CHAPTER – V

CONCLUSION, SUGGESTIONS

IMPLICATIONS AND LIMITATIONS
# CHAPTER 5

CONCLUSIONS, SUGGESTIONS, IMPLICATIONS AND LIMITATIONS

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CHAPTER 5
CONCLUSIONS, SUGGESTIONS, IMPLICATIONS AND LIMITATIONS

5.1 INTRODUCTION:

The present study is a hypothesis testing study, if hypothesis are tested and upheld several times, the researcher may arrive at generalization. Every chapter has its own important in research. The report writing is a last and important aspect of research. It includes every aspect, right from the statements of problem to the findings of the study. The purpose of the research reports to communicate the result and discussion with readers. For that this is a required to be narrated in the form of a brief summary.

5.2 SUMMARY OF THE RESULT:

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<th>Ho. No.</th>
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<th>Rejected (S)</th>
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<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>34</strong></td>
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</table>
5.3 CONCLUSIONS:

**Ho. 1 to 7 Life satisfaction**

1. Normal (Vaginal) Delivery of women differ significantly on life satisfaction as compared to cesarean delivery of women.
2. Below 30 years women differ significantly on life satisfaction as compared to above 30 years women.
3. Women of Joint Family do not differ significant on life satisfaction as compared to women of nuclear family.
4. Significant interaction effect is existed between type of delivery of women and age of women on life satisfaction.
5. Significant interaction effect is existed between type of delivery of women and type of family of women on life satisfaction.
6. Significant interaction effect is not existed between age of women and type of family of women on life satisfaction.
7. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women of life satisfaction.

**Ho. 8 to 14 : Mental Hygiene (Perception of reality)**

8. Normal (Vaginal) Delivery of women differ significantly on mental hygiene component -A (Perception of reality) as compared to cesarean delivery of women.
9. Below 30 yrs age of women differ significantly on mental hygiene component-A (Perception of reality) as compared to above 30 years of women.
10. Women of Joint Family differ significantly on mental hygiene component- A (Perception of reality) as compared to women of nuclear family.

11. Significant interaction effect is existed between type of delivery of women and age of women on mental hygiene component- A (Perception of reality)

12. Significant interaction effect is not existed between type of delivery of women and type of family of women on mental hygiene component –A (Perception of reality).

13. Significant interaction effect is existed between age of women and type of family of women on mental hygiene component –A (Perception of reality).

14. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women of mental hygiene component –A (Perception of reality).

Ho. 15 to 21 : Mental Hygiene (integrated personality)

15. Normal (Vaginal) Delivery of women differ significantly on mental Hygiene as compared to cesarean delivery of women.

16. Below 30 years of women is not differ significantly on Mental Hygiene component- B (Integrated personality) as compared to above 30 years of women.

17. Joint Family of women differ significant on Mental Hygiene component- B (Integrated personality) as compared to women of nuclear family.

18. Significant interaction effect is existed between type of delivery of women and age of women on Mental Hygiene component –B (Integrated personality).

19. Significant interaction effect is not existed between type of delivery of women and type of family of women on mental Hygiene component -B(Integrated personality).

20. Significant interaction effect is existed between age of women and type of family of women on mental Hygiene component –B (Integrated personality).

21. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women of mental Hygiene component B (Integrated personality).
Ho. 22 to 28 : Mental Hygiene (positive self-evaluation)

22. Normal (Vaginal) Delivery of women differ significantly on mental Hygiene as compared to cesarean delivery of women.

23. Below 30 years of women do not differ significantly on Mental Hygiene component- C (Positive self-evaluation) as compared to above 30 years of women.

24. Joint Family of women differs significantly on Mental Hygiene component- C (Positive self-evaluation) as compared to nuclear family of women.

25. Significant interaction effect is existed between type of delivery of women and age of women on Hygiene component- C (Positive self-evaluation).

26. Significant interaction effect is not existed between type of delivery of women and type of family of women on mental Hygiene component–C (Positive self-evaluation).

27. Significant interaction effect is not existed between age of women and type of family of women on mental Hygiene component -C (Positive self-evaluation).

28. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women of mental Hygiene component –C (Positive self-evaluation).

Ho. 29 to 35 : Mental Hygiene (Group oriented attitudes)

29. Normal (Vaginal) Delivery of women differ significantly on mental Hygiene as compared to cesarean delivery of women.

30. Below 30 years of women do not differ significantly on Mental Hygiene component- D (Group oriented attitudes) as compared to Above 30 years of women.

31. Joint Family of women differ significantly on Mental Hygiene component- D (Group oriented attitudes) as compared to nuclear family of women.

32. Significant interaction effect is not existed between type of delivery of women and age of women on Hygiene component-D (Group oriented attitudes).

33. Significant interaction effect is existed between type of delivery of women and type of family of women on mental Hygiene component –D (Group oriented attitudes).

34. Significant interaction effect is existed between age of women and type of family of women on mental Hygiene component –D (Group oriented attitudes).
35. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women on mental Hygiene component –D (Group oriented attitudes).

**Ho. 36 to 42 : Mental Hygiene (Environmental mastery)**

36. Normal (Vaginal) Delivery of women differ significantly on mental Hygiene component-E (Environmental mastery) as compared to cesarean delivery of women.

37. Below 30 years of women differ significantly on Mental Hygiene component-E (Environmental mastery) as compared to above 30 years of women.

38. Joint Family of women differ significant on Mental Hygiene component-E (Environmental mastery) as compared to nuclear family of women.

39. Significant interaction effect is existed between type of delivery of women and age of women on Hygiene component -E (Environmental mastery).

40. Significant interaction effect is do not existed between type of delivery of women and type of family of women on mental Hygiene component-E (Environmental mastery).

41. Significant interaction effect is not existed between age of women and type of family of women on mental Hygiene component -E (Environmental mastery).

42. Significant interaction effect is existed among type of delivery of women, age of women and type of family of women on mental Hygiene component -E (Environmental mastery).

**Ho. 43 to 49 : Overall Mental Hygiene**

43. Normal (Vaginal) Delivery of women differ significantly on Overall Mental Hygiene as compared to cesarean delivery of women.

44. Below 30 years of women differ significantly on Overall Mental Hygiene as compared to above 30 years of women.

45. Joint Family of women differ significant on Overall mental hygiene as compared to nuclear family of women.

46. Significant interaction effect is existed between type of delivery of women and age of women on Overall mental hygiene.

47. Significant interaction effect is existed between type of delivery of women and type of family of women on overall mental hygiene.
48. Significant interaction effect is existed between age of women and type of family of women on overall mental hygiene.

49. Significant interaction effect is not existed among type of delivery of women, age of women and type of family of women on overall mental hygiene.

**Ho. 50 to 56 : Self analysis**

50. Normal (Vaginal) Delivery of women differ significantly on self analysis as compared to cesarean delivery of women.

51. Below 30 years women do not differ significantly on self analysis as compared to above 30 years women.

52. Women of Joint Family do not differ significant on self analysis as compared to women of nuclear family.

53. Significant interaction effect is existed between type of delivery women and age of women on self analysis.

54. Significant interaction effect is not existed between type of delivery of women and type of family of women on self anaysis.

55. Significant interaction effect is existed between age of women and type of family of women on self analysis.

56. Significant interaction effect is not existed among type of women, age of women and type of family of women on self analysis.

**Ho. 57 to 64 : Life satisfaction and Mental hygiene**

57. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of Normal (Vaginal) Delivery of below 30 years of joint family.

58. Significant correlation is not existed between life satisfaction and Self analysis with regards to Normal (Vaginal) Delivery of below 30 years of joint family.

59. Significant correlation is existed between Mental Hygiene and Self analysis with regards to women of Normal (Vaginal) Delivery of below 30 years of joint family.

60. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of Normal (Vaginal) Delivery of women below 30 years of nuclear family.
61. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of Normal (Vaginal) Delivery of women below 30 years and nuclear family.

62. Significant correlation is not existed between Mental Hygiene and Self analysis with regards to women of Normal (Vaginal) Delivery of women, below 30 years of nuclear family.

63. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of Normal (Vaginal) Delivery of women above 30 years of joint family.

64. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of Normal (Vaginal) Delivery of women above 30 years and joint family.

65. to 72 : Life satisfaction and Self analysis

65. Significant correlation is not existed between Mental Hygiene and Self analysis with regards to women of Normal (Vaginal) Delivery of women, above 30 years of joint family.

66. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of Normal (Vaginal) Delivery of women above 30 years and nuclear family.

67. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of Normal (Vaginal) Delivery of women above 30 years and nuclear family.

68. Significant correlation is not existed between Mental Hygiene and Self analysis with regards to women of Normal (Vaginal) Delivery of women, above 30 years of nuclear family.

69. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of cesarean delivery of women below 30 years of joint family.

70. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of cesarean delivery of below 30 years of joint family.

71. Significant correlation is not existed between Mental Hygiene and Self analysis with regards to women of cesarean delivery of below 30 years of joint family.
72. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of cesarean delivery of below 30 years of nuclear family.

**Ho. 73 to 80 : Mental Hygiene and Self Analysis**

73. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of cesarean delivery of below 30 years of nuclear family.

74. Significant correlation is not existed between Mental Hygiene and Self analysis with regards to women of cesarean delivery of below 30 years of nuclear family.

75. Significant correlation is existed between life satisfaction and Mental Hygiene with regards to women of cesarean delivery of above 30 years of joint family.

76. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of cesarean delivery of above 30 years of joint family.

77. Significant correlation is existed between Mental Hygiene and Self analysis with regards to women of cesarean delivery of above 30 years of joint family.

78. Significant correlation is not existed between life satisfaction and Mental Hygiene with regards to women of cesarean delivery of above 30 years of nuclear family.

79. Significant correlation is not existed between life satisfaction and Self analysis with regards to women of cesarean delivery of above 30 years of nuclear family.

80. Significant correlation is existed between Mental Hygiene and Self analysis with regards to women of cesarean delivery of above 30 years of nuclear family.

**5.4 SUGGESTIONS FOR FUTURE STUDY :**

(1) A comparative study of rural and urban women can be conducted on similar topic.

(2) A study can be conducted on a similar topic, comparing the life satisfaction, mental hygiene and self-analysis of working women and non-working women.

(3) A study on a similar topic is possible on highly educated women and totally illiterate women.
(4) A study would be interesting on a similar topic, taking three age group samples (20-30 years, 30-40 years and 40-50 years).

(5) Comparative study is possible between Normal (Vaginal) Delivery and caesarean operation delivery of women with respect to their physical health and mental hygiene.

(6) A comparative study can be conducted on a similar topic, taking the samples of women with more number of children and less number of children.

5.5 IMPLICATIONS OF THE PRESENT STUDY:

(1) Present research is a comparative study of Normal (Vaginal) Delivery and caesarean operation delivery effects on mental hygiene and life satisfaction. If the Normal (Vaginal) Delivery is more encouraging to mental hygiene, we can advise the women community to wait for natural delivery. If the research points out that life satisfaction is more in the group of Normal (Vaginal) Delivery and caesarean operation delivery, the caesarian operation delivery to more advisable. The results can have implications according to its positive side and negative side.

(2) One of the dependent variables is self-analysis between two groups of research. Self-analysis implies that a person can perceive his self in a proper perspective. Self – analysis could be the proper direction of maintaining mental hygiene. Self-analysis of Normal (Vaginal) Delivery group and caesarean operation group can be the proper perspective. Self – analysis could be the proper direction of maintaining mental hygiene. Self-analysis of Normal (Vaginal) Delivery group and caesarean operation group can show us how far the type of delivery affects mental health, life satisfaction and self analysis.

(3) The present research is directed towards the importance of mental hygiene, life satisfaction and self-analysis. Delivery is very vital stage of women’s life. Every normal woman is worried about the delivery. In this research, researcher has compared two groups – Normal (Vaginal) Delivery group and caesarean operation group. Common sense opinion is in favour of Normal (Vaginal) Delivery than caesarean operation. The research yields the results about mental hygiene, life satisfaction and self-analysis. Mental hygiene, life satisfaction and self analysis are very important aspects of human life. If we find significant
difference in these aspects of Normal (Vaginal) Delivery group and caesarean operation group, we can advice the women regarding the option of delivery. Thus the implication of present research is that the women should be more calious to opt for the type of delivery, if it is possible.

5.6 IMPLEMENTATION OF FINDINGS:

(1) A seminar with a question answer session amongst the pregnant women below 30 may be arranged. A team of experienced Gynecologists should guide the seminar and suggest the ways and means of undergoing delivery. The experts should point out the consequences of Normal (Vaginal) Delivery and caesarean operation delivery.

(2) A list of precaution to be taken prepared with the help of expert Gynecologist, such precaution and measures should be shown to the group of pregnant women. Pregnant women (first time pregnant) should have many queries and doubts about the delivery. Therefore they should be given proper guidance so that they can face the future normal or caesarean delivery. The guidance should be clear and precise.

(3) The nurses and the women conducting delivery in villages and towns. They will have very clear ideas about the complications involved in the delivery. Their advice to the group of pregnant women would be highly valuable pregnant women should be mentally prepared to accept and follow the instructions given by experienced nurses and women conducting delivery.

(4) Present research is directed towards the life satisfaction, mental hygiene and self-analysis of women with Normal (Vaginal) Delivery and caesarean delivery. If these two groups significantly differ in the important aspects of life, we can advise the women to select the right type of delivery, if option is possible. Thus, the present research findings can be applied in the life of women who are pregnant. The findings are duly useful.
5.7 LIMITATIONS OF THE STUDY:

1. The present research work was time bound it was conducted in limited area of Jinagadh and Rajkot District only.

2. The sample size of the present research was small so the findings of this research can not be journalized of large population.

3. Socio economic status, Cast, Religious etc have not included as independent variable in the present research.

4. Educational status and type of occupation also have not included in the present research.

5. In present research data was analyzed by analysis of variance only.

6. Area of residence (habitat) of participants was not included in this research.