Summary, Conclusions, Limitations & Suggestions
Chapter 5
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5.0 Introduction
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5.0 Introduction:

In dissertation, every chapter has its own importance. To get brief information of entire study, summery can become helpful. Moreover, no research is without limitations. And none can know limitations more than researcher, himself. Therefore, mention limitations is also an important part, because it gives attention to the limits of research that prevent it in future.

Aim of the present study was to know the effect of stress on health consciousness and eating attitude among patients of diabetes and CHD and normal people in the context of personal variables as gender, area of residence and type of people. In chapter 4 descriptive analysis and discussion was done to get the results.

Therefore, in present chapter brief summary, conclusion, limitations and suggestions were given.

5.1 Summary:

The present study intended to examine the effect of stress on health consciousness and eating attitude among patients of diabetes and CHD and normal people in the context of some personal variables namely gender, area of residence and type of people. Objectives of the study were to investigate the effect of certain personal variables on stress, health consciousness and eating attitude among patients of diabetes and CHD and normal people and to investigate relation between stress, health consciousness and eating attitude. The study was concluded on random sample of 600 people in which 300 male (150 from urban area and 150 from rural area) and 300 female from Jamnagar city and village area. The tools used for the study
were Stress scale developed by Dr. M. Singh (2002), Health Consciousness scale developed by N.V.V.S. Narayana and Eating Attitude Scale developed by Helen J. Lane, Andrew M. Lane and Hilary Matheson. Data analysis involved the use of $2 \times 2 \times 3$ ANOVA and correlation techniques through SPSS. On the basis of the results and discussions following conclusions are drawn:

5.2 Conclusions:

1. There is a significant difference in stress among male and female.
2. There is a significant difference in stress among patients of diabetes and CHD and normal people.
3. There is a significant difference in stress among rural and urban people.
4. There is a significant internal difference in stress among gender, type of people and area of residence variables.
5. There is a significant difference in factors of health consciousness among male and female.
6. There is a significant difference in self & practice, monitoring and cautiousness while there is no significant difference in nutrition & satisfaction and energy among patients of diabetes and CHD and normal people.
7. There is a significant difference in nutrition & satisfaction and energy when there is no significant difference in self & practice, monitoring and cautiousness among rural and urban people.
8. There is a significant internal difference in all five factors of health consciousness among gender, type of people and area of residence variables.
9. There is a significant difference in eating attitude among male and female.

10. There is no significant difference in eating attitude among patients of diabetes and CHD and normal people.

11. There is a significant difference in eating attitude among rural and urban people.

12. There is a significant internal difference in eating attitude among gender, type of people and area of residence variables.

13. There is a significant correlation among stress and self & practice and monitoring while there is no significant correlation among stress and energy, nutrition & satisfaction, cautiousness.

14. There is no significant correlation among stress and eating attitudes.

15. There is a significant correlation among eating attitudes and self & practice, monitoring, nutrition & satisfaction while there is no significant correlation among eating attitudes and energy, cautiousness.

5.3 Limitations:

1) Sample for the study is about 600 people, which is not enough for broad generalization.

2) Sample was selected only from Jamnagar city and village area therefore results were limited for this area only.

3) In present study limited type of people were taken.

4) Here only questionnaire method was used to get data.
5.4 Suggestions:

1) Here only 150 from urban area and 150 from rural area were selected. So, to get keen results more sample of the people should be taken.

2) In present study, only gender, area of residence and type of people were taken as personal variables. So, more kinds of variables should be taken.

3) Stress is a broad subject, even today every person is passing through stress at some mode of life. So, it should be examine apart from patients, e.g. employers, students, and many more. While on other hand, health consciousness and eating attitudes both are new subjects to be search. Therefore they have to been modified and revised so that it can become more reliable and can be used for many research.

4) So much less research was done with health consciousness and eating attitude, thus more studies should be done with new topics.

5) Here questionnaire method was used to get data but other techniques can be used level of stress, health consciousness and eating attitude like, experiment method, interview method, etc.