



Research Article

DIETARY AND LIFESTYLE PATTERNS (*UNAVU MATRUM VAZHIVIYAL MURAIGAL*) AMONG
INFORMATION TECHNOLOGY PROFESSIONALS IN TIRUNELVELI DISTRICT: A CROSS-
SECTIONAL STUDY

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ABSTRACT

Rapid urbanization and sedentary occupational patterns have significantly altered the dietary and lifestyle behaviors of Information Technology (IT) professionals, predisposing them to various lifestyle-related disorders. Traditional Siddha medicine emphasizes the importance of balanced diet and lifestyle in maintaining health through equilibrium of *Vatham*, *Pitham*, and *Kapham*. **Objectives:** To assess the food and lifestyle patterns among IT professionals in Tirunelveli district and interpret the findings with reference to Siddha principles. **Materials and Methods:** A cross-sectional study was conducted among 100 IT professionals in Tirunelveli district using a structured questionnaire. Data regarding demographic details, dietary habits, lifestyle practices, and awareness of Siddha medicine were collected. Statistical analysis was performed using the Chi-square test to determine associations between selected variables. **Results:** The study revealed a predominantly sedentary lifestyle, with only 25% of participants engaging in regular exercise. A majority consumed breakfast daily (76%), while unhealthy dietary habits such as frequent junk food consumption (31%) and low fruit intake (48%) were observed. Awareness of Siddha dietetics was low (17%), and 82% had never consulted a Siddha practitioner. Digestive issues were reported by 41% of participants. Significant associations were observed between age and Siddha awareness, gender and physical activity, and dietary habits with digestive problems ($p < 0.05$). **Conclusion:** The findings indicate unhealthy lifestyle and dietary patterns among IT professionals, along with limited awareness of Siddha principles. Integrating Siddha-based dietary and lifestyle modifications may play a crucial role in preventing lifestyle-related disorders in this population.

INTRODUCTION

Lifestyle-related disorders are increasing globally due to rapid urbanization, technological advancement, and sedentary occupations^[1]. Among these, Information Technology (IT) professionals represent a high-risk group due to prolonged working hours, increased screen exposure, irregular dietary habits, and psychological stress^[2]. These factors contribute to metabolic disturbances, poor sleep quality, and reduced physical activity.

Several studies have reported unhealthy lifestyle patterns among IT professionals. A cross-sectional study among corporate IT employees in South India revealed that a majority of employees remained sedentary for more than eight hours per day and exhibited poor dietary practices with increased metabolic risk factors^[2]. Similarly, studies on work-life balance among IT professionals have shown that demanding schedules and occupational stress significantly affect sleep patterns, dietary habits, and work-related morbidity, including musculoskeletal problems, stress, and visual strain among software professionals.^[4]

Traditional systems of medicine, particularly the Siddha system, emphasize the importance of maintaining balance in food and lifestyle practices for overall health^[11]. Siddha medicine is based on the

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equilibrium of three fundamental humors- *Vatham*, *Pitham*, and *Kapham*-which regulate physiological and psychological functions^[12]. According to Siddha principles, improper diet and lifestyle lead to derangement of these overall lifestyle behaviors^[3]. Research conducted in Chennai reported a high prevalence of lifestyle related disorders among IT professionals. The concept of “*Unave Marunthu, Marunthae Unavu*” (Food as Medicine and Medicine as Food) highlights the crucial role of dietary regulation in health maintenance. Siddha literature also prescribes structured daily regimens, including early rising, timely food intake, physical activity, oil bath practices, and adequate sleep, which are essential for maintaining holistic well-being. However, modern occupational demands often hinder adherence to these practices, particularly among IT professionals. Although several studies have evaluated lifestyle patterns among IT professionals, there is a lack of research exploring these patterns through Siddha principles, especially in the Tirunelveli region. Therefore, the present study aims to assess the food and lifestyle patterns among IT professionals in Tirunelveli district and interpret them in relation to Siddha principles.

MATERIALS AND METHODS

Study Design

A cross-sectional study was conducted to assess the food and lifestyle patterns among IT professionals.

Study Area

The study was carried out in Tirunelveli district, Tamil Nadu, India, among selected Information Technology companies.

Study Population

The study population included IT professionals working in selected companies, comprising a total of 100 participants.

Study Period

The study was conducted over a period of four months, from June 2024 to September 2024.

Sampling Technique

Convenience sampling (non-probability sampling) method was used to select the participants.

Inclusion Criteria

- IT professionals of both genders.
- Individuals willing to participate in the study.

Exclusion Criteria

- Non-IT professionals
- Individuals unwilling to participate.

Data Collection Tool

Data were collected using a self-structured questionnaire consisting of:

- Closed-ended multiple-choice questions
- Multi-response questions
- One open-ended question
- Demographic variables

The questionnaire assessed dietary patterns, lifestyle habits, Siddha health practices, sleep patterns, physical activity, and related behaviors.

Data Collection Procedure

After obtaining permission from the respective IT companies, participants were informed about the purpose of the study and consent was obtained. The questionnaire was distributed and responses were collected directly from the participants.

Statistical Analysis

The collected data were entered and analyzed using appropriate statistical methods. Descriptive statistics such as percentages and frequencies were used. Inferential statistics, including the Chi-square test, were applied to determine associations between variables. A p-value of <0.05 was considered statistically significant.

RESULTS

Demographic characteristics:

A total of 100 IT professionals participated in the study. The mean age was 25 years (range: 20–48 years). Among them, 53% were female and 47% were male.

Table 1: Demographic characteristics of participants

Variable	Category	Frequency (n=100)	Percentage (%)
Age (years)	Mean (Range)	25 (20–48)	—
Gender	Male	47	47%
	Female	53	53%
Occupation	Developer	41	41%
	Marketing	20	20%
	BPO	16	16%
	Others	23	23%
IT Company	Zoifintech	29	29%

	Centizen Inc	28	28%
	Tiliconveli	27	27%
	Plestar Inc	16	16%

Most participants were developers followed by marketing professionals. The majority were developers (41%), followed by marketing professionals (20%) and BPO employees (16%). Participants were distributed across four IT companies, with the highest representation from Zoifintech (29%) and Centizen Inc (28%).

Awareness and Siddha practices

Among the participants, 44% were somewhat familiar with the Siddha system, while only 24% reported being familiar or very familiar.

Table 2: Represents Awareness and Siddha practices among participants

Variable	Category	Frequency	Percentage (%)
Familiarity with Siddha	Very familiar	9	9%
	Familiar	15	15%
	Somewhat familiar	44	44%
	Unfamiliar	23	23%
	Very unfamiliar	9	9%
Consulted Siddha practitioner	Yes	18	18%
	No	82	82%
Following Siddha practices	Yes	59	59%
	No	41	41%
Awareness of Siddha dietetics	Yes	17	17%
	No	83	83%

A majority (82%) had never consulted a Siddha practitioner. About 59% reported practicing Siddha-related health measures, predominantly oil bath, although most followed them only occasionally or rarely. Only 17% of participants were aware of Siddha dietetics and lifestyle principles.

Lifestyle patterns

Regarding daily routine, 51% of participants woke up between 6–7 AM, while 19% woke up after 7 AM. Nearly half (46%) reported consistently drinking water upon waking. The lifestyle patterns of the participants are summarized in Table 3.

Table 3: Lifestyle patterns of the participants

Variable	Category	Frequency	Percentage (%)
Regular exercise	Yes	25	25%
	No	75	75%
Exercise duration	30 minutes	71	71%
	45 minutes	14	14%
	60 minutes	5	5%
	>1 hour	4	4%
Oil bath practice	Once weekly	36	36%
Relaxation techniques	Practiced	59	59%

Only 25% engaged in regular exercise; however, 43% reported some form of daily physical activity, predominantly walking for 30 minutes (71%). Oil bath was practiced once weekly by 36% of participants. Relaxation techniques were practiced by 59% of participants, including meditation/yoga (31.8%), breathing exercises (19.7%), physical exercise (22.7%), and other methods (25.8%).

Dietary Patterns

The majority of participants (76%) consumed breakfast daily, while 25% reported skipping meals. Most participants (78%) consumed three meals per day. The dietary patterns of the participants are summarized in Table 4.

Table 4: Dietary patterns of the participants

Variable	Category	Frequency	Percentage (%)
Breakfast consumption	Daily	76	76%
	Skip meals	25	25%
Meals per day	3 times	78	78%
	Others	22	22%
Junk food intake	>4 times/month	31	31%
Fruit intake	Rarely	48	48%
Preferred taste	Sweet	62	62%
Restaurant dependency	Rarely	41	41%

Protein-rich foods were the most preferred choice for breakfast (51%), followed by mixed diets (25%) and carbohydrate-rich diets (23%). A large proportion (62%) preferred sweet taste in their diet. Consumption of fast foods was common, with 31% reporting intake more than four times per month. Fruit consumption was relatively low, with 48% consuming fruits rarely. Most participants (89%) did not follow any dietary restrictions. Regarding dietary habits, 32% never consumed ghee, while sugary beverages were consumed occasionally, with 42% reporting intake less than once per week. Chicken was the most commonly consumed meat (54%).

Health and Sleep Patterns

Digestive issues were reported by 41% of participants, with symptoms such as vomiting, diarrhea, constipation, and bloating. Most participants (74%) did not manage these issues through dietary modifications, and only a small proportion sought treatment. Regarding sleep patterns, 45% of participants reported sleeping 7–9 hours per night, while others reported shorter durations. Mobile screen time was high, with 33% reporting 3–4 hours per day and 19% exceeding 7 hours daily. More than half of the participants (55%) expressed willingness to adopt Siddha dietetics and lifestyle practices.

Analytical Findings

Statistical analysis using the Chi-square test revealed several significant associations between variables summarized in Table 5.

Table 5: Analytical Findings

Variable 1	Variable 2	p-value	Significance
Age	Awareness of Siddha dietetics	<0.01	Highly significant
Gender	Regular exercise	<0.05	Significant
Familiarity with Siddha	Consultation	<0.05	Significant
Consultation	Siddha diet awareness	<0.01	Highly significant
Siddha practices	Familiarity	<0.05	Significant
Exercise	Duration of activity	<0.05	Significant
Breakfast	Meal skipping	<0.05	Significant
Breakfast	Food preference	<0.05	Significant
Gender	Restaurant dependency	<0.05	Significant
Sugary beverages	Digestive issues	<0.05	Significant

A significant association was observed between age and awareness of Siddha dietetics ($p<0.05$), indicating that younger participants had lower awareness compared to older individuals. Gender was significantly associated with regular exercise ($p<0.05$), with males more likely to engage in physical activity

than females. Familiarity with the Siddha system showed a significant association with consultation of Siddha practitioners ($p<0.05$). Similarly, participants who had consulted a Siddha practitioner demonstrated significantly higher awareness of Siddha dietetics ($p<0.05$). Adherence to Siddha health practices was

significantly associated with familiarity with Siddha medicine ($p < 0.05$), suggesting that increased awareness influences practice. A significant association was also found between regular exercise and duration of physical activity ($p < 0.05$), indicating that individuals who exercised regularly tended to maintain consistent exercise durations. Dietary behaviors showed significant relationships, with breakfast consumption significantly associated with meal-skipping patterns ($p < 0.05$) and food preferences ($p < 0.05$). Gender differences were also observed in dependence on restaurant food ($p < 0.05$). Additionally, a significant association was found between consumption of sugary beverages and the occurrence of digestive issues ($p < 0.05$).

DISCUSSION

The present study assessed the food and lifestyle patterns among IT professionals in Tirunelveli district and explored their relevance in the context of Siddha principles. The findings revealed a predominance of sedentary lifestyle, irregular dietary habits, and limited awareness of Siddha practices among participants. A significant proportion of participants reported low levels of physical activity, with only 25% engaging in regular exercise. This finding is consistent with previous studies among IT professionals, which have highlighted the sedentary nature of their occupation due to prolonged screen time and desk-based work^[2,4]. Reduced physical activity contributes to various health risks, including obesity and metabolic disorders.

From a Siddha perspective, lack of physical activity leads to aggravation of *Kapham*, resulting in sluggish metabolism and accumulation of toxins. Regular physical activity is essential to maintain equilibrium of the three humors- *Vatham*, *Pitham*, and *Kapham*. A significant proportion of participants reported low levels of physical activity, with only 25% engaging in regular exercise. This finding is consistent with previous studies among IT professionals, which have highlighted the sedentary nature of their occupation due to prolonged screen time and desk-based work^[2,4]. Reduced physical activity contributes to various health risks, including obesity and metabolic disorders.

Dietary patterns observed in the study indicate that although a majority consumed breakfast regularly, unhealthy habits such as frequent consumption of junk food and low intake of fruits were prevalent. Similar findings have been reported in studies conducted among corporate employees, where poor dietary practices were associated with increased metabolic risk.^[2] According to Siddha principles, improper dietary habits, including excessive intake of sweet and processed foods, contribute to derangement of *Kapham*, while irregular meal timing affects *Pitham*,

leading to digestive disturbances^[11,12]. The concept of "*Unave Marunthu*" emphasizes that proper diet plays a central role in maintaining health. The study also revealed that 41% of participants experienced digestive issues, including bloating, constipation, and diarrhea. These findings may be attributed to irregular eating patterns, increased consumption of processed foods, and sedentary behavior. A significant association between sugary beverage consumption and digestive problems further supports the role of dietary habits in gastrointestinal health. In Siddha medicine, digestive disturbances are primarily linked to imbalance in *Pitham*, which governs digestion and metabolism. Improper diet and lifestyle disrupt digestive fire (*Agni*), leading to accumulation of undigested substances and manifestation of disease^[12].

Sleep patterns among participants showed that although many reported adequate sleep duration, a considerable proportion had reduced sleep and high screen time. Increased digital exposure and work-related stress may contribute to disturbed sleep patterns. Similar observations have been reported in studies on IT professionals, where prolonged screen time affects circadian rhythm^[3].

From the Siddha viewpoint, disturbed sleep is associated with aggravation of *Vatham*, which affects neurological and physiological balance. Proper sleep is considered essential for maintaining mental and physical health. Awareness and utilization of Siddha medicine were found to be low among participants, with only a small percentage having knowledge of Siddha dietetics and practices. However, more than half expressed willingness to adopt Siddha lifestyle measures, indicating potential for integrating traditional practices into modern lifestyles. The analytical findings further demonstrated significant associations between lifestyle factors and health outcomes, highlighting the influence of behavioral patterns on overall well-being. These findings emphasize the need for promoting healthy lifestyle practices among IT professionals. Workplace-based interventions focusing on regular physical activity, balanced diet, and stress management may help reduce the risk of lifestyle-related disorders. Incorporating Siddha principles into daily routines can offer a holistic and preventive approach to health. Overall, the study highlights the importance of understanding modern lifestyle behaviors through Siddha concepts, which may contribute to the development of effective preventive strategies tailored for IT professionals.

CONCLUSION

The present study highlights that IT professionals in Tirunelveli district exhibit a predominantly sedentary lifestyle, irregular dietary habits, and limited awareness of Siddha principles.

Although a majority of participants followed basic meal patterns, unhealthy practices such as frequent consumption of junk food, low fruit intake, and inadequate physical activity were observed. A considerable proportion also reported digestive issues and altered sleep patterns.

The study findings indicate that lifestyle factors significantly influence health status, as evidenced by the associations observed between dietary habits, physical activity, and health outcomes. From a Siddha perspective, these patterns reflect imbalance in the three humors *Vatham*, *Pitham*, and *Kapham*- leading to the manifestation of various health issues. Despite low awareness, a positive inclination towards adopting Siddha dietetics and lifestyle practices was observed among participants. This suggests an opportunity to integrate traditional Siddha principles into modern occupational settings. Incorporating Siddha-based dietary regulation, structured daily routines, and lifestyle modifications may play a vital role in preventing lifestyle-related disorders among IT professionals. Further large-scale studies are recommended to explore the effectiveness of such interventions in improving health outcomes.

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