HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. CDC estimates that about 56,000 people in the United States contracted HIV in 2006. There are two types of HIV, HIV-1 and HIV-2. In the United States, unless otherwise noted, the term “HIV” primarily refers to HIV-1. Both types of HIV damage a person’s body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases. Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. All people with HIV should be seen on a regular basis by a health care provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help people cope with their diagnosis, reduce risk behavior, and find needed services.

The level of stress has been increasing at a phenomenal rate. As early as in 14th century the term stress was used to denote hardship strain adversity and affection (lubusden, 1981). In 17th century, Hooke used the word stress in the context physical science (Hinkle, 1973). But its scientific meaning was. In fact given in early 20th century, stress is the process that occurs in response to the situation or events (called stress ors) that disrupt or threaten to disrupt our physical, or psychological function (Lazarus and folk man, 1984; Taylor 1995; Pestonjee, 1992; Baron 2002) infect Stress is a many faceted process that occurs in reaction to events or situations in the
environment called stressors. Although we normally think stress to be coming from negative events in our lives, positive events such as getting married or receiving an unexpected job promotion can also produce stress (Brown and McGill, 1989).

Stress can be external and related to the environment, but may also be created by internal perceptions that cause an individual to have anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful.

A stressor is any event, experience, or environmental stimulus that causes stress in an individual. These events or experiences are perceived as threats or challenges to the individual and can be either physical or psychological. Researchers have found that stressors can make individuals more prone to both physical and psychological problems, including heart disease and anxiety.

The most vital of all resources against stress is social support; social ties and relationships, with others have long been regarded as emotionally satisfying aspects of life. They can also mute the effects stress, help an individual cope with stressful events, and reduce the livelihood that stress will lead to poor health social support is very important to people with HIV/AIDS. Men with AIDS who have emotional, practical in informational support or less depressed (Turner et, al 2002). Informational support appeared to be especially important in buffering the stress associated with AIDS related symptoms (R.B. Hays. Turner & coates 1992; K.Siegel et. al 1997).

Anxiety is a physiological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by tension. It is related to apprehension and fear and is frequently associated with failure, either real or anticipated. It often has to do with interpersonal relations and social situations. Feelings of rejection and insecurity are usually a part of anxiety. According to Frost (1971), anxiety is “an uneasiness and feeling of foreboding often found when a person is about to embark on a hazardous venture; it is often accompanied by a strong desire to excel”. Hence, anxiety state arises from faulty adaptations to the stress and strains of life and is caused by over actions in an attempt to meet these difficulties.
Speilberger (1966) has defined anxiety in two terms: trait anxiety and state anxiety. Trait anxiety is a tendency to respond emotionally to a wide range of non-threatening stimuli. It refers to a predisposition to respond with heightened arousal to certain class of stimuli. State anxiety, on the other hand, is the actual feeling of tension and nervousness.

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

The word mental health has become household word in less than a quarter of a century. There are at present two schools of thought about the meaning of mental health, one largely represents the medical profession which finds it fruitful to think about mental health as the absence of mental disease. The second largely represented by psychologist the teaching profession and psychoanalysts regards mental health in positive terms as the presence of certain psychological characteristics. Each school has good reasons for its appropriateness. To regard mental health as the absence of mental disease is in keeping with the traditional task, of the medical profession to help and cure many persons. The task of dealing with their problems appears overwhelmingly important even without adding the complication of asking whether those who are free from disabilities strive for a full and satisfying life.

Mental health differentiates more closely between the normal and abnormal, the psychologist uses several criteria one such criterions adjustment as opposed to maladjustment. When a person adjusts well to environmental pressures this does not mean that he experience no stress. Good adjustment means that he handles emotional conflicts well. He faces his problem realistically and has a good understanding of abilities. Maladjustive behaviors on the other hand often represent unrealistic levels of aspirations or an attempt to escape from emotional conflicts by a denial of reality. When an individual enjoys mental health he has adequate adjustment to emotional tension and is as energetic and productive person as defined by the standards of his group. Mental health has the ability to balance feelings, desires, ambition and ideals in one’s daily life. The World Health Organization defines mental health as "a state of
well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

The present study makes an attempt to assess the effect of stress and anxiety on mental health of patients suffering from chronic diseases like Diabetes, HIV/AIDS and TB and also on their caregivers. All the relevant scales were administered and data were subjected to statistical analysis.

The results clearly revealed the effect of stress, anxiety and chronic diseases on mental health of patients and their caregivers. Further, the demographic factors like educational level, domicile, family type, age and gender were also considered to affect the mental health of the sample which also proved the same

The following are the conclusions of the study:

1. There is significant difference between the patients of different chronic diseases in the majority of dimension of mental health.

2. Patients above the age of mental health. Patients above the age of 35 years have displayed higher mental health in the area of perception of reality, integration of perception and total mental health than the lower age group of patients.

3. There is significant gender difference in the area of perception of reality, autonomy, group oriented attitude and total mental health in their dimensions and female patients have scored significantly higher than the male patients.

4. Patients with above PUC educational level have higher mental health than those of below 10th STD and illiterates.

5. Urban patients have significantly out scored than the rural patients in all the dimension of mental health.

6. Patients with joint family background have significantly higher mental health than that of nuclear family.
7. There is significant difference in mental health between the two groups of stress. The low stress sample has shown higher mental health in all the dimensions.

8. Patients with low anxiety have significantly higher scores in the dimensions of perception of reality, integration of personality, emotional mastery and total mental health than the patients with high anxiety.

9. There is a significant difference in the mental health between caregivers belonging to different chronic diseases.

10. The higher age group of caregivers has displayed higher mental health in the area of integration of personality, group oriented attitude and total mental health and lower mental health in the area of persons self evaluation than the age lower group.

11. Male caregivers have higher mental health in the area of positive self evaluation and integration of personality, while the female caregivers significantly mental health in the area of perception of reality and autonomy than their counter part.

12. There is significantly higher mental health in majority of the dimensions of the caregivers with PUC education followed by caregivers with 10std and illiterates.

13. The urban caregivers scored significantly higher in all the dimension of mental health than the rural samples.

14. The low stress group has significantly higher scorer in the area of positive self evaluation, perception of reality and integration of personality, autonomy, emotional mastery, and total mental health than that of stress.

15. The high anxiety group of caregivers has significantly lower score in majority of the dimension of mental health than low anxiety group.

16. There is a significant effect of chronic diseases stress anxiety gender education are domicile and family type on the dimension of Positive self evaluation on the sample of patients as well as their care givers except for chronic diseases on care givers.
17. There is significant effect of all the independent effect of the dimension of perception of reality of the patient’s sample.

18. There is significant effect of anxiety and domicile on the dimension of perception of reality of the sample of care givers.

19. All the variables except domicile have significant effect on the dimension of integration of personality of the sample of patients.

20. In the dimension of integration of personality of care givers is strongly influenced by the entire independent factor except anxiety and family type.

21. There is significant impact of all the independent variables on the dimension of group oriented attitude of patient’s sample.

22. There is a significant effect of stress, anxiety, chronic diseases and age of care givers on the dimension of group oriented attitude.

23. All the independent variables except age have influenced significantly on the dimension of patients.

24. There is significant effect of chronic diseases stress, gender, education, domicile and family type on the dimension of autonomy of the sample of care givers.

25. The mental health dimension of emotional mastery of patients is significantly influenced by the entire factor except age, gender, and family type.

26. There is a significant effect of chronic diseases, domicile and family type on the dimension of emotional mastery of care givers.

27. The overall mental health of patients is significantly by all the independent variables.

28. The total mental health of care givers is influenced by female like chronic diseases, anxiety and gender.
29. There is a significant correlation coefficient between the independent and dependent variables of patients as well as care givers.

LIMITATIONS OF STUDY

The following are the limitations of the present study:

The study area is in Gulbarga District. It could have expanded its area from Gulbarga District to Gulbarga Division.

The study could have assess the impact of other related Psychological factors like stress, anxiety and mental health, In the study, the simple statistical methods like Mean, SDs, t-value, correlation and ANOVA used, other statistical method could not be used because of limited span of time.

The present study was carried out in a shorter span of time and hence other significant psychological variables could not be used. However, these would be taken up in an extended research.

SUGGESTIONS:

1. Prevent HIV/TB/DIB transmission sufficient information & knowledge in this regard be provided.

2. Whenever necessary, support is given to the HIV, TB and diabetic people so that they can lead comfortable life along with their caregiver.

3. Knowledge and information in this regard be disseminated right from elementary education level. Care must be taken to minimize stigma associated with such victims.

4. Public awareness is created through programs like Jathas, demonstration, field visits, etc.