4.1 OBJECTIVES:

The following are the major objectives of the study:

1. To assess the influence of stress on the mental health of respondents.

2. To assess the effect of anxiety on mental health of chronic patients and their caregivers.

3. To assess the effect of chronic diseases on the mental health status of patients and their caregivers.

4. To study the differences in mental health of sample subgroups belonging to different categories’ of demographic factors.

5. To study the relationship between independent and dependent variables of the study.

4.2 HYPOTHESES:

The following hypotheses are framed for the study:

1. There would be a significant influence of stress on mental health status of the chronic patients and their caregivers’.

2. There would be a significant effect of anxiety on health status of chronic patients and their caregivers.

3. There would be significant effect of chronic diseases on mental health of participants.

4. There would be significant differences in mental health of sample subgroups belonging to different categories’ of demographic factors.
5. There would be significant relationship between independent and dependent variables.

4.3 THE SAMPLE:

An appropriate sample design is adopted, keeping in view the objectives of the study. Chronic Patients and their caregivers (N=600) of (both male and female) were selected from various hospitals of Gulbarga. The chronic patients include HIV/AIDS, Tuberculosis and Diabetics. The sample design is given as under:

Table – 1:

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>Chronic patients</th>
<th>Care givers</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>TB</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>DIABETIC</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

In the first stage, a large number of patients and their caregivers from various hospitals were selected randomly. The bio-data schedule was administered on them to collect relevant demographic information. Further the scales like stress and anxiety were administered on both patients and their Caregivers to classify into two groups of stress (high and low) and anxiety (high and low) based on the criteria. Thus the sample was matched for variables like stress (high and low), anxiety (high and low), gender (male and female) and chronic diseases (HIV/AIDS, Tuberculosis and Diabetics) of patients and their caregivers. Finally there are 300 chronic patients and 300 their caregivers on whom mental health scale was administered to assess their status on the measure. Further the demographic variables of both patients and caregivers like age, levels of education, domicile and family type were also considered.
4.4 TOOLS:

The following suitable standardized scales were used in the present study. They are:

1. **BIO-DATA SCHEDULE:**

   This is prepared to collect the demographic information like family type, gender, levels of education, age and domicile etc of both patients and their caregivers.

2. **Mental Health Inventory:**

   This inventory is developed by Jagadish and Srivastava (1988) which is consisting of 56 items distributed along 6 dimensions of mental health, they are positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes, environmental mastery. There are 24 positive and 32 negative items and the scoring is of Likert type. The inventory has four response categories namely always, often, rarely and never. A score of 4, 3, 2 and 1 is assigned to response category of positive statement and for negative item the scoring is reversed. Thus, one is considered as having higher mental health status if he scores higher on dimensions as well as total. The reliability of the inventory has been found to be 0.73 and the validity is quite satisfactory (0.54).

3. **Singh Personal Stress Source Inventory:**

   This scale is constructed standardized by Singh and Singh (2004). The scale consists of 32 statements. For each statement, response is given in the form i.e., Seldom, Sometimes and Frequently.

   The scoring of SPSSI is very simple. Every item marked as ‘Sometimes’ is given a score of 2 and marked as ‘Frequently’ a score of 3. Subsequently, scores earned by the tests on every marked item are added together to yield a total score. Higher the score, the higher is the magnitude of personal stress. Likewise, lower the score, lower is the magnitude of personal stress. The maximum score on SPSSI is 105. As authors claim, the reliability. (test-retest 0.792) and validity (0.687 correlated with different
test) of the inventory in significant.

4. Sinha’s comprehensive anxiety test:

This test is developed and standardized by Sinha in the year 1976. The test consists of 100 item with yes or no response. As per scoring key ‘yes’ is assigned a score of ‘1’ and ‘No’ response with ‘0’. According to manual one who scores high is described as having higher anxiety and vice-versa. The reliability (test – retest) of the scale is found to be 0.86 which is significant and validity is quite adequate.

4.5 STATISTICAL ANALYSES

The following statistical methods were used in the study:

1. T-test to compare the sample groups for significant differences.

2. ANOVA to assess the influence of independent variables on dependent variable.

3. Correlation test to examine the relationship between independent variables on dependent variable.