HYPOTHESES

Obesity is a health risk behavior. Throughout the world the prevalence of obesity is increasing, and at such a rate that this disorder has been called a modern epidemic (WHO, 2000). Family and individual factors also play a big role. Based on the review of literature, the following hypotheses were proposed.

A)

1. Adolescents’ BMI was expected to be positively related with Eysenckian Personality dimensions of Neuroticism and Psychoticism; Health Locus of Control-External and State Trait Anxiety. Relationship of BMI and Extraversion was to be explored.

2. Adolescents’ BMI was expected to be positively related with Life Event Stressors; Daily Hassles; Stress Symptoms; Emotion Focused Coping and Avoidance Coping. Adolescents’ BMI was also expected to be negatively related with Uplifts and Task Focused Coping.

3. Adolescents’ BMI was expected to be positively related with Adolescent Depression; Negative Affect; Anger Experienced (viz. State Anger and Trait Anger) and Anger In - Anger Out dimensions. Adolescents’ BMI was also expected to be negatively related with Anger Control.

4. Adolescents’ BMI was expected to be negatively related with Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits; Health Protective Behaviour and Perceived Health Status.

(*) Index of Weight Status in the present study was BMI.
5. Adolescents’ BMI was expected to be negatively related with Mental Health and its dimensions viz. Being Comfortable With Self, Being Comfortable with Others, Perceived Ability to Meet Life Demands and Total Mental Health, Positive Affect; Satisfaction With Life; Generalized Self Efficacy; Health Efficacy; Optimism and Perceived Happiness Status.

6. Adolescents’ BMI was expected to be positively related with Depressive Symptoms; Hostility Symptoms and Anxiety Symptoms.

7. Adolescents’ BMI was expected to be positively related with Family- Adolescent Conflict and Perceived Parental Overprotection. Adolescents’ BMI was also expected to be negatively related with Perceived Parental Care.

8. Adolescents’ BMI was expected to be positively related with Siblings’ (Brothers and Sisters) BMI and Parental (both mothers’ and fathers’) BMI.

B)

1. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be negatively related with Eysenckian Personality dimensions of Neuroticism and Psychoticism; Health Locus of Control -External and State- Trait Anxiety. Relationship of Health Habits and Extraversion was to be explored.

2. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be negatively related with Life Event Stressors, Daily Hassles; Stress Symptoms; Emotion Focused Coping, and Avoidance Coping. Adolescents’ Health Habits were also expected
to be positively related with Uplifts and Task Focused Coping.

3. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be negatively related with Adolescent Depression; Negative Affect; Anger Experienced (viz. State Anger and Trait Anger) and Anger In-Anger Out dimensions. Adolescents’ Health Habits were also expected to be positively related with Anger Control.

4. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be positively related with Health Protective Behaviour and Perceived Health Status.

5. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be positively related with Mental Health and its dimensions viz. Being Comfortable With Self, Being Comfortable with Others and Perceived Ability to Meet Life Demands and Total Mental Health; Positive Affect; Satisfaction With Life; Generalized Self Efficacy; Health Efficacy; Optimism and Perceived Happiness Status.

6. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be negatively related with Depressive Symptoms; Hostility and Anxiety Symptoms.

7. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be negatively related with Family-Adolescent Conflict and Perceived Parental Overprotection and positively related with Perceived Parental Care.
8. Adolescents’ Health Habits viz. Eating Habits, Exercise Habits, Avoidance of Alcohol and Drugs and Total Health Habits were expected to be positively related with siblings’ (Brothers and Sisters) Health Habits and Parental (both maternal and paternal) Health Habits.”

C) GENDER DIFFERENCES

Gender differences were expected with regard to BMI; Health Habits; Health Protective Behaviour; Perceived Health Status; various Personality dimensions, Stress and Coping, indices of Positive Mental States (viz. Optimism, Satisfaction With Life, Positive Affect, Perceived Happiness Status, Mental Health, Generalized Self Efficacy and Health Efficacy); indices of Negative Mental States (Anger Experienced and Anger Expressed, Adolescent Depression and Negative Affect); Symptoms of Depression, Hostility and Anxiety; Perceived Parental Bonding and Family-Adolescent Conflict.