INTRODUCTION

Job stress is a combination of high psychological job demands (high work load) and low job control (low decision latitude) increases the risk of Many diseases. Women appear to be more sensitive than men to psychosocial work stress. Previous studies of Job strain and CHD in men have established job strain as a predictor of CHD risk. This study is designed to examine the association between job strain and mal adaptive health responses in women ***(Landbergis, 2000)***.

CHD is the commenst form of heart diseases and the single most important leading cause of premature death in the developed countries.

Numerous risk factors for CHD have been identified that are closely related to its premature development, work strain is one of the most important risk ***(Lazarus, 1999)***.

Blood pressure continuously fluctuate in response to changes in the external or internal environment, to facilitate the adaptation of individuals to their environments. The growing interest in the effects of work-related stress on blood pressure is explained by the consistent finding that blood pressure measured at work is higher than all other measures of blood pressure taken during the day, independent of the time of day ***(Markovitz et al., 2004)***. There is a cause-effect relation between Job strain and the development of hypertension ***(Greiner et al., 2004)***.

Blood pressure has repeatedly been found especially high during periods of increased work demands ***(Danelia and Trapaidze, 2005)***. It is

observed a relationship between the incidence of CHD and Acute diastolic blood pressure.

Elevated blood lipids has been shown to be associated with increased risk of CHD. Every one percent reduction in serum cholesterol, CHD risk is reduced to four percent in controlling for other risk factors. Individual's continuous exposure to psychosocial stress leads to CHD via elevation of serum lipids ***(Shirom et al., 2000).*** Most of the lipid parameter, are found to be increased during chronic and acute stress exposure ***(Stoney et al., 1999).***

Elevated levels of serum uric acid included in the pathogenic processes leading to CHD. ***Conen et al., (2004)*** noted that the possible mechanisms that link stress with CNS activity and with body production of serum uric acid might include metabolic precursors of serum uric acid. They also noted that environmental factors are more important than genetic factors in explaining concentrations of serum uric acid. Exposure to objective stress can produce arousal of the pituitary adrenal system and cause elevated levels of serum uric acids ***(Verdecchia et al., 2000).***

Obesity is a serious problem in which excess body fat has accumulated to an extent that health may be adversely affected. However its development is not inevitable but largely preventable. Excessive central fat reflect one at greater risk of disease. Women with central fat distribution is related to greater psychological vulnerability to stress. There is clear association between obesity and diseases such as CHD, hypertension, diabetes, etc... ***(WHO, 2000).***

Wasserman et al., (2000) conducted a study on some health risks of CHD. These health risks evaluated were smoking, hypertension, obesity, elevated cholesterol, high blood glucose, sedentary life style, stress, depression and excessive use of alcohol. They found that obesity was the most consistent predictor of CHD. It is graded as the first in the male and female group, number two in the male-only group, and number one in the female-only group. High stress was the second most consistent predictor.