



Research Article

PSYCHO- SOCIAL CONSEQUENCES OF LIFESTYLE DISEASES ON FAMILY

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ARTICLE INFO

Article History:

Received 16th April 2016
Received in revised form
25th May 2016
Accepted 29th June 2016
Published online 31st July 2016

Keywords:

Income,
Lifestyle Diseases (LSD's),
Incidence.

ABSTRACT

Diseases affect people physically, emotionally, socially and also economically. As contracting and living, a disease can alter one's perspective on life, and one's personality. Societies with a heavy burden of disease tend to experience a multiplicity of severe impediments to economic progress. Ill health in a family member can create situational crises that can lead to emotional distress throughout the family and also the effect of disease will have serious consequences on the ability of the family to support itself at some socially acceptable level. So, the present study was planned with an objective to investigate the psychological and social consequences caused by lifestyle diseases. Exploratory research design was followed in the present study. The twin cities of Hyderabad and Secunderabad were purposively selected identifying the sample (100) based on Lifestyle diseases experienced by the family members. Survey research method was adopted by using questionnaire and also personal interview technique to elicit the information. Statistical procedures like frequencies, percentage and chi-square tests, were employed to analyze and interpret the data. The results of the study observed that out of 100, nearly 85% of the respondents' psychological and 35% of social well being was affected due to their ill health conditions.

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INTRODUCTION

Disease had an adverse effect on health, while wisdom of every culture teaches that "HEALTH IS WEALTH" in a more instrumental sense. For individuals and families, health brings the capacity for personal development and economic security in the future. Health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically, emotionally and socially. The importance of health in its own right cannot be overstressed. Good health is a prerequisite to successful human endeavor and core to economic growth and activity (Kapur, 2006). People are predisposed to various diseases based on their way of living and occupational habits (Sharma and Majumdar 2009). These are termed as 'Lifestyle Diseases'. It is only in the last decade that it has become clear that lifestyle diseases are killing more people.

Lifestyle diseases are slow progressing, long durable, largely preventable illnesses that result from numerous common modifiable risk factors. In the view of the above, the study was planned with an objective to investigate the psychological and social consequences caused by lifestyle diseases.

MATERIALS AND METHODS

Statement of the Problem

The study on 'Psycho- Social Consequences of Lifestyle Diseases on Family' is an attempt to elicit information on lifestyle related impact on the psychological and social variable on family.

Design of the Study

An exploratory research design was adopted to conduct the study. Exploratory research is a process of gathering facts and doing research that later allows for the team to create the best research design or data collection method available for specific

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subjects. This process will draw definitive conclusions only with caution due to the nature of process. This research design was adopted to explore the economic implications of the lifestyle disease on family.

Location of the study

The twin cities of Hyderabad and Secunderabad which represents a large urban segment was purposively selected for the study as the researcher is familiar with the local language, which would help to build quick rapport and also to enable in depth study.

Selection of the Sample

Purposive sampling design is chosen, in which sample was identified based on lifestyle diseases like diabetes, chronic diseases, arteriosclerosis, nephritis, and hypertension experienced by any family members in the family and secondly, the respondents were selected based on their economic decision making power. Sample size was limited to 100 Families divided among the five lifestyle diseases as mentioned above.

Preparation of Research Tool

Structured interview schedule was developed to collect the data regarding the availability, accessibility and control over resources and assets. Structured interviews are “interviews in which all respondents are asked the same questions with the same wording and in the same sequence.”

Data Collection

The data was collected by administering the structured interview schedule to the respondents. The respondents were personally interviewed by the investigator, which enabled her to get first hand information. A friendly atmosphere was maintained throughout the interview so that the respondents were at ease and expressed their opinion fairly, freely and frankly.

Data Analysis

The data was coded, consolidated and tabulated in appropriate tables and presented in frequencies and percentages.

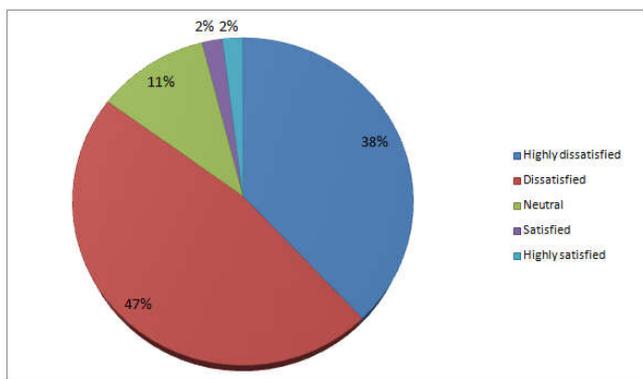


Figure 1. Effect on psychological well being due to ill health conditions

Table 1. Association between Income with effect on psychological well being

Income Satisfactory levels	Less than Rs.13500/-	Rs.13501- 18000/-	Rs.18001- 38000/-	Rs.38001- 50000/-	More than Rs.50000/-	Total
Dissatisfied	27	14	12	14	18	85
Neutral	6	3	0	0	2	11
Satisfied	1	0	1	1	1	4
Total	34	17	13	15	21	100
X ² tabulated value = 15.507			X ² calculated value = 7.018			

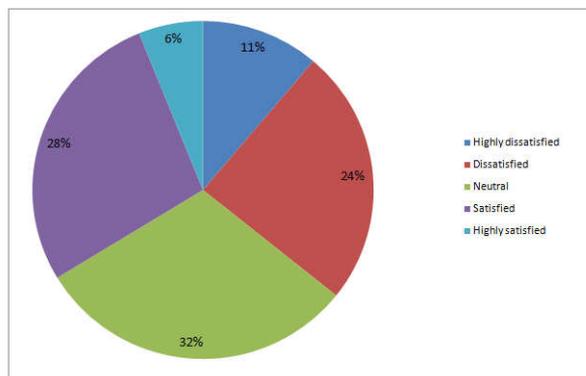


Figure.2 Effect on social well being due to ill health conditions

Table 2. Association of income with effect on social well being

Income Satisfactory levels	Less than Rs.13500/-	Rs.13501-18000/-	Rs.18001-38000/-	Rs.38001-50000/-	More than Rs.50000/-	Total
Dissatisfied	5	5	3	10	12	35
Neutral	9	6	4	3	8	30
Satisfied	18	6	5	2	2	35
Total	34	17	12	15	21	100
X ² tabulated value = 20.09			X ² calculated value = 26.4			

Classification of the tables was done based on income. Some of the tables are classified based on the type of disease.

Statistical Analysis and Interpretation

Statistical analysis was carried out to find out the relationship and associations between the variables. The data thus collected was coded and analyzed with the help of the following Statistical methods.

Testing the hypothesis

Interpretation of the data was done using statistical 'chi-square' for testing the hypothesis. Hypothesis was tested between the income categories with regards to the family health status, health care choices and also costs. Hypothesis was also tested between the type of disease and the various effects caused by the health conditions.

- The data comprises of the respondents with different income levels spending for their health had an effect on psychological and social well being. Hence, chi-square test is applicable.

Null Hypothesis: Income and effect on psychological and social well being are independent. Alternate Hypothesis: Income and effect on psychological and social well being are not independent.

RESULTS AND DISCUSSION

Psychological consequences

Ill health in a family member can create situational crises that can lead to emotional distress throughout the family. If family members become too distressed, their ability to provide care in the home may be compromised. Psychological well being can be studied by knowing the facts such as self satisfaction, personal relationships, and emotional support received by the family and friends, etc. which was given in the Figure.1 The respondents who were highly dissatisfied with the psychological well being were 38 per cent, mostly belongs to low income category. Dissatisfied were 47 per cent, neutral (11%), satisfied (2%) and highly satisfied (2%). It can be observed that not even five percent of the respondents are satisfied and nearly 85 per cent of them were dissatisfied with the psychological well being due to their ill health conditions. The statistical results found by Table.1 are not significantly associated with the respondents' income levels and the effect on their psychological well being due to ill health at 5 per cent level of significance, proving the hypothesis that psychological well being is dependent on the incidence of the disease. This suggests that as incidence of Lifestyle diseases increases, the psychological well being decreases. This can be supported by a study on 'Small island states in crisis: The economic impact of lifestyle diseases in the South Pacific' done by Szmedra and Sharma (2007) reported

that the effect of the disease diminishes individual's ability to contribute to the financial support of their families and communities. These impacts have serious consequences on the ability of the family to support itself at some socially acceptable level. Another supporting study, 'The Effect of chronic illness on the psychological health of family members' done by Holmes and Deb (2003) reported that chronic illness in a family member can create situational crises that can lead to emotional distress through the family. If family members become too distressed, their ability to provide care in the home may be compromised. Some characteristics of the chronic conditions may impact the emotional burden experienced by family members, including the expected disease trajectory and the degree of uncertainty associated with the illness. The nature of the relationship between the patient and the family member has been found to be an important predictor of family member distress, the direction of the effect appears to be conditional on the nature of the chronic condition.

Social well being

Social well being includes behavioral activities such as increased trade and travel, food consumption patterns, and human conflict (Marsh *et al*, 2005). In this section the satisfactory levels of the respondents regarding the time spent with his/ her family, friends and colleagues was represented. The results obtained from the Figure.2 showed that out of 100 respondents, those who are highly dissatisfied with their social well being were 11 per cent, dissatisfied were 24 per cent, neutral (32%), satisfied (27%) and highly satisfied (6%). It can be observed that equal per cent (35) were both satisfied and also dissatisfied, irrespective of their income levels. The chi-square tests found to be significant with regards to the disease and socialization of the respondents with their family members, friends and colleagues. Hence, the hypothesis, social well being and the incidence of the disease are not independent to each other is proved. This shows that as incidence of Lifestyle diseases increases, the effect on social well being also increases. This can be supported by Szmedra and Sharma (2007) reported that the effect of disease have serious consequences on the ability of the family to support itself at some socially acceptable level. Lifestyle diseases are affecting psychological and social well being of the respondent. The impact of this emotional burden experienced by family members was more associated with the degree of uncertainty associated with these illnesses and was also predictive of family member distress.

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