CHAPTER V

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RESULTS AND DISCUSSIONS

There are several risk factors for CHD. It has been suggested that the individual prone to CHD can be identified by certain specific features although there is little experimental evidence directly implicating these factors in the etiology of coronary disease. Among the principal factors often regarded as associated with high risk from CHD are (1) aging (2) sex (3) elevated serum cholesterol (4) elevated serum lipoproteins, (5) hypertension (6) dietary intake (7) heavy cigarette smoking (8) diabetes mellitus (9) generic factors (10) specific diseases (11) obesity (12) physical inactivity etc.

Among the sociological indices such as marital status, religion castes, occupation and income level have not shown consistent association with CHD-morbidity and mortality. The level of education has generally shown an inverse relationship with CHD rates. Some studies suggest that direction
5.2: Of relationship depends upon the nature of CHD. Further, anxiety, extraversion, interversion etc.

Two promising variables have been identified in recent years namely, psychological stress and the so called Type - A - A coronary prone behaviour pattern. The psychological stress involves the anticipation of harm or injury, whether psychic or physical. The behaviour pattern is a style of overt response to certain forms of stressful stimulation. It consists of such traits as excessive achievement striving, time urgency, and hostility.

In light of foregoing discussion, this attempt is made to examine some of the conditions around the CHD patients and non patients. In other words examine the association between stress producing variables by comparing both the groups - experimental and control group. In the following pages the one by one variable is examine and compared experimental and control groups.
5.3. **SEX**

There are contradictory results obtained in various studies regarding sex as an important variable in causing CHD. The author has attempted to resolve this on the basis of the results obtained. The data is presented in the table number 1.

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Insert Table
No. 1 Here
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Table number 1 gives the data concerning the sex and CHD. It is observed that sex is not significantly associated with CHD. There are some of the researches in which sex has been observed to be associated with CHD. But nothing conclusively said in this regard on the basis of the results of this inquiry.
Generally, age is one of the important factors in CHD. The data concerning the same is given in table number 2.

Table number 2 indicates that age is one of important factors in CHD. As the age increases, the possibility of CHD increases. They are positively related with each other. The CHD is observed more frequently after the age of 48 years.

It can be interpreted that the stress increase during the middle age and during this period have more chances of getting CHD.

By and large when person reaches fifty, the children are growing and create lot of situation(s) in which all experiencing stress and strain which ultimately leads to CHD.
Income is one of the important factors which has been found connected with monthly income of the family. There are two type of income. One in which the income is recorded. Another income which is unrecorded. Here we are concerned with the cases who have stated their monthly income.

The table number 3 indicates that the CHD is associated with monthly income of the family. Further, the effective change in the relationship is observed after the income of Rs. 3,000.00 and more. The relationship is significant at 0.05 level. The incidence of CHD decreases with the increase in the monthly income.
The present author has also attempted to see the relationship between the race of the person(s) and CHD. The people belonging to different race differ in their life style. They differ in religion, social custom and day to day life and mainly in food habits.

The table number 4 indicates that there is no significant relationship between the CHD and race of the person(s). Whatever differences in the two percentages appear is superficial.

**EDUCATIONAL LEVEL**

Generally education level influences the life style of the person. By and large, it differentiate person(s) having education and having no education. It, significantly
5.7. affects the perception of the individuals; and this perception affects the thinking.

The table No. 5 indicates that the level of education of the individual and CHD are associated with each other. The relationship is significant at 0.05 level. The highest incidence of CHD is observed with the cases having education below S. S. C. and having education up to graduate level. There is no regular relationship in this regard.

MARRIAGE:

Married life is one of the important phase of adult living. The success of marriage depends upon several factors. But the type and quality of married life does influence the status of the life in the family and outside world.
5.8. In this connection there are several other factors which include marital status, marriage within or outside caste, type of marriage i.e. settled or love marriage age quality of marital relationship. These are the conditions which directly or indirectly affect the life of the person. With this view in mind, the author has collected these information and tabulated them. Each have been tested through Chi-square test at 0.05 level of significance.

Marital status of subject is one of the important aspects of the life of individual. There are several issues found around this. It affects, the entire life of the individual. The relationship between marital status and CHD are studied.

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Insert: Table
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The table number 6 is indicates that there is significant relationship between marital status and CHD. At the
most equal number of cases in both the groups are approximately same in each category. By and large, marital status is observed to have relationship with CHD in some of the cases. But this data does not support this.

Along with marital status and CHD, the author has also tried to study the relationship of marriage within the caste or outside the caste and CHD. This is also one of the important factors. Whether the individual marries in the same caste or not has been studied.

The caste is one of the important dominating factors that influences the family of the person marrying in the same caste. The marriage between the two individuals coming from different caste is an important factor for the persons who are marrying and more important for
5.10. their children. Sometimes children born with the parents marrying each other from different caste experiencing stress and strain. They remain in constant conflict regarding which life style - either or the mother or father - is to be completely adopted.

In view of this the subjects in both the groups have been classified into these categories. It indicates that it is not important conditions for developing risk of CHD.

The third important things is, type of marriage. By and large, two types of marriages are found - settled marriage and love marriage. They are not strictly two different types. Generally, settled marriages are found to exist in Indian society. Either parents select for their child or child himself or her self selects and consent of each family is obtained and than it takes the form of a settled marriage. Sometimes in such marriages either parents or their children have yield the demands of either. When the parents forced to accept the selection of their children it is strictly called love marriage
and where the children are forced to accept the decision of the parents then it is a case of settled marriage.

Now these two types create unnecessary strain at the family and for the children. But when the selection of the either is accepted without force or on the mutual understanding then it cannot be said love marriage. Who have initiated in this is not important, but the decision is taken on the basis of understanding of both is important. In this any one can refuse for it, if they find unsuitable can refuse to prove.

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Insert Table
No. 8 Here
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In this regard two types of marriages, settled marriage and love marriage; the third categories includes unmarried and widowed. Settled marriage is defined as the marriage in which either parents or children have initiated and approved by either on mutual understanding.
Love marriage is defined as either have selected and forced to accepted even though it appears wrong. About eighty or more percent of cases marriages fall in the category of settled marriage in both the groups and the remaining cases fall in the category of unmarried and widow.

The results indicate that there is no significant relationship between the two. Whatever difference is observed in this regard, appears to be non significant due to known and unknown reason(s).

The nature of marital relationship is also one of the important factors in CHD. There is a tremendous influence of the nature of marital relationship on the entire family. If the nature of marital relation is strenious than the family may be considered as psychological broken family. This may be due to several reasons but its impact on family and especially on children is very harmful and causing serious problems pertaining to health or social or financial or all.
In view of the forgoing discussions the study of marital relationship and CHD have been considered. The nature of relationship have been categorised into three different categories. The good relationship means actively seeking company of the either spouse. If far one or other reason, if either is absent for same reason then waiting for and seeking the company of the other. Normal relationship means either does not care for his / her spouse. If either is present or absent they are indifferent to it. While poor relationship indicates active avoidance of the either spouse. By and large prefer absence of the spouse.

The table number 9 shows that marital relationship is independent of CHD. The obtain Chi-square is not found significant at 0.05 level comparatively. But any how what
ever differences are observed in three categories are not adequate to support the null hypothesis.

FAMILY:

The family life is most important for the normal development of the individual member(s). If the family is not a worthy place to live for the individual, then the individual(s) get astra. The individual experience unwantedness, insecurity and worthlessness which subsequently disturbs the health. In this context, the author has collected information concerning the type of the family (joint or separate) death of either parent, nature of marital relationship of the parents, nature of occupation and the age of the spouse.

In this section of the text the relationship between the nature of family - joint or separate and CHD is examined. There are two types of family, joint and separate. Joint family is family in which father - mother, grand father and grandmother, brothers and their children, unmarried
sister etc. reside under the common shelter. Family has a common source of income as well as expenditure. While in separate family in which husband and wife and children live under common shelter.

Many a times joint family means constant strain and worries. It is called a group of people having diverse interests and having no common goal. In separate family, mostly husband and wife are working. By and large, they have to depend upon maid servant for the care of children and routine of the family constantly. They are found to complain against routine works, children etc.

| Insert Table No. 10 | Here |

Many a times much is said and written about separate and joint families. So far so the concerned table indicates no significant relationship between type of the family and CHD. There is common trend even in Indian Society towards separate family.
By and large, we have seen that majority of the subjects in the experimental group rather come from joint family then that of the control group. In this regard we have collected the information whether the father of the subjects are living or dead. This information is collected and tabulated.

Table number 11 indicates that there is a significant relationship between the living father and CHD. Further, it shows that in case of more subjects of the experimental group has father living than that of the control group.

(Expt. Gr. 94.30 % - Cont. Gr. 37.50 %).

This signifies that person who is from joint family has naturally father would be living. Being eldest he will be shouldering not only financial but also social responsibilities. Also has to engage, himself in family business
or may be doing service. More or less this creates one short of a stress. This may lead to CHD. In this case he is over stressed. He has to look after the education of the children. In short he is over burdened, over stressed and over exhausted, which naturally leads to diseased conditions - His health gets disturbed. And subsequently he becomes more prone to CHD.

As we have tried to examine the relationship between father and CHD. Also attempt is made to examine the mother and CHD. The information is collected, tabulated and examined through Chi-square.

Insert Table
No. 12 Here

Table number 12 indicates that more number of cases from the control group have mother living than the experimental group. (Cont. Gr. = 48.57 % - Expt. Group = 31.46%) In other words in more cases of experimental group - mothers
were not living than that of the control group. (Expt. Gr. 68.54 % - Control Gr. = 15.43 %).

It appears that in more cases mother may be trying to resolve than that of the father. So presence of father and absence of mother subsequently creates a situation which may increase the stress and risk of CHD.

The marital relationship of the parents of the subjects is also one of the important factor for the subjects coming from joint family system. If influences the life of the other family members. If they are social congenial then it generates such atmosphere in the family, but if it is unhealthy then it generates lot of problems for the members. In view of these information regarding the parents, marital relationship was collected.

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Insert Table
No. 13 Here
The nature marital relationship of the parents was divided into three categories - good, fair and poor but where the information was not obtainable, it was classified into unknown category.

Table No. 13 indicates that the nature of parental relationship is significantly correlated with CHD, among their adult children. Comparatively, more parents of the subject of control group has good and fair marital relationship but more parents of the subjects of experimental group has poor marital relationship. Relatively, in more cases of experimental group the marital relationship of the parents was not available than that of control group.

(Expt. Gr. = 20.02% Control Group = 11.44%)

In short the nature of marital relationship of parents influence the other family members and some times even to the extent of aggravating the situation, that leads to CHD. Of course, the influence depends on several other factors also, but it affects smoothly the weakest point in the life - may be either social, familial or financial.
The occupation pursued by the person is most important. Many times it creates lot of strain and worries for the person. Either business man or high executives of the service people are concerned, it is a constant source of stress and strain not only for the person, but also for the entire family. The obtained information have been classified into four categories - service, Business, Retired and staying home. The category of service included any kind of service, govt. offices, Semi government, Private institution or factory etc. Business included any type of business where the person is a sole owner or a partner of the business unit. The category of retired is self explanatory, and house hold work.

Insert Table
No. 14 Here

The table indicates that there is a close and significant relationship between the occupation of the person and
CHD. Relatively more person in expt. group were found
to have their own business and few persons doing service
and less number of persons doing their own business in
the control group. In comparision to experimental group
about 17.16 percent people were retired. Few people from
control group (Expt. Gr. = 17.16 \% - Cont. Gr. 2.87 \% )
were retired.

The age range of the either spouse is more important
for CHD. In other words during which they are likely to
have CHD. Here the likely age of the spouse during which
the CHD is found. The class interval of age range was
calculated for determining the CHD.

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Insert Table
No. 15 Here
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The table indicated that age range of spouse is signifi-
cantly associated with CHD. The high incidence of CHD is
in the age range of 48 and 53 years.
Many times siblings may create problems in the family. That problems may be pertaining to family, social, rights or duties, financial regarding responsibilities and rights. By and large, possibility of incidence of CHD increases with age and it reaches peak during the life span of around fifty years. During this period, the problems pertaining to either family or social or economic or occupational reaches peak. Apart from any problem other than family can be cope up if the healthy family relationship exist - especially with brothers and sisters. In view of this, the information regarding the number of brothers and sisters, marital status of siblings and relationship of sibling were obtained from both the group - Experimental as well as control group separately.

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Insert Table
No. 16 & 17 Here

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The information was obtained and it was classified separately. It indicates that it is significantly related with number of brothers and not with number of sisters. Generally, after marriage sisters go to live with in-law families. So it is just possible that it may not influence the family as brothers influence. Large number of brothers may create problems for themselves, the problems may be centering around financial or social or familial responsibilities etc.

Along with the information regarding the number of brothers and sisters, the nature of their relationship was also obtained. This is also one of the important factors having impact on the family.

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Insert Table
No. 18 Here
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The obtained information was classified into four categories - good, fair, poor and unknown. Good
relationship was defined as healthy and warm relationship; caring for each other but also actively seeking each other's presence. Fair relationship was defined as absence active seeking for presence of each other. Poor relationship is defined as active avoidance of each other's presence. Cases in which no other information was available were classified into the category of unknown.

The table indicates that there is no significant relationship between the siblings relationship and CHD. In other words the nature of relationship is not adequate to be significant.

The number of brothers and sisters were considered for this study. But at the same time the number of married brothers and sisters also play an important role in the family set-up. Directly or indirectly it is likely to create a tense situation in the family especially in Hindu joint-family. Number of married brothers is more important than the number of married sisters. Because after marriage
girls live with their husband i.e. with his family. And this is likely to affect little to the family unless she has serious problem (s). While marriage of the brothers, the wives use to join their families. So new addition in the family may likely to creates problems etc. Not necessary this situation(s) always generate problems; in some cases it may even resolve problems and creates the situations more happy.

Insert Table
No. 19 & 20 Here

Table number 19 indicates that the number of married siblings is significantly related with CHD. The table indicates that more number of subjects in experimental group has more married siblings than the controle group. In experimental group as the number of married brothers increases CHD. While in controle group it decreases with the number of married brothers.
Table number 20 indicates that in case of girls no such significant relationship is observed. Whatever difference is observed it is superficial and not adequate to be significant.

CHILDREN:

Generally, total number of children also plays an important factors in this regard. Information regarding the total number of boys and girls from the total number of children were obtained. In Indian set up sex among the children is very important. By and large, parents prefer to have boys, of course now a days the trend is changing and parents welcome both—boy as well as girl. Parents consider girls as liabilities and boy as assets. In majority of the castes in India there is a custom of dowery or Vankada system. And customs are rigidly followed in India. Parents from middle class family has a lot of difficulty in meeting the demands of Dowery/Dahej/Vankada. Because of this there are many cases in which families are ruined and in some instances married girls comit suicide.
In view of these, the information regarding total number of children and out of these how many of them are boys and how many of them are girls, age range of children, education of children, occupation of children and marital status of children were obtained from both the group experimental as well as control group - Separately.

Insert Table
No. 21, 22 & 23 Here

Table No. 21 indicates that total number of children and the incidence of CHD are significantly related. Relatively, subjects of experimental group has more children than the subjects of control group. As the number of children increases the incidence of CHD also increases.

Table number 22 Indicates that total number of boys increases the incidence of CHD.

Table number 23 indicates that there is no such relationship between total number of daughter and incidence of CHD.
In the earlier times it was indicated that girls are liabilities and boys are assets. But in this sample no such trend is observed. Many a times several significant factors may be there and even though one may not find CHD. The only thing which is more important that all these factors may either jointly or separately produces the unhealthy situation(s) which may result into a particular disease to which the organism is more susceptible to a specific disease or diseases.

Among the several factors the age of the child is also important. Further, the education of the children, occupation, and the marital status of the children are studied. The section that follows discussed aforesaid results.

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Insert Table
No. 24 Here
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5.29. The table No. 24 indicates the children in the age range in both the groups Experimental and control. This is significant at 0.05 level. Experimental group has more grown up children than the control group. And as such this creates more stress in the family.

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Insert Table
No. 25 & 26 Here
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Further, the education level of the children is also important. The comparison is shown in the table number 25. The results obtained are not adequate to be significant at 0.05 level.

The information regarding occupation of the children was obtained. It is tabulated and given in table No. 26. The comparison shown that occupation of the children is significantly related with CHD. Comparatively more children were studying and were doing service, than the experimental group. It is observed that more children of the experimental
5.30: group were doing business, and service - private, government or Semi government.

People who are doing business in short children of experimental group broadly speaking majority of them doing service and business. While majority of control group were either studying or servicing.

In addition to this, information, regarding marital status of the children is obtained.

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Insert Table
No. 27 Here
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The table number 27 indicates that marital status of children and CHD are independent i.e. non-significant.

LIfe EVENTS :-

As the person reaches fifties, his family expands, children either get married or about to marry or grows up and starts money earning either by service or by carrying
5.31 business. His field of activities expands, his responsibilities increase, areas of stress and anxiety also multiply. His capacities decline. His bodily wear and tear also increases. Keeping this in mind information about the happening of the life events were obtained and classified into various categories - Family, occupational, Financial, Social, biological and no such events.

Insert Table
No. 28 Here

Table number 28 indicates that the various life events are significantly associated with CHD. Life events has been broadly categorised into six categories. They are pertaining to family, occupation, financial, social, biological and no such events. They are not compartmentalized. They have been classified for the convenience. Interpretation happening in one of the life areas are likely to affect live and function as a whole and not as a part. The life is so interwoven that nothing can escape.
The table indicates that comparatively in experimental group there are several life events, pertaining to occupational and biological while in case of no such events and familial events are happenings. Life events has close relationship with CHD.

Any life events is likely to produce stress and strain. Mainly how person view it and interpretes it. i.e. the perception of event is more important than the type and frequency of events.

**TYPE OF PERSONALITY**

Now a days many researches have indicated that certain characteristic or personality is more important for the CHD. And at the root of it only the personality characteristics are there, on this basis two types of personality are important. Certain group of characteristics indicate Type A personality and another group of characteristics indicate Type B personality. On the basis of this characteristics person in both the groups have been
separated. In this regard information were obtained and classified, and those characteristics were applied to test the personality. They are tabulated in table number 29 and was analyzed through chi-square Test.

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Insert Table
No. 29 Here
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Table No. 29 indicates that they are significant. That is to say that Type A is more prone to CHD than the Type B. Any way they have been found to be associated with CHD.

**ANXIETY**

Several researches have indicated a close relationship with anxiety level and CHD. In this context both the groups - experimental and control were administered Anxiety Scale - self analysis questionnair prepared by Mr. and Mrs. Badami - They were scored as per manual. The average score of both the groups was compared and difference was found significant at 0.05 level.
Table number 30 indicates that the average mean of the experimental group was found higher than that of the control group. This difference was to be significant. (Expt. Gr. X = 34.40 - Cont. Gr. X = 29.50).

This indicates that a majority members of the experimental group remain under anxiety than the members of the control group. Further, this findings get its support from the data in table number 29.

In brief, in foregoing pages we have examined the data through Chi-square test. Here one after the other factor has been individually examined. And interpretation was done. The most important for the person is not the existence of particular factor or factors, but now the individual is perceiving it. So not the factor but its interpretation is very much important.
While summarizing the various factors that have been found significant associated with CHD. Further, single factor does not cause CHD. But combination of more than one factor and the constitution of individual interact jointly causes CHD. But in many cases one can find that there are several factors present. It is very difficult to say which has singly caused CHD. Each factor may either separately or collectively caused CHD or precipitated CHD. Further the greatest limitation of this type of research is that these researches are retrospective in nature and could be easily contaminated by subjects knowledge of his own sickness. It may also be that the simple total of stressful events during a given time period is less critical in producting CHD than the significance of these events for the individual. The way in which an event is appraised and how the individual copes with it must be considered in any serious effort to understand psychophysiological effects of acute life stressors. The importance attached to any factor or factors depends upon how the individual interpretes its consequences for himself.