RESILIENCE AND REALIGNMENT: UNPACKING TAMIL NADU'S URBAN HOUSEHOLD SPENDING SHIFTS ON HEALTH, TOBACCO, AND LEISURE POST-PANDEMIC (2019–2021)

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ABSTRACT
This study delves into the adaptive resilience of urban households in Tamil Nadu amid unprecedented disruptions triggered by the COVID-19 pandemic. Focusing on health, tobacco, and liquor expenditures between 2019 and 2021, the research highlights how urban households in regions like Coimbatore and Tiruppur recalibrated their spending priorities across pre-pandemic, pandemic, and recovery phases. Going beyond essential versus discretionary binaries, this study explores how income constraints, demographic diversity, and socio-cultural influences interact in reshaping urban consumption behavior.

By employing secondary data from the Consumer Pyramids Household Survey (CPHS) and utilizing correlation and regression techniques, the research identifies shifting consumption trade-offs — notably the tension between rising discretionary spending and health-related priorities. The findings suggest that as pandemic threats receded, discretionary spending on tobacco and liquor resurged, often at the expense of health expenditure. This nuanced behavioral shift reflects complex realignments in household priorities shaped by occupation, education, gender, and household size.

The study introduces a contextual framework to interpret health vs. lifestyle expenditure in a post-pandemic, urban South Indian setting, contributing to broader discussions on equitable economic recovery and public health planning.

Keywords: Urban Consumption, Tamil Nadu, Health vs. Leisure Spending, Tobacco & Liquor, COVID-19, Socioeconomic Determinants, CPHS

INTRODUCTION
Tamil Nadu, a vibrant southern Indian state, reflects a fusion of tradition and modernization across its socio-economic landscape. As one of India's most urbanized states, cities like Coimbatore and Tiruppur have become hubs for industrial activity and migration, representing changing household compositions and expenditure dynamics. The COVID-19 pandemic, an extraordinary global event, fundamentally disrupted household economies, sparking a reordering of consumption priorities.

This study explores how Tamil Nadu's urban households responded to these shocks, with particular attention to shifts in health-related and discretionary spending on tobacco and liquor. While previous literature often focused on broader national trends or rural-urban divides, this research zeroes in on how urban households adapted across three critical points: the pre-pandemic year (2019), the height of the pandemic (2020), and the early post-pandemic recovery phase (2021). This timeline allows an exploration of both immediate crisis responses and more sustained behavioral adaptations.

REVIEW OF LITERATURE

Household Consumption Behavior
Studies examining household consumption patterns often highlight the interplay between income, education, and household size in determining expenditure priorities. Deaton and Muellbauer (1980) work on consumption theory underscores the significance of income elasticity in shaping spending patterns across different socio-economic groups. Their findings provide a foundational framework for analyzing how Tamil Nadu's diverse demographic profiles influence household expenditures.

Urban-Rural Expenditure Dynamics
Urbanization and its impact on consumption have been extensively explored in the Indian context. Bhalla and Hazell (2003) investigated the rural-urban divide in India, emphasizing how urban households tend to allocate a higher proportion of their income to discretionary spending, such as recreation and dining out, compared to rural households that focus on essential needs like food and health. This dichotomy is relevant for Tamil Nadu, given its mix of urban centers like Chennai and Coimbatore and its agriculturally dependent rural regions.

Impact of the COVID-19 Pandemic

The COVID-19 pandemic brought significant changes to household expenditure priorities globally. Narayan et al. (2021) documented how pandemic-induced income shocks led to increased spending on food and health while curtailing non-essential expenditures. In Tamil Nadu, similar patterns were observed, with mobility restrictions and economic uncertainties altering traditional spending behaviors (Rajasekaran, 2022).

Cultural Influences on Expenditure

Cultural values play a pivotal role in shaping household spending, particularly in states like Tamil Nadu, where traditions strongly influence food and health practices. Gupta (2019) examined the role of festivals and religious practices in driving seasonal spikes in food expenditure, emphasizing how these cultural elements persist despite modern influences.

Gender and Household Consumption

The role of gender in influencing household expenditure has gained attention in recent years. Studies by Chattopadhyay and Duflo (2004) suggest that women-led households tend to prioritize health and education spending over leisure activities. This finding is particularly relevant for Tamil Nadu, where demographic diversity includes significant variations in household composition and gender dynamics.

Health Expenditure Trends

Mishra and Ray (2011) explored health expenditures in India, highlighting the coexistence of traditional remedies and modern healthcare services. Their study indicates that socio-economic factors such as education and income influence preferences for healthcare, a duality observed in Tamil Nadu's urban and rural households.

Income and Consumption Patterns

The relationship between income levels and expenditure is a critical area of study. Krueger and Perri (2006) highlighted how income disparities affect consumption inequality, a dynamic that is particularly pronounced in states like Tamil Nadu, where economic growth coexists with significant socio-economic disparities.

Post-Pandemic Recovery and Expenditure

Studies on post-pandemic economic recovery, such as by Srivastava and Jha (2022), emphasize the shift back to discretionary spending as income levels stabilize. For Tamil Nadu, understanding these recovery trajectories is essential for assessing the long-term impact of the pandemic on household behavior

Research Gaps Identified:

In Tamil Nadu, there is limited research comparing rural and urban household consumption patterns, particularly post-pandemic. Most studies focus on urban centers like Chennai, neglecting the rural-urban divide in expenditures on food, health, and leisure. Another gap is the under-exploration of household composition, especially how age and gender dynamics influence spending decisions. Further research is needed to understand how different demographic factors shape expenditure choices. Additionally, the impact of economic shocks like the pandemic on discretionary spending (e.g., recreation, vacations) remains largely unexplored, especially in relation to varying income groups across the state..

OBJECTIVES OF THE STUDY:

1. To examine year-wise shifts in urban household spending on health, tobacco, and liquor from 2019 to 2021.

2. To evaluate the role of socio-economic variables (income, gender, age, occupation, education, household size) in influencing these expenditures.

3. To understand the correlation and causality between health expenditure and discretionary consumption of tobacco and liquor.

METHODOLOGY

This research takes a quantitative approach to investigate consumption expenditure patterns related to health, tobacco, and liquor across Tamil Nadu. Secondary data from the Consumer Pyramid Household Survey (CPHS) by CMIE spanning March 2019, March 2020, and March 2021 is used to analyze shifts in consumption behaviors during the pre-pandemic, pandemic, and post-pandemic periods. The study captures the dynamic economic and cultural characteristics of Tamil Nadu's urban regions.

The dependent variables include household expenditure on health, tobacco, and liquor, while independent variables such as age, gender, occupation, education, and household size are explored for their impact on consumption patterns. Descriptive statistics will offer an overview of consumption behaviors, and Chi-square tests will analyze the relationships between socio-demographic characteristics and expenditure. Regression

analysis will quantify the effect of these factors on consumption expenditures, with SPSS software supporting data analysis.

The study's rationale for focusing on these specific expenditures is rooted in their socio-economic significance. Health expenditure reflects economic well-being, while tobacco and liquor spending reveals discretionary consumption patterns shaped by cultural, income, and education factors. Tamil Nadu's economic diversity, particularly in Coimbatore and Tiruppur, offers an insightful backdrop for analyzing these patterns across various socio-demographic groups

Rationale for Period, Area, and Expenditures Chosen
1. Temporal Focus: Capturing the pre-, during-, and post-pandemic phases allows for a comprehensive understanding of behavioral transitions.

- Geographic Scope: Coimbatore and Tiruppur are ideal for studying consumption under economic stress due to their industrial and urban dynamics.

- Category Selection: Health reflects necessity-driven spending, while tobacco and liquor represent discretionary, culturally-influenced behavior.

LIMITATIONS OF THE STUDY

1. **Data Limitations:**
○ The secondary data from CPHS and CMIE may not always reflect the most current trends, particularly if the datasets are not updated regularly. Furthermore, there could be gaps or inconsistencies in the data that may affect the results.

2. **Geographic Limitations:**
○ The study is limited to the urban areas of **Coimbatore** and **Tiruppur** in Tamil Nadu, which may not fully represent rural consumption behaviors or other regional patterns in the state or across India.

3. **Self-reporting Bias:**
○ Since the data is secondary, the accuracy of information such as expenditure figures is dependent on how well respondents reported their consumption, potentially introducing biases or inaccuracies.

4. **Generalizability:**
○ While the study provides valuable insights into consumption behaviors in these cities, the findings may not be directly applicable to other states or rural areas, given the socio-economic and cultural differences that may exist.

This methodology provides a clear path for analyzing consumption expenditure patterns in Tamil Nadu with a focus on socio-demographic factors.

RESULTS AND DISCUSSION

Demography
Demographic profile of Tamil Nadu households from March 2019, March 2020 to March 2021, focusing on age groups, gender distribution, occupations, education, household sizes, and region types. It highlights trends like urbanization, dominance of nuclear families, and prevalence of younger age groups, offering insights into socio-economic shifts. Statistical analysis reveals significant variations across categories, providing a foundation for understanding challenges in education, workforce development, and urban planning. These findings aim to guide sustainable and inclusive policy-making.

Figure 1 : Age Groups
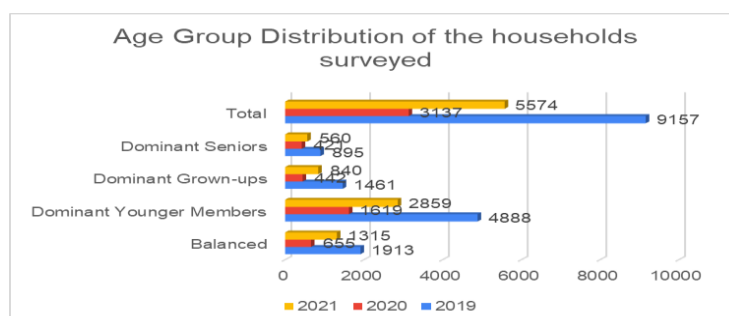
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

The age composition of households in Tamil Nadu between 2019 and 2021 shows a consistent trend where the "Dominant Younger Members" group forms the largest segment, comprising over half of the population (53.4% in 2019, 51.6% in 2020, and 51.3% in 2021). This indicates a prevalence of households with younger individuals, likely reflecting a younger workforce and family structures oriented around younger dependents. Conversely, "Dominant Seniors" consistently have the smallest representation, ranging from 9.8% in 2019 to 10% in 2021, signifying a smaller proportion of elderly-dominated households.

Chi-square tests confirmed significant differences in age group distributions each year, driven by observed overrepresentation of the "Dominant Younger Members" group and underrepresentation of other groups, particularly seniors. The high proportion of younger individuals aligns with Tamil Nadu's role as an economic hub, attracting working-age populations to urban areas. Balanced age households and those with grown-ups form a stable middle ground, suggesting diverse age structures within households.

These trends have implications for social policy and economic planning. The dominance of younger populations may increase demand for education, employment, and childcare services. Meanwhile, the relatively low senior representation highlights the need to prioritize targeted elder care and healthcare infrastructure for aging populations. Long-term planning must address shifts in this balance as Tamil Nadu continues to develop economically, potentially impacting dependency ratios and demographic structures

Gender Groups

Figure 2 : Gender Group Distribution of the households surveyed
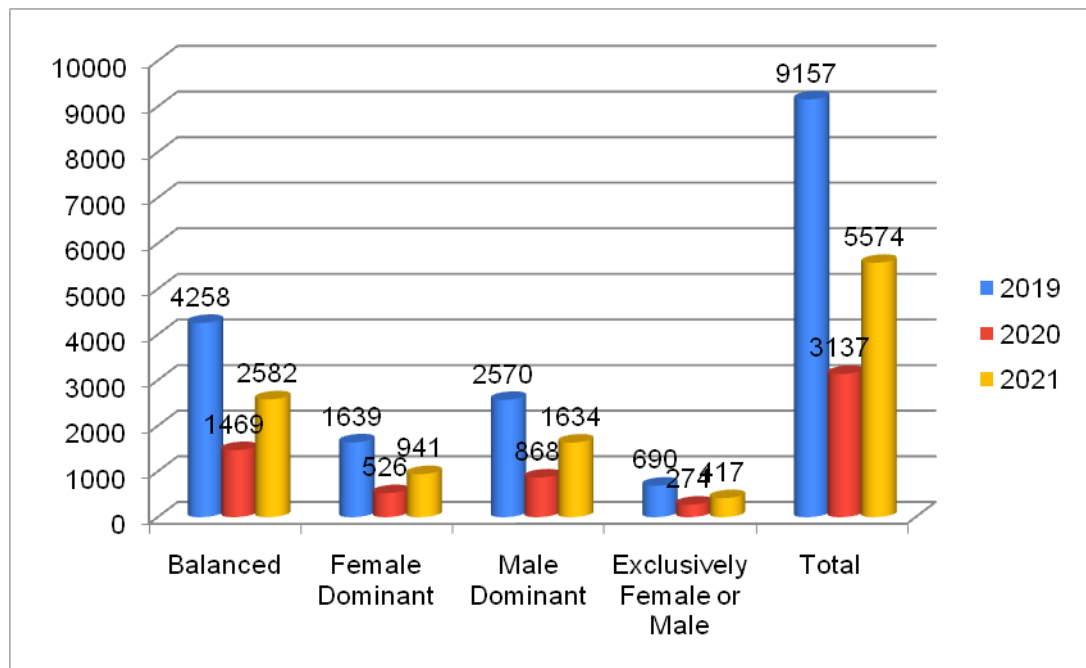
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

The gender dynamics within Tamil Nadu households reveal that "Balanced" gender households constitute the majority, comprising approximately 46% across all three years (46.5% in 2019, 46.8% in 2020, and 46.3% in 2021). This category includes households where no single gender dominates, reflecting a tendency toward equilibrium in gender representation within households. "Exclusively Female or Male" households represent the smallest segment, averaging around 7-8% across years, indicating minimal extreme gender imbalances in household composition.

Chi-square tests show significant differences among gender group proportions, driven by consistent overrepresentation of the Balanced group and underrepresentation of Exclusively Female or Male households. The residual analysis supports these findings, emphasizing that Balanced households exceed expected values by wide margins, while Exclusively Female or Male households fall significantly short.

The "Female Dominant" and "Male Dominant" groups show intermediate representation, with slight year-to-year variations but remaining lower than the Balanced group. This reflects a relatively equitable gender structure in household decision-making and roles, potentially influenced by Tamil Nadu's progressive social policies and cultural dynamics.

These findings underline the importance of sustaining gender equity initiatives in social and economic planning. Policies that promote gender-balanced workforce participation and equal opportunities in education and governance can further enhance these trends. Conversely, the small proportion of Exclusively Female or Male households warrants targeted support to ensure inclusivity, particularly for female-headed households that may face socio-economic vulnerabilities.

3. Occupation Groups

Occupation Group Distribution of the households surveyed
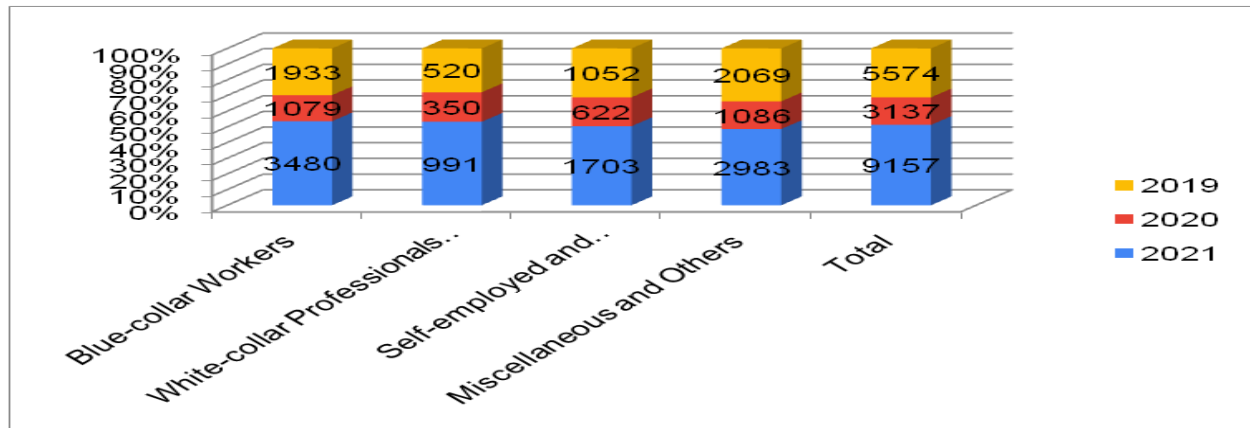
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

Tamil Nadu's households exhibit diverse occupational compositions, with blue-collar workers consistently forming the largest group, comprising 38% in 2019, 34.4% in 2020, and 34.7% in 2021. This reflects the state's industrial and manufacturing backbone, which employs a significant portion of the population. The "Miscellaneous and Others" group follows closely, growing to 37.1% by 2021, highlighting the role of informal and non-traditional occupations in Tamil Nadu's economy.

Conversely, "White-collar Professionals and Management" consistently make up the smallest segment, with proportions as low as 9.3% in 2021. This indicates limited household representation in high-skill, management-level roles, potentially reflecting disparities in educational access or regional economic structures. The "Self-employed and Entrepreneurs" group maintains moderate representation (18.6% in 2019, 19.8% in 2020, and 18.9% in 2021), underscoring Tamil Nadu's entrepreneurial spirit, particularly in small and medium-sized enterprises.

Chi-square tests confirm significant occupational differences, with blue-collar workers and Miscellaneous occupations exceeding expected values, while white-collar professionals fall significantly short. These findings suggest opportunities to expand skill development and education to balance occupational representation and increase mobility into higher-paying, white-collar roles.

Policies supporting vocational training, entrepreneurship, and formalizing informal sectors can improve economic equity. Additionally, investments in industrial upskilling and white-collar job creation, particularly in IT and services, could diversify employment opportunities and boost household income levels.

4. Education Groups

Education Group Distribution of the households surveyed
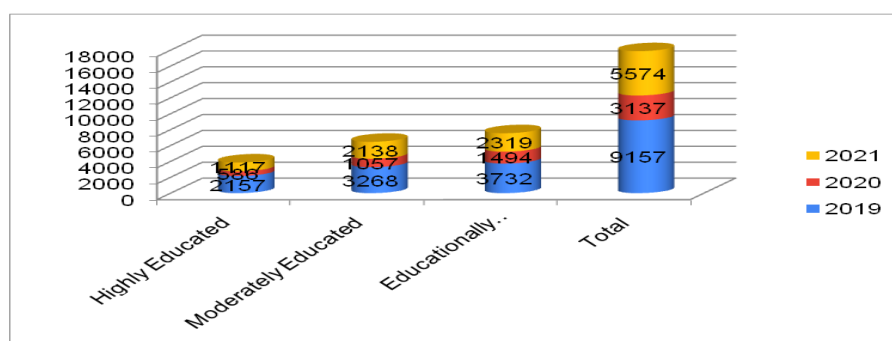
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

Education levels within Tamil Nadu households reveal an increasing predominance of "Educationally Homogeneous" households, which form the largest segment in all three years (40.8% in 2019, 47.6% in 2020, and 41.6% in 2021). These households likely consist of members with similar educational backgrounds, reflecting societal trends where household members tend to have comparable access to education.

"Highly Educated" households consistently represent the smallest segment, declining to 18.7% in 2020 and recovering slightly to 20% in 2021. This suggests that while higher education is accessible to a minority, it remains unevenly distributed, possibly due to financial, regional, or infrastructural barriers. "Moderately Educated" households form the middle category, maintaining steady representation, which underscores gradual progress in educational attainment across the state.

Chi-square tests confirm significant differences in education group proportions each year. Observed versus expected values highlight overrepresentation of Educationally Homogeneous households and underrepresentation of Highly Educated households. These findings align with Tamil Nadu's focus on improving literacy and basic education, though challenges remain in higher education accessibility.

To bridge these gaps, targeted interventions are needed, such as scholarships, rural education programs, and skill-based training to enable upward mobility. Emphasizing equitable access to quality education can help balance representation among education groups and equip households with the skills necessary to thrive in an evolving economy.

5. Household Size

Household Size Group Distribution of the households surveyed
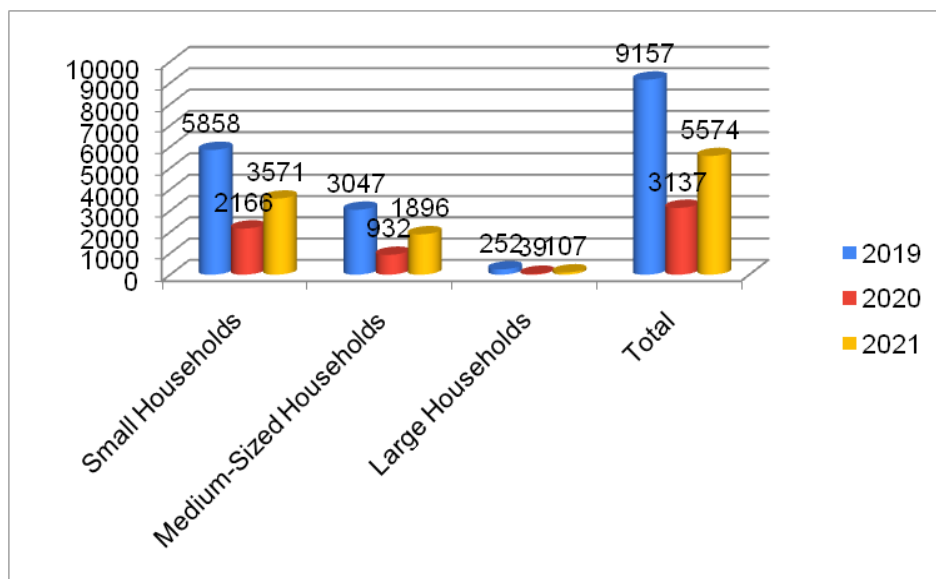
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

Household size analysis indicates a consistent dominance of "Small Households" across the study period, comprising 64% in 2019, increasing to 69% in 2020, and stabilizing at 64.1% in 2021. This reflects a shift toward nuclear family structures, possibly driven by urbanization, economic factors, and changing societal norms. "Medium-Sized Households" make up the second-largest category, while "Large Households" remain marginal, averaging around 2-3%.

Chi-square tests confirm significant differences, with Small Households exceeding expected values by a wide margin, while Large Households fall significantly short. These residual trends emphasize a strong movement away from traditional joint families toward smaller, more manageable household units.

This trend has implications for housing, urban planning, and resource allocation. Smaller households may require more housing units, emphasizing the need for affordable housing policies and infrastructure development. Conversely, the decline of large households may impact traditional support systems, increasing the need for community-based care and services.

Policymakers should focus on catering to these shifts by promoting urban infrastructure, expanding affordable housing, and supporting nuclear families with childcare and eldercare services. Simultaneously, fostering community networks can compensate for the declining prevalence of larger, multi-generational households.

6. Region Type
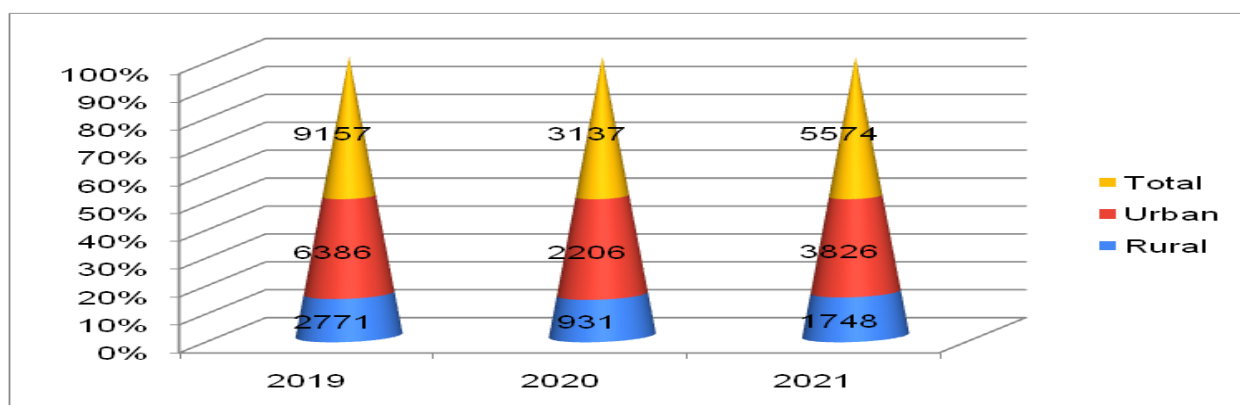
Source: Analysis based on data collected from CPHS- March 2019, 2020,2021

The region type analysis highlights Tamil Nadu's ongoing urbanization, with urban households consistently forming the majority (69.7% in 2019, 70.3% in 2020, and 68.6% in 2021). Rural households, on the other hand, account for approximately 30%, with slight year-to-year variations.

Chi-square tests reveal significant differences between observed and expected values, showing consistent overrepresentation of urban households and underrepresentation of rural households. This reflects Tamil Nadu's economic and developmental focus on urban centers, driving migration and urban growth.

Urbanization trends suggest increasing pressure on urban infrastructure, including housing, transportation, and utilities, while rural areas may face depopulation and associated challenges such as aging populations and resource allocation. This urban-rural divide calls for balanced development strategies to ensure equitable growth.

Policies promoting rural development, such as improving healthcare, education, and connectivity, can retain rural populations and foster regional equity. Simultaneously, sustainable urban planning is essential to accommodate the growing urban population while mitigating issues such as congestion and environmental degradation.

- *Age Groups*: "Dominant Younger Members" households were the largest group (>50%) throughout the study period, indicating a young workforce and dependency structure.

- *Gender Composition*: Balanced gender households (46%) dominated, reflecting demographic stability. Female-headed households remained underrepresented but critical.

- *Occupational Profile*: Blue-collar households led across years (34-38%), followed by miscellaneous workers, reflecting Tamil Nadu's industrial economy.

- *Education*: "Educationally Homogeneous" households remained dominant (~40-47%), but "Highly Educated" households were consistently the smallest group (~20%).

- *Household Size*: Nuclear families dominated (>64%), with a decline in large households, reflecting urban living trends.

- *Region Type*: Urban households accounted for ~70%, validating urban-centric analysis.

Correlation Analysis

The correlation analysis between health expenditure and aggregated tobacco and liquor expenditure will examine the relationship between household spending on health and consumption of tobacco and alcohol. Several prior studies showed that tobacco and alcohol consumption are possibly associated with increased expenses in health care since these products causally induce varying severe chronic and non-chronic health conditions (Rani et al., 2019). Some of the research has suggested that higher spending on tobacco and liquor leads to higher health expenditures due to medical treatment for related illnesses (Singh & Ranjan, 2020). Other studies indicated that there were competing priorities and, hence, households shortchanging health spending in favor of discretionary item spending for tobacco and alcohol (Dutta et al., 2021). This analysis seeks to evaluate whether increased expenditure on tobacco and liquor leads to higher costs of health. Or, alternatively, is the effect more complicated, whereby households, in fact, put discretionary expenditure on the scale over and above health care?

Table No 1 Correlation Analysis – Health vs. Liquor and Tobacco Spending: Tamil Nadu (2019–2021)

Year	Region	Correlation Coefficient (r)	P-Value	Hypothesis Result & Interpretation
2019	Tamil Nadu	0.035	0.001	Rejected null hypothesis: Weak positive correlation. Slight increase in health expenditure associated with liquor and tobacco expenditure.
2020	Tamil Nadu	0.107	0	Rejected null hypothesis: Weak positive correlation. Slight increases in both expenditure categories are related.
2021	Tamil Nadu	-0.134	0	Rejected null hypothesis: Weak negative correlation. An increase in liquor and tobacco expenditure is weakly associated with a decrease in health expenditure.

Source: Author's Analysis based on data collected from CPHS- March 2019, 2020,2021

Table No 1 above, shows the correlational analysis between health and discretionary spending patterns over three years while highlighting the region-specific analysis.

Means of correlation between health expenditure and liquor & tobacco expenditure showed weak positive correlation in 2019 (r = 0.035, p = 0.001). Thus, the null hypothesis was rejected, which gave credence to the inverse influence of added spending in liquor and tobacco on health expenditure. This likely reflects upon the burden of expenditure due to health-related problems precipitating from consumption of tobacco and alcohol products (Rani et al., 2019).

Even in 2020, a weak positive relationship was suggested with r = 0.107 and p = 0; thus, the null hypothesis was rejected. The implication here is that there has been an increase in liquor and tobacco spending associated with increasing health expenditures as a result of the broader health impact of the pandemic. Costly health expenditures might be attributable to the pandemic's impact on physical and mental health (Singh & Ranjan, 2020).

In 2021, there was a negative coefficient of correlation (r = -0.134, p = 0), developed between liquor and tobacco spending and health related expenditure, which meant higher liquor and tobacco spending, hence lower health expenditure. This indicated that there has been a major change in priorities after the pandemic in which households might have cut down their medical expenses in favor of other discretionary expenditures like liquor and tobacco since the immediate health crisis disappeared (Dutta et al., 2021).

To conclude, across Tamil Nadu, the correlation between health and liquor & tobacco expenditures evolved from weakly positive (2019-2020) to weakly negative in 2021, reflecting changing priorities influenced by the pandemic.

Regression Analysis

The regression is a potent tool, which is used to establish the relationship between a dependent and an independent variable and helps to quantify the effect of socio-economic factors on consumption patterns. The study has made use of regression models to analyze how income, age, occupation, education, and household size affect health and liquor & tobacco expenditure. Previous studies also highlighted the role of socio-economic factors in shaping household consumption (Dutta et al., 2021; Rani et al., 2019).

Table No 2 Socio-Economic Predictors of Health and Discretionary Spending in Tamil Nadu: 2019–2021

Year	Dependent Variable	Model Fit (F-Value)	P-Value	Adjusted R2	Significant Predictors
2019	Health	32.597	0	0.024	Adjusted Total Income, Age Group, Occupation, Education, Gender, Region
2019	Liquor & Tobacco	45.18	0	0.033	Adjusted Total Income, Age Group, Occupation, Region, Size
2020	Health	58.325	0	0.113	Adjusted Total Income, Age Group,

					Occupation, Education, Gender, Size
2020	Liquor & Tobacco	63.812	0	0.123	Adjusted Total Income, Age Group, Occupation, Size
2021	Health	72.739	0	0.083	Adjusted Total Income, Age Group, Occupation, Education, Gender, Size
2021	Liquor & Tobacco	140.278	0	0.149	Adjusted Total Income, Age Group, Occupation, Education, Region, Size

Source: Author's Analysis based on data collected from CPHS- March 2019, 2020,2021

The Table No 2 above, shows the focus on health, liquor, and tobacco expenditures, emphasizing the role of socio-economic factors over the years.

Year-wise and Region-wise Interpretation of Model Results

Regression analysis of spending on health, liquor, and tobacco in Tamil Nadu from 2019 to 2021 unveils household consumption behavior during the pre-pandemic, pandemic, and post-pandemic period influenced by socio-economic factors.

The health expenditure model in 2019 (F = 32.597, p = 0, Adjusted R^2 = 0.024) has statistical significance, but the low adjusted R^2 indicates that only a minor portion (2.4%) of the variation associated with health spending is captured by predictors such as Adjusted Total Income, age group, occupation, and education. The small explanatory power suggests that other and undocumented variables influence health expenditures comparable to liquor and tobacco expenditure since the F-statistic was so fair (F = 45.18, p = 0, Adjusted R^2 = 0.033), which has shown that income, family size, and regional factors significantly affect consumption behavior at ranges just slightly better than other models, hence wholly weak.

By 2020, the pandemic largely dictated changes in expenditure behavior. Now the health expenditure model (F = 58.325, p = 0, Adjusted R^2 = 0.113) has increased its explanatory capability, with income and household size coming forth as the vital determinants. Health generally became prioritized for many families due to increased awareness of health risks coupled with the problems posed by the pandemic. The liquor and tobacco expenditure model (F = 63.812, p = 0, Adjusted R^2 = 0.123) points out economic interruptions strongly influenced household purchasing preferences whereby even discretionary items such as liquor and tobacco got planned less over the hand of priority ordering.

2021 patterns indicate the post-COVID recovery. The health expenditure model (F = 72.739, p = 0, Adjusted R^2 = 0.083) suggested an improved explanation (8.3%), pointing out health as dominant but growing less important with households recovering economically. For liquor and tobacco expenditure (F = 140.278, p = 0, Adjusted R^2 = 0.149), the highest level of explanation (14.9%) speaks of discretionary spending rebounding, with restrictions at their highest especially after income easing back to the heights preceding the pandemic.

Year-on-year trends show the interplay of income, household size, and socio-demographic factors in consumption behavior canvassed through the three years.

KEY INSIGHTS AND CONTRIBUTIONS

1. **Novel Urban-Centric Lens**: The study departs from state-level generalizations, focusing instead on industrial urban centers.

2. **Health vs. Discretionary Trade-off**: It identifies a critical behavioral reversal in 2021, with health deprioritized.

3. **Income and Household Size as Anchors**: These two variables remained robust predictors across categories and time.

4. **Cultural Continuities**: Despite crisis, discretionary spending rebounded, hinting at deep-rooted cultural patterns.

5. **Policy Utility**: The findings inform targeted urban health policies and anti-tobacco interventions.

SUMMARY

The health expenditure pattern in Tamil Nadu has exhibited a unison influence of Adjusted Total Income, age-groups, and household size across regions and over time, especially in the context of the pre- and post-pandemic period. These variables have continued to be major predictors. The findings show that income remains the most

prevalent determinant of health spending, with older age groups and the larger household usually spending more on health. This conforms to existing literature on health expenditure, which opines that larger households and aged people expend more on healthcare needs, courtesy of heightened needs (Pender, 2021).

After the pandemic, there really was a noticeable improvement in the model fit, so socio-economic dynamics, in Tamil Nadu, were very pronounced, along with a clearer indication of health expenditure and socio-economic factors. This suggests the pandemic may have further entrenched existing socio-economic inequalities with households possibly spending more on health due to the heightened awareness of healthcare needs.

CONCLUSION

This study has explored the evolving consumption patterns in Tamil Nadu, focusing on household expenditure across food, health, and leisure categories, with a particular emphasis on the post-pandemic period. The analysis revealed that socio-economic determinants such as income, education, occupation, gender, and household size significantly influence household spending behaviors, with variations between rural and urban regions. The economic disruptions caused by the COVID-19 pandemic reshaped spending priorities, with essential expenditures on food and health becoming more pronounced, while discretionary spending on leisure activities like recreation and vacations saw a notable decline.

Furthermore, the interplay between urbanization and traditional cultural values played a pivotal role in shaping consumption patterns, especially in urban areas where economic pressures intersected with modern lifestyles. Despite these challenges, Tamil Nadu's households displayed resilience, adapting their expenditure strategies to cope with the economic constraints imposed by the pandemic.

The findings of this study offer valuable insights into the socio-economic factors driving household consumption in Tamil Nadu and highlight the importance of considering regional and demographic differences when designing targeted economic policies. As the state moves towards post-pandemic recovery, understanding these shifts will be essential for creating interventions that support sustainable growth, enhance welfare, and address the evolving needs of both urban and rural households.

By contributing to the broader understanding of household behavior in Tamil Nadu, this research provides a foundation for future studies on regional consumption patterns in India and can inform policy decisions aimed at fostering inclusive and equitable economic development.

This research highlights how urban households in Tamil Nadu navigated complex consumption choices during and after a global crisis. While income and household size consistently shaped spending, the post-pandemic period saw a resurgence in discretionary expenditure, often at the cost of health-related spending. These findings underscore the need for policies that not only support economic recovery but also promote public health and equitable access to care.

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