

## **CHAPTER - V**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **SUMMARY**

The purpose of the study was to find out the effect on Hatha yogic sadhana with and without diet counseling on selected socio-environmental and clinical factors among obese children. In that, socio-environmental and clinical factors were dependent variables and Hatha yogic sadhana with diet counseling and Hatha yogic sadhana without diet counseling was taken as independent variables.

To facilitate this study (90) Ninety obese children from Asan Memorial Senior Secondary School, Nungambakkam, Chennai were randomly selected as subjects. They were divided into three groups Group I - Control group (n=30) No practice was provided, Experimental Group II (n=30) Hatha yogic sadhana with diet counseling, and Experimental Group III (n=30) Hatha yogic sadhana without diet counseling

The significance of the difference between the control group – I, experimental groups II, III and were found out by the pre test and post test. They were determined through analysis of covariance (ANCOVA). The adjusted post test means were also computed by Scheff's post hoc test. Thus the following results were obtained after the statistical analysis.

## CONCLUSIONS

Within the limitation and delimitations set for the present study and considering the results obtained, the following conclusion were drawn.

For the purpose of this study it was hypothesized that the Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) would improve the selected socio-environmental variable and clinical factors as compared to Control group (group I).

1. The socio-environmental variable **Screen timing** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
2. The socio-environmental variable **Extracurricular** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
3. The socio-environmental variable **Family environment** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
4. The socio-environmental variable **Dining Habits** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.

5. The Clinical factor **Total cholesterol** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
6. The Clinical factor **High Density Lipoprotein (HDL)** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
7. The Clinical factor **Hemoglobin (Hb)** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
8. The Clinical factor **Body Mass Index (BMI)** was significantly improved due to twenty five weeks of Hatha yogic sadhana with diet counseling (Experimental Group II) and Hatha yogic sadhana without diet counseling (Experimental Group III) in Obese children comparing to the control group.
9. Finally the post hoc analysis of the results proved that Hatha yogic sadhana with diet counseling was slightly effective than Hatha yogic sadhana without diet counseling differences in Screen timing, Extracurricular, Family environment, Dining habits, Total cholesterol, HDL (High Density Lipoprotein), Hemoglobin (Hb), Body Mass Index (BMI). The hypothesis was accepted at 0.05 levels.

## RECOMMENTATIONS

The following recommendations have been derived on the basis of the study for practitioners.

1. It was found that Hatha yogic sadhana with diet counseling should be useful for the obese children.
2. Hatha yogic sadhana with diet counseling may be recommended for children for all other diseases for better treatment.
3. Hatha yogic sadhana with diet counseling may be recommended for management as well as coping the stress and depression.
4. Hatha yogic sadhana with diet counseling may be recommended mainly for improvement of self confidence among obese children.
5. Hatha yogic sadhana with diet counseling may be recommended for the children for improvement of the general health.
6. Hatha yogic sadhana with diet counseling may be recommended mainly for prevention of disability among obese children.
7. The government may be encouraged Hatha yogic sadhana with diet counseling as a part of health centers.
8. Hatha yogic sadhana with diet counseling may be included in academic curriculum.
9. Hatha yogic sadhana with diet counseling may be done by all the people in their daily routine for regular work.

## **SUGGESTIONS FOR FURTHER RESEARCH**

During the course of the research study, the investigator came across a number of ideas, based on which the following suggestions are made for further research in this area.

1. Similar study can be undertaken on different variables to find out the changes on Hatha yogic sadhana with diet counseling.
2. Similar study can be undertaken for obese children of different age groups.
3. Similar study can be undertaken for rural and urban obese children.
4. This type of study can be undertaken on different age groups.
5. Since the research was selected on two experimental groups, more experimental groups can be compared for obese children.
6. Similar study can be conducted on other, physiological, biochemical and psychological variables also.
7. Similar study may be conducted for the extension period of experimentation by selecting a large sample.
8. Similar study may be conducted for other health problems faced by obese children.
9. The present study needed to be strengthened or support by more relevant research studies.