SUMMARY

The aim of the present investigation was to identify psycho-social correlates of teenage health (both physical and mental) among boys and girls. The present correlates of teenage health studied in the present investigation were viz. Personality Measures, Self-Esteem, Stress and Strain, Ways of Coping, Health Protective Behavior, Health Habits, Anger Experienced and Anger Expression Styles, Perceived Social Support, Indices of Positive Affect (Happiness, Satisfaction with Life, Optimism) and Negative Affect (Depression).

To assess the health status of teenagers, a multi-dimensional perspective of health was taken (WHO,1994). A self-rating of Perceived Health Status scores, ranging from 1 to 10, on lines of Blaxter(1995) was taken. BMI was taken as a measure of physical fitness. Presence or absence of Disease And Disability and Illness Experienced were the other two indices of health. Addition of scores on these two dimensions yielded the score of Total Illness Orientation.

The WHO Measure of Mental Health, adapted for use in India, by Wig(1999) was employed to measure mental health status of teenagers. It has three sub-components viz. Being Comfortable with Self, Being Comfortable with Others and Perceived Ability to meet life’s demands.

For measuring different traits of personality, the following standardized tests were used: Eysenck’s personality questionnaire – (revised) (Eysenck et al.,1985), abbreviated version by Francis et al. (1992) was used to measure Extraversion / Introversion, Psychoticism, Neuroticism and Lie (Social Desirability) scale. Type A behavior was studied using Cooper et al.’s (1988) Type A scale. The personality dimensions of
Health Locus Of Control - External and Health Locus Of Control - Internal were measured through Health Locus of Control Scale (HLOC) devised by Wallston and Wallston (1982).

A test developed by Atwater (1995) was used to measure Health Habits (viz. Exercise and Fitness Habits, Eating Habits and Avoiding Use of Alcohol and Drugs) of teenagers. The Health Protective Behavior teenagers engaged in was measured using the Health Protective Behavior Checklist devised by Harris and Guten (1979).

Happiness was measured on a 11-point self rating scale (Fordyce, 1988). Life satisfaction was assessed using Diener et al.'s (1985) Satisfaction with Life Scale. To assess Optimism, a short form of Optimism scale devised by Scheier and Carver (1985) was used. Self esteem measure developed by Cheek and Buss (1981) was used as a measure of self-esteem.

Brief Symptom Inventory by Derongatis and Melisaratos (1983) was used to measure depression. To measure Anger Expressed and Anger Expression Styles, Spielberger's (1988) State Trait Anger Expression Inventory was used. Nehra et al.'s (1996) scale was used to measure Perceived Social Support.

For measuring Stress, Life Event stress scale for adolescents, originally devised by Heisel et al. (1973) and adapted in India by Albuquerque et al. (1990) was used. Stress symptoms rating scale by Heilbrun and Pepe (1985) was used to measure stress symptoms (strain).

The Coping Inventory by Carver et al. (1989) was used to measure three types of coping viz. Task focused, emotion focused and avoidance coping.
The sample comprised of 400 adolescents (200 males and 200 females) in the age range of 16 to 18 years selected randomly from schools in and around Chandigarh. Most of them were selected from middle or upper middle class income groups.

The raw scores consisted of scores on all the above mentioned 38 measures of Physical and Mental Health, Health Habits, Health Protective Behavior, Personality Measures, Self-Esteem, Stress and Strain, Coping Styles, Anger Experienced and Anger Expression Styles, Perceived Social Support and Different Indices of Positive and Negative Affect (Viz. Happiness, Optimism, Satisfaction with Life and Depression).

There are three groups in all – Group 1 (Total sample comprising of 400 teenagers); Group 2 (comprising of 200 teenage boys) and Group 3 (comprising of 200 teenage girls).

The raw scores were analyzed using appropriate statistical techniques viz. descriptive, inferential and multivariate techniques. Results are shown in table 1-57 and figures 1-7.

DESCRIPTIVE STATISTICS

Means and Standard Deviations were calculated for the total sample (Table 1) and boys and girls (Table 2). The same have been graphically presented in figures 1-7. t-ratios were calculated to find out the significance of differences between teenage boys and girls on the measured variables. Table 2 shows gender differences on various psychosocial measures included in the study. Table 2 reveals that t-ratios between the two groups emerged significant on Perceived Health Status (t=2.01, p<.01) with boys scoring higher than girls. t-ratios also emerged significant on Exercise/fitness (t=3.86, p<.01), BMI (t=2.02, p<.05), Life Event Stressors (t=1.99, p<.05), State Anger
(t=3.63,p<0.01) and Psychoticism (t=5.45,p<0.01) with boys scoring higher than girls.

Correlational Analysis And Regression Analysis were conducted (Tables 3-56) to identify predictors of teenage health. The results revealed that Extraversion, Neuroticism, Psychoticism, Health Locus of Control and Self Esteem were found to be differentially related with health. Stress and coping, negative affect, positive mental states, perceived social support and health habits found to have played a significant role in predicting teenage health.