Summary
measuring Irritability. Zung’s Self Rating Depression Scale (1965) was used to assess Depression. Scheier and Carver’s Optimism Scale (1985) was used for measuring Optimism. For measuring Psychological Well-Being PGI-Well-Being scale by Verma and Verma (1989) was used. In all the raw data consisted of 53 variables.

A semi-structured interview schedule was also administered to the subjects to assess their Eating habits and the factors triggering eating. Also the subjects were asked to maintain a diary for a week noting what they ate for three square meals and the snacks they consumed.

**SAMPLE**

Total sample comprised of 400 subjects which included 200 boys and 200 girls. Three weight groups viz. the High, Low and Normal based on BMI index were formed separately for both the genders. The procedure was that in males those scoring below 22 on BMI formed the Low weight group; those falling between 22 and 27 formed the Normal weight group; and those scoring above 27 formed the High weight group. Number of male adolescents whose BMI was above 27 were forty three in number. Similarly, for females those scoring below 22 on the BMI formed the Low weight group, those falling between 22 and 26 formed the Normal weight group and those scoring above 26 formed the High weight group. Number of female adolescents whose BMI was above 26 were forty six in number. The criteria followed for group formation based on BMI was the same as is used in Endocrinology department of Post Graduate Institute of Medical Sciences and Research, Chandigarh and other medical institutes in the country. These adolescents were randomly selected from schools in and around Chandigarh.
Three weight groups of females (Table-4) revealed significant differences on the dimensions of Appearance Orientation, Total, Multidimensional Body Self Relation Dimension, Hassles, Eating Restraint, Cohesion, Family Environment Dimension of Relationship, Self-esteem, Fitness Orientation, Total Body Self Relation Dimension, Subjective Weight, Fat Anxiety, and Appearance Orientation.

A comparison of mean scores (Table-5) of various weight groups of both the genders revealed significant differences on Irritability, Health Locus of Control (External), Health Locus of Control (Internal), Weight Consciousness, Extraversion, Cohesion, Hassles, Presumptive Stressful Life Events, Psychoticism, Uplifts, Fitness Orientation, Conflict, Appearance Orientation, Rejection, Fat Anxiety, Additional – Multidimensional Body Self Relation Dimension and Total 2 Multidimensional Body Self Relation Dimension.

**ANALYSIS OF VARIANCE**

Analysis of variance (Table 6.1 to 6.52) revealed significant gender differences on Personality dimensions of Psychoticism, Extraversion, Health Locus of Control (External), Stress Dimensions (viz., Presumptive Stressful Life Events, Hassles, Uplifts and Stress Symptoms), Conflict Appearance Orientation, Fitness Orientation, Fat Anxiety, Weight Consciousness, Additional – Multidimensional Body Self Relation Dimension, Total 2 Multidimensional Body Self Relation Dimension and Optimism.

Among three weight groups analysis variance revealed significant differences on Psychoticism, Lie (Social Desirability), Hassles, Presumptive Stressful Live Events,
These were Eating Restraint, Hassles, Irritability, Presumptive Stressful Life Events, Appearance Orientation, State Anxiety, Sub Weight, Weight Consciousness, Cohesion, Lie Scale, Health Orientation, Self-Esteem and Stress Symptoms.

**EATING PATTERNS**

In the present study, after examining the dietary records of obese and non-obese subjects, few significant observations were recorded.

- Men consumed significantly greater number of foods than women and consumed a greater number of calories per eating incident than women like foods heavy in fats and carbohydrates (Pranthas).
- For obese adolescents triggers to eating were advertisements on T.V; TV viewing per se and stress.
- The obese adolescents were high on snacking on things like burgres, chips, wafers, chocolates, Ice Creams, Drinks, Cheese-Pizza, Noodles, Samosa, Tikki, Hot Dog, Cold Pastry, Cakes, etc. They reported negligible physical activity.
- The normal weight adolescents were low on snacking. They took fruits, salads, juices as snacks. Frequency of eating was less, per meal intake of food was balanced. They also reported doing physical exercise unlike obese adolescents.

It could be stated that weight management, health development and enhancement of physical balance is deeply connected with personality, family environment and attitudinal factors.
The main focus of the present study was to enlarge understanding about the psycho-social factors associated with Obesity. Numerous medical complications associated with obesity make it essential to understand obesity in a wider perspective. Investigating etiological factors associated with obesity—may help in management of obesity/initiating weight management programs. This was the main focus of the present study.

The present study compared obese and normal weight adolescents of both the genders on Personality and its dimensions, Perceived Stress and Strain, Perceived Family Environment and its dimensions, Parental Acceptance Rejection and its dimensions, Attitude towards Body Image and its dimensions, Indices of Negative Affect, (viz., Irritability and Depression), Optimism, Psychological Well-Being and Eating habits.

For this purpose three weight groups high, medium and low were formulated and t-ratios and ANOVA were used to analyze the data.

ANOVA tables, revealed Psychoticism, Social Desirability, Daily Hassles, Presumptive Stressful Life Events, Appearance Evaluation, Eating, Restraint and Organization to play a definite role in discriminating high, medium and low weight groups.

t-ratio tables revealed that high and low-weight male groups differed significantly on Psychoticism, Lie (Social desirability) Scale, System Maintenance dimension of Family Environment and Depression. Among high and low weight female adolescents significant differences emerged on Stress, Cohesion Dimensions of Family Environment Scale, and Appearance Orientation and Eating restraint.
These results lend a clear support to the notion that obesity has a multifactorial etiology and weight management requires multidimensional interventions. Personality especially Health locus of control, Stress, Family Environment and Attitude to Body Image - all these factors play a definite role in weight management.

Gender specific results also emerged. Among girls many dimensions of Attitude to Body Image played a significant role whereas Health Locus of Control and Family Environment were important in boys.

Health care professionals can keep these differential etiological factors in mind while planning weight reduction programs for male and female adolescents.

Some of the suggestions one can give to obese adolescents about eating based on the findings of the survey in the present study are as follows.

They need to cut down on their fat intake. An ideal diet consists of

<table>
<thead>
<tr>
<th>Carbohydrates</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>&lt;30%</td>
</tr>
<tr>
<td>Proteins</td>
<td>15 to 20%</td>
</tr>
</tbody>
</table>

* Survey revealed that fat adolescents ate chocolates, burgers, pizzas, wafers more frequently.
* They should increase intake of fibre by eating whole wheat products more and cutting down on refined starch/flour products.
* Eat fresh fruits and vegetables more which are the rich sources of vitamins and minerals.
* Guard against emotional eating especially females. Survey revealed that adolescents had a tendency to snack on energy
provide information about nutrition, diet, physical activity and health to all children. In our culture women are more conscious about body image and weight. Girls, boys and society at large may stand to gain by acknowledging the role of psychological factors, diet and exercise in weight maintenance.

In its limited but scientific way, this study has established the importance of psycho-social, dietary and exercise factors in Obesity thus highlighting the personal control and intervention strategies enhance health and quality of life.