on God. The belief system or faith on religion is very much the same just like before the onset of modernization. Majority of the respondents believe on their religion. We usually think that due to the changes brought about by industrialization and westernization, the religious values and sentiments must have had reduced, but it seems that the perennial flow of religiousness is intact in peoples' mind, but it has been covered by some sand (modernization) and stone (consumerism) at places as obstacles, but that does not mean that the flow has reduced or stopped, rather it has terminated in other ways. The spirituality is present but the ritualistic approach has reduced. Thus, according to Stark and Brainbridge, as pluralism and secularism, is not followed in its own terms, rather religiosity has changed its form as communal harmony in case of Bengalese in Kolkata. This is how the theorists proved that due to secularism religiosity has increased. Though there is a fine line of demarcation amongst all religion, but reciprocity and respect is seen all throughout in and around Kolkata.

Belief in religion brings along good health. In regard to goodness of health by religion, majority are aware of it. So 72.94% of Hindus, 95.65% of Muslims and 83.33% of them agreed to the religious wellness and said, religion works as oxygen to sooth, cool and heal the discomfort soul. It becomes refreshing when somebody gets mental satisfaction and acceptance in society due to religion. Religion gives us teaching how to keep oneself mentally fit and physically active.

Each religion has different ways to keep their followers healthy and give them mental strength to boost up themselves. The philosophical approach is what people search for in life and that is what religion provides. RCTR theory stated that we all are in a religious market, and we search for maximum benefit from minimum cost involved, thus we not only stick to goodness of our own religious sentiments, rather share and exchange thoughts of goodness of other religion as well, so that we can be very much enriched of the religious vitality. On the other hand the respondents who denied the goodness of religion on health said, only religion cannot be the sole reason of good health, it is an amalgamation of good habits, proper diet, exercise and peaceful mind.

To have faith and good health one needs to be religious and that religiousness depends a lot upon family. The majority of respondents i.e., 70.59% of Hindus, 95.65% of Muslims and 75% of Christians said religiosity of parents' matters a lot. Their belief is that the believe system on religion remains unchangeable due to the traditional practise system within the family, it is due to family and their indulgencies that children are bound to act accordingly. Religion acts like a binding force, with lots of rules and regulations which helps one to get accustomed to the dos and don'ts of society. Family being the primary agency of socialization, acts immensely in making their children religious. The simple way of following the rites and rituals make them involved in religion. According to the theory the more religious capital we have, better the social acceptance will be, along with mental faith and satisfaction. But who denied, wanted to mean that religion is something which has to be understood from within and to be connected or related to. Thus, one's own choice matters the most. Because religion is a way of life, which followers entails to reach to salvation.

On the other hand, modernization is taking a toll in every aspect of our life. Even though people try to maintain their expected way of life, still they cannot cope up to meet the expectations due to the harsh reality. The reality or situation has changed through ages due to adoption of westernization or modernization. This has added the twist in culture and pattern of life leading, which is hampering the actuality or reality. Due to this reason the life has changed radically, people cannot go by their selected rules and are bound to abide by the new situation.

Even though they try their level best to follow different rites and ritual acts but cannot always attend to do so or complete it in its own terms. Thus, most of the time they have to cut short the rituals or make them according to their own convenience. Most of the respondents replied that they always try to follow each and every ritual on daily basis and on frequent occasions too, but cannot continue it to the end. It simply happens due to the demand of the situation. It is the requirement of the society on basis of which, people are bound to act like this against their will. As division of labour and specialization of work is the new phenomena of neoliberal age, so people cannot devote much time for religious rituals.

On the other side of the coin, the old people who do not work and lead a retired life, they tend to be more religious and follow rituals according their own health permits. As they have less engagements and more time to spend on lengthy rituals, they become more religious and get to know about God and this becomes a good time pass for them. Being religious is a way of keeping oneself mentally and physically active. Because to work for God, one has to be mentally alert and physically fit. While being religious they get to interact with other people like them, and share different problems among themselves to bring out easy solutions. This has also been discussed by Stark and Brainbridge, that old people are more religious because they spend more on religious market and have more religious capital than the younger counterparts of the society, thus they have immense mental peace and faith on their respective religion. Not only this religious knowledge is what making them more composed and compatible for tolerating other religions also.

As we know religion plays a vital role in peoples' life, so the question arises how much the religious leaders help in making religion more important and easier for all. The religious leaders act as guide, philosopher and friend. They help by leading and showing ways to deal with different problems. They console the broken heart and heal it with their love and care. And at many times they compel followers to depend upon different signs and symbols of religion, so that they get diverted or distracted from different worries of life and concentrate on religion to forget the pain. Here lies the concept of everyday life and networking used by

Brainbridge and Stark, the religious leader does the job of connection between the people and God. Because in his theory, god is the supreme power, who can see and listen, and solve one's desires. Thus the connectivity becomes easier in religious economy by the religious leaders. Thus the more religious leaders, more the competition in religious market, for buying followers.

The different religion which we get to see in our society are very much related to one another. But there are always something good and different in every religion which we notice. This differential goodness actually is the identity of that religion. Thus everybody gave more or less same answer regarding the impact of their religion on society. Mostly everybody said that religion acts like a tie or bonding among the religious people. It brings a sense of brotherhood among all. The unity seems to be more consolidated and stronger during festivals. Not only this, religion is such a place, where it embraces people from all sections, either rich or poor. People from grass root level can relate themselves to their religion. According to the theory the more we exchange the religious thoughts among other religions, better will be the bonding in society. Because we are rationally accepting the goodness of other religions, to be accepted by all in the society.

Religion is such a place where people can't think beyond. Religion paralyses all the thinking abilities beyond and against it. Thus, religion seems to be a barrier which cannot be overcome or crossed with all limitations within it. So, people abide by the rules and regulations related to their religion. It seems quite clear that whoever is extremely religious will be backed by society and looked upon or tagged as a good person. Apart from this we all know how religion help us to get recognition and acceptance in society, thus being too much religious is very well accepted by majority of respondents. Hence 69.41% of Hindus, 86.96% of Muslims and 66.67% of Christians said YES being too much religious is good. Because according to the theorists, these are marketable religious assets which help to get glued in society.

B. Lifestyle and diseases.

In this section the researcher tries to find out about the meaning of lifestyle and changes in lifestyle of the respondents. What diseases they are suffering from, whether those are originating from the changed lifestyle or not? What are the different dominant lifestyle diseases found now-a-days? Whether the trend is changing or not? What remedies do they follow to combat the problems?

What we do in our day-to-day daily life in relation with the surrounding trends and how we balance life though all evens and odds is considered to be as lifestyle. How we spend the day, what we eat, how much we eat, each and everything falls under lifestyle. Due to neoliberalism the notion of lifestyle has changed a lot, not only the variation of lifestyle has emerged, but the lifestyle depicts greatly the different lifestyle diseases. Every changed and distorted lifestyle has different diseases related to it.

The lifestyle depends on many factors, one of them is religion. 96.74% of Hindu, 100% of Muslim and 91.67% of Christian respondents said yes religious background matters a lot. Our way of thinking, acting, clothing, eating, speaking, greeting and even appearance tells a lot about our religion. In short, our culture what we follow entails traits of religion. From morning to night whatever we do have religious teachings attached to it, because it is believed that one who follows religion is bound to have a proper lifestyle. It is so because every religion is equipped with all possible necessary actions to control our lifestyle and make it disease free. As we know that we cannot concentrate on rituals so religion has become deeply embedded in our thought process. We have taken for granted, that our faith system is what making us move without hesitations. But this in turn is taking toll on our health. As we cannot abide by the rules and regulations of respective religions as described in religious text. That is why various health issues are coming up, as we cannot match with the old trends. Hence Brainbridge and Stark has said that today's youth do not have marketable religious assets and that is why, they are losing the attachment over religious expectations and becoming more social than religious. This is true for the working people also.

Only the old people who has faith in religion and exchange thoughts with other religious group have more marketable religious resources.

As we know religion is not the sole reason of lifestyle pattern, the researcher wanted to check, whether luxury as a factor causes harm or not in lifestyle. So, the researcher examined that people who have luxury prefer affordability but admit that too much luxury hampers life. A mixed reaction was seen among all the religious groups. It happened because of the only reason that is affluence or wealth. The society is so harsh that it gives more value to money than humanity. Though some thought that health is wealth, and as the poor knows that their only asset is their health i.e., their labour, so they look after it properly. Otherwise, luxury hampers health immensely. Unlimited and unchecked mindless eating and sedentary lifestyle make ways for diseases. Not only this, the poor understands the value of money, thus they spend accordingly. But they can't linger with their good health for long, due to inappropriate and improper knowledge of health. On the other hand, the middle-class white-collar jobs-oriented family, even after knowing all ins and outs of lifestyle diseases are unable to have control over it, as the lifestyle pattern does not permit them. There is a loop in the system so majority of the people fall into trap of forced changed lifestyle, hence both of them have to suffer for their health either willingly or unwillingly. All efforts go to vain as, medical facilities are not up to the mark in our state and it has become too expensive too. As people are too busy with their stressful life, that they cannot concentrate on their health or tackle life tactfully. The lifestyle pattern is such that health degradation has become a common factor. Educated middle class is such a portion of the society that, being aware and conscious cannot help them such, because the pattern of life has made them to internalise the fact that lifestyle diseases are a constant in life. The worst sufferer are the middle class, because they can't do laborious jobs, like the low income group people, to keep body fit, and on the other hand, can't maintain easy posh lifestyle for avoiding lifestyle diseases. Because being healthy is a costly affair now.

After analysing the lifestyle on basis of daily routine and religious attachment or background now it is the turn of examining the bad habits which people have. Because plenty of diseases depends on smoking, drinking, chewing tobacco etc. in

this regard 47.06% of Hindu, 60.87% of Muslims and 83.33% of Christian respondents admitted that they have various kinds of narcotic and alcoholic habits. But surprisingly who ever told that they do not have any kinds of bad habits which in return will be injurious to health, also mentioned that they do not have any bad habits means, they occasionally do some kinds of activities related to bad habits, but that is very rarely. This proves that there is a strong pull among both the sections. But a lucrative amount of people is trying to control these habits. Because they are becoming aware of the bad effects of these habits. According to the theorists of RCT, these are quite normal phenomenon, because in a secularised, multicultural and pluralistic society. As rationality is the theme, so everybody thinks rationally and logically opts for the best.

After getting to know the different factors responsible for lifestyle disease, now its turn to see, what are the different diseases they are suffering from and moreover how many are affected. To a surprise, 98.11% of Hindu, 100% of Muslim and 96.30% respondents are saying that they are suffering from some kinds or other kinds of lifestyle diseases. The diseases are like –

Youth and middle-aged working professionals

1. Mental health problem

Depression (depression, conduct disorder, social anxiety, panic disorder)

Mood disturbances

Substance abuse (tobacco, alcohol)

Suicidal or risk-taking dangerous behaviours

Eating disorders

Stress

Forgetfulness or learning disorder

Anxiety disorder

Loneliness

2. Obesity and malnutrition / under nutrition

3. Dyslipidaemia (cholesterol and triglycerides)

- 4. Cancer**
 - Oral
 - Lung
 - Breast
 - Ovary
 - Brain
- 5. Heart disease (stroke)**
- 6. Eye problem**
- 7. Hearing problem**
- 8. Back and neck problem**
- 9. Skin problem**
- 10. Allergy**
 - Asthma
 - Cough and cold
- 11. Blood pressure**
- 12. Diabetes**
- 13. Anaemia**
- 14. Bulimia nervosa (intentional vomiting, using laxatives, over exercise for controlling weight. A psychological understanding)**
- 15. Anorexia nervosa (refraining from food itself and starving for controlling weight)**
- 16. Gynaecological disorder (PCOS (polycystic ovarian syndrome), menstrual problems), masculine hairline.**
- 17. Acne or pimples, sun damage, age spots and wrinkles**
- 18. Endocrine disorder (hypothyroidism)**
- 19. Respiratory disease**
- 20. Dental and gum issues**
- 21. Arteriosclerosis (blockage)**
- 22. Liver problem (cirrhosis)**
- 23. Kidney problem (nephritis)**
- 24. Heat and cold shock (occupational or situational lifestyle disease caused by smoke, pollutants, heat, cold, sound, dust, fumes etc.)**
- 25. Frozen shoulder**
- 26. Spondylitis**

- 27. Arthritis**
- 28. Urinary tract infection**
- 29. Sleeplessness**
- 30. Gastrointestinal infections or gastritis**
- 31. Sexual impairment**
- 32. Hair fall, greying and dandruff**
- 33. H.I.V aids**

Old

- 1. Dementia or Alzheimer**
- 2. Osteoporosis**

When asked about why they think that they are having these kinds of problem, the answer was very common. Mostly replied that it is due to their negligence, mistreatment with health and body. The main reason is the changed lifestyle. Few referred that the changed environment is also a reason of different ailments. The different kinds of pollution, unhygienic ways of living, over crowdedness etc. are added to the list too. Many told that some diseases are due to age and some told that after getting one kind of illness and then getting associated others along with it in due course is common phenomenon now a days.

The next question which one thinks to ask is, from when or at what age did these diseases starts from? Is there any stipulated time from when these starts? In return to this answer, what mainly the respondents answered was, just after completion of studies and entry to job fields they started getting diseases. The women, mainly the house wives told, just after marriage, due to havoc change in lifestyle they suffer different kinds of diseases. The students complained that they started to feel the pressure of competition on and from they reached the high school. Not only this, they said that the study system is so much demanding, that students are bound to face both mental and physical stress which causes them different lifestyle diseases. The old people related to the later middle age, from when they started to face different age-related diseases. Both working men and women mentioned the diseases related to their work culture and pattern. Thus, it seems that there is no such stipulated time from when the diseases start, but it happens to happen when life takes a turn and people can't tackle well with the changes in life.

Now comes the allied question, what problems do the sufferer face other than illness? Most of the patients replied that, the diseases which are visible like obesity, skin and hair problems gets more worsened because the taunting from society. Name calling or teasing is a common phenomenon now. Sufferers feel low, rejected and isolated and feel depressed due to these reasons. Not only this, these diseases are long term illness, so a lot of financial involvement is required and if left untreated then it adds on other associated illnesses from there onwards.

As we know that all problems have some solutions, just like those diseases related to lifestyles can also be controlled and restricted. The different remedies which are followed largely consists of lifestyle modification. Lifestyle modification consists of light exercising, yoga, meditation, diet etc. along with the normal flow of life. Secondly, proper medication, either by Ayurveda or allopathic or homoeopathy has to be done. Tailor-made lifestyle according to one's need is another requirement. Last but not the least one needs to hit the target area, from where the problem is starting, by mass awareness. Government intervention is also required. Where government should make different policies, and keep some lucrative rewards for those who will abide by the rules and regulations of proper health habits. Not only this, government should implement measuring checks at different health check-up points like school, college or offices, to look after the changes in health at regular intervals so that government rules and regulations can be implemented. By this the health issues can be checked.

In connection to the idea of government intervention and health care, maximum people i.e. 91.76% of Hindu, 78.26% of Muslims and 83.33% of Christians said that they are not satisfied by the state hospitals. They said that state hospitals are very unorganised and unsystematic, there is always rush, and people have to wait for long for their turn. Either for the pathological tests to be done or visiting the doctors, everything is very slow. Numbers of beds are always short; people have to bribe brokers or get referred by politicians to get admitted in hospitals. In many cases we find the outnumbered patients to be lying on the floor of the hospital and waiting for their turn. The supply and circulation of medicine is not proper, and many a times it had been seen that expired or used medical kits has been used. The doctors are not always available, even though they are seen, but not on time.

These places are very unpromising, and recovery reports are poor. No campaigning or training, nor even leaflets are given for awareness of any kind of diseases. Thus, going to hospitals are very much a traumatic situation. Lastly as per the societal structure, the advancements, which we are thinking our life is having, cannot meet the ends with the infrastructure of hospitals

C. Modernization and Effects of Consumerism.

Here the researcher sees how modernization and consumerism have affected our lifestyle and what drastic changes we find for it. Let's start with food. The types and kinds of food intake matter a lot for analysing the pattern of diseases one might have. Though we know that Kolkata is a paradise of food lovers, so people over here are very much fond of food and acclaim themselves as foodie. They keep on experimenting with different and new cuisine. Majority of the respondents like, 94.05% of the Hindu, 95.65% of Muslims and 91.67% of Christian said that they are non-vegetarian. This is very much normal in Kolkata. Though we all are aware that vegetarian diet is very much healthy than non-veg diets.

Eating non-vegetarian diet cannot solely bring in diseases, but when it gets spiced up by oil and condiments, it becomes unhealthier for consumption. But luckily, the urbanites are becoming very conscious, thus the ratio of rich and light food preferred people are almost equal. And the youth and old people are more interested in accepting light food. These happened due to mass awareness and the urge of having a healthy and fit body. On the other hand the desire to have authentic delicious Bengali food is where the other half of the respondents are adhering to.

To maintain the authenticity of any dish are now a days a matter of credit, because so much of addition and alteration has been done on it on basis of one's taste and choice. That is why 100% of both Hindu and Christians and 95.65% of Muslims admit that mechanization and inventions of different machines and equipment has changed the food pattern and culture immensely. The cook shows and books in different languages has helped all to get preliminary ideas of different dishes of

different places. The ingredients and its uses and taste also can be assumed and heard off from the cooking shows. Due to various reasons, people are out of their hometown either within country or in foreign lands, the reasons may be many like, job placements, studies, marriage purpose relocation etc. but for these reasons people tend to adopt the new ways of cooking of that place, and customise it according to one's own choice. Because the availability of vegetables or spices depends a lot for adopting the new ways of learning. The cosmopolitan culture with added advantage of departmental store in different malls which keep different spices and condiments also helps a lot for preparation of different dishes. Previously it was due to unavailability of ingredients that people couldn't try new recipes, but now that problem is no more due to cosmopolitanism. The urge to taste something new and different is also another reason to get adopted to new taste and type of cooking. Now cooking has become both passion, hobby and profession for many, thus more research and development is done on this field. Both men and women are equally interested in this field. More people are talking about topics of different dishes of all around the world. Cooking is no more a hard work, different machines and cooking aids has come up to boost up the spirit of cooking and try something new. The readymade or ready to cook food also has helped a lot for change of taste. The heat and eat recipes available, saves a lot of time. These are also the discussed phenomena of Stark and Brainbridge's rational choice theory, where they notified about the obvious and certain changes in society for the effects of modernization.

Till now we were discussing about the new ways of cooking and the changes adopted, but the focus now will be shifted to the foods, which have come to the scenario due to the impact of modernization. Fast food, or junk food is the by-product of this fast life, where people gorge on foods on the go. They don't have time to have elaborate meals. That is why we come across the concept of mc-donaldization. Snack is also a term given to foods which are easily available, tasty and cheap. Plenty of variety is found, which eliminates the monotony of home cooked food. Now, these foods are very much unhealthy for all of us due to their high calorie and fat content along with unhygienic ways of preparation. Thus, 98.82% of Hindus, 91.30% of Muslims and 91.67% of Christians like snacking even after knowing all its drawbacks.

The most interesting part is, mostly the entire respondents i.e. 100% of Hindus, Muslims and Christians told that snacking is harmful, but very rare could find any good and healthy alternative to it. All of them wanted to keep snacks as it is. Few told to bring snacks from home or rather carry healthy alternatives like dry fruits, cereal bars, puffed rice, Bengal grams, cake etc. they suggested that chefs and nutritionist should come together to make healthy but tasty food like snacks. Even in canteens for college, universities and office there should be healthier options available, for example, in place of deserts one can have any fruit.

Not only road side food but having food outside in restaurants and hotels and that too very frequently and at regular intervals can cause various lifestyle diseases. Because the trend of eating out at any or every occasion has become a common phenomenon. That is why 98.82% of Hindus, 91.30% of Muslims and 91.67% of Christians said that they do visit restaurants and dine out every now and then or order food from online. But while choosing restaurants or eateries they maintain some religious and cultural norms and regulations, while maximum of them just look for the taste and hygiene of the eateries. Many look for authenticity of food too. Here also the choice-based rationalism is seen. People of Kolkata are so much foodie, that minimalistic religious and cultural stigmas are followed and that too in case of very handful citizens. Sometimes it gets overlapped by the desire of having good tasty food.

We notice a havoc change in religious rituals and roles also. This is also a cause of modernization, because food cannot only be the reason of lifestyle diseases. These new kinds of religious rituals are also to some extent reliable to diseases. That is why 80% of Hindu, 43.48% of Muslim and 66.67% of Christian respondents admit that there has been a lot of changes found in the religious scenario. The time, energy and money involved for the maintenance of rituals are a factor now, the present scenario is such that everybody is busy in their own respective life with various tasks and engagements, thus organising a religious activity becomes a tedious job. The interest in these has decreased a lot. The home makers or old people who are at home, they too can't take so much responsibilities, as it requires a lot of rules and regulations and rigorous rites to be followed. Though they know

all of them, still cannot perform them due to lack of energy and man power. As most of them stay in nuclear family and most of the earning member or adults are settled out for work or earning. In many cases it is found that salaried priest is kept for performing the daily ritual in many houses, and where it is not kept, the activity is shortened to a very minimal kind. People fasting for religious purpose now a days are merely for abstaining from tempting and calorific oily food and under the psychology that fasting is also necessary for health, as it purifies and detoxify the body. They are not taking rituals as stereotypically taken for granted like before. This is more common in the youth or middle-aged girls and women. Young girls after passing college or high school get very much figure conscious and start dieting, from there on their health starts to take a setback and they suffer from under nutrition. They take up the excuse of fasting for self-controlling on overeating and in remembrance of God, so that nobody tells anything to them. Religion is an easy way to escape to one's own world. Festivals has become a way of merriment or enjoyment, rather recreation, through which people unite amongst themselves. The festivities bring happiness and good times; thus, the way people celebrate and rejoice, makes the rituals a less important thing. As life has become very stressful and monotonous, people keep on searching for reasons to make most of a situation to make it memorable. Thus religion is losing its ritualistic glory. Globalization has more impact on religion, as 1st world countries are donating fund to 3rd world countries, so out of courtesy or obligation, they are coping with and copying the 1st world country people. As we know that first world country people are mostly westerners, so the impact of westernization is clearly seen in this country too. Here again Stark and Brainbridge is relatable, as they have had rejected the idea of secularism. According to them secularism is what helping people to be more religious, and that is why people are opting for religious assets in market, here society. Kolkata is also not different; people here is very religious by mind. But the expression is different. If there would have been secularism prevailing, then the grandeur of celebration amongst all and with all couldn't have had been possible to see. Thus, religion plays a vital role in Kolkata, apart from making it secular.

Religion now has become closer to people, and it has become more accessible from any point of the world, and that too about any and every kind of religion. It seemed that modernity has helped everybody to know about different religion in detail, and whatever queries they had in mind regarding religion, everything is available in internet. The urge of going to religious places to know the unknown is not required and have reduced radically. This in return makes people more susceptible to diseases, due to less of activities related to religion. Most of them replied that they know about news regarding religion from social media in forms live talk shows or video from Facebook, twitter, WhatsApp etc. and rest on addition from newspaper, television, magazines and journals and last but not the least from relatives and neighbour. Because everybody has learned to become very informative and handle internet aptly. Now they don't need to run to religious places to clarify thoughts and doubts like before. Pluralism is another discussed point of their theory, where they say that in modern society pluralism is unavoidable, but secularism will prevail in its own terms. But religious rigidity of rules and regulations will vary religion to religion. Still getting to know about other religions has become a new normal here.

As we know about the different religions, we have come to know that the teachings of religions are all overlapping, that is all religions has showed us the way, how to lead life, what are the dos and don'ts, what is expected and what not, moreover which is needed and the processes and procedures. Similarly, it is very clear to all that food is also an integral part and related to every religion in very special and crucial ways. Food is offered to gods for blessings, and religious feast is done in honour to worship god and satisfy him. From birth to death, it is believed that God is with us in every action of our life, so whatever we pass through in life whether happiness or sorrow, we remember God by offering food. Food is related in all of our steps of life. In any festival we always try to stick to our authentic customised food, and cook it accordingly. But as situation does not permit always, so we look for other ways out, in this instance, the restaurants always stay ahead to welcome guests by customising their menu according to the prevailing festival, and prepare authentic dishes. People don't hesitate to go for different restaurants and taste the delicacies offered. During or after of each festival in every religion we get to see the elaborate and grand concept of feast.

Feasting is very common, and the items offered are always not the authentic ones, the choice and taste differs from place to place and group to group. The new and changed pattern of food for, during and after the festivals is causing problems to respondents due to continuous and unending feasting. Continuous festivals alone is not the factor, but the choice of food, amount and repetition of having rich food is a reason for various diseases like acidity, gas, heart burn, poor metabolism, food poisoning, indigestion, obesity etc. People in Kolkata is very much enthusiastic, and they enjoy to the fullest in each and every kind of festival they come across. It is very hard to distinguish, which religion people are more susceptible to disease than the other and why.

Let us shift our focus and come to the issue of consumerism. Though consumerism seems to be a much-generalised concept, but it has relations to both our lifestyle and diseases. Consumerism has increased our level of life leading, as it has brought along with it all westernised concepts of ultra-modern and high-tech equipments and gadgets. People all around are getting engrossed in the upgraded and modern concepts of life leading. That is why 98.82% of Hindu, 91.30% of Muslims and 91.67% of Christians admitted that consumerism has increased a lot. When asked about, where the maximum effect of consumerism is seen, everybody seemed to cover every aspect of life. According to them body and food is part of consumerism, and it has become a trend to look good and eat well. Consumerism is the new magic wand, to make life easier. The post-structural era is very much consumption oriented, so consumerism developed rapidly, and everybody is following the consumer culture. The aspect, where consumerism is seen most are as follows- Food, Fashion, Luxury items, Gadgets, Education, Medicine and health care. Every kinds of trade and commerce (especially e-commerce) etc. so in every situation commercialization has become a common phenomenon. As now a days we do not get that much time to go to the market and waste time by standing in the queue for billing, we opt for online shopping. That is more convenient and both time and energy saving. The process is very easy also, even exchanging and returning items through phone or computers is possible on the go. This in return is affecting our health, because we are losing our habit of walking, talking, meeting and greeting while going to the market area, which helped us to keep us mentally fit and physically active. The shopping mall culture is slowly eroding, as people

go out for roaming and meeting with people and friends, rather opt for shopping for anything from online sites. It is said that from 'heera to Jeera' (diamonds to cumin) everything is available online, it is just a click away. The same phenomenon is for the library also. Students and research scholars, opt for online library and sites for books, if possible, buy books online and study. The trend of studying in mobile screen by scrolling fingers than turning pages is also looping in problems with eye, body posture, backpain etc. Students prefer virtual books than real ones. Carrying books is also very painful and risky, as it can get misplaced, lost or torn, and puts weight on back. The youth are the torch bearers, they are fully engrossed in this phenomenon, and interestingly they are helping the other generation people to get accustomed too. The most satisfying news is that the older generation is whole heartedly accepting the change and happily adjusting to it, as soon as they overcome their phobia of getting merged into the new lifestyle. They are enjoying it. Consumerism and its effect on rationality is also discussed in detail in their RCT theory.

Not only consumerism, modernization has taken over the present culture too, everything seems to be has changed a lot, and everybody is following the changed trend. 85.88% of Hindu, 73.91% of Muslims and 75% of Christians said that the present situation is really taking toll on daily life. The new work pattern and sedentary lifestyle is a main reason, why people are having diseases, the irregular shifts, continuous brainwork, same posture although out, late night parties, work hour extension, tension and stress, restlessness, sleeplessness etc. are accumulatively making people sick and taking them away from their routinised life. In almost every member of the family either or the other works, especially both the parents so the children suffer the 'we time', and cannot enjoy the company of parents. The flat culture and busy study schedule of the children are taking away the childhood from them. The gadgets have replaced the playground and park time. The urge of knowing from nature or gathering knowledge from elders has become obsolete, internet has engulfed all their interaction time. They learn by watching videos and listening to audios. This is affecting their eyes and ears and reducing their interacting and thought-provoking power with others. They are becoming self-centred and shy. Everything has become very professional and business oriented, like health care, education etc. Not only this people have

become very robotic and unemotional, and has stopped listening to their heart. People are always obsessed with fair complexioned people with a handsome physic or a beautiful figure. This is because from childhood we are getting to see and hear this from different religious or story books, that is all good and central characters of either story or in religious books are slim, good looking and fair complexioned. That may be prince or princess or angels and gods or goddesses. This misconception is getting more hyped by the medianow-a-days. In all films, TV serials and even in reality talk shows we get to see all decked-up people, who actually doesn't resemble reality. But unfortunately, the youth, especially the girls are trying to follow it unknowingly, so they are facing different health problems. Because they always want to be like the sought out and unrealistic central charecter to be accepted by society. Not only this, the society is pushing them more towards degrading health by forcing them to use all chemical products and artificial clothes and accessories. By this they are actually losing their identity and putting health at stake. Lastly, they are getting out of focus and far behind from their goal achievement of a good carrier. Because they are always preoccupied with the thoughts about their looks and figure. Now women have more opportunity in different fields in relation to their previous generation. If they are engaged in figure correction and beauty enhancement, then automatically they will stay behind, and there will be no equilibrium in society from gender point of view. If they do not avail the opportunities on time women will be neglected and looked down upon as ever before. But educated middle class women are very much conscious about health, so they focus on being healthy, strong and always mentally alert to avoid any oppression on them. Not only this, the patriarchal notion and stigmatised role for hindrance can also be sensed and understood. Thus, they avoid falling in traps of societal expectations.

It is very clear that people in Kolkata are very much aware of the new changes taking place and trying level best to adopt to these, but getting aware do not help at all, if we do not take action from now on to stop our culture and environment getting faded, eroded or changed, then we might endanger life of our next generation from all aspects. On this account, various people gave different advices, depending upon their background of educational and economic strata. Mainly people wanted to balance both Indian and western culture as they knew

that they cannot go back to their basic and the modernity cannot be reversed or avoided. As change is the only constant in this world, so one should get accustomed to changes and change accordingly. For the major changes in health and environment, the first step should be taken from one's own space, then it may be carried forward to other places too, because charity begins at home. Use, reuse and save is the new concept. Create and recreate new opportunities for the next generation. Try to hold on to roots and maintain originality other than coping with others. Back to basic. As the basic things are the simple and best in any form, so it is easy to get accustomed by all.

We have to evaluate how much and to what extent the religious and ritualistic demands can cause health hazards and in relation to it how much can education help to bridge the gap between the two. We have to keep in mind that every religion has various drawbacks depending upon different situation and their ways of conduct. Different problems vary religion to religion. But 98.82% of Hindus, 86.96% of Muslims and 83.33% of Christians said that yes education works like magic wand, and magically every problem fades away with knowledge. Actually, true education is like litmus paper which helps to distinguish between right and wrong, best and worst. For Hindus the problems are like, the ritual of fasting before each and every puja, or widows having only veg food, the concept of impurity during menstruation and a social, physical and mental seclusion is very much traumatic. These things are in no way significant now a days. All of us have hectic schedule all throughout the day, if we feel hungry, then automatically we will not be able to concentrate on our work. Similarly widow means having only vegetarian food and wearing light coloured saree or dresses to symbolise sadness, also doesn't mean anything religious, everybody has their own choice of living. On this contrary, avoiding one from all sort of happiness or luxuries in life cannot be religious act. The ways women are treated during their menstrual days is really pathetic to consider. They are intentionally kept out of main stream of life for those days due to religious stigmas. As if they have done some sort of sins, that is why they are typecast every month with different rules to be maintained as punishments. The strong speculations from family and friends and different approaches in various places makes them very uncomfortable. Which actually hinders their growth in every sphere of life like in jobs or education. People with

education can overcome these problems through their own judgements and rationalisation for their own betterment. The Muslims too have different issues, for example the hijab or burkha, which the Muslim women have to wear, sometimes causes them to be confronted with uncomfortable situations. In many instances, they have to forget their wish or desire to learn dancing or swimming or even going to gym. This is just because they are needed to wear loose fitting clothes, which are usually oversized to cover their body well. These kinds of dresses cause hindrance in the above said activities. They cannot be seen as such in these fields. People who can overcome these obstacles can avail the desired activities. The Christians too have other individual problems like, the frequent occurrence of masses like first Friday mass, the Sunday mass, is not always possible to attend. People are heart pressed all throughout the week on above thaton holidays also they need to attend the church, it becomes very hectic. Only if education is there, people will be able to logically reason out and will not self-accuse oneself on religious ground and will surely channel out the best possible way to combat and outcome with satisfying results for self-betterment. Society will flow according to its own form, where sticking to one's old religious stubbornness does not goes at all. One has to be flexible, and appreciate and accept other religion's concepts and extract the goodness in each of them, so that a sense of communal harmony can prevail. This is also true from the theoretical point of view as well.

D. Consciousness regarding health.

Here the researcher looks whether the present generation is aware about ongoing proceedings of lifestyle diseases and what precautions they are preferring and offering to their next generation.

Education can overcome each and every situation and show the righteous path. If there can be a subject which teaches all possible ways to maintain good health, then automatically, it will help to get a prosperous future for all of us. As we know that health is the ultimate wealth, so it is our duty to keep both our and our next generations' health in proper condition. Knowledge of food is a must, mostly diseases happen to happen due to less, no or wrong knowledge of food and nutrition. Every one should know which food is cheap and best for health and

what food to avoid, these do's and don'ts are very important to know. Most often it is the wrong choice of foods that the parents put their children to health problems. As we know health is the wealth of society, thus from the very childhood age, if we can clear the idea of proper choice of foods to our children, then from that generation our society will have strong and healthy citizens. Not only this, they can teach both the older and new generations the ideal way of eating or choosing food. Each school should have a counsellor, who would look after the choice and problems related to food of each child, so that his choice and likings gets noticed and the food chart is made accordingly. By doing this, children will not waste food, and they will become confident about their choice of food. This is actually making both the future of child and society bright, so that the diseases related to food and intake of food gets reduced, and they can concentrate on other important issues on life. By doing this they will be able to avoid many diseases and disease-causing reasons, because their concept will be clear from the base. As most of the schools have physical education, work education, environmental science etc. as compulsory subject, similarly health education should also be considered as equally important.

To conclude, it can be said that religion has a versatile characteristic, but good health depends solely upon oneself. So even though, the problem of modernization is seen throughout, still if we try, we will be able to manage and maintain, our own culture along with the existing situation.

CONCLUSION

Kolkata is a city of joy. People living over here are very enthusiastic, and love to enjoy and cherish every occasion or festival throughout the year irrespective of gender, class, caste, creed, or colour. Meaning of harmony perfectly fits and describes well the city of Kolkata. Bengalese of Kolkata give equal importance to all, because they get to see varieties of community celebrating their respective festivals without any disturbance from other possible sources and invite other sects of people also. Bengalese are very much cooperative and enjoy experiencing the new ventures in life. Kolkata is a metro city, so different kinds of people of various background come for jobs, relocation or just as tourists. In this regard, Bengalese get to see and know more about others and get different exposers of various cultures. Kolkata is one of the best cities from the point of affordability, that's why people like to stay here, do shopping, go to multi-cuisine restaurants and dine out. In short Kolkata is tourists' and migrants' paradise. For these reasons Kolkata has become very congested and other associated problems like poor sanitation, environmental problems and pollution have risen. Along with it the urbanites of Kolkata are trying hard to balance the effects of modernization or westernization along with Indian traditionalism. As effects of modernization has spread everywhere, so Kolkata too came under its influence inevitably.

Though religiosity seems to be very much active in every aspect of life, but the ritualistic ways of following or expressing religiosity has changed. Due to modernization, people have to concentrate on work and give more importance, thus the family time is getting reduced and so is the time of worshipping and following rituals. They have now made new way outs for maintaining the rituals and following their religion. Mostly people are depending on shortcuts, they do the nominal for their religion and depend upon professional religious leaders when needed. People think that the religious leaders are the messiah who actually acts like messenger and delivers message to almighty on behalf of followers. Thus, the common people depend upon the messiah more than them themselves. They believe that, as they cannot obey all ritualistic rules and regulations of religion, so if they allow professionals on behalf of themselves to convey their desires to God, then God will be surely satisfied because they believe that they are going through the correct procedure. On the other side, few think that following mere rituals are just waste

of time, keeping faith in religion and abiding by its rules is what matters most. The present generation has become more social and think that humanity is more than religion and always stays connected by different social network. While the old are preferring to join their respective religious group to discuss and sort out their both religious queries and age-related problems. This becomes their prime-time pass for the old people. Regarding this the religious leaders also help the distorted and divert their mind from the problem and indulge them in words and actions of God. On the other hand, many think that the number of religious leaders is increasing day by day due to joblessness. Secondly people prefer to help distress people by channelizing them in god's path but the irony is that, they themselves are human too, thus after a certain limit they also cannot solve problem or console people. It is believed that in almost every religion the main concept is same, just the way of interpretation is different, so in the era of post-modernism also religion is binding people together, and this coherence is helping people to be different from being machine.

Religion has deep impact in our life, and that is the reason, our lifestyle too couldn't manage to be out of its impact. Lifestyle includes all, from talking, acting, thinking, eating, feeling, wearing clothes, greeting people and even our appearance. Hence religion plays an important role in monitoring our life and lifestyle. Though we cannot escape from the grudge of westernization, modernization and consumerism, still people try hard and balance the most out of their life to be religious and follow as much as they can. The trick to have a control over ever increasing pressure is to balance and manage according to the ever-changing demanding situations of the life. This balancing requires tailor made lifestyle, where yoga, meditation, exercise, diet, proper medication and rest is required as per the need of the people to the situation they face. The lifestyle diseases are unavoidable, but it is being doubled by other issues like, the environmental damages leading to pollutions of different kinds along with bad habits of smoking, drinking, drugs, or chewing tobacco etc. all the people from different sections irrespective of economic status, education, age or sex are diagnosed with any or the other lifestyle diseases. More over the concept of street food or snacks, rather in short fast food is making it worse. People are getting slow poisoned by themselves, and like this the whole generation is getting ruined. Not only this, the sedentary work culture and different cut-throat competition in daily life, either to get good results, getting jobs, increment or promotion, profit in business etc. are taking toll in everybody's life. The old traditional way of living

a healthy life has become a dream now. Evolution in consumerism has made us more handicapped by making our life easier and due to luxury gadgets in our life we are getting paralysed by different lifestyle diseases. Accompanying this, the occupational pattern and environment also takes into account for analysing the kinds and types of diseases one suffers. The diseases not only become chronic, due to the unchangeable situation and lifestyle, but it brings along other associated illnesses also, if not checked on time. Diseases which are visible, like skin or hair problem or obesity etc. can be very insulting and causes inferior security. The treatment of these diseases is very costly too, whereas the state government has more help and medical facilities for citizens. People are kept in dark about these without any mass awareness. Thus, in many cases the diseases get unnoticed and especially the poor and uneducated suffer a lot. As food can be a way of restricting life risking diseases, so government should intervene and keep the price of the healthy food in control, so that everybody can buy and incorporate in diet. All unhealthy foods are easily available and that too in low prices. In short keeping one's health in good condition is a costly affair.

As we know that Bengalese are food loving people, most of them prefer non-veg preparations and that too in their authentic culinary method. The authenticity is what makes one healthy, because from beginning one gets adjusted and habituated with the taste and composition of the food, this creates a psychological bonding, and this bonding leads to a healthy body. It is good news that, though their preference is for these kinds of oily rich foods, but on daily basis they prefer much lighter versions of these items. They also take into considerations larger quantity of vegetables, as being urbanites, they get more informed and aware about benefits of fruits and vegetables. Not only this, they get to know about which to consume and what to avoid for which and what types of diseases. This happens due to reading health and food magazines and surfing net. The availability of doctors is also a point, which the rural people don't get and suffer. The doctors also warn about the dos and don'ts of the diseases. As consumerism is seen in every aspect of life, it has affected the food culture as well. The varieties of food and spices available, the cook books and shows have altogether made a havoc change in the mind and taste perception of food. This is where one takes charge of oneself of degradation of health. Cooking as an art has now been considered as a profitable and respectable profession. Thus, the urge to taste something new has brought the revolution of eating out. The multi-cuisine restaurants are offering foods which are also being tried by Bengalese. The

nutritionists are also trying to make food healthier without alteration of taste. The invention of different cooking appliances and equipment have also helped to taste old food in different ways. Thus, eating out is also bringing in health hazards at times. As dining out has become a common phenomenon. But people do take care of their religious and cultural sentiments while choosing restaurants and food. But mainly the taste and hygiene aspects of the restaurant matters for all.

As we know that the ritualistic ways of religion have changed and reduced radically, so the void has been bridged mainly by various ways of celebration. Celebration mainly consists of feasting; feasting can be during or after the festival. These feasting are very lavish and elaborate, because the enjoyment which food gives, it cannot be surpassed by any other activities. Food is always related to religion because we offer or sacrifice food to almighty, for satisfying him or her, or for wanting their blessings. At times we want to thank God for the happiness we get for any good news or share the sorrows also, at that time too we offer food to God. Food is what we use as a feasting product and share among all. As these feasts are very rich and happens to occur very frequently, because Bengalese have (BARO MASHE TERO PARBON i.e., 13 festivals in 12 months) so there seems a probability of people falling sick and having high blood pressure, getting obese, gastritis etc. On contrary of consumerism, it is a very mention worthy phenomenon, that media is targeting women for their marketing agenda. They are portraying all fair and slender figured women for their brand endorsements which in return making them to fall pray for their product and at the same time the society too being male dominated is accepting that and pressuring women to be like the brand endorsers or ambassadors to fulfil their expectations. Thus, it is found that the teenage girls are fasting in name of God, but at the back of their mind they are staying away from calorific, oily food. Which will help them to control their weight. Not only this in religious texts and books also, we find all goddesses and angels have slim figure and very good looking, thus the social expectation has also become like that. But women can't understand that, now they have plenty of opportunity to prove themselves in different fields. If they pay heed and work according to the social expectation and opt for figure correction and lack in nutrition then automatically they will not be able to prove themselves in long run.

Education is the only healer that can heal and make understand all the necessary actions needed for a better health and a future. Education can bridge all the drawbacks of the

religion and help to replace it with more acceptable ways of conduct. As we know that all religion has something good and bad as well. Thus, education can only help to reason out and logically interpret from other religions, what is acceptable and what not. At present the traditional religious demands seem to be like, putting a round peg in a square hole. As the society has changed so the expectations and demands also changed accordingly. Religion is the only thing which can sort out every problem, and come up with new ways of accommodations and compatibility, which will help to eradicate radicalism and ward off fanatic situations. Similarly, if from the very beginning children get used to the health education, then automatically the notion of proper food habits and dos and don'ts will be clear to them. They will be able to show the correct ways of eating to their elders and Youngers too. Like this way the health perspective of the nation can be solved.

To end the issue of the topic, i.e. what kind of lifestyle diseases can be seen more predominant in which religion, it can be said that though religious factors work to some extent for having few lifestyle diseases, due to its typical ritualistic rules and regulations, but there is no such trends found especially in case of Kolkata. It cannot be said solely that religion is making special lifestyle oriented diseases. People irrespective of their religion is susceptible to lifestyle diseases depending upon their lifestyle and especially in cities, because of its pollution and over population. It might be due to the impact of metro life, that maximum people are aware of the side effects of modern life, and so its lifestyle, thus all of them are trying to cope with the side effects of modern lifestyle, as they cannot change it back to traditionalism. For coping various methods are being used from medication to meditation.

Findings and Further Suggestions

The findings are as follows-

- Religious rituals have become partially obsolete because it seems to be time taking, costly affair and moreover energy consuming. It has become a mode of celebration, festivity and social gathering. Everybody has faith and belief in their respective religion, but their ways of expression are through a communal harmony, where everybody unite and enjoy the celebration. As state government also promotes each religious festival equally, so people take this as an opportunity to go along the flow of merriment and celebration.

- The educated middle class are the most flexible and versatile class, they are under constant pressure of making themselves adjustable according to the expectation of the society. They are the most varied and large, so it takes a lot of time and patience to get into the expected shape of society. As they cannot be like the lower class and at the same time cannot match the upper-class mentality and characteristics, thus they suffer a lot in-between by struggling hard to maintain the status quo. Most of the middle-class people are earning well in white collar jobs, thus, they are bound to come out of their shell and mix with the main stream urban culture. They are always in the transitory stage trailing behind to become like the reference group. But due to their societal structure and cultural pattern, it becomes a contradictory act from within to succumb to the change. Still, they are trying to balance the lifestyle according to the expected, in consequence they become the target group for the diseases the most.
- Surprisingly, most of the ethnic Bengalese sufferers from one or more lifestyle diseases. Though the study was done only on the middle classes, without knowing their ailments.
- The housewives are very aware, they admitted the fact that lifestyle diseases are irreversible, so they take all preventive measures for their children and old. They are mentally prepared, thus take actions accordingly.
- The working professionals are also modifying their workplace and trying hard to avoid disease forming habits, and changing their work patterns, environment and even food choices in their respective canteens.
- The older generation is getting accustomed by the abrupt social and cultural changes. The good news is after acknowledging and internalizing the change, they are liking it.
- As body and food is part of consumerism, and it has become a trend to look good and presentable although out. Eating new, different, good and healthy food is also another phenomenon now-a-days. This whole new concept is considered as a matter of status and snobbishness. The middle income group always want to be in the reference group and follow their preferred culture by following the new food habits and lifestyle trend of Kolkata.
- Tailor-made lifestyle is considered to prevent lifestyle diseases. Secondly the environment has started to lose its properties of healing, so people started to self-

control themselves. Because both physicians and medicines could not prove themselves or come to their help.

- Health care is getting privatized, therefore good health care is a costly affair. State has to look after it. There is no awareness or preventive measures taken for lifestyle disease by state. Though lifestyle diseases are in a form of epidemic.
- There is no clear concept of healthy food, or right food for particular disease prevention among the office goers than the students. They know the dos and don'ts, but does not know what perfectly fits for them. Moreover, the advertisements or projection of proper food choice for definite disease is not found anywhere. On the other hand, unhealthy fast food is seen everywhere, whereas government endorse these kinds of foods also e.g., Benfish, food carnivals etc. Secondly, cost of fast food is comparatively less than healthy foods like fish, meat, nuts, seeds, fresh fruits and vegetables. Thus, most people are opting for tasty but fatty, high calorific foods, which are causing diseases.
- Young patients do not rely on religion fully for coping or well-being, rather they prefer social coping which is much easier and comforting. As competition is very high, so the mental set-up which the youth have done for the struggle is really appreciable. They have more social engagements than before. Their network has become wider due to social media. They divert their mind in different activities to avoid depression.
- Simplicity is the ideal way of having proper lifestyle. And to maintain it one has to be back to the basic, i.e., the textual concepts of mythology or religion and at the same time balance it with today's challenge.
- As we know social and cultural factors are the trigger of lifestyle diseases, but in case of cities population and pollution has made the situation worse. People are alert regarding social and cultural part, but helpless for the population and pollution. Moreover, the genetic and environmental factors are provoking lifestyle diseases in cities.

The suggestions are as follows-

- Both the cooks and nutritionists have to come up for making food tasty and nutritive but at low cost at the same time. So that the habit of snacking or having fast food can be reduced. Or the snacks should have revolutionary change in ingredients to get a total make-over to become healthy.

- An atmosphere of well-being has to be maintained by the citizens, so that everybody feels positive and assume themselves in healthy condition, so that it becomes easy to keep diseases at bay.
- In Kolkata traditionalism is the axis on which the modernity revolves. Traditionalism symbolizes knowledge too, thus whatever the changes are happening those have some sort of traditionalism attached to it. So, it becomes easier by the people to get adapted to the changes fast.
- The concept of thinning can be changed by becoming athletic, muscular and vigorous with proper diet and nutrition.
- As middle-income group is very wide, lifestyle varies from strata to strata according to socio economic status, there will be both lifestyle and health differences unless there is socio-economical equilibrium. Thus, jobs or economical support is needed from government.
- As sedentary lifestyle has become common, so government should take up ways to promote more physical activities, and promote proper lifestyle by teaching life skills, various engagements, involvement or commitment in different activities of organizations as well.
- The students who have rough and stressful lifestyle and have to work hard to meet their ends, should be given proper information on different lifestyle diseases. So that they can relate their situation and take necessary action of stress management. Not only this, they should be taught skills to fight against these diseases.
- Subsidy or low-cost shops for fruits and vegetables should be there for the students, because healthy foods are what they avoid, as these are costly and not that tasty. There should be a balance in the cost of both healthy and unhealthy foods. All roadside cheap unhealthy snacks appeal them the most. Along with it leaflet or pamphlet should also be circulated where details of food nutrition should be given. Not only this, the good eating habits and what to eat and what to avoid in which disease, should also be known not only the youth but to the general mass through advertisements in radio, television, signboards, hoardings, road shows etc. so they can change their perspectives, practices and habits of choosing foods.

- State medical or health care should be more organized, easily accessible and less time taking. Moreover, proper channelization of subsidy should be done, so that whoever is in real need of it can get access.
- Self-analyzing is very much needed to start modification or rectification in one's life. This can be done better by assimilating all good teachings of various religious practices. It would be actually a cross cultural adaptation therapy to understand disorder in every religion.
- Synchronization of different forms of rituals can be used for better healing, like in gym and spa, yoga is used as therapeutic ritual, similarly chanting is also a throat exercise and soothes brain and mind too.
- An alternative of new religion can be like Agama Hindu dharma in Indonesia, because it is supported by government, follows dominant main stream culture, above that not related to prophets or charismatic leaders and can be understood by academicians.

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QUESTIONNAIRE

Socio-economical part

1. What is your name?
.....
2. Address / e-mail / phone number?
.....
.....
.....
3. Sex
Male ☐ Female ☐
4. Age
20 – 40 years ☐ 41 – 60 years ☐ 60 years and above ☐
5. Religion
Hindu ☐ Muslim ☐ Christian ☐
6. Educational qualification
10th - 12th ☐
12th – Graduation ☐ Graduation and above ☐
7. Profession
Student ☐ Professional/working ☐
Business man ☐ Home maker/Housewife ☐
Retired ☐
8. If you are a professional or working, then please specify your profession
.....
9. What is your monthly family income?
50 thousand – 1Lac ☐ 1 Lac and above ☐

Socio-religious part

1. Do you think that religion can cause good to health?

Yes ☐ No ☐

If yes, then how is it related?

.....

.....

.....

.....

2. Does religiosity of parents affects children?

Yes ☐ No ☐

If yes, then how?

.....

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.....

.....

3. What religious rites and rituals do you follow regularly or very frequently?

.....

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.....

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4. Why do you think old people are more prone to religion?

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5. How do the religious leaders help us?

.....

.....

.....

6. What impact do you think your religion has on society?

.....

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.....

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7. Do you agree that, being too much religious is good?

Yes ☐ No ☐

If no, then explain why?

.....

.....

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.....

Lifestyle and diseases

8. How do you spend your entire day? Daily routine (lifestyle)?

.....

.....

.....

.....

9. Do you agree that lifestyle is related to your religious background?

yes ☐ No ☐

If yes, then how is it related to it?

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.....

.....

10. Do you have any habit like chewing tobacco, pan masala, smoking or drinking? Yes ☐ No ☐

If yes, then mention those?

.....

.....

.....
.....

11. Do you have any chronic diseases e.g. blood pressure, diabetes, obesity, allergy and many more?

Yes ☐ No ☐

If you have any diseases, please mention. Why do you think you have it?

.....
.....
.....
.....

12. From when do you think you are suffering from this disease?

.....
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.....
.....

13. What problems do you face for having such diseases?

.....
.....
.....
.....

14. What are the remedies do you seek for the diseases you have?

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.....

15. Are you satisfied with the health care of your state?

Yes ☐ No ☐

If No, then why is so, explain?

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.....

.....

Modernization and effects of consumerism

16. What food pattern do you follow?

- a. Vegetarian ☐ Non – vegetarian ☐
- b. Rich ☐ light? ☐

17. Will you agree that pattern of food has changed a lot through time with inventions and mechanizations?

Yes ☐ No ☐

If yes then how?

.....

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.....

.....

18. Do you take snacks?

Yes ☐ No ☐

If yes, then when and why do you take snacks?

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.....

.....

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19. Do you know that snacking is harmful?

Yes ☐ No ☐

If yes then, what are the alternatives do you prefer?

.....

.....

.....

.....

20. Do you dine out?

Yes ☐ No ☐

If yes, then what parameters do you keep in mind before ordering food? (E.g. cultural or religious norms)

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.....

21. Do you think that religion as a concept has changed a lot?

Yes ☐ No ☐

If yes, then what impact do you think the changes have on religion?

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.....

22. Except religious places where else do you get religious information (different mass media like T.V, Radio, News-papers, books Social media etc)?

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.....

23. How often do you relate food with religion? (eg. Offerings, feasting)

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24. Do you think that consumerism has increased a lot?

Yes ☐ No ☐

If yes, then where can you see consumerism being practised the most?

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.....
.....

25. Do you agree that the present situation and cultural patterns are taking toll on our daily life? Yes ☐ No ☐
If yes, then how?

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26. What advice would you like to give to your next generation, regarding the changes in and around us, and the associated problems related with it?

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Consciousness regarding health

27. Do you think education can balance or bridge between religious demands and health or disease issues? Yes ☐ No ☐
If yes then how?

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.....
.....

28. Do you think the subject health education should be included in school?

Yes ☐

No ☐

If yes then why?

.....

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.....

**Health Promotion Model - Instruments to
Measure Health Promoting Lifestyle: Health-
Promoting Lifestyle Profile [HPLP II] (Adult
Version)**

Walker, Susan N.; Sechrist, Karen R.; Pender, Nola J.

<http://hdl.handle.net/2027.42/85349>

Deep Blue deepblue.lib.umich.edu

LIFESTYLE PROFILE II

DIRECTIONS: This questionnaire contains statements about your *present* way of life or personal habits.

Please respond to each item as accurately as possible, and try not to skip any item.

Indicate the frequency with which you engage in each behaviour by circling:

N for never, **S** for sometimes, **O** for often, or **R** for routinely

1. Discuss my problems and concerns with people close to me. N S O R
2. Choose a diet low in fat, saturated fat, and cholesterol. N S O R
3. Report any unusual signs or symptoms to a physician or other health professional. N S O R
4. Follow a planned exercise program. N S O R
5. Get enough sleep. N S O R
6. Feel I am growing and changing in positive ways. N S O R
7. Praise other people easily for their achievements. N S O R
8. Limit use of sugars and food containing sugar (sweets). N S O R
9. Read or watch TV programs about improving health. N S O R
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber). N S O R
11. Take some time for relaxation each day. N S O R
12. Believe that my life has purpose. N S O R
13. Maintain meaningful and fulfilling relationships with others. N S O R
14. Eat 6-11 servings of bread, cereal, rice and pasta each day. N S O R
15. Question health professionals in order to understand their instructions. N S O R
16. Take part in light to moderate physical activity (such as sustained walking N S O R

30-40 minutes 5 or more times a week).

17. Accept those things in my life which I cannot change. N S O R
18. Look forward to the future. N S O R
19. Spend time with close friends. N S O R
20. Eat 2-4 servings of fruit each day. N S O R
21. Get a second opinion when I question my health care provider's advice. N S O R
22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).N S O R
23. Concentrate on pleasant thoughts at bedtime. N S O R
24. Feel content and at peace with myself. N S O R
25. Find it easy to show concern, love and warmth to others. N S O R
26. Eat 3-5 servings of vegetables each day. N S O R
27. Discuss my health concerns with health professionals. N S O R
28. Do stretching exercises at least 3 times per week. N S O R
29. Use specific methods to control my stress. N S O R
30. Work toward long-term goals in my life. N S O R
31. Touch and am touched by people I care about. N S O R
32. Eat 2-3 servings of milk, yogurt or cheese each day. N S O R
33. Inspect my body at least monthly for physical changes/danger signs. N S O R
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).N S O R
35. Balance time between work and play. N S O R
36. Find each day interesting and challenging. N S O R
37. Find ways to meet my needs for intimacy. N S O R
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.N S O R
39. Ask for information from health professionals about how to take good care of myself.N S O R
40. Check my pulse rate when exercising. N S O R
41. Practice relaxation or meditation for 15-20 minutes daily. N S O R
42. Am aware of what is important to me in life. N S O R
43. Get support from a network of caring people. N S O R
44. Read labels to identify nutrients, fats, and sodium content in packaged food. N S O R

- 45. Attend educational programs on personal health care. N S O R
- 46. Reach my target heart rate when exercising. N S O R
- 47. Pace myself to prevent tiredness. N S O R
- 48. Feel connected with some force greater than myself. N S O R
- 49. Settle conflicts with others through discussion and compromise. N S O R
- 50. Eat breakfast. N S O R
- 51. Seek guidance or counselling when necessary. N S O R
- 52. Expose myself to new experiences and challenges. N S O R