AIMS, OBJECTIVES AND RATIONALE OF THE STUDY

Teenage health is a very important area of investigation as it has been consistently shown that health risk behaviour in teenagers are the major cause of mortality and morbidity. The extent to which teenagers engage in health–risk behaviours also has long term negative consequences for adult health. There is ample evidence regarding continuity between healthy behaviour during childhood and adolescence and adult health, especially with regard to substance abuse, exercise and eating habits. Unhealthy behaviours, once established, are difficult to change. Hence an early identification of health status among teenagers with a view to encourage appropriate behaviors among the young may go a long way in making them health adults.

Teenage years are considered as a period risk as during this time a young person is striving to achieve a personal identity and as such may like to experiment with different behaviours. It has also been called a period of storm and stress.

Hence, the rationale for focusing on teenage health is self explanatory. If prevention of illness in adult life is the goal, interventions have to begin early in life–prior to the onset of physical and mental health problems. No one can deny the importance of early intervention. As teenage is the period for optimum health promotion one needs to identify predictors of teenage health at individual and group level. Once teenagers at risk for future ill health have been identified, efforts to guide them, intervene, promote individual traits and factors in the environment related to health may be planned.

The present investigation was an endeavour in this regard. The aim was to study teenage health in relation to personality, stress, coping, positive and negative mental states, life style and perceived social support among boys and girls. Gender differences, if any, in these correlates of teenage health were also to be identified.
HYPOTHESES

The exhaustive review of literature, model of concepts used and the manuals of the tests used in the study permitted the following hypotheses with regard to the teenage health.

A) **Teenage Health and Correlates**

1. Teenage Health Status was expected to be positively related with Extraversion, Health Locus of Control – Internal and Self esteem.
2. Teenage Health Status was expected to be negatively related with Neuroticism, Psychoticism, Health Locus of Control – External.
3. Teenage Health Status was expected to be negatively related with Stress Dimensions viz. Life Event Stress and Stress Symptoms.
4. Teenage Health Status was expected to be positively related with Task Focussed Coping and negatively with Emotion Focussed Coping and Avoidance Coping.
5. Teenage Health Status was expected to be negatively related with Anger Experienced (viz. State anger and Trait Anger), Anger Expression Dimensions (viz. Angel In, Anger Out, Anger Control) and Total Anger Expressed.
6. Teenage Health Status was expected to be positively related with Positive Mental States viz. Optimism, Satisfaction with Life and Happiness.
7. Teenage Health Status was expected to be negatively related with Depression.
8. Teenage Health Status was expected to be positively related with Perceived Social Support.
9. Teenage Health Status was expected to be positively related with Health Habits and Health Protective Behaviour.
10. As regards different indices of Teenage Health, Teenage Health Status was expected to be positively related with Mental Health and negatively with Illness Orientation Dimensions and Body Mass Index.

B) Gender Differences in Teenage Health and its Correlates

Though the general models and expectations do warrant typical gender differences on various parameters but the extremely changing patterns during teens/adolescents do not allow directional hypotheses favoring one or the other gender. However, differences were expected to be on gender lines with regard to Teenage Health Status in relation to Personality Characteristics, Stress and Coping, Health Indices, Social Support, Anger Dimensions, Depression, Optimism, Satisfaction with Life, Happiness, Health Habits and Health Protective Behaviour.