AIMS AND OBJECTIVES OF THE STUDY

The prevalence of overweight and obesity in India has been increasing rapidly that it has been termed as a modern national epidemic. According to an article in Times of India, 18th March, 2007, about 64.67% people in India are obese and people in the age range of 25-35 is far from being fit.

Obesity is a chronic, socially stigmatized and costly disease that is rarely incurable. Medical literature has presented a well documented connection between obesity and increased mortality and morbidity due to hypertension, dyspepsia, diabetes mellitus, coronary heart disease, congestive heart failure, gall stones, oesteo-arthritis, sleep apnea, certain types of cancers, menstrual abnormalities, impaired fertility and increase pregnancy risk. Overall mortality has modestly increased for overweight individuals (BMI of 25 to 29.9 Kg/m²) and markedly increased for those with BMI over 30 Kg/m² (Glass et al., 1999).

Overweight and obesity are no longer the sole province of the adults. It means that, not only the adults but children and adolescents’ obesity is also rising at an alarming rate. In India itself, over 30% of children are reported to be obese (Kotha, 2006). According to a recent study conducted by Dr. Anoop Mishra (2007), Fortis, New Delhi, it was found that about 45% adolescents in the age range of 10-12 were obese. He also found that about 60% adolescents reported their favorite food as junk food viz., noodles, sodas, burgers and pizzas.

Rising rates of overweight and obesity among children and adolescents is a matter of serious concern as its association with concurrent diseases such as Type 2 Diabetes and Coronary Heart Disease, is on the rise. In India, the combined prevalence rates of Pre-Diabetes States like impaired glucose tolerance and impaired fasting
among children was 16.4% (The Hindu, 14th Nov, 2005). The incidence of Type I diabetes in Bangalore district urban, South India is about 1.68%, 100,000 a year with mortality of 2.33%. The age group most commonly affected is between 5 and 9 years (Mala et. al., 2000).

One of the reasons of obesity or overweight in children is the unhealthy lifestyles children follow such as overeating, high intake of junk foods, spending more time indoors by watching TV or playing computer games, lack of physical activities or exercise and substance abuse. Overweight children are much more likely to become overweight adults unless they adopt and maintain healthier patterns of eating and exercise. In fact, 30% of adult obesity begins in childhood.

The onset of obesity is insidious and as successful treatment is known to be difficult, it is generally agreed that the identification of potentially obese or overweight individuals before they become overweight is critically important. Hence studying the health related issues in adolescence assumes a lot of significance as they have long term implications for adult health status.

The aim of the present investigation was to study Weight Status and Health Habits of adolescents in relation to various Personality Dimensions; Stress and Ways of Coping; Positive Mental States (viz. Mental Health, Generalized Self Efficacy, Health Efficacy, Satisfaction with Life, Optimism, Positive Affect and Perceived Happiness Status); 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.

Family also plays a very important role regarding the Weight Status and Health Habits of an individual. A special feature of the present investigation was to extend the study to siblings and parents of respondents to clearly pinpoint family patterns in Weight Status, Health Habits and their correlates.