

## Research Article

# Effect of Yogic Practices on Selected Adjustment and Life Satisfaction Variables Among Hypertensive Middle Aged Women

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### Abstract

The purpose of the random group experimental study was to investigate the effect of Yogic Practices on selected Adjustment and Life satisfaction among Hypertensive middle aged women. It was hypothesized that there would be significant difference due to Yogic Practices on selected Life satisfaction and Adjustment among Hypertensive middle aged women than the control group. Random group experimental design was used. Random sampling design was followed to select the subjects. To achieve the purpose of the study, 30 women between the age 45 and 55 years were selected randomly from Chennai and they were divided in to two groups such as Yogic Practices (Group A) and Control Group (Group B). Each group consists of 15 subjects. Pretest was taken for the two Groups on the selected dependent variables before the start of the training program. Group A was undergoing Yogic Practices for 12weeks, 6 days a week, One hour maximum daily and Group B (Control Group) was permitted to undergo their normal lifestyle (active rest) during the course of experiment. After the experimental period of 12 weeks, Post tests were conducted for the two groups on selected dependent variables. The selected Life satisfaction and Adjustment were measured through Questionnaires (The DYADIC adjustment scale Spinear and Life Satisfaction scale Diener (1985)). Analysis of Co-Variance (ANCOVA) was used to find out the significant difference between experimental group and the Control Group. The test of significance was fixed at 0.05 level of confidence. It was concluded that Yogic Practices improved Life satisfaction and Adjustment among Hypertensive middle aged women than the Control Group. Hence, the hypothesis was accepted at 0.05 level of confidence.

**Keywords:** Adjustment; Life satisfaction; Yogic practices

### Introduction

The word health is derived from the old English word for “Whole”, “Holy”. or “Complete”. Healing is therefore a means of making ourselves whole, complete and fulfilled human beings. As such it is an ongoing process, for it implies ever-changing patterns of growth and learning. Finally “Grow up” and attain maturity, wisdom and the ability to accept life with all its ups and down. Hypertension is a state in which Systolic blood pressure is maintained above 140 mmHg or more and diastolic blood pressure more than 90 mmHg [1]. Six out of ten women at risk of developing heart ailment. Worldwide leading main number one diseases. Improper hormone secretion and electric activity in the brain also one major risk developing high blood pressure 15

corer Indians suffer from Hypertension. Salt intake is double and dangerous of Hypertension risk in India. Yogic practices dilate the blood vessels thus reducing pressure; removes excess water and salt from the body [2].

### Objectives of the study

To find out whether there would be any significant difference on selected Life satisfaction and Adjustment among Hypertension middle aged women.

### Hypothesis

It is hypothesized that there would be significant differences on selected Life satisfaction and adjustment among Hypertensive middle aged women due to yogic practices group than the control group.

## Reviews of related literature

Oosterveer DM1 et al., (2017) studied Depression is an independent determinant of life satisfaction early after stroke. Life satisfaction is reduced in stroke patients. However, as a rule, rehabilitation goals are not aimed at life satisfaction, but at activities and participation. In order to optimize life satisfaction in stroke patients, rehabilitation should take into account the determinants of life satisfaction. The aim of this study was therefore to determine what factors are independent determinants of life satisfaction in a large group of patients early after stroke. Stroke-surviving patients were examined by a specialized nurse 6 weeks after discharge from hospital or rehabilitation setting. A standardized history and several screening lists, including the Lisat-9, were completed. Step-wise regression was used to identify independent determinants of life satisfaction. A total of 284 stroke-surviving patients were included in the study. Of these, 117 answered all of the Lisat-9 questions. Most patients (66.5%) rated their life as a whole as “Satisfying” or “Very satisfying”. More depressive symptoms were independently associated with lower life satisfaction ( $p < 0.001$ ). Most stroke-surviving patients are satisfied with their life early after a stroke. The score on the Hospital Anxiety and Depression Scale depression items is independently associated with life satisfaction. Physicians should therefore pay close attention to the mood of these patients [3].

Au LE et al., (2017) studied Evaluation of Online and In-Person Nutrition Education Related to Salt Knowledge and Behaviors among Special Supplemental Nutrition Program for Women, Infants, and Children Participants. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) differs from other federal nutrition programs in that nutrition education is a required component. WIC programs traditionally provide in-person education, but recently some WIC sites have started offering online education. Education focused on reducing salt intake is an important topic for WIC participants because a high-sodium diet has been associated with high blood pressure, and low-income populations are at increased risk. Our aim was to examine the impacts of traditional in-person and online nutrition education on changes in knowledge, self-efficacy, and behaviors related to reducing salt intake in low-income women enrolled in WIC. Although a comparison of groups was not the primary focus, a randomized trial examining the impact of online and in-person nutrition education on participant knowledge, self-efficacy, and behaviors related to salt intake was conducted. Five hundred fourteen WIC participants from three Los Angeles, CA,

WIC clinics received either in-person ( $n=257$ ) or online ( $n=257$ ) education. Questionnaires assessing salt-related knowledge, self-efficacy, and behaviors were administered at baseline and 2 to 4 months and 9 months later from November 2014 through October 2015. Positive changes in knowledge and self-efficacy were retained 2 to 4 months and 9 months later for both groups ( $P < 0.05$ ). Both groups reported significant changes in behaviors related to using less salt in cooking ( $P < 0.0001$ ) and eating fewer foods with salt added at the table or during cooking ( $P < 0.001$ ) at 2 to 4 months and 9 months. Both online and in-person education resulted in improvements during a 9-month period in knowledge, self-efficacy, and reported behaviors associated with reducing salt intake in a low-income population. Offering an online education option for WIC participants could broaden the reach of nutrition education and lead to long-term positive dietary changes [4].

## Methodology

To achieve the purpose of the study, 30 Hypertensive middle aged women between the age 45 and 55 years were selected randomly from Chennai and they were divided in to two groups such as Yogic Practices (Group A) and Control Group (Group B). Each group consists of 15 subjects. Random group experimental design was used. Random sampling design was followed to select the subjects. Pretest was taken for the two Groups (A and B) on the selected Life satisfaction and Adjustment. Group A was undergoing Yoga practices and Control Group (Group B) was permitted to undergo their normal lifestyle (active rest) during the course of experiment. Post tests were also conducted for all the groups on selected dependent variables after the experimental period of 12 weeks. The Life satisfaction and Adjustment were measured through Psychology questioners. (The DYADIC adjustment scale Spinear and Life Satisfaction scale Diener (1985)). Analysis of Co-Variance (ANCOVA) was used to find out the significant difference between experimental group and the control group. The test of significance was fixed at 0.05 level of confidence.

## Results and Discussions

The data pertaining to the variables collected from the two groups before and after the training period were statistically analyzed by using Analysis of Co- Variance (ANCOVA) to determine the significant difference and tested at 0.05 level of confidence. Yoga practices (Group-A), and Control Group (Group-B) on Life satisfaction among of Hypertensive middle aged women are presented in Table 1

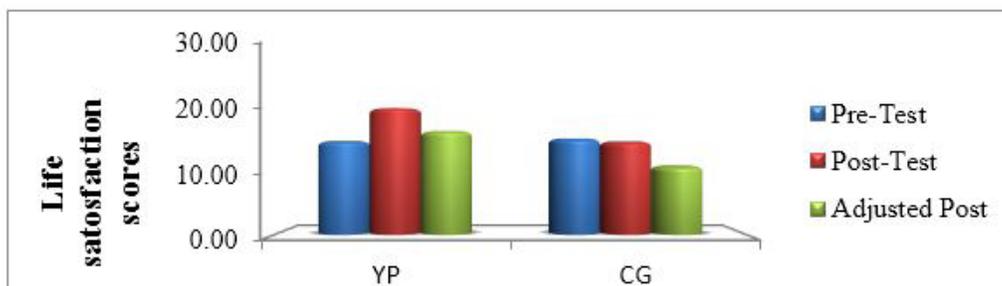
Test	Group-A Yogic Practices	Group-B Control Group	Source of Variation	Degrees of Freedom	Sum of Squares	Mean Sum of Squares	F-Ratio
Pre	16.07	16.12	Between	1	1.2	0.6	1.94
			With in	28	8.67	0.31	
Post	22.6	16.33	Between	1	218.7	109.35	141.75*
			With in	28	21.6	0.77	
Adjusted Post	18.37	18.37	Between	1	214.39	107.19	174.62*
			With in	27	16.57	0.61	

\*Significant at 0.05 level of confidence (Table F ratio at 0.05 level of confidence for df 1 and 28 = 4.20, 1 and 27 = 4.21).

**Table 1:** Analysis of co-variance of the means of experimental group and the control group in life satisfaction unit total mark is scores.

The obtained F - ratio value for the Life satisfaction were greater than the table value, it indicates that there was a significant difference among the posttest and adjusted post-test means of Yogic Practices and Control group (Group-B) of hypertensive middle aged women. The above findings can also be substantiated by the observations made by renowned experts such as Oosterveer DM(2017) [3].

The pre- test, post-test and adjusted post-test mean values of Yogic Practices (Group-A) and Control group (Group-B) of hypertensive middle aged women were graphically presented in Figure 1. The Analysis of Co-variance (ANCOVA) on Adjustment among Yogic Practices and Control group (Group-B) of hypertensive middle aged women were analysed and are presented in Table 2.



**Figure 1:** Bar diagram showing ordered adjusted mean post test of the experimental group and control group for life satisfaction unit scores in numbers.

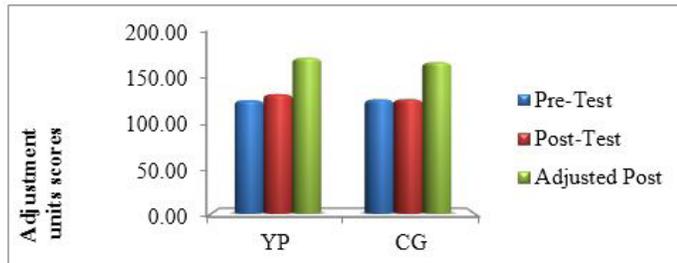
Test	Group-A Yogic Practices	Group-B Control Group	Source of Variation	Degrees of Freedom	Sum of Squares	Mean Sum of Squares	F-Ratio
Pre	123.4	123.3	Between	1	6.53	3.27	2.62
			With in	28	34.93	1.25	
Post	136.13	123.4	Between	1	252.3	126.15	21.19*
			With in	28	166.67	5.95	
Adjusted Post	139.73	126.99	Between	1	151.29	75.65	15.28*
			With in	27	133.7	4.95	

\*Significant at 0.05 level of confidence (Table F ratio at 0.05 level of confidence for df 1 and 28 = 4.20, 1 and 27 = 4.21).

**Table 2:** Analysis of co-variance of the means of experimental group and the control group in adjustment unit scores.

The obtained F - ratio value for the Adjustment were greater than the table value, it indicates that there was a significant difference among the posttest and adjusted post-test means of Yogic Practices (Group-A) and Control group (Group-B) of hypertensive middle aged women.

The pre- test, post-test and adjusted post–test mean values of Yogic Practices (Group-A) and Control group (Group-B) of hypertensive middle aged women were graphically presented in Figure 2.



**Figure 2:** Bar diagram showing ordered adjusted mean post test of the experimental group and control group for adjustment unit scores.

The above findings can also substantiate by observations of the expert Au LE (2017) [4]. The results of the study on the selected variables showed that due to the influences of Yoga practices was the were significantly improved Adjustment and Life satisfaction than the control group among hypertensive middle aged women. Hence, the hypothesis was accepted at 0.05 level of confidence [5,6].

## Conclusion

From the analysis and discussions of the present study, the following conclusions were drawn. Found a significant difference in adjustment and life satisfaction during hypertention middle aged women (45-55 years). Yogic practice help them to to activate sympathetic and para sympathetic nervous system to stimulate brain and hormones to produce correctly to mix with blood [2]. Vasobrain in

hormone in brain secretion is balanced, and Medula oblongata in the place of brain to activate and reduced high blood pressure [2]. Under and over activity of the genes FGF23, APOC3, TRS1, 9p21 are the main cause of HBP that can be purified by yogic practices [7].

- It was concluded Yogic practices was improved on Adjustment among hypertensive middle aged women.
- It was concluded Yogic practices was improved on Life satisfaction among hypertensive middle aged women.

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