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Impact of Place of Residence (Rural and Urban) on Stress among Woman of Ranchi District

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ABSTRACT

Stress has a different meaning for different people under different conditions. The first and most generic definition of stress was that proposed by Hans Selye: "Stress is the nonspecific response of the body to any demand." Objective of the study was to know the impact of Place of residence (Rural & Urban) on Stress. The sample of the study consisted of 80 women (40 Rural and 60 Urban) form different areas of Ranchi district. They were selected by stratified random sample technique and with the help PDQ and Stress Scale. In this study we found that Field (Rural & Urban) had no significant impact on Anxiety.

Keywords: *Stress, Woman, Rural, Urban*

Stress has a different meaning for different people under different conditions. The first and most generic definition of stress was that proposed by Hans Selye: "Stress is the nonspecific response of the body to any demand." Other definitions have evolved to cater for different situations-for example, cognitive. This article explores the basis for these definitions and their validity, and outlines the neuroendocrine mechanisms that subserve the stress response. The concept of homeostasis, 'stability through constancy' as the main mechanism by which the body copes with stress, has given way to allostasis, 'stability through change' brought about by central neural regulation of the set points that adjust physiological parameters to meet the stressful challenge. Furthermore, this article reviews relatively new stress concepts based on findings that (1) polymorphisms in certain genes involved in neurotransmission, as well as epigenetic factors, may determine individual susceptibility to stressful life events, and (2) fetal malnutrition may predispose individuals to the metabolic syndrome (obesity, hypertension, dislipidemia, and diabetes type 2) that has reached epidemic proportions in many countries. Finally, studies of heat shock proteins show that Selye's generic definition is applicable to the stress response in all three phylogenetic domains of organisms ranging from bacteria to man.

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"Stress" has been dubbed the "Health Epidemic of the 21st Century" by the World Health Organization and is estimated to cost.

American businesses up to $300 billion a year. The effect of stress on our emotional and physical health can be devastating. In a recent USA study, over 50% of individuals felt that stress negatively impacted work productivity. Between 1983 and 2009, Stress levels increased by 10–30% among all demographic groups in the USA. Aristotle, Hippocrates and the other Ancients were aware of stress and its adverse effects. However, Claude Bernard was the first formally to explain how cells and tissues in multi celled organisms might be protected from stress. One of the world's greatest physiologists, Bernard, working in Paris during the second half of the 19th century, first pointed out (1859) that the internal medium of the living organism is not merely a vehicle for carrying nourishment to cells. Rather, "it is the fixity of the milieu intérieur which is the condition of free and independent life." That is, cells are surrounded by an internal medium that buffers changes in acid-base, gaseous (O2 and CO2) and ion concentrations and other biochemical modalities to minimize changes around biologically determined set-points, thereby providing a steady state. Fifty years later, Walter Bradford Cannon, working at Harvard, suggested the designation homeostasis (from the Greek homoios or similar and stasis or position) for the coordinated physiological processes that maintain most of the steady states in the organism. Cannon popularized the concept of homeostasis in his 1932 book "Wisdom of the Body."

There is a vast literature on the role or possible role of stress in the causation and/or exacerbation of disease in most organ systems of the body. Here attention will focus on mental disorders. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) the American Psychiatric Association recognizes two stress disorders: Acute Stress Disorder and Posttraumatic Stress Disorder. For the diagnosis of Acute Stress disorder the individual, while experiencing the trauma or after the event, must have at least three of several dissociative symptoms such as a subjective sense of numbing, detachment, or absence of emotional responsiveness, reduction in awareness of surroundings, depersonalization, or dissociative amnesia. Following the trauma, the traumatic event is persistently reexperienced, the individual avoids stimuli that may arouse recollections of the traumatic event, and has anxiety or increased arousal. The trauma causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

This brief account of some of the definitions and concepts of stress show that there is still much to be done in the area of stress research. Thus, with respect to gene-environmental interactions, work on susceptibility genes has just begun, and there is still room for expanding our knowledge about the role in stress of epigenetic factors and other mechanisms of gene control such as RNA interference. On the basis of previous theories, it seems likely that Barker's "Fetal origins" hypothesis might be honed and revised and may lead to a robust understanding of the metabolic

syndrome and diabetes type 2. New powerful computer analysis of brain imaging and electrical recording may help to resolve the many questions that surround consciousness and cognition. The vexed cause- and –effect questions regarding the influence of stress in mental disorders, cancer and other diseases need to be answered. We have witnessed in the last 25 years how Selye's cherished and widely accepted axiom that stress is the cause of gastric ulceration (one of the three components of the GAS) was modified by the careful observations and courageous perseverance of Barry Marshall and Robin Warren who demonstrated that, in fact, many gastro-duodenal ulcers are caused by a microbe, Helicobacter pylori, that is, readily amenable to treatment with antibiotics. And yet, some types of stress, especially physical trauma, can in the absence of Helicobacter pylori cause gastric ulceration (Fink, 2011). Thus, the relative potency for ulcer causation of stress compared with Helicobacter pylori, and the possible interaction between the two causes needs to be determined.

REVIEW OF LITERATURE

Kristina and Stephen (2015) reported that working women are facing higher level of stress than compared to men. The stressors are multiple roles, discrimination and stereotyping.

Kristina (2008) investigated work-related stress in women and its association with self-perceived health and sick leave among working women. The findings reveal that the major factor causing stress among them is 'stress owing to hard to set limits', and followed by 'increased workload'. On the other hand, women associated with 'high perceived stress owing to indistinct organization and conflicts' are reported taking more sick leaves.

Stephen Palmer and Kristina Gyllensten (2005) observed, multiple roles, lack of career progress, discrimination and stereotyping are the factors that create stress among the women. They confirmed that women reported higher levels of stress compared to men.

Khanna. S(1992) studied was conducted to determine life stress among working and nonworking women's in relation to anxiety and depression. Here sample (N=406) women's are defined from three located respectively, Jalandar (Panjab) and Simla (Hiachala Pradesh) in India. Correlation analysis reveals that: 1. Anxiety is significantly and negatively related to positive life change in nonworking women's; 2. Depression is significantly and positively related to positive life change in working women's, and negative life change in nonworking women's. These results suggest that in India, among working women's positive life changes are related to depression, whereas among nonworking women's positive life changes are related to anxiety, and negative life changes to depression.

Sanlier Nevin (2007) the study was conducted to examine in a sample of working and non-working women's, the relationship between stress and working status. Data were gathered from 540 women's living in turkey. Mean, standard deviation, t test were performed. Stress system

scale, stress related factors and total stress score were significantly associated with state of working. Family issues ($p>0.001$), environmental issues ($p<0.001$)., social self-issues ($p<0.0010$. individual role issues(p,0.001) and financial issues($p<0.001$) in working women's, have a higher score than that of the non-working women's. Working women's in the subscales of immune system ($p<0.001$) and susceptibility to stress scale have a higher average score than that of the non-working. It has been determined that total stress score of working women's is higher compared to non-working women's and that there is a significant difference between women's working status and total stress scores ($p<0.001$). Working women's have higher level of stress than non-working women's. The results suggest that increased stress was associated with working status of Turkish women's.

Shirin Ahmad & Nia (2002) studies had analyzed research on the impact of work on mothers' health in Tehran (Iran) within a role analytic framework. A survey was conducted of a representative sample of working and non-working mothers in Tehran in 1998 (N=1065). Three main explanatory factors were examined alongside a range of mental and physical health outcome variables. Unlike in the West, where women's paid work is generally associated with better health, statistically significant differences between working and non-working women's were not found in Tehran.

METHODOLOGY

Objective of the Study

The objectives of the present study were as follow:

- To know the impact of Place of residence on Stress among women of Ranchi district.

Hypotheses of the Study

The hypotheses of the present study were as follow:

- There will be significant impact of Place of residence on women of Ranchi District.

Sample

Total sample of a present study was comprised of 80 women from different location of Ranchi district. The sample stratified based on two sub-groups of Place of residence (Rural & Urban).

Table-1: Sample Design

Place of Residence/Groups	**Rural**	**Urban**
	40	40
G. Total	80	

Tools used for Data Collection

Following tools were used for data collection: -

- **Personal Data Questionnaire:** The questionnaire were prepared by the research scholar to obtain information about respondents Name, age, class, gender, caste, socio- economic status and place of residence etc.
- **Stress Scale**: The Stress Scale by Dr. Vijaya Lakshmi and Dr. Shruti Narain (SS-LVNS).

Procedure

The data was collected randomly from different areas of Ranchi district. During the collecting of the respondent were instructed in brief about the purpose of study. They were instructed to read the items carefully. There was no time limit but they were asked not to take unnecessary time. They were asked to fill their personal details properly and then start the procedure.

Analysis

Data were analyzed with the help of SPSS and the Mean, SD, and t-ratio were found out.

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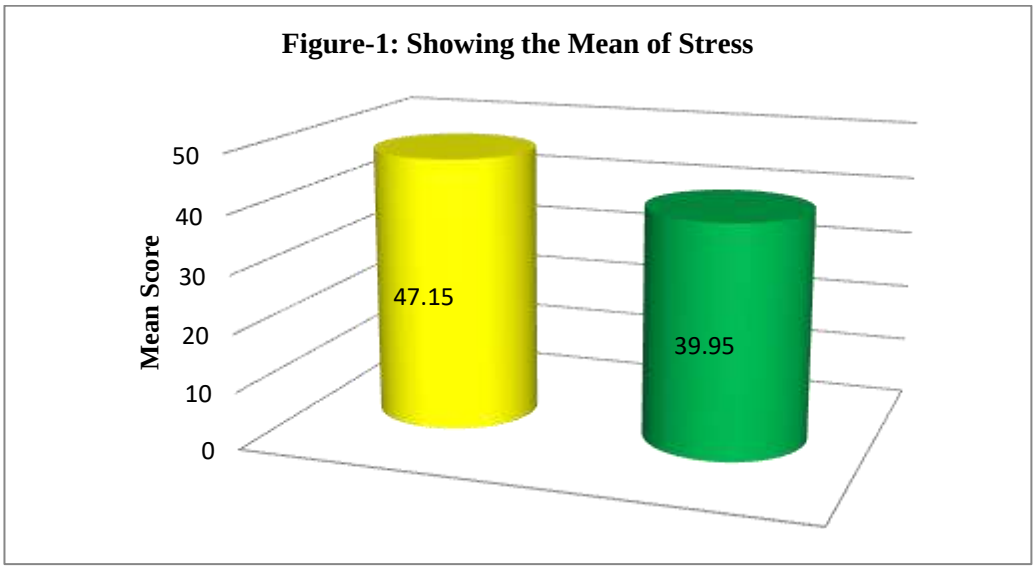
The t-value showed that there was no significant impact of Place of residence on Stress. The result was presented in Table-2 and Figure-1.

Table-2: Showing the Mean, SD, t-ratio of Place of residence

Field	N	M	SD	t	P
Rural	40	47.15	17.15	1.59	NS
Urban	40	39.95	9.98		

Figure-1: Showing the Mean of Stress



The main trend was as follow:

Among the working and non-working women, the mean score of Rural was 47.15 and Urban was 39.95. the t-value was 1.59 which was not statically significant. This indicated that Place of residence had no significant impact on Stress.

Main Findings

- Place of residence had no significant impact on Stress.

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Conflict of Interest

The author(s) declared no conflict of interest with respect to the research, authorship, and publication of this article.

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