As has been explained, health is multiplex in nature and promotion of health status, particularly mental health status is affected by several factors. Hence, an attempt is made in this section to review earlier studies with respect to independent variables which are believed to influence mental health status of the individuals.

MENTAL HEALTH:

Yung – Ho-Ko (1976) studies about the mental health status of junior and senior high school boys. The findings are: (1) The mental health status of senior high school group was the worst (2) The mental health of junior high school group was significantly different from that of the university group (3) the mental health of their year server high school students was significantly poor compared to that of the first and second year senior high school students.

Majority of the authors have focused on the promotion of emotional well being on improving environments (social, physical, economic) that affect emotional well being and enhancing the coping capacity of communities as well as individuals (Wood and Wise, 1997). What improvements in the environment are required and how does one enhance coping in order to promote emotional well being. What is the rate of those working in community child health in promoting mental health and emotion well being. Most of the Research on the determinants of the health and well being of populations has focused on physical health problems, particularly mortality and life expectancy (Marmot and Wilkinson, 1999). The authors discuss topics such as the role of community child health in influencing the mid stream determinants of mental emotional well being.

Masse, Raymond et al., (1998) studies the structure of mental health: higher order confirmatory factor analyses of psychological distress and well being measures. The study addressed the question of whether psychological distress and subjective well being are the opposite poles of the same axis of mental health or independent
constructs that should be measured on two independent axes. Two scales were used: a psychological distress manifestation scale based on 23 items and four factors (anxiety/depression, irritability, self depreciation, and social disengagement) and a psychological well being manifestation scale with 25 items and six factors (self esteem, social involvement, mental balance, control of self and events, sociability and happiness). Structural equation modeling analyses confirmed that these 10 factors can be viewed as components of two correlated dimensions (psychological distress and well being) of a two dimensional latent construct which reflects a higher order concept of mental health. The authors concluded that assessment of mental health in general populations should use concomitant measures of psychological distress and well being.

Wilkinson, - Ross – B and et al. (1998) in the study measurement of adolescents psychological health examined psychological health in adult populations has been conceptualized as comprising 2 distinct, though related, dimensions well being and distress. Research adolescent’s psychological health has been dominated by a single factor approach with well being and distress depending opposite ends of this continuum. Measures of psychological health were administered to 345 late adolescents. A series of confirmatory factor analyses supported an oblique two factor model of psychological health with measures of anxiety and negative affect defining a distress construct and measured of positive effect, satisfaction with life and happiness defining a well being constructed. Measures of depression loaded on both well being and distress. It is concluded that although these two dimensions are highly correlated, they are distinguishable in adolescent’s samples.

Nicolas, Mario – George (2003), in the study A cross cultural examination of individual values, worry and mental health status investigated the validity of micro worry C (i.e., worry about personal concerns) and macro worry (i.e., worry about boarder societal issues) constructs and their relationship to clinical conceptualizations of worry. It was expected that micro worry would be correlated with negative indicators of mental health and personal well being while macro worry would be
correlated with positive indicators of these variables. Correlations in the predicted direction were obtained between micro worries and self report measures of positive and negative affect general mental health status and life satisfaction.

Bostic, Terence John (2003) study utilized structural equation modeling to analyze the utility of a new, theory driven integrated model of physical and mental well being the model sought to explain the nature of the relations among constructive thinking, subjective well being, psychological adjustment, physical vitality, and physical symptoms findings from this investigation are somewhat difficult to interpret, given many aspects of the data. Results from part of the data suggest that constructive thinking may be useful in discretely predicting individual reports of physical health, psychological adjustment and levels of subjective vitality. The results suggest that these are direct, not mediated effects from constructive thinking.

Keyes, Corey-L-M; Waterman, - Mary – Beth (2003) Evidence is reviewed that indicates the beneficial social and economic outcomes that are associated with higher levels of subjective well being and identifies multiple determinants of subjective well being for adults. Areas discussed include positive feelings and emotional well being, positive functioning and psychological well being, and positive functioning and social well being. Determinants of well being or happiness and mental health include age, sex, race, education, income, employment, social relationships, marriage, friendships, leisure, volunteering, social roles, religion, genetic predisposition, personality traits, self esteem, personal control and optimism, and goals. It is concluded that the research suggests that well being in adulthood is best viewed as a means rather than an end in life, because it supports productivity, life satisfaction, socially desirable behaviors, and positive physical and mental health.

**STRESS**

Siddique and Carl D’ Arcy (1984) examined the relationship between perceived stress in family, school, and peer-group situations and four measures of psychological well-being. The moderator effects of locus of control orientation (mastery) on stress-outcome relationships were also examined, as were the sex differences in health and the perception of stress. All three sources of stress were
found to be related to the four measures of mental health, with family stress having the strongest negative health impact. The health-protective role of locus of control was limited for the large part to the stresses emanating from school and peer groups. Substantial sex differences were found in the perception of family- and peer-related stresses as well as in levels of psychological distress. A tentative explanation of these differences was examined with reference to prevailing structural conditions and differences in locus of control orientation, with female adolescents showing greater externality. Implications of the results are drawn for the long-standing debate on the relative impact of stress and its sources on adolescents' psychosocial development and for a current controversy in adolescent theory between proponents of "classical" and proponents of "empirical" conceptions of adolescence.

Martin and Ickovice (1987) examined the relationships between marital and military-specific stress and the general psychological well-being of army wives. These data come from an on-going three-year longitudinal panel study. Study participants (N = 277) were assessed at two different times 12 to 15 months apart. It was predicted that current marital stress and military life stress would have significant negative (and independent) relationships to well-being, even when prior levels of stress and well-being were taken into consideration. A path model was utilized to analyze the data. These data support the view that both military life stress and marital stress have important independent relationships to the general psychological well-being of army wives. Furthermore, it appears that the relationship between marriage and well-being takes on added importance the longer one stays in the military system.

Fuller et al. (1996) examined the effect of one form of chronic stress--household crowding--on psychological well-being, as measured by multiple inverse indicators of psychological well-being. We rely on data from a large (n = 2017) random sample of households in Bangkok, Thailand, a context that has a higher level and broader range of crowding than typically found in the United States. Objective household crowding is found to be detrimental to psychological well-being, controlling for a number of background characteristics. The effect of objective crowding is mediated by subjective crowding, which has strong, consistent and direct
detrimental effects on well-being. There is no evidence of a gender effect. Extended family households are not uncommon in Bangkok, but the effects of objective and subjective crowding are similar in both two- and three-generation households, as well as in one- and multiple-couple households. The argument that subjective crowding is an effect, rather than a cause, of psychological well-being is examined and rejected. The findings suggest that crowding, as a chronic source of stress, constitutes a major threat to psychological well-being. Although the empirical analyses are based on data from one city, we frame the issue of household crowding in a historical and theoretical context in order to suggest in which cultural settings household crowding is most likely to have detrimental effects on psychological well-being.

Atienza,-Audie-Aaron (1999) examined the effects of role stress and dispositional optimism on women's psychological well-being. The aim of the present study was two-fold. One aim was to examine the independent contributions of stress experienced in each of these roles on women's psychological well-being. It was hypothesized that greater stress experienced in each social role would be independently related to poorer psychological well-being (lower levels of depressive symptoms and higher levels of positive affect). The second aim of this study was to examine dispositional optimism as a buffer in the relationship between role stress and psychological well-being. It was hypothesized that dispositional optimism would buffer the negative effects of stress in each role on psychological well-being. Findings suggest that dispositional optimism can serve as a protective resource that alleviates the negative effects of role stress on positive and negative aspects of psychological well-being.

Edwards et al. (1999) examined that work and family are significant sources of stress. However, this research has underemphasized the cognitive appraisal process by which work and family generate stress. This study used person-environment fit theory to examine how the comparison of work and family experiences to the person's values relates to stress and well-being. Results showed that well-being improved as experiences increased toward values and improved to a lesser extent as experiences exceeded values. Well-being was also higher when experiences and
values were both high than when both were low. These relationships were generally strongest for within-domain fit and well-being (i.e., work fit and work satisfaction, family fit and family satisfaction), and several relationships were moderated by work and family centrality.

Mirrashidi,-Tina (1999) examined stress and social support as related to the well-being of working women from diverse ethnic backgrounds. Research hypotheses were offered that predicted differences between white and ethnic minority women on stress and social support in work and family contexts. In addition, relationships between work stress and other stress and social support variables were hypothesized. The results of the study found that there were no significant differences in the amount of work stress or work-family conflict between white women and minority women. However, the minority women in the study reported more negative life stress than white women. There were also no significant differences in the amount of co-worker support perceived between white women and minority women. However, white women perceived having more organizational support than minority women. White women also perceived greater friend social support and family social support than minority women. In addition, the results indicated that social support as a set of variables and stress as a set of variables were significant predictors of both positive well-being and distress symptomatology. Finally, exploratory analyses in this study reveal interesting ethnic differences in the relationship of stress and social support variables to positive well-being and distress symptomatology.

Mauno,-Saija; Kinnunen,-Ulla (1999) examined the relationships among job stressors (i.e., job insecurity) and overall occupational and family well-being. The results indicate gender differences in the predictive relationships between the job insecurity and well-being indicators. For females, job insecurity perceived in 1995 increased job exhaustion and negative work spill over into parenthood in the subsequent year. For males, job insecurity did not have negative effects on well-being over a 1-yr period. Job insecurity and well-being were both relatively stable among the sexes during the follow-up period.
Brown et al. (2000) examined the relationship between life stress, perceived helpfulness of support sources, and well-being among 73 college-educated African American women. Stress at work, inadequate finances, and health problems in the family were identified as the top 3 areas of concern. Findings emphasized the importance of supportive social relationships to promote well-being and buffer the strain of life problems.

Holley et al. (2000) studied the relationship between caregiver stress, social support, and well-being using the conceptual framework proposed by Pallett (1990). Data indicated that the caregiver's gender was significantly influenced by their perception of stress. Both male and female caregivers reported a high level of stress. In addition, male caregivers also reported having a significantly higher perception of tangible support and a more positive self-esteem than female caregivers. Another finding was that the caregiver's education level and socio-economic status were both found to be positively related to their perception of available help. Path analysis indicated several significant paths between variables. The strongest significant path was between social support and well-being. The path between intensity of care giving experience and caregiver stress was significant, as was the path between intensity of the care giving experience and social support.

Nevill and Alpass (2002) examined the relationships between stresses; social support and psychological well-being in men over the age of 65 years were investigated. A convenience sample of 217 men over the age of 65 years, living in a small New Zealand city took part in the study. A questionnaire was used to gather information on stress, social support and psychological well-being, as well as biographical data. Data were analyzed quantitatively. Results showed that both the men who were satisfied with the social support they received and those who reported low stress levels experienced higher levels of psychological well-being (p<.001). The number of people available to provide social support was not significantly related to psychological well-being. There were no significant interaction effects between stress, social support variables and psychological well-being, with each variable operating independently in relation to psychological well-being. It appeared that the older the
men were the fewer social supports available to them, suggesting the importance of the quality of those supports in maintaining psychological well-being.

Li, Hong and Chonge (2003) conducted study on college stress and Psychological well-being of Chinese college students and results showed that college stress negatively affected Psychological well-being. Academic hassle negatively affected psychological well-being, as did personal hassles and negative life events. It is concluded that college stress and its different aspects negatively affect Psychological well-being.

ANXIETY:

Wolf, Thomas, M., Scurria, Philip, L., Webster, Michael G. (1989) examined anxiety, depression, loneliness, social support and perceived mistreatment at 4 time points over the course of 4 years of undergraduate medical education. Representative samples of medical students completed a battery of questionnaires at freshman orientation, and at the end of each year up to and including the fourth year. Depression and anxiety were found to be highest at the end of the first year and lowest at the end of the fourth year. Perceived mistreatment, particularly of a psychological nature, was pervasive over the course of the 4 years. Perceived mistreatment was significantly positively correlated with depression and anxiety at the beginning and end of the first year. The implications of the findings are discussed.

Angst, Jules, Merikangas and Kathleen Ries (1998) examined the relevance of the diagnostic category of mixed anxiety depression (MAD) in a longitudinal community study of young adult in Zurich, Switzerland. The prevalence of MAD was similar to that of threshold level co morbid anxiety and depression; 2.5% of the sample met criteria for concomitant manifestation of sub threshold anxiety and depression over 5 interviews covering 15 yrs. Evaluation of the validity of MAD with respect to a series of clinical indicators including family history, level of work impairment, age at onset and duration of episodes provided some support for the validity of this
diagnostics category. The high magnitude of treatment among the Ss with MAD in the current study suggests that MAD may be particularly relevant in treatment studies. However, to adequately address its relevance and validity further, particularly in community settings, development of specific diagnostic criteria is criteria to enhance the comparability of specific diagnostic criteria is criteria to enhance the comparability of studies with MAD both in clinical settings and in the community.

Kirkcaldy, B., Siefen-G (1998) studied depression, anxiety and self image among children and adolescents subjects were administered questionnaires that measured self image, depression, trait anxiety and parental and educational attitudes. Trait anxiety was the most potent predictor of trait depression, together with emotionality, low self confidence, inferior family relationships, mental ill health and impulsivity. Adolescents scoring high on the depression scale differed in their attitudes towards parents, siblings and school. They were more likely to complain about their relationship to their parents (low family involvement and cohesiveness), and to display low achievement motivation and obedience. Although a main effect was found for anxiety (highly anxious Ss were likely to be more depressed) and externality (externals are more susceptible to depression than internals), a significant anxiety by externality interaction term was found: it was the combination of low self confidence or externality and trait anxiety which seems to determine trait depression. Oliver, J. M. and et al. (1998) in the study patterns of psychological problems in university undergraduates, sought patterns underlying a broad range of psychological problems in college students by examining relations among psychological problems significant in undergraduates and potential correlates of psychological problems. Measures of anxiety, depression, emotional stress, physical symptoms, eating problems, were administered. Personal emotional adjustment was included as the potential opposite of maladjustment. Factor analyses generally found two broad independent patterns constant across genders. Initialized distress consisted of anxiety, depression, and consequences of alcohol consumption emotional stress, personal maladjustment, and physical symptoms eating problems and eating
traits. Multiple regression analyses indicated that whereas stressors were correlates of both factors, female gender predicted higher scores on internalized distress, while male gender predicted higher scores on alcohol abuse.

Robinson, Bryan and Kelly, Lisa (1998) is their study, adult children of workaholics were compared with adults children of non workaholics on self concept, anxiety, depression and locus of control. 211 Ss (aged 18-55 years) completed work addiction risk test, beck depression inventory, personal attribute inventory, locus of control scale and state trait anxiety inventory. Results indicate greater depression and external locus of control among the off spring of workaholics. Children of workaholic fathers not only had greater depression and external locus of control but also scored higher on anxiety no significant differences were found between children of workaholic mother and children of non workaholic mothers on any of the variables self concept was not related to parental work holism in any of the comparisons.

Wolf, Thomas M. and et al. (1998) in their four year study of anxiety, depression, loneliness, social support and perceived mistreatment in medical students examined anxiety, depression, loneliness, social support and perceived mistreatment at 4 time points over the course of 4 years of undergraduate medical education. Representative samples of medical students completed a battery of questionnaires at freshman orientation, and at the end of each year up to and including the fourth year. Depression and anxiety were found to be highest at the end of the first year and lowest at the end of the fourth year. Perceived mistreatment, particularly of a psychological nature, was pervasive over the course the 4 years. Perceived mistreatment was significantly positively correlated with depression and anxiety at the beginning and end of the first years.

Weinstein, Faye M. and et al. (2002) extrapolating from D. H. Barlow (see record 2000-14050-008), the authors explored whether perceived control moderated the relation between coping with career indecision and choice anxiety among 126 women (aged 22-32 years; ethnicity noted) in low level jobs. Ss completed a battery of tests, including the 16 item career indecision subscale of the career decision scale, the state anxiety scale of the state trait anxiety inventory, and the ways of coping
checklist. Analyses of the women’s career indecision, coping, perceived control and career choice anxiety scores through regression identified the moderator effect. Perceived control interacted with problem focused coping to increase accountable variance in choice anxiety. Women perceiving high control and doing more problems focused coping reported lower anxiety than did women doing comparable coping but perceiving lower control. Implications are discussed for interventions with women in low level jobs.

Wang and Caikang (2002) explored the relationship between emotional intelligence and anxiety, depression and mood in college students. 438 college students from 3 universities in Guangzhou, China, were assessed with the emotional intelligence scale, the self rating anxiety scale, the self rating depression scale and the positive affect and negative affect scale (PANAS). The results show the college students EIS scores were negatively correlated with their anxiety level and depression level, the college students EIS scores were positively correlated with their positive affect scores of the PANAS, whereas negatively correlated with their negative affect scores of the PANAS. The study concludes that emotional intelligence plays an important role in college students’ mental health.

Tumer, Cynthia M., Barrett, Paula M. (2003) in their study, does age play a role in structure of anxiety and depression in children and youth? An investigation of the tripartite model in three age cohorts, explained that, although previous studies provide some support for a tripartite model of relations between anxiety and depression in children, there is evidence to suggest that anxiety and depression may be increasingly differentiated over development. Using a confirmatory factor analytic strategy with rationally selected item sets from the revised children’s manifest anxiety scale and the children’s depression inventory, the current study sought to test unitary dual and tripartite models for anxiety and depression in a cross sectional design using 3 narrow band age cohorts of non referred children and youths. The results found little evidence of increasing differentiation all models provided a moderate fit to the data with some evidence that a correlated 3 factor model was the preferred model in all age cohorts.
Shankman, Stewart, A., Klein, Daniel N. (2003). Epidemiological studies have consistently reported that depressive and anxiety disorders co-occur frequently. This paper reviews the evidence for three models that have been proposed to explain the relation between these two conditions – the tripartite, the approach withdrawal, and valence arousal models. Specifically, we focus on predictions that the three models generate for cross sectional studies, prospective and family/twin studies of personality, and EEG studies. In sum, no model was strongly supported across all types of studies, though specific aspects of each model were. Because of the heterogeneity of depression and anxiety disorders, a model with 2-4 factors or dimensions may not be sufficient to explain, the relation between the two conditions.

Mehta, Kala and others (2003) Examined the prevalence and correlates of anxiety symptoms in the absence of depression in the elderly 3,041 participants (aged 70-79 years) of the health aging and body composition study were asked about the 3 major anxiety symptoms of feeling fearful, feeling tense and keyed up and feeling shaky and nervous. Results show that anxiety symptoms occurred in 15% of Ss without depression and 43% of those with depression. Of non-depressed Ss, females were more likely to have anxiety symptoms than were males, especially white females. After multivariate adjustment, the chronic conditions of urinary incontinence, hearing impairment, hypertension, and poor sleep were associated with a higher prevalence of anxiety symptoms. Ss with poorer psychosocial functioning, low personal mastery, and the need for more emotional support also had higher rates of anxiety symptoms. It is concluded that anxiety symptoms are common in both depressed and non depressed older individuals.

Diala, Chamberlian C., Muntaner, Carles (2003) estimated the correlates of mood and anxiety disorders among rural, urban and metropolitan residents in the United States. They analyzed the National Co-morbidity Survey (NCS), which yields the distribution and correlates of psychiatric disorders in a probability sample (8,098 males and females aged 15-54 years; ethnicity noted) of U.S. population using DSM-III-R for diagnosis. Logistic regressions of mood and anxiety disorders were stratified by geographical area. They found gender differences in mood disorders among urban
and metropolitan but not among rural residents. Rural and urban African Americans were less likely to report mood disorders compared to rural and urban Whites. Similarly, they found gender differences in anxiety disorders among urban and metropolitan, but not among rural residents. Rural men reported more mood and anxiety disorders than urban men, thus erasing expected rural gender differences in these disorders. Rural male mood and anxiety disorders may be a function of diminishing resources (steady, high paying jobs) or increasing financial strain particularly among Whites, who comprise a majority of rural residents.

The incidence of Tuberculosis is currently increasing in HIV infected patients living Africa and Asia, where TB endemicity is high, reflecting the susceptibility of the group of patients to mycobacterium belonging to the TB group. In this population, extension of multiple resistances to anti-tuberculosis drugs is also a matter of anxiety. HIV induced immune suppression modifies the clinical presentation of TB, resulting in typical signs and symptoms, and more frequent extra pulmonary dissemination. Finally, immune restoration induced by HAART in developed countries may be responsible for a paradoxical worsening of TB manifestations (L. Aaron and et al., 2004).

Paul Ciechanowski; (2004) studied the Difficulties collaborating with providers and important others may adversely influence self-management in patients with diabetes. We predicted that dismissing attachment style, characterized by high interpersonal self-reliance and low trust of others, would be associated with poorer self-management in patients with diabetes outcomes.

Tai J Mendenhall; William J Doherty (2007) stated that diabetes is a growing problem that threatens both individual health and health care systems throughout the industrialized world. This study analyzes the process and evolution of a collaborative project dealing with diabetes and employing action research methodology and the Citizen Health Care model. A partner in Diabetes (PID) was created through a democratic process among patients, families and providers in a primary care setting in the United States. Fourteen PID ‘support partners' were nominated by their physicians to receive training and then reach out to other patients and families across a variety of
contexts (e.g. home, clinic, telephone). We conducted qualitative analyses of detailed meeting process-notes spanning more than three years, and key-informant interviews with providers, patients and family members. We identified key developmental themes, including how providers and patients learned to overcome traditional hierarchy, how PID was designed and implemented, what challenges were encountered and what mistakes were made. Lessons for extending similar projects are highlighted.

Sandrine Simon; (2009) examined the need to scale up treatment for HIV/AIDS has led to a revival in community health workers to help alleviate the health human resource crisis in sub-Saharan Africa. Community health workers have been employed in Mozambique since the 1970s, performing disparate and fragmented activities, with mixed results.

Miriam Grant; Jane Parpart (2010) explored the gendered burden of care in TB and HIV/AIDS affected households in rural and urban Zimbabwe. Based on 2005-06 research conducted in Bulawayo and Tshelanyamba, we asked caregivers how care giving has affected their lives, livelihoods and workloads. Most caregivers (all of whom are women) were worried about food security and the cost of health care, including transport. Livelihoods such as farming and informal trade were interrupted when patients were quite ill, but many women were forced to resume their work out of desperation. Long absent, terminally ill husbands who returned home to be cared for were often resented, particularly by children. Community care support groups were especially strong in the rural areas. Caregivers reported increased levels of faith and self-confidence for their assumed leadership roles. In many households, gendered roles were in flux as men and boys assumed greater domestic responsibility to support exhausted caregivers. Households with access to extended family support, or who had the resources to hire help, were the most resilient. Caregivers were vulnerable physically and emotionally; most were desperate for training, proper equipment and the types of spiritual and psychological support needed to deal with the burden and trauma of caring.
Gesham Magombedze et al. (2010) investigated the Modeling the interaction of Tuberculosis (TB) and AIDS (HIV) drugs in the treatment of the TB/HIV co-infection shows that the treatment of Mtb *(Mycobacterium tuberculosis)* and AIDS improves. The administration of HIV drugs without TB drugs during co-infection favors the treatment of HIV, but the patient will eventually die of the Mtb opportunistic infection. Reducing the interaction of TB and HIV drugs and increasing the performance (efficiency of inhibition) of Reverse Transcripts Inhibitors (RTIs) in CD4+ T cell improves the treatment of HIV and leads to the preferential replication of HIV particles in macrophages. The simultaneous administration of TB and HIV drugs is to be recommended for it prevents patients from dying of the Mtb opportunistic infection.

Manizheh Hatamlouy Sadabadi; Jalil Babapour; and Hamid Poursharifi (2011) studied the role of causality orientations in self-care behaviors in patients with type II diabetes. In this research, 60 Ss from Tabriz center of Sina hospital were selected through random sampling. Two questionnaires including General Causality orientations (GCOS), and Self-care behaviors (SDSCA) were used. Data were analyzed by Pearson's correlation coefficients, regression analysis and t-test. According to results self-care behaviors showed a significant positive relation with autonomy orientation (and a significant negative relation with impersonal orientation... Additionally, males and females didn't differ in self care behaviors and causality orientations.

Alexanderrdlach; Riitta Adlodlo; Zanele Ehwalima (2012) examined the research were to explore perceptions of HIV, AIDS and tuberculosis (TB) among individuals enrolled in antiretroviral therapy (ART) at two municipal clinics in Bulawayo, Zimbabwe, and to assess the implications of these perceptions on the provision of HIV and TB care services. Data were collected using the free list technique to elicit the elements of a cultural domain as well as open-ended interviews with ART clients, conducted during June and July 2009. Participants were recruited through non-probability convenience sampling. The free list data were analyzed using multidimensional scaling and hierarchical clustering, and the interview data were
analyzed using the grounded theory method. The results suggest that: 1) the participants had substantial knowledge about HIV, AIDS and TB; 2) the participants’ perceptions of HIV, AIDS and TB constituted three distinct, though overlapping, cultural domains; 3) because of the availability of ART and TB treatment, a diagnosis of HIV infection or TB alone was generally perceived with hope that one would be able to live a normal life, while AIDS illness or TB/HIV confection were associated with notions of death and despair; and, 4) such perceptions may negatively impact the uptake of testing for HIV and TB, and thereby contribute to delayed start of the respective treatment. Health messages should build on these meanings which have the potential to either enhance or compromise available health programs and their use by people living with HIV or TB.

Jayashree H. and Chengti S. (2012) examined the Stress, anxiety and mental health of sample selected randomly from various colleges of Raichur (N=360). The students sample was administrated with Stress scale, mental health inventory and anxiety scale. Stress and anxiety are independent and mental health is dependent variable. The data collected were subjected to t-test. The results showed that stress and anxiety have produced significant differences in mental health. It is also observed that there is significant gender difference in mental health of the student sample.

Deborah A Ellis; et al (2012) evaluated the psychometric properties of a revised version of the Parental Monitoring of Diabetes Care questionnaire (PMDC-R) designed to evaluate parental supervision and monitoring of adolescent diabetes care behaviors. The revised measure was intended to capture a broad range of ways used by parents to gather information about youth adherence to diabetes care. Methods Two hundred sixty-seven caregivers of 12–18-year-old adolescents with type 1 diabetes completed the PMDC-R. Measures of parental knowledge of youth illness management, illness management behavior, and metabolic control were also obtained. Results The PMDC-R demonstrated good internal consistency (alpha coefficient =.91) and test–retest reliability (r = .79, p < .001). Supporting the instrument's construct validity, a bifactor model with one primary factor and three secondary factors had an acceptable fit to the data (comparative fit index = .92, root mean square error of
approximation = .06). Concurrent validity was also supported. In structural equation models, parental monitoring, as assessed by the PMDC-R, had a significant direct effect on parental knowledge of adolescent diabetes management and, through knowledge, an indirect effect on adolescent diabetes management and metabolic control. Conclusions The PMDC-R displayed strong psychometric properties and represents an important next step in refining the measurement of parental monitoring for youth with chronic illnesses.

Dit Luminita; Adriana Baban; Dan L Dumitrascu (2013) investigated the contribution of patient clinical condition, socio-demographics, frequency of attendance, and disease related self-efficacy on Type 2 diabetes's satisfaction with care. Eighty-five outpatients, diagnosed with Type 2 diabetes completed the Patient Satisfaction Questionnaire, the Diabetes Empowerment Scale, and a demographic questionnaire. Multivariate regression revealed that disease severity, frequency of visits, and self-efficacy were significantly related with patient satisfaction. Findings indicate that efforts to achieve a higher level of satisfaction should be directed towards patients in the primary stages of illness, and towards patients with low levels of self-efficacy.

Naomi J Hackworth; et.al (2013) explored the psychosocial predictors of diabetes self-care (adherence to care regimes), metabolic control (glycated hemoglobin), and mental health among rural- and urban-dwelling youth with type 1 diabetes. One hundred and twenty three adolescents/young adults (aged 13–25 years, mean = 16 years, standard deviation = 3.8 years) with type 1 diabetes, 50 males and 73 females, completed questionnaires reporting on diabetes self-care, metabolic control, mental health (negative effect, quality of life), risk-taking behaviors and attitudes, diabetes self-efficacy, community engagement, and perceived social support. No rural/urban differences were detected on key predictors or outcome variables. Structural equation modeling revealed that high diabetes self-efficacy, lower risk behavior, and more conservative attitudes to risk taking predicted better diabetes self-care, which in turn predicted better metabolic control and mental health. Social support and engagement in community activities did not influence diabetes self-care.
The study has significance because both diabetes self-efficacy and propensity towards risk behavior are potential targets for educational and counseling interventions designed to improve diabetes self-care regimes and resultant metabolic and mental health outcomes.

Laura M C Van Welschen; et al (2013) studied the effects of a cognitive behavioral treatment (CBT) in type 2 diabetes patients in a randomized controlled trial. Patients were recruited from a diabetes care system (DCS). The intervention group (n = 76) received managed care from the DCS and CBT. The control group (n = 78) received managed care only. Effects on risk of developing coronary heart disease (CHD), clinical characteristics, lifestyle, and determinants of behavior change, quality of life, and depression were assessed after 6 and 12 months. The intervention did not result in a significant reduction of CHD risk (difference between intervention and control group was -0.32 % (95 % CI: -2.27; 1.63). The amount of heavy physical activity increased significantly in the intervention group at 6 months [intervention versus control group was 20.14 min/day (95 % CI: 4.6; 35.70)]. Quality of life and level of depression improved as well. All effects disappeared after 6 months. No effects were found on clinical characteristics.

Camila Rezende Pimentel Ribas; et.al (2013) identified the study of social representations of patients with type 2 diabetes mellitus concerning the care provided by health care providers. This descriptive, exploratory study with a qualitative approach is based on the Social Representations Theory according to Moscovici and Jodelet. A total of 14 patients with type 2 diabetes mellitus were interviewed through a semi-structured script in a Brazilian primary health care service in 2009. The interview script addressed personal data and information related to care provided by health care providers. Thematic content analysis was used in data analysis. It was identified two prominent thematic categories in the social representation of diabetes care: Disbelief in care provided by health workers, and Belief in efficacy of care provided by health professionals. The social representation of care suggests care is detached from the population’s psychological, cultural and social context. Therefore, a mismatch
between the approach of health care providers and the patients’ needs is observed, which may result in interventions with low problem-solving capacity.

Pippa Grenfell et.al (2013) Background People who inject drugs (PWID) are at increased risk of tuberculosis (TB) and reduced retention in treatment. There is a need to document strategies for integrated delivery of HIV, TB and drug dependency care. Methods, reviews the literature on rates of TB mono- and co-infection, and published and grey literature descriptions of TB and HIV-TB care, among PWID. Results Latent TB infection prevalence was high and active disease more common among HIV-positive PWID. Data on multidrug-resistant TB and co-infections among PWID were scarce. Models of TB care fell into six categories: screening and prevention within HIV-risk studies; prevention at TB clinics; screening and prevention within needle-and-syringe-exchange (NSP) and drug treatment programs; pharmacy-based TB treatment; TB service-led care with harm reduction/drug treatment programs; and TB treatment within drug treatment programs. Co-location with NSP and opioid substitution therapy (OST) combined with incentives, consistently improved screening and prevention uptake. Small-scale combined TB treatment and OST achieved good adherence in diverse settings. Successful interventions involved collaboration across services; a client-centered approach; and provision of social care. No peer-reviewed studies described models of integrated HIV-TB care for PWID but grey literature highlighted key components: co-located services, provision of drug treatment, multidisciplinary staff training; and remaining barriers: staffing inefficiencies, inadequate funding, police interference, and limited OST availability.

Karl Peltzer; et. al (2013) stated that High rates of tuberculosis (TB) and TB/HIV co-infection is often linked with mental health issues such as post-traumatic stress disorder (PTSD) symptoms, which is further associated with poor health outcomes. In a country such as South Africa where rates of these infectious diseases are high, it is concerning that there is limited/no data on prevalence rates of mental disorders such as PTSD and its associated factors. Therefore, the aim of this study was to establish the prevalence of PTSD symptoms and associated factors in TB, TB retreatment and/or TB–HIV co-infected primary public health-care patients in three
districts in South Africa. Brief screening self-report tools were used to measure: PTSD symptoms, psychological distress (anxiety and depression) and alcohol misuse. Other relevant measures, such as adherence to medication, stressful life events and sexual risk-taking behaviors, were obtained through structured questions. A total of 4900 public primary care adult patients from clinics in high TB burden districts from three provinces in South Africa participated. All the patients screened positive for TB (either new or retreatment cases). The prevalence of PTSD symptoms was 29.6%. Patients who screened positive for PTSD symptoms and psychological distress were more likely to be on antidepressant medication. Factors that predicted PTSD symptoms were poverty, residing in an urban area, psychological distress, suicide attempt, alcohol and/or drug use before sex, unprotected sex, TB–HIV co-infected and the number of other chronic conditions. Health-care systems should be strengthened to improve delivery of mental health care, by focusing on existing programs and activities, such as those which address the prevention and treatment of TB and HIV.

The said study concluded that Integration with drug treatment improves PWID engagement in TB services but there is a need to document approaches to HIV-TB care, improve surveillance of TB and co-infections among PWID, and advocate for improved OST availability.

Julia M Caldwell; Lisa Patterson-Kane, (2014) evaluated that Rural Australians are shown to have poorer health and mental-health outcomes compared with their metropolitan counterparts, particularly for diabetes. Individuals with diabetes often meet criteria for co morbid mental-health conditions, such as anxiety and depression. Psychological treatment, as an adjunct to medical care, for individuals with diabetes is shown to improve overall health and wellbeing. This article describes a 38-year-old male who was referred to a very remote primary health care service by his diabetes educator for strategies to reduce work-related stress and improve his diabetes mismanagement. Mindfulness-based cognitive behavior therapy techniques were used, over six sessions, in the context of a rural and very remote community. Pre-and post-intervention measures showed a reduction in anxiety, distress, and improvement in his perception of his quality of life.
Bakalis Vissarion, Maria Malliarou, Paraskevi Theofilou, Sofia Zyga (2014) studied the Diabetes is a major health problem with many social and economic consequences in general population. The importance of education in the diabetic patient and his family, led to the development of diabetes clinical nurse specialist. The role of diabetes clinical nurse specialist is essential and crucial to the hospitals and the community, in order to form a relationship with the diabetic patient and his/her family. In this way health is promoted to the maximum extent possible. In conclusion educational programs help patients with diabetes to obtain information about their condition and improve their self-care skills.

Chisale, Sinenhlanhla S; Buffel, Olehile (2014) investigated how women caregivers who look after Unaccompanied Refugee Minor (URM) girls in a context of HIV/AIDS, understand their pastoral care practice. Though women are traditionally understood as the caregivers in society, their views with regard to how they understand and give meaning to care-giving are not heard. When their views are sought, their views can oppose generally accepted ideas of what counts as "oppressive". For the purposes of this article, empirical research was undertaken at the Methodist Community Centre in Soweto with caregivers there who provide care for URM girls from Zimbabwe. This is a qualitative study, with a grounded theory approach. The purpose is to investigate the understanding members of these women caregivers have of the pastoral care they provide to the URM girls. The results of the empirical study are evaluated through the lenses of African women's theology and Margret Mead's Cultural Adolescent Development Theory. The study finds that the members of this group of women assume that the proper implementation of cultural-gendered practices can be effective in guiding and conducive to the well-being of the girls in their care. For these women, the extension of care is culturally gendered and feminized. Their notions of effective pastoral care can seem to perpetuate attitudes that feminist thought generally regards as oppressive to women.

Geetanjali Chander et.al. (2015) examined the gender roles in the provision and receipt of care among older Ugandans. Survey data on care work were collected in 2009–2010 from 510 older people infected or affected by HIV/AIDS, at one rural and
one semi-urban site. The questionnaire was adapted from the WHO Study on global Ageing and adult health survey. The type of care work done by older men and women for children in their households differs, yet, both men and women are taking on various types of care work. Women were more likely to report taking part in health/personal and physical care, whereas men were more likely to report providing financial assistance. Some older people, particularly women, were providing care at the same time as needing care. The finding on reciprocity of care suggests the need for further studies focused on how the reciprocity of care may affect health and well-being in older age.

Vidya K and R Jayanthkumar K (2015). Stated that Diabetes is one of the most serious health concerns, worldwide it is estimated that a 55% increase will occur in the number of patients living with Diabetes from 20-2030. Diabetic patients also suffer from diabetic related distress and prevalence of Depressive symptoms which ranged from 18% 35%. OBJECTIVES: To assess Diabetic distress among type 2 diabetic patients attending Medical OPD at Rajarajeswari Medical College and Hospital, Bangalore by using DSS17 scale MATERIALS AND METHODS: A cross-sectional study was conducted from October to November in 2014. All diabetic patients who met inclusion criteria attending Medical OPD during month of October and November were included in the study, which constituted 134 study subjects. Patient diabetic distress was measured by using DDS 17, which developed by Polanski et al. in 2005. Data collected was analyzed by using SPSS 20.0. RESULTS: Among 134 type 2 Diabetics the proportion of patients with Diabetic Distress was 30. The average score for patients’ diabetes distress was 2.159±90.90; and the average scores for each domain of DDS-17 scale for Emotion burden was (2.209±91.07), for physician distress was regimen Distress was (2.139±90.99) and interpersonal distress was (2.249±91.21), respectively. It was observed that ‘interpersonal distress’ was the most significant domain in measuring diabetes-related distress. There was a significant relationship between the total DDS-17 score and patient variables such as education (p<9=90.03) and Years with Diabetes (p=0.03)
Deborah Atobrah (2016) evaluated the promoting quality of life of the elderly, referred to as active aging, embraces the continued participation of the elderly in social, cultural, religious, and civic affairs. Culture has been identified as a crosscutting determinant in the active aging framework. Based on ethnographic research on traditional responses to HIV/AIDS in Manya Krobo, this paper illustrates how elderly Krobo women leveraged their cultural status to participate in family and community affairs, foster family sustenance, and contribute to health promotion and HIV response in their community. Community participation was however stressful for many of the participants because of inadequate support. The paper argues that while the social benefits accrued from elder people’s participation could be a complementary argument for policy interventions on their behalf, there is a need to interrogate how such engagements are likely to affect their quality of life. The paper thus recommends support for the elderly as they engage in community and family affairs, so as to enhance their quality of life, which is the ultimate goal of the active aging paradigm.

Jennifer L Scott; (2016) studied the Face-to-face delivery of CBT is not always optimal or practical for informal dementia careers (DCs). Technology-based formats of CBT delivery (TB-CBT) have been developed with the aim to improve client engagement and accessibility, and lower delivery costs, and offers potential benefits for DCs. However, research of TB-CBT for DCs has maintained heavy reliance on therapist involvement. The efficacy of pure TB-CBT interventions for DCs is not currently established.

Andrea S Wallace; et al (2016) evaluated the implementation of an existing CGS intervention when integrated by primary care staff. Using a mixed-methods approach guided by the RE-AIM framework, intervention adoption, implementation, reach, and effectiveness were evaluated over 12 months. Three of four sites adopted the CGS intervention, in which 521 patients with type 2 diabetes (9–29 % of those targeted) received CGS. For those with suboptimal glycemic control (A1C ≥ 7.5 %), %A1C decreased by 1.1 for those receiving CGS (n = 204, p < 0.001) compared to 0.4 for a group who did not (n = 41, p = 0.23). Practice characteristics influenced adoption and implementation, while isolation of CGS from the remainder of clinical care likely
influenced reach and effectiveness. CGS may benefit patients with diabetes, but a lack of integration by practice staff is a key barrier to overcome during implementation.

Cherie Shu Yun Goh; et.al (2016) investigated the associations of self-care, illness perceptions and psychological distress with metabolic control in Singaporean adolescents with Type 1 Diabetes Mellitus (T1DM). A cross-sectional sample of 41 adolescents (aged 14–20) completed measures of self-care, illness perceptions and psychological distress. Demographic and medical information were also obtained. Glycated hemoglobin (HbA1c) levels were analyzed both as continuous variable to explore dose–effect relationships and as a categorical variable to classify poor versus good metabolic control. A total of 65.9% (n = 27) of the adolescents had poor metabolic control (HbA1c <7.5%). Logistic regression modeling showed that poor metabolic control was associated with lower beliefs in treatment control (OR = 5.51), lower levels of foot care (OR = 3.81) and general diet (OR = 2.44) (total Nagelkerke $R^2$ square = 78.6%). Similar associations for treatment control beliefs and diet have been noted when modeling HbA1c as a continuous variable. The results highlight the importance of the perceptions of treatment control and dietary self-care in diabetes outcomes for adolescents with T1DM.

Josien de Klerk. (2017) investigated that chronic disease paradigm now widely used for HIV in sub-Saharan Africa, antiretroviral treatment programs emphasize self-care. In the informal settlements of Mombasa, Kenya, the management of stress—associated with economic precariousness—plays a significant role in self-care practices and ideologies. Based on ethnographic fieldwork, we examine how local narratives of stress and self-care intertwine with social responsibilities of older HIV-positive people. For older Mombassans, living with ‘chronic’ HIV means living with an unpredictable body, which affects how they are able to care for their kin. The physical reality of living with HIV thus shapes relational networks, making self-care a social practice. While, for some self-care entails managing the body so that its needs are hidden from loved ones, a kind of ‘protective secrecy,’ others enlist the support of their children and grandchildren in managing their body, and in that process subtly redefine generational expectations and responsibilities.
Anne M Koponen; Nina Simonsen; Sakari Suominen (2017) investigated, whether the three central SDT variables (perceived autonomy support, autonomous motivation and self-care competence), were associated with engagement in physical activity (PA) among patients with type 2 diabetes when the effect of a wide variety of other important life-context factors (perceived health, medication, duration of diabetes, mental health, stress and social support) was controlled for. Patients from five municipalities in Finland with registry-based entitlement to a special reimbursement for medicines used in the treatment of type 2 diabetes ($n = 2866$, mean age 63 years, 56% men) participated in this mail survey in 2011. Of all measured explanatory factors, autonomous motivation was most strongly associated with engagement in PA. Autonomous motivation mediated the effect of perceived autonomy support on patients’ PA. Thus, perceived autonomy support (from one’s physician) was associated with the patient’s PA through autonomous motivation. This result is in line with SDT. Interventions for improved diabetes care should concentrate on supporting patients’ autonomous motivation for PA. Internalizing the importance of good self-care seems to give sufficient energy to maintain a physically active lifestyle.