AIMS AND OBJECTIVES OF THE STUDY

Pursuit of health and happiness are the basic quest of mankind. Healthy citizens are the pillars of a healthy and prosperous society. The health care agencies and health care professionals are always planning health promotion and illness/sickness prevention strategies. Today when infectious diseases and illnesses caused by bacteria are somewhat under control, a different demon – chronic diseases – is hovering on the horizon. These chronic diseases, which are the leading cause of mortality and morbidity, are also called life style diseases as they are related to behavioral pathogens of unhealthy habits, temperament and inappropriate life styles. This brings psychology to the forefront in prevention of diseases and promotion of health. If wrong habits, disease prone personality and moods, stressors and coping styles associated with disease can be identified, psychologists can take a lead in primary prevention through behavioral interventions. This can save the nation stupendous costs of treating and caring for the chronically ill.

It was with this background in mind that the present study was envisaged. One cannot deny that many of the behavioral risk factors for most prevalent and costly health problems of middle and later adulthood are acquired during late childhood and early adolescence – a period that poses its own unique issues, problems and challenges as far as health risk behavior is concerned. The current scenario is not a very encouraging one. In recent decades, our society has undergone a lot of changes – there is high level of competitive stress, deteriorating parent-child relationships and interpersonal problems. Recent surveys done in India by a team of psychologists in NIMHANS also gave evidence for increased stress related psychosomatic problems and poor mental and physical health among youth and adolescents. Indices of poor mental health are increased juvenile crime, substance abuse, attempted suicide and
psychosomatic problems. Hence, there is an imperative need to identify as early as possible risk factors within the person and his environment which are deterrent to healthy life styles. This may help plan interventions.

Thus, the study deliberately focused on younger age group (college students). Sample comprised of both the genders and major objective was to study Health Protective Behavior in relation to Personality Dimensions, measures of Positive and Negative Mental States, Stress and Coping, Psychological Well-being, Mental Health, Perceived Social Support, Self-Esteem, Self-efficacy and Health Habits, Perceived Family Environment and Perceived Parental Health Orientation.

This was done for girls and boys separately to highlight gender specific risk / protective factors playing a role in health promotion and Health Protective Behavior.
Hypotheses

HYPOTHESES

Based upon the review of literature the following hypotheses have been proposed:

Personality and Health Protective Behavior

1. Health Protective Behavior is expected to be negatively related with Psychoticism and Neuroticism.
2. Health Protective Behavior is expected to be positively related with Extraversion and Lie (Social Desirability) Scale.
3. Health Protective Behavior is expected to be negatively related with State and Trait Anxiety.
4. Health Protective Behavior is expected to be negatively related with Externality.
5. Health Protective Behavior is expected to be positively related with Internality.
6. Health Protective Behavior is expected to be positively related with components of Hardiness namely, Control, Commitment, Challenge and Total Hardiness.

Positive and Negative Mental States and Health Protective Behavior

1. Health Protective Behavior is expected to be positively related with Optimism, Satisfaction with Life and Perceived Happiness Status.
2. Health Protective Behavior is expected to be negatively related with Irritability.

Stress Symptoms and Coping and Health Protective Behavior

1. Health Protective Behavior is expected to be negatively related with Stress Symptoms, Daily Hassles and General Health Questionnaire.
Hypotheses

2. Health Protective Behavior is expected to be positively related with Problem Focused Coping.
3. Health Protective Behavior is expected to be negatively related with Emotion Focused Coping.

Mental Health, Psychological Well-being, Perceived Social Support and Health Protective Behavior

1. Health Protective Behavior is 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.
2. Health Protective Behavior is expected to be positively related with Psychological Well-Being.
3. Health Protective Behavior is expected to be positively related with Perceived Social Support.

Self-Esteem, Self-Efficacy and Health Habits and Health Protective Behavior

1. Health Protective Behavior is expected to be positively related with Self-Esteem.
2. Health Protective Behavior is expected to be positively related with Self-Efficacy.
3. Health Protective Behavior is expected to be positively related with Health Habits.

Perceived Family Environment, Perceived Parental Health Orientation and Health Protective Behavior

1. Health Protective Behavior is expected to be positively related with Warmth dimension of Perceived Family Environment.
2. Health Protective Behavior is expected to be negatively related with Hostility dimension of Perceived Family Environment.

3. Health Protective Behavior is expected to be negatively related with Neglect dimension of Perceived Family Environment.

4. Health Protective Behavior is expected to be negatively related with Over-control dimension of Perceived Family Environment.

5. Health Protective Behavior is expected to be negatively related with Over-protection dimension of Perceived Family Environment.

6. Health Protective Behavior is expected to be positively related with Perceived Parental Health Orientation.