Adolescence is a pivotal period of development with respect to health and illness. It is during adolescence that many positive health behaviors, such as exercise and fitness and proper eating habits are consolidated and health risk behaviors, such as smoking, alcohol and drug use are initiated. It is also a period during which adolescents experiment with new activities like substance abuse, precocious sexual behavior and acts of delinquency. This is a period in which alternatively life long health enhancing life styles and health habits can also be established among adolescents.

Literature also reveals that there is a global epidemic of obesity in adolescents which is related to unhealthy food habits, sedentary life styles and morbidly long hours of TV viewing which results in lowering the metabolism of subjects. The prevalence of obesity during adolescence is a matter of serious concern, as obesity is related to many chronic health problems in adult life. It is regarded as a major public health problem which is continuously rising. Obesity is associated with substantial morbidity and mortality. Medical literature has immensely shown that obesity is one of the major risk factors for developing CHD (Coronary Heart Disease), Stroke, Diabetes, Hypertension etc. Therefore, for primary prevention of obesity and its related health risks, there is a need to address this problem among adolescents.

The aim of the present investigation was therefore to focus on adolescent health with special emphasis on study of Weight Status and Health Habits in relation to various Personality Dimensions, Stress and Ways of Coping; Positive Mental States (viz. Optimism, Satisfaction with Life, Positive Affect, Perceived Happiness Status, Mental Health, Generalized Self Efficacy and Health Efficacy); Negative Mental States (viz. Anger Experienced and Anger Expressed, Adolescent Depression
and Negative Affect); Symptoms of Depression, Hostility and Anxiety; Family – Adolescent Conflict and Perceived Parental Bonding; Health Protective Behaviour and Perceived Health Status. The relationship was also studied in terms of Siblings’ and Parental BMI and Siblings’ and Parental Health Habits.

The study was conducted so that risk and protective factors related with Weight Status And Health Habits can be identified and some interventions suggested to contain rising weight problem in teenagers and promote Health Habits.

Previous studies show that both genetic and environmental factors play a role in the variability of BMI (Body Mass Index). Results from earlier studies indicate that BMI is heritable, with heritability estimates obtained from twin studies typically ranging from .50 to .90 (Jacobson and Rowe, 1998). Therefore another special feature of the study was to relate Parental and Siblings’ BMI and Health Habits with those of Adolescents chosen in the sample. Results of the present investigation clearly revealed association of Anxiety, Stress and Coping Styles, Mental Health, Internality, Efficacy and Healthy Life Style with BMI. As regards Health Habits, Perceived Happiness Status, Positive Affect, Mental Health, Efficacy, Internality and Perceived Parental Care were associated positively with Health Habits and, Depression, Stress, frequency and intensity of Anger and Anxiety were associated negatively with Health Habits.

Some gender differences also emerged on BMI, Health Habits and their correlates.

A unique feature of the study was to relate BMI, Health Habits and their correlates with those of parents and siblings. Correlations were calculated for same sex parent-child dyads; opposite sex parent-child dyads; same sex siblings and opposite sex siblings.

Results revealed that for Male Adolescents and their Mothers strong correlations emerged for Health Habits (viz. Exercise Habits and Total Health Habits), Eysenckian Personality Dimensions (viz. Psychoticism, Extraversion, Neuroticism and Lie Scale (Social Desirability)), Anger,
Dimensions (viz. State Anger, Trait Anger, Anger In, Anger Out, Anger Control and Total Anger Expressed), Perceived Happiness Status and Perceived Health Status.

Correlations between Female Adolescents and their Mothers revealed significant correlations for Health Habits (viz. Eating Habits, Avoidance of Use of Alcohol and Drugs and Total Health Habits), Anger Dimensions (viz. State Anger, Trait Anger, Anger In, Anger out, Anger Control and Total Anger Expressed), Eysenckian Personality Dimensions (viz. Psychoticism, Extraversion, Neuroticism and Lie Scale (Social Desirability), Perceived Happiness Status and Perceived Health Status.

Correlations between Male Adolescents and their Fathers revealed significant correlations for Eating and Exercise Habits, Anger Dimensions (viz. State Anger, Trait Anger, Anger In and Anger Out) and Eysenckian Personality Dimensions (viz. Psychoticism, Extraversion, Neuroticism and Lie Scale (Social Desirability)).

This was not seen between daughters and their fathers. In this comparison, correlations emerged for Extraversion, Neuroticism, State Anger, Trait Anger, Anger In, Perceived Happiness Status and Perceived Health Status only. None of the correlations emerged significant for BMI and Health Habits.

Same sex sibling comparison i.e. between Male Adolescents and their brothers, revealed high correlations for Health Habits (viz. Eating Habits, Exercise Habits and Avoidance of Use of Alcohol and Drugs), Anger Dimensions (viz. State Anger, Anger in, Anger out, Anger Control and Total Anger Expressed), Eysenckian Personality Dimensions (viz. Psychoticism, Extraversion and Neuroticism), WHO Measure of Mental Health Dimensions (Being Comfortable with Self, Being Comfortable with Others and Total Mental Health), Stress Symptoms, Adolescent – Depression, Family - Adolescent Conflict, Positive Affect, Negative Affect and Perceived Health Status.

Although similar patterns emerged between brothers and sisters, but degree of association was less.
Same sex comparison for females i.e. between Female Adolescents and their sisters again revealed strong correlations for BMI (Body Mass Index), Health Habits (viz. Eating Habits, Exercise Habits and Total Health Habits), Anger dimensions (viz. State Anger, Trait Anger and Anger In), Eysenckian Personality Dimensions (Neuroticism and Lie Scale (Social Desirability), WHO Measure of Mental Health (Being Comfortable with Self, Being Comfortable with Others, Perceived Ability to Meet Life Demands and Total Mental Health), Stress Symptoms, Family – Adolescent Conflict, Negative Affect, Perceived Happiness Status and Perceived Health Status.

Comparisons between sisters and brothers revealed significant correlations for BMI, Health Habits, Anger - In, Psychoticism, Total Mental Health, Stress Symptoms, Satisfaction with Life, Positive and Negative Affect.

These associations may be there because it appears that family members may be sharing same diet, physical activity patterns and same sedentary life styles. So one may conclude that there is evidence that health habits run in the family. Apart from this, very strong familial patterns were observed for Negative Affect, Positive Affect, Anger, Anxiety and Depression which are associated with BMI and Health Habits.

Behavioral genetics research has revealed the importance of both genetic and environmental influences. Heritability estimates vary for male and female siblings. The results of the present investigation clearly reveal family patterns for some of the correlates of BMI and Health Habits. Also if prevention strategies have to be employed for weight control and promoting right Health Habits, adolescents needs to be educated about the right diet, exercise and saying no to drugs. There is also a need to train them in the art of controlling negative emotions and learn to be more happy and positive. If society follows these twin goals of teaching right life style and balancing of emotions, a healthier future generation can be envisaged.