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PURSUIT



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The Study of Stress among Male and Female Diabetic Type –II Patients *

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In today's era, demands of globalization and new complex structure of society are continuously stressing the need for all round development of an individual, as development of one's competence to deal effectively with conflicting life situations and stressful events has become a matter of concern for experts in the field. Research in this field will highlight the dynamic importance of stress and coping strategies among diabetes type II patients.

INTRODUCTION

Stress in the twenty-first millennium? Not something new, not anything unknown. Stress has been experienced since time immemorial, but its toll is higher than ever before. When we analyze visit to doctors, 75-90 per cent are for stress related problems (Pareek, 1999). Claims for stress are twice as high as those paid for non-stress physical injury at the workplace, incurring annual cost of about \$ 200 billion (Byrum-Robinson, 1993).

STRESS:

In the last 50-60 years of life, we have changed. Our life styles have been changed to a great extent. We are moving ahead towards an instant era. With globalization, increasing population, over increasing expectations, continuous demands from family, workplace, society and self the pressure has increased above the threshold level. Hans Selye has defined stress as "the non-specific response of the body to any demands made upon it." According to Lazarus, "Stress begins with the appraisal of the situation. Almost every system in the body is affected by stress. "Stress is the term used to describe the physical, emotional, cognitive & behavioral responses to events that are appraised as threatening or challenging".

Relations between Stress and Social Factors: Social factors such as poverty, stresses on the job entering a different majority culture, etc. may increases the stress.

Burnout: Person develops negative thought, emotions and behavior, extreme dissatisfaction with the job, desire to quit may leads to burnout.

Cultural Influences on Stress: Different culture perceive stressors differently. Coping strategies varies according to culture. Religious people cope better with stressful events. Gender differences have been studied by Gardiner and Tiggerman (1999), along with years of service (Male & May, 1998) in relation to stress. Results from these studies found females to rate higher in levels of stress than males (Gardiner & Tiggermann, 1999) though international Studies have been found to have mixed results (Ushasree, Seshu-Reddy, & Vinolya, 1995; Antiniou, Polychroni, & Walters 2000). Those with longer years of service and lower 10 levels of service were found to rate lower in their stress level (Male & May, 1998). Further studies are needed in these areas one study in the United Kingdom recently tied many of these individual factors into one study.

Concept of Stress in the Indian Tradition

Ayurveda

While there is no exact parallel for the term 'stress' in Indian society and culture, the ancient philosophical and religious texts provide considerable information. They contain references to the very many causes of stress-like states. As seen in the Yoga framework, *klesha* refers largely to the stressors aspect, while *dukha* refers to the phenomenon of the stress response

itself. From the physiological point of view, Indian literature is replete with minutely detailed texts. All of them attempt to integrate the individual's personal mental mechanisms. Physiological imbalance between the three constituents (i.e., the tridoshas) of the physical body, vata, pita and kapha, may produce any of the three associated mental states or trigunas. These are satva, tamas and rajas, which may be translated as lightness, dullness and activity, respectively. Normally consists of a balance between the doshas and the gunas. The yoga Vashista describes how mental disturbances produce physical disturbances. The proposed sequence of events follows closely the present ideas regarding psychosomatic ailments. Mental disturbances is said to produce a variety of symptoms, which eventually create an imbalance of the tridoshas causing disease. While 'to heal' in English means to make whole, the Sanskrit equivalent of health is not merely aarogya (absence of disease), it is swastha, i.e., being relaxed, maintaining one's equanimity. The idea, therefore, is that health cannot be attained without mental peace. As one proponent has rightly said, the correct meanings of disease should be dis-ease, or lack of ease. In addition, the body (sharer), which is made up of five elements, should be kept pure and unpolluted.

Science has established a clear link between mind and healing. A panel of the National Institute of Health recently pronounced that relaxation therapies could effectively treat chronic pain due to arthritis, low back problems and head aches. More and more medical doctors are sending their patients to attend programmes that impart training in mental strategies for lowering stress and changing lifestyle to prevent disease. The priorities of a new programme developed by Benson focus on women's problem—heart disease, menopause, breast cancer and high risk pregnancies. This boon in alternative modes of therapy is supported by sound scientific evidence. Brain scans show that during relaxation, there is an onset of tranquil waves and rapidly diminished mental alertness after a few minutes of practice of the relaxation technique (Elias, 1997).

Concept of Stress in Western Tradition:

As early as in the fourteenth century, the term stress was used to denote hardship, straits, adversity or affliction (Lumsden, 1981). In the late seventeenth century, Hooke (Hinkle, 1973; 1977) used the word stress in the context of the physical sciences (now famous as Hooke's Law of Elasticity), although this usage was not made systematic till the end of the early nineteenth century. Much along the same lines, Walter B. Cannon studied the effects of stress on human beings and animals in terms of the well-known 'fight or flight' syndrome. He observed that individuals experiencing extreme heat or cold, lack of oxygen, or excitement tended to show increased levels of adrenaline secretion.

Cognitive Model of Stress:

The Cognitive Model of Stress is proposed by Lazarus and Folkman (1984) who define stress as a 'particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing'.

Person-Environment (P-E) Fit Model:

Person-Environment (P-E) Fit Model advocated by French, Rodgers and Cobb (1974) deals with how the characteristics of the person and those of the environment affect the wellbeing of the person.

Systems Model of Stress

The Systems Model of Stress proposed by Lumsden (1975) attempts to take into consideration all the salient features of the different models, and calls for a system analysis of stress. As the name suggests, the emphasis is on the word 'system', which signifies an interrelated constellation of parts. "Stress as a system is thought of as being an open system that is constantly interacting with the environment."

Appley and Trumbull (1967) have posited a similar set of factors. According to them, the intensity of the reaction varies from person to person even under exposure to the same environmental event. Stress proneness of the person may be determined on the basis of his motivational structure and prior history. Levy-Leboyer (1982) emphasized the nonlinear relationship generally obtained between stressful physical parameters and the intensity of the reaction. "Three sets of variables interact with each other to produce stress: personality and experience of the person, his activities and present aims, and the socio-cultural conditions". "The medical model: getting rid of the pathogen will alleviate the disrupted the disrupted body process". A detailed analysis of the stress response reveals that it comprises four interrelated stages:

1. Stage of mobilization
 - Heightened emotional reactions
 - Activation of ANS
 - Mobilization of energy
2. Stage of rapid energy consumption
 - Use of adaptation energy
 - Increase in cortisol
3. Stage of action
 - Fight or flight
4. Stage of return to equilibrium

In today's world, and especially in the world of work, the majority faces a never-ending stream of stress. Whether it is stress due to under load (monotony or boredom), as in the case of routine assembly line work, or work over-load (as faced by executives), the consequences are the same.

"Burnout: a personal energy crisis due to exhaustion of our adaptation energy".

Kalimo (1987) has carefully delineated some of the effects of chronic work stress. Some of these are non-specific in nature. The majority of the highly educated, top paid executives are time stackers. Time stackers are people who do double or even triple duty. The more role people play, the greater the likelihood of their being time stacker. Thus, women are more prone to time stacking than men, but men do it too.

Cognitive Changes in Managers under Stress:

In a survey reported by Kalimo et al. (1987, p. 209), cognitive changes were observed among managers such as Overgeneralization, Selective abstraction, Arbitrary inferences, Magnification or exaggerated importance, Dichotomous thinking, Personalization.

Job Stress Associated with Different Professions:

Businessmen obtained the highest job stress scores, followed by engineers, doctor, advocates, and college teachers respectively. All differences were found to be significant (Tripathi and Bhatia, 1995). Numerous studies have delineated the nature and sources of stress among teachers in the West (cited by Ushashree, 1995). However, such studies in India are few and far between. Ushashree has conducted a study on a sample of school teachers from Andhra Pradesh. For both males and females, the first and foremost source of stress was the attitude of the students, followed by personal, other duties, management, work areas and colleagues in that order. However, significant differences were observed in the rank assigned to pay as a stressor by men and women. For men, pay ranked higher than for women. The reason could be that even today the salary of women is seen as a supplement rather than the core family income.

According to Lai (1995), work and family are the two major role domains for many adults. Studies have generally shown that stressors embedded in work or family roles are detrimental to psychological wellbeing. The permeable boundaries between work and family roles induce stress spillover promotes generalized wellbeing, an overall state of contentment and

mental health. Feminine Organization (Robbins 1996), this could be one reason why women are becoming part of the top management, and are being assigned positions and responsibilities that they had been erstwhile denied. This, however, does not detract from the fact that women do face considerable stress when they combine homemaking with a career.

According to Margaret Coles, achieving the right balance between the workplace and the home is crucial for the efficient functioning of any organization.

Mental Health Status of Degree College Lecturers Based on Gender and Teaching Experience in Rayalaseema Zone, Andhra Pradesh, India, reported in the paper examines the effects of Gender and Teaching Experience upon mental health of Degree College lecturers in Rayalaseema zone, Andhra Pradesh, India. Professional characteristics of lecturers, is requiring good mental health. Lecturer's position was loaded with job stress, tensions which later develop to depression and cause ill mental health status. The research outcome had shown that there is significant difference between female and male lecturers. Abrol (1990) had examined the strains experienced and coping strategies used by 27 male and 27 female teachers. Results indicated that subjects reported interpersonal and psychological stress. They used social support to deal with stress. Aminabhavi and Triveni (2000) revealed that managers experience significantly higher occupational stress than clerks. The fact is that managers have greater responsibility of his position than the clerks. Anitha Devi (2007) aimed at identifying the degree of life stress and role stress experienced by professional women. A total sample of 180 women professionals belonging to six occupations were chosen for the study. The result showed science and technology professionals and doctors experienced significantly greater life and role stress followed by administrators and self-employed. Teachers and bankers experienced comparatively lesser stress in both role as well as life. Byrne (1998) and Bhagwan (1997) who emphasized that male experiences more stress than females as still in today's era females income are known to be supplementary and males are more responsible for financial support. Gaur and Dhawan (2000) examined that the relationship between works related stressors and adaptation pattern among women professionals. A sample of 120 women professionals (30 teachers, 30 doctors, 30 bank officers and 30 bureaucrats) participated in the study. It showed that the four professionals groups have shared almost similar level of stress except in the categories of career development and stressors specific to working women. From the above studies, it can be concluded that the length of service has negative and positive relationship with stress. Even then more studies revealed that individual with lesser experience, experienced more stress as compared to the individual with more service years. Pandey and Srivastava (2000) had studied the female personnel working in railway, bank and teaching institutions. A sample of 96 females, 16 subjects in each professional area both from nuclear and joint family were taken. The study identified that respondents belonging to nuclear family had expressed more interpersonal work stress. Rosenblatt et al. (1999) reported that males were more insecure and emphasized financial concerns while females expressed concerns about intrinsic facets, which correlates males to have higher stress and anxiety than females (Brember et al. 2002, Gursel et al. 2002) Gender differences exists may be due to lack of job satisfaction, aspiration level, social acceptability, challenges, responsibilities and career development etc. Upadhayay and Singh (1999) studied the level of occupational stress experienced by the 20 college teachers and 20 executives. The executives showed significant higher levels of stress than college teachers on role over load, role ambiguity, role conflicts factor. Females are bounded with a so many stressors such as role-over-load, time-limitations, high self and social expectations, intrinsic factors and level of motivation etc. Hypothalamus pituitary adrenal axis and ovarian function may cause high level of stress in females than male. Social support from family, coworkers, supervisors and other people would minimize stress among the employee (Vashistha and Mishra 1998).

Type of family Nuclear family creates more stress as compared to joint family. Joint family and support from the Joint family acts as buffer against stress. Vashishtha and Mishra (1998) observed that social support from the family, coworkers, supervisors and other people could minimize stress among the employees.

Age

Reddy and Ramamurthy (1991) analyzed the influence of age on stress experience of a person. The sample consisted of 200 executives. The results revealed that executives in the age group of 41-50 experienced more stress than the age group of 51-60. Moderating variables among executives experiencing stress include not only age but also the years of service in the employment. Beena and Poduval (1992) conducted a study on sample of 80 (40 male and 40 female) executives in different organizations. They found that when age increases, experienced stress also increased due to the increase in the responsibility of the executives. Female executives showed higher rate of stress because women experience greater amount of work change than men do.

Recent research indicates prolonged chronic stress can contribute to metabolic syndrome by disrupting the hormonal balance of the hypothalamic-pituitary-adrenal axis (HPA-axis). A dysfunctional HPA-axis causes high cortisol levels to circulate, which results in raising glucose and insulin levels, which in turn cause insulin-mediated effects on adipose tissue, ultimately promoting visceral adiposity, insulin resistance, dyslipidemia and hypertension, with direct effects on the bone, causing "low turnover" osteoporosis. HPA-axis dysfunction may explain the reported risk indication of abdominal obesity to cardiovascular disease (CVD), type 2 diabetes and stroke. Psychosocial stress is also linked to heart disease.

Diabetes is an alarming disorder of the third world. The prevalence of diabetes is likely to increase by 35% by the year 2025 according to the World Health Organization (WHO) projections. Currently, India is the diabetic capital of the world. Diabetes mellitus, a group of metabolic diseases is characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. Diabetes mellitus is generally categorized as type 1 (insulin dependant diabetes or Juvenile-onset diabetes), type 2 (non- insulin dependent or adult onset diabetes) and gestational diabetes. Type 1 result due to autoimmunity and type 2 because of insulin resistance. There is yet another form of diabetes which phenotypic ally resembles type 2, but genotypic ally resembles type 1. This form of diabetes is known as type 1.5 diabetes or latent autoimmune diabetes (LADA). Type 1.5diabetes is often misdiagnosed as type 2 diabetes and hence, treatment for type 1.5diabetes is similar to type 2diabetes. As the path physiology of different types of diabetes varies, interventions for treating them should also be specific to its type. This essentialities the need for correct categorization of diabetes. Family history of diabetes was found to be closely associated with type 2 diabetes and family history of autoimmune disease was found to be associated with type 1 and type 1.5diabetes. Sedentary life style was found to be more pronounced in type 2 diabetics (70 %) compared to type 1 (38 %) and type 1.5 diabetics (27 %).The mean BMI of type 2 diabetic patients of all the three age groups and both sexes were found to be more compared to type 1 and type 1.5 diabetic patients.

Diabetes is one of the most prevalent chronic disorders in the world and more than 90% of the sufferers are affected with type 2 diabetes that is noninsulin dependent. The disease may provoke a number of serious and nonreversible complications in affected people Therefore, pathogenesis of the disease and its subsequent short and long term infirmities are amongst the world's most spotlighted health and medical issues. Agardh et al showed association of stress with type 2diabetes mellitus among middle aged Swedish women .Likewise Mooy et al in Netherlands have also shown that stressful life events like death of partner, moving from a house are associated with type 2 diabetes mellitus

There is no doubt on the association of diabetes mellitus type 2 with unhealthy lifestyle practices like physical inactivity, obesity, low fiber diet etc. Only these factors are stressed much most of the time, while evaluating the diabetic status and its management. On the other hand, several other factors are underestimated and overlooked, which in fact do carry very significant role in causation, manifestation and progression of diabetes. These factors include stress, environmental pollution, chemical exposure, occupation, ethnicity and low socio-economic status. Thus, these factors also need equal emphasis if we are to control and effectively manage diabetes.

Dr. Joshi Sunil Kumar, Kathmandu University Medical Journal (2010), Vol. 8, No. 1, Issue 29, 109-115 reported association of diabetes with physical, socio-economical and environmental factors Diabetes Mellitus is a global health problem with a worldwide prevalence of 2.8% in 2000. Type 1 diabetes mellitus is an auto immune disorder genetically mediated, while type 2 is more of a life style induced disorder although the role of genetic susceptibility, infections are also equally strong. Many studies have backed up these statements. However, there have been very few researches that show association of diabetes with environmental factors like pollution, exposure to chemicals e.g. mercury, arsenic, psychological condition e.g. depression, stress, and socio-economic conditions e.g. occupation, earnings etc. Recently, the role of these factors in causation and progression of diabetes have received much attention.

Diabetes and sleep:

Studies have shown relationship between sleep and diabetes – both long and short sleepers being at greater risk for diabetes. Results showed that the adjusted odds ratio was 1.24 for diabetes associated with short sleep (five hours per night or less) and 1.48 for diabetes associated with long sleep (nine or more hours per night). Specifically, individuals sleeping for more than eight hours per night may be particularly vulnerable. The conclusions were based on a study that involved data from 29,818 individuals who completed the 2005 National Health Interview Survey

Diabetes, occupation and socio-economic status:

There is little information about the prevalence of diabetes among workers in different occupations or people from different socio-economic backgrounds. Sánchez-chaparro et al did a study among 259,014 Spanish workers to look for the prevalence of metabolic syndrome and its components. They found that among female subjects, prevalence of metabolic syndrome was higher in manual workers than in non-manual workers, lowest prevalence among females being among general managers and government administrators. In contrast among male subjects, prevalence of metabolic syndrome was similar in manual and non-manual workers. The highest prevalence was however, found among machinery operators, installers and assemblers.

Diabetes and environment:

The effect of environment on inducing diabetes is not a new discussion now. These increases in prevalence were found to coincide with some factors which are determinants of diabetes. They are nutrition transition, physical inactivity, gene-environment interaction, stress and other factors such as ethnic susceptibility. Thus change in life style is a strong determinant of diabetes mellitus type 2. Effect of environment has been shown true even for type 1 diabetes, which is mostly supposed to be autoimmune and genetic disease. Also, climate might have its role as diabetes seems rare in hot countries and is increasingly common in cooler northern European countries.

Diabetes and ethnicity:

There is little doubt that change in lifestyle – more urban style - induces higher incidence of diabetes. With regard to the process of burnout we found that for men burnout is triggered by depersonalization and by emotional exhaustion for women.

OBJECTIVES:

1. To observe the level of stress among female diabetes type II patients.
2. To examine the level of stress among male diabetes type II patients.
3. To assess the difference between male and female diabetes II individuals regarding stress.

Hypotheses:

1. Female diabetes type II individuals would have greater stress than male diabetes type II patients.
2. Male diabetes type II individuals have lower stress than female diabetes individuals.
3. There would be difference between male and female diabetes type II individuals regarding stress.

METHODOLOGY:

Present research is comparative survey research. It consists of 30 male and female diabetes type II patients.

SAMPLE:

The sample size consist of 30male and female diabetes type II individuals ,out of which 15 male and 15 female individuals were selected randomly from Nasik region.

RESEARCH VARIABLES:

Stress

Gender: Male and female diabetes type II individuals.

CONTROLLED VARIABLES: Age: 28 to 55 years
Onset: 2-3 years.

DEMOGRAPHIC DETAILS:

All participants were selected from Nasik Region only.

Operational Definition:

Stress: Composite score of the individual as measured by Stress Profile Inventory with respect to 15 areas such as stress, cognitive hardiness, health habits, coping style, exercise, rest / sleep, eating / nutrition, prevention, positive appraisal, negative appraisal, threat minimization, problem focus, social support, psychological wellbeing and Type-A behavior.

TOOL: NOWACH Stress Test.

Stress Profile Inventory developed by Nowach (1999):

It has been designed for use with 15+year's individuals. The stress profile quickly identifies individual characteristics and behaviors that protect against or contribute to stress related illness. It measures all personal dimensions and lifestyle habits that have been shown to moderate the stress illness relationship. It is ideal for behavioral health. This self-report inventory provides scores in 15 areas related to stress and health risk: stress, cognitive hardiness, health habits, coping style, exercise, rest / sleep, eating / nutrition, prevention, positive appraisal, negative appraisal, threat minimization, problem focus, social support, psychological wellbeing and Type-A behavior.

Reliability and Validity: Satisfactory.

The scores obtained on standardized tools were analyzed by applying 't' Test. Findings on the stress test are shown in table 1.

Group statistical table reveals that there is significant difference between male and female DM2 regarding Stress esp. Habits, Prevention and Type A behavior as table value reveals that Hab.(6.06),PRV. (13.34) and TYP (4.77) .Therefore their exist difference between male and female regarding these domain As females are bounded with a so many stressors such as role-over-load, time-limitations, high self and social expectations, intrinsic factors and level of

motivation etc. Hypothalamus pituitary adrenal axis and ovarian function may cause high level of stress in females than male. Social support from family, coworkers, supervisors and other people would minimize stress among the employee (Vashistha and Mishra 1998). On various aspects of stress profile Mean for male is 15.47 and SD. Is 3.72 whereas mean for females is 17.87 and SD. 3.55 as mean value of females is greater than male DM-2, female DM-2 individuals experiences more stress than male DM-2 individuals..

Table-1: Stress- Gender Differences:

STRESS DOMAIN	GENDER	N	MEAN	STD.DE V.	T	SIG.Level
Stress	M	15	15.47	3.72	1.81	NS.
	F	15	13.78	3.55		
HAB	M	15	53.20	6.01	6.06	Signifi.
	F	15	40.35	10.41		
XRC	M	15	9.93	5.15	0.03	NS
	F	15	10.00	5.58		
REST	M	15	15.87	3.68	0.28	NS
	F	15	16.27	3.95		
EAT	M	15	16.27	3.51	1.83	NS
	F	15	18.20	3.47		
PREV	M	15	23.00	1.78	13.34	Signifi.
	F	15	29.27	0.61		
ARC	M	15	14.73	3.91	0.03	NS
	F	15	14.67	4.38		
SOC	M	15	53.20	6.01	1.16	NS
	F	15	50.87	4.96		
TYP	M	15	32.73	0.72	4.77	Signifi.
	F	15	31.87	0.05		
HAR	M	15	101.80	18.56	0.68	NS
	F	15	97.33	16.65		
POS	M	15	19.40	2.71	1.70	NS
	F	15	21.07	2.73		
NEG	M	15	12.67	4.44	0.56	NS
	F	15	13.60	4.66		
THR	M	15	16.40	3.48	0.82	NS
	F	15	17.47	3.66		
PRO	M	15	15.80	3.63	0.37	NS
	F	15	15.27	4.22		
WEL	M	15	48.00	4.67	0.60	NS
	F	15	49.00	4.47		

From the result table it is clear that t value for domain HAB. Is 6.06, PRV. Is 13.34 and TYPE A behavior is 4.77 are significant at 0.05 level thus third hypothesis that there would be difference between male and female DM-2 is accepted.

Discussion:

The present study was aimed to observe the difference between male and female DM-2 individuals regarding stress. Research in this field will highlight the dynamic importance of stress and coping strategies among diabetes type II patients. As there is no doubt on the association of diabetes mellitus type 2 with unhealthy lifestyle practices like physical inactivity,

obesity, low fiber diet etc. Only these factors are stressed much most of the time, while evaluating the diabetic status and its management. On the other hand, several other factors are underestimated and overlooked, which in fact do carry very significant role in causation, manifestation and progression of diabetes. These factors include stress, environmental pollution, chemical exposure, occupation, ethnicity and low socio-economic status. Statistical analysis applied for this purpose is 't' test. Various researches suggest that gender may be an important demographic characteristic to be considered in the experience of DM2 cases. Statistical analysis applied for this purpose is 't' test. Stress may vary with gender is supported by the research reported in the paper examines the effects of Gender and Teaching Experience upon mental health of Degree College lecturers in Rayalaseema zone, Andhra Pradesh, India. The research outcome had shown that there is significant difference between female and male lecturers.

Group analysis table shows gender difference among male and female DM2 individuals. As mean value for female 17.87 is greater than mean value for male 15.47 female DM2 individuals experiences more stress than male DM2 individuals. Thus first hypothesis is supported. This is supported by various researchers. Social support from family, coworkers, supervisors and other people would minimize stress among the employee (Vashistha and Mishra 1998). Ushashree has reported a study conducted on a sample of school teachers from Andhra Pradesh. There were a number of gender differences regarding the sources of stress. For both males and females, the first and foremost source of stress was the attitude of the students, followed by personal, other duties, management, work areas and colleagues in that order. However, significant differences were observed in the rank assigned to pay as a stressor by men and women. For men, pay ranked higher than for women. The reason could be that even today the salary of women is seen as a supplement rather than the core family income. Controversial was suggested by Byrne (1998) and Bhagwan (1997) who emphasized that male experiences more stress than females as still in today's era females income are known to be supplementary and males are more responsible for financial support. Some researchers suggested that stress is also influenced by demographic variables such as age, occupation, type of family and environment etc.

Type of family Nuclear family creates more stress as compared to joint family. Joint family and support from the Joint family acts as buffer against stress. Vashistha and Mishra (1998) observed that social support from the family, coworkers, supervisors and other people could minimize stress among the employees. Reddy and Ramamurthy (1991) analyzed the influence of age on stress experience of a person and revealed that executives in the age group of 41-50 experienced more stress than the age group of 51-60. Moderating variables among executives experiencing stress include not only age but also the years of service in the employment. Beena and Poduval (1992) conducted a study on sample of 80 (40 male and 40 female) executives in different organizations. They found that when age increases, experienced stress also increased due to the increase in the responsibility of the executives. Female executives showed higher rate of stress because women experience greater amount of work change than men do.

Result table shows gender difference among the domain HAB.(6.06), PRV.(13.34 and TYP.(4.77). These values reveal that male and female DM2 individuals experiences different level of stress. Thus third hypothesis is accepted. This is supported by different researchers. Rosenblatt et al. (1999) reported that males were more insecure and emphasized financial concerns while females expressed concerns about intrinsic facets, which correlates males to have higher stress and anxiety than females (Brember et al.2002, Gursel et al.2002) Gender differences exists may be due to lack of job satisfaction, aspiration level, social acceptability, challenges, responsibilities and career development etc.

Result tables also reveals that 't' values are not significant on other domains such as STRESS, XRC, REST, EAT, ARC, SOC, POS, NEG, THR, PRO, WEL etc., Thus male and female

DM2 individuals experiences similar level of stress. As in today's scenario both shares equal responsibilities, educational status and life principles are being changed with generations.

Excessive, prolonged stress and other demographic factors also contribute metabolic disturbances which affect glucose level and expressed in terms of disturbed glucose. metabolism and DM2 . Dr. Joshi Sunil Kumar, Kathmandu University Medical Journal (2010), Vol. 8, No. 1, Issue 29, 109-115 reported association of diabetes with physical, socio-economical and environmental factors.

Recent research indicates prolonged chronic stress can contribute to metabolic syndrome by disrupting the hormonal balance of the hypothalamic-pituitary-adrenal axis (HPA-axis). A dysfunctional HPA-axis causes high cortisol levels to circulate, which results in raising glucose and insulin levels, which in turn cause insulin-mediated effects on adipose tissue, ultimately promoting visceral adiposity, insulin resistance, dyslipidemia and hypertension, with direct effects on the bone, causing "low turnover" osteoporosis. HPA-axis dysfunction may explain the reported risk indication of abdominal obesity to cardiovascular disease (CVD), type 2 diabetes and stroke. Psychosocial stress is also linked to heart disease.

Conclusion:

1. From the above research researcher concluded that gender difference is one of the important demographic variable which shows difference in the stress among male and female diabetic mellitus type-2 individuals.
2. Female DM2 individuals experiences greater stress that male DM2 individuals.
3. Male and female DM2 individual's shows significant difference on the domain habits prevention and type A behavior.