

EFFICACY OF INTEGRATED APPROACH OF YOGA THERAPY ON BODY MASS INDEX AND QUALITY OF LIFE OF HOUSEWIVES

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Abstract

Objective:

To evaluate the value of integrated approach of yoga therapy in housewives by studying their weight, Body Mass Index (BMI), Waist circumference (WC) and quality of life.

Methods:

16 housewives with overweight in age range between 25 to 45 years were allocated for the study in single group. After taking signed informed consent body mass index, weight, weight circumference were used as parameters for the study and also after intervention quality of life questionnaire by Sarika Sharma and Nakhat Nasreen, National psychological were filled by the subject. Diet plan were given and integrated approach yoga therapy were explained to them and taught them during first day of the session till 30 days. T test were applied to study pre and post comparison of data.

Results:

After intervention there was significant difference exists between before and after one month yoga training with regards to Waist Circumference is $t=3.39$ which is significant at 0.01, area a life satisfaction is $t=5.58$, Area B goals and motivation is $t=12.07$, Area C spirituality is $t=10.38$, Area D happiness is $t=7.21$, Area E Hopes and wishes is $t=9.95$, Area F Stress reduction is $t=3.86$, Area G Anxiety is $t=7.29$, Area H adjustment is $t=4.84$, Area I physical well-being and self care is $t=13.89$, Area J Effectiveness is $t=14.61$, Area K personal development is $t=9.82$ and overall quality of life is $t=45.62$ which is significant at 0.01 level. There was no significant difference exists between before and after one month yoga training with regards to weight among housewives $t=0.61$ and Body Mass Index is $t=0.48$ which is not significant at 0.01.

Conclusion:

There was reduction in waist circumference of post data. There was significance change in quality of life variable i.e. Life satisfaction, Goals and motivation, Spirituality, Happiness, Hopes and wishes, Stress reductions, anxiety, Adjustment, Physical well-being and self care, Effectiveness, personal development and overall quality of life. And there was no significant change in Body mass Index and weight among housewives.

Keywords: Quality of life, Housewives, Body mass index, Waist Circumference, Yoga

INTRODUCTION

Housewife care for her children, buys, cook, store food for family, buying goods that the family want in day to day life, does housekeeping and maintaining the home; runs or manage home and one who is unemployed outside home. A housewife is a married women who is in charge of her household as defined by Webster's dictionary.⁽¹⁾ The employed people are getting public holidays while the housewife does not get any holidays she works 24/7 and 365 days.⁽²⁾ In the society people believe that there is not much work for household but its not true (3) A women after being married and getting pregnant all her hormones and also there is physical and mental transformation. Her weight increases, the snore of muscles, morning sickness, cravings at midnight and all the other struggle come in pregnancy.⁽⁴⁾ The word yoga is derived from the ancient sanskrit root word yuj means to unite, to join, to contact or to connect. Thus yoga means union, joining, connection. It is the connection between individual and universe. Instead of consuming energy yoga stimulate, conserve and sustain energy⁽⁵⁾. Only necessary food is to be taken to maintain your body to sustain life not more food is to be done (6-7) Yoga practice helps to reduce physical and mental stress.⁽⁸⁾ Yoga therapy includes asana

(poses), breathing techniques, cleansing process, meditation to benefit and improve physical, mental, spiritual health (9)

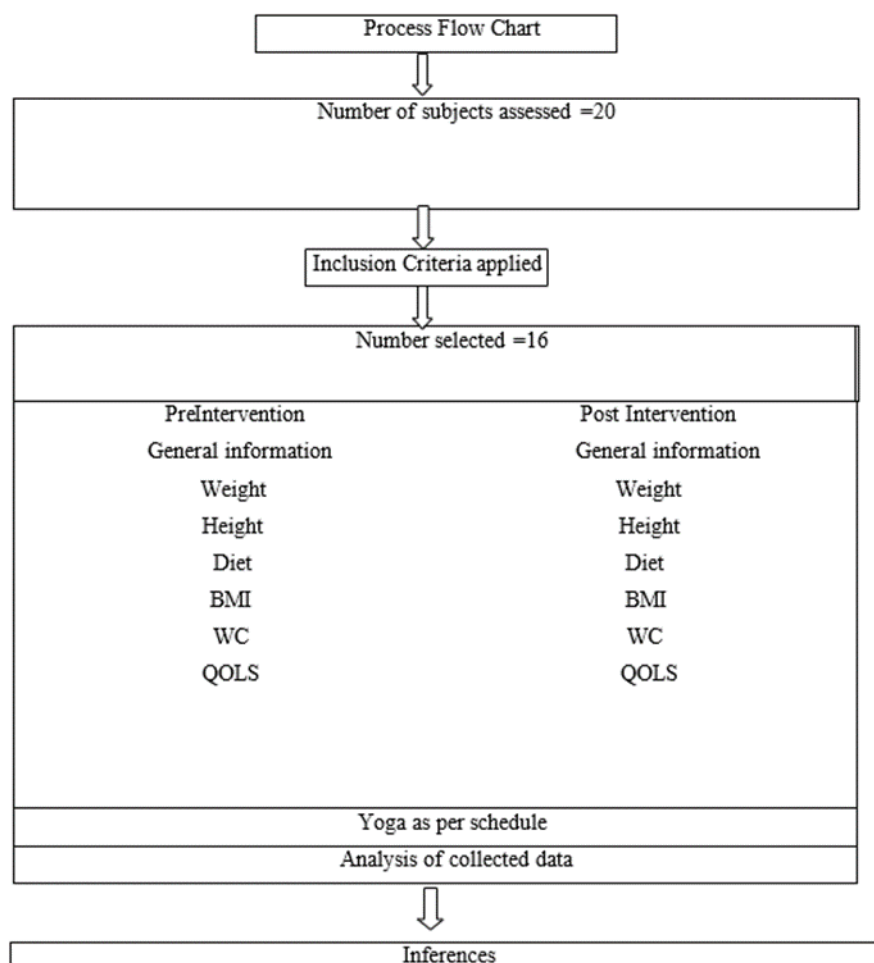
Obesity is derived from Latin word *obesitas* which means stout, fat or plump. *Ob* means over and *esus* is the participle of *edere* (to eat). In ancient periods obesity was rare. But in modern period the prosperity increases thus population increases thus the obesity also increase. As of 2008 at least 500 millions adults (greater than 10%) are obese, with higher rates among women than men as per estimated by WHO. (13). In 2005 due to obesity the medical costs attributable in the US were estimated \$190.2 billion or 20.6% of all medical expenditure, the cost was estimated at CA\$2 billion in Canada in 1997 (2.4% of total health cost) (14). In 2005 the annual cost of overweight and obesity was A \$21 billion. (15). The amount of tissue mass i.e. Muscle, fat and bone in an individual can be qualified with the help of BMI and then further characterized that person as underweight, normal weight, overweight or obese on that value. The BMI range that is commonly accepted are underweight: under 18.5kg/m², normal weight: 18.5 to 25, overweight: 25 to 30 and obese: over 30.(10-13) The overweight and obesity range is seen highest in America and lowest in south east Asia. In high income and upper middle income countries the prevalence of overweight and obesity is more than double than that of low and lower middle income countries (15-16-17-18). It increase the risk of not only physical condition but also affects mental condition. This leads to metabolic syndrome which is a combination of medical disorders that includes diabetes mellitus type 2, high blood pressure, high blood cholesterol and high triglyceride levels. (17)(18)(19) When a person is obese there is diminishing in quality of life. The person cannot participate in enjoyable activity (20-22) Presently, the incidence of overweight, obesity and their related co-morbidities is increasing rapidly in India.(23) Half its population is obese or overweight (24). Results suggest that yoga practice may be useful in improving mindful eating habits and dietary quality (25) The dramatic rise in the prevalence of obesity and type 2 diabetes mellitus (T2DM) is associated with increased mortality, morbidity as well as public health care expenses worldwide. Previous research suggests that yoga holds promise for obesity and T2DM management (26)

Complications

There are number of health problems with person who are obese that includes High triglycerides and low high density lipoprotein (HDL) cholesterol, Type 2 diabetes, High blood pressure, Metabolic syndrome which is a combination of high blood sugar, high blood pressure, high triglycerides and low HDL cholesterol, Heart disease, Stroke, cancer which include cancer of the uterus, cervix, endometrium, ovaries, breast, colon, rectum, Oesophagus, liver, gallbladder, pancreas, kidney and prostate, Breathing disorder which includes sleep apnea a potentially sleep disorder in which breathing repeatedly stops and start, Gallbladder disease, Gynaecological problems include infertility and irregular periods, Erectile dysfunction and sexual health issue (18)

MATERIAL AND METHODOLOGY

Flow Chart of the Study



Flow Chart:1.1

Subjects:

Sources of subject

The subjects was made in Jivraj park area in Ahmedabad city and the sample belong to the residents of the nearby area of Jivraj park, Vejalpur, Satelite and Ghatlodiya.

Sample Size

15 housewife (sedentary lifestyle) with age 30 to 70 was participated in the study. I visited the office of Wama club for study at Ahmedabad, Gujarat state, India. Subjects were recruited from January 2019 to February 2019.

Ethical Clearance and Consent:

Approval was made from Lakulish Yoga University, Ahmedabad before the starting of the study. The patients participating in the experiment were also made aware of the whole process and were explained the details of the study and their constant was sought to conduct the experiment. Each participant who participated in yoga practice was also explained in detail about the study and consent was obtained from the participant in the study.

Selection Criteria:

Inclusion Criteria:

1. Subjects were all housewives were selected by convenient sampling method
2. Subjects whose age is between 30 to 70 years.
3. All the subject were residing in urban area of Ahmedabad
4. Subjects who do not have any medical history related weight gain.[e.g. Hypothyroidism]

5. Subjects who are overweight due to erratic lifestyle and irregular meal timings & not aware of their body types
6. Subjects who are eating their meal mindlessly.
7. Subjects who are cooperative & willing to change their dieting patterns & want to gain their holistic health back.
8. Finally who were regular and who followed the yoga practice schedule completely.

Exclusion Criteria:

1. Men are excluded from the study.
2. Working and unmarried women are not included.
3. Females with major medical issues related overweight/obesity.
4. Those who were irregular were not considered.

Design:

In the study single group pre-post experimental design was chosen as the researcher attempt to test the effectiveness of yoga practice module of the BMI,WC, weight and physical quality of life scale in overweight and obese housewives. Among the overweight and obese person in Wama Club Ahmedabad city 15 were selected on the basis of their willingness to volunteer. The intervention include Omkar, loosening, Suryanamaskar, asana of standing, sitting, supine and prone position, Anulom Vilom pranayama and relaxation techniques. The assessment was done 1st day prior to intervention and on the 30th day. Both psychological parameters and vital parameters were assessed before and after intervention. Psychological parameters include yoga attitude scale, physical quality of life scale and vital parameters include BMI, weight and WC.

Intervention

Intervention was given for 1 month. The programmed include Prayer, Omkar, loosening exercise, Suryanamaskar, asana of standing, sitting, supine and prone position, pranayama and relaxation techniques.

No.	Activity	Duration
1	Prayer and Omkar	5 minutes
2	Warm up	5 minutes
3	Suryanamaskar 9 rounds	10 minutes
4	Asanas	
	Standing:	
	Padhasthasana	
	Trikonasana	
	Vimukt-trikonasana	
	Shulinasana	
	Sitting:	
	Vakrasana	
	Bhunamanpadmasana	
	Paschimottasana	
	Apanasana	
	Janushirasana	
	Supine:	
	Uttanpadasana	
	Pawanmuktasana	
	Prone:	
	Bhujangasana	20 minutes
5	Pranayama Nadishodhan, Omkar and relaxation	15 minutes
6	Closing and positive resolve	5 minutes

Primary Outcome measures Quality of life scale (QOLS)

The scale was designed to basic knowledge and understanding about the psychological determinants of quality of life and its related problems were collected from the available sources electronic media and print media, peoples etc. With the availability of these sources various area of scale for measuring quality of life which have been mentioned below were taken into account.

Life satisfaction, goals and motivation, Spirituality, Happiness, Hopes and wishes, Stress reduction, Anxiety/frustration reduction, Adjustment, Physical well-being and care, Effectiveness/ Efficiency and Personal development. After collecting the data, a detailed scoring sheet was prepared for measuring the quality of life of people. The scale selected here is a 3 point scale bearing following points as noted against the following

statements. The score were given according to the rules described for both positive and negative statements. Total score were written on each answer sheet.

Weight and BMI:

The weight was being measured by Virgo personal weighing scale. This was being measured before the intervention and after the intervention.

Waist Circumference (WC)

The measurement tap was used to measure waist. This measurement was done before and after intervention.

RESULT AND DISCUSSION

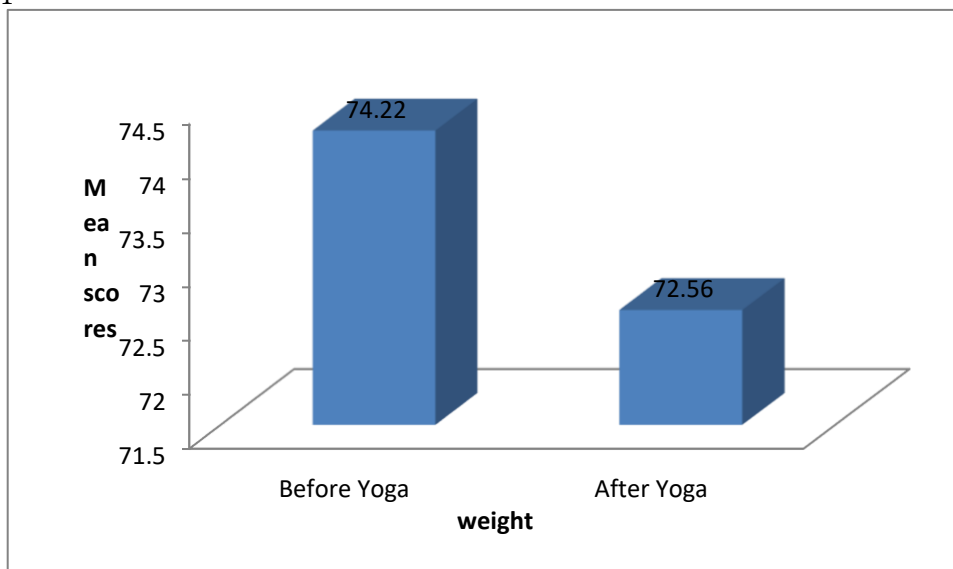
Table no. 2.1 Showing Mean SD and t value of weight of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	74.22	7.80	0.61	NS
After yoga	16	72.56	7.56		

Figure 2.1

Showing Mean value of weight of before and after yoga training among women

Figure 2.1.1

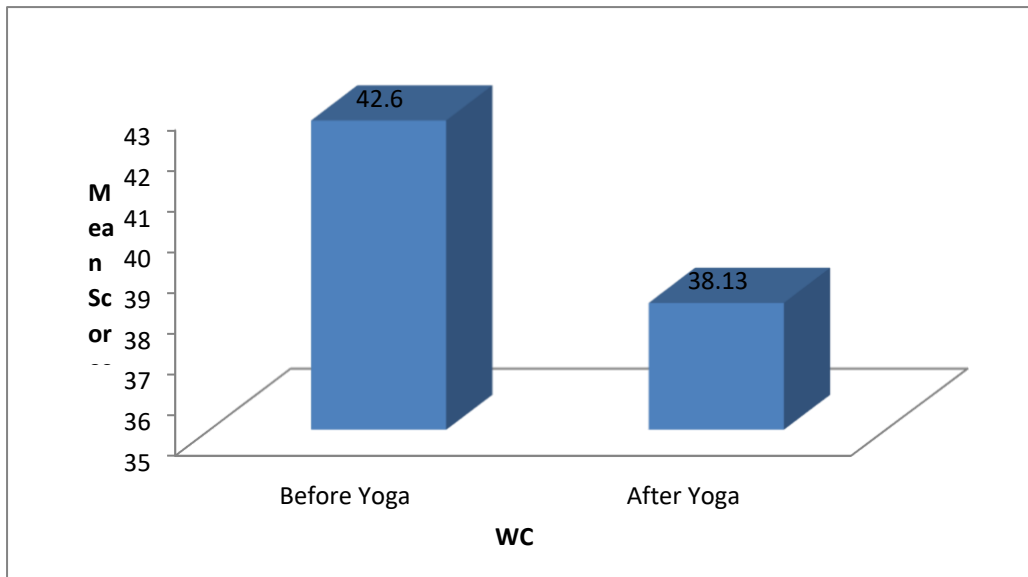


The results of table no. 6.1 shows the mean scores of Weight among women before yoga training is 74.22 with SD 7.80. The mean scores of weight among women after one month of yoga training is 72.56 with SD 7.56. The obtained 't' value is 0.61 which is not significant. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their weight" is accepted. It means significant different does not exist between before and after yoga training with regards to weight among women. It can be seen in Figure 2.1.1 also.

Table no. 2.2 Showing Mean SD and t value of WC of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	42.60	3.84	3.39	0.01
After yoga	16	38.13	3.65		

Figure 2.2.1



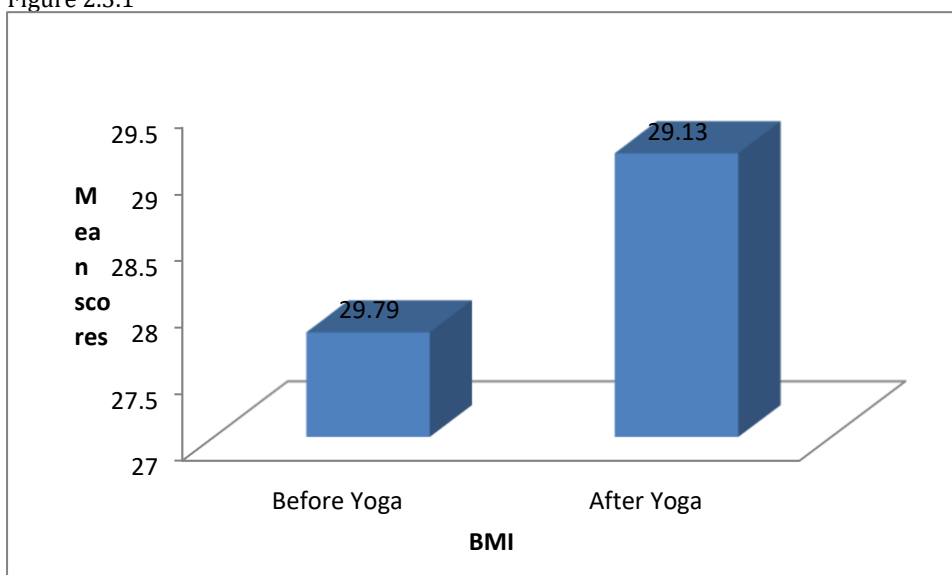
Showing Mean value of WC of before and after yoga training among women

The results of table no. 2.2 shows the mean scores of WC among women before yoga training is 42.60 with SD 3.84. The mean scores of WC among women after one month yoga training is 38.13 with SD 3.65. The obtained 't' value is 3.39 which is significant at 0.01 level. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their WC" is rejected. It means significant difference exists between before and after one month yoga training with regards to WC among women. Hence we can say that WC is reduced among women who have taken one month yoga training. It can be seen in Figure 2.2.1 also

Table no. 2.3 Showing Mean SD and t value of BMI of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	29.79	3.91	0.48	NS	
After yoga	16	29.13	3.87			

Figure 2.3.1



Showing Mean value of BMI of before and after yoga training among women

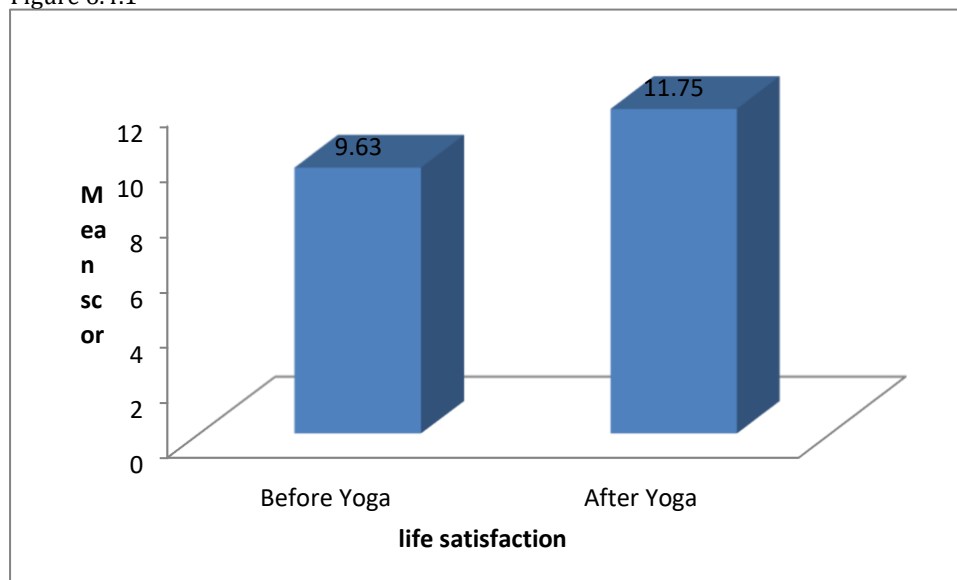
The results of table no 2.3.1 shows the mean scores of BMI among women before yoga training is 29.79 with SD 3.91. The mean scores of BMI among women after one month of yoga training is 29.13 with SD 3.87. The obtained 't' value is 0.48 which is not significant. So the null hypothesis "there will be no significant effect of

yoga training among women with regards to their BMI” is accepted. It means significant different does not exist between before and after yoga training with regards to BMI among women. It can be seen in Figure 2.3.1 also.

Table no. 2.4 Showing Mean SD and t value of quality of life - life satisfaction of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	9.63	1.41	5.58	0.01	
After yoga	16	11.75	0.58			

Figure 6.4.1



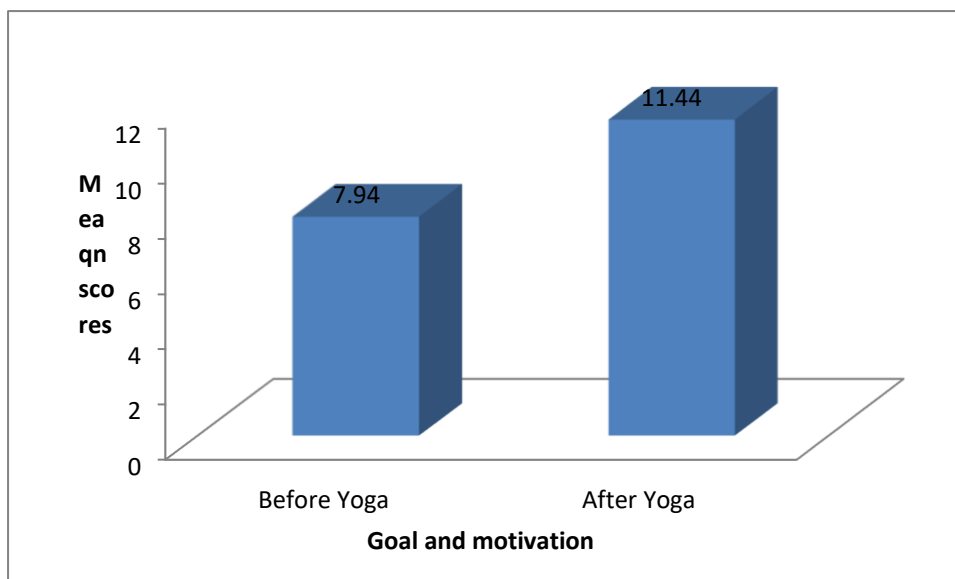
Showing Mean value of quality of life - life satisfaction of before and after yoga training among women

The results of table no. 2.4 shows the mean scores of life satisfaction as area of quality of life among women before yoga training is 9.63 with SD 1.41. The mean scores of life satisfaction as area of quality of life among women who have taken one month yoga training is 11.75 with 0.58. The obtained ‘t’ value 5.58 which is significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their life satisfaction as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to life satisfaction as area of quality of life among women. Hence we can say that life satisfaction as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.4.1 also.

Table no. 2.5 Showing Mean SD and t value of quality of life - goal and motivation of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	7.94	0.93	12.07	0.01	
After yoga	16	11.44	0.63			

Figure 2.5.1



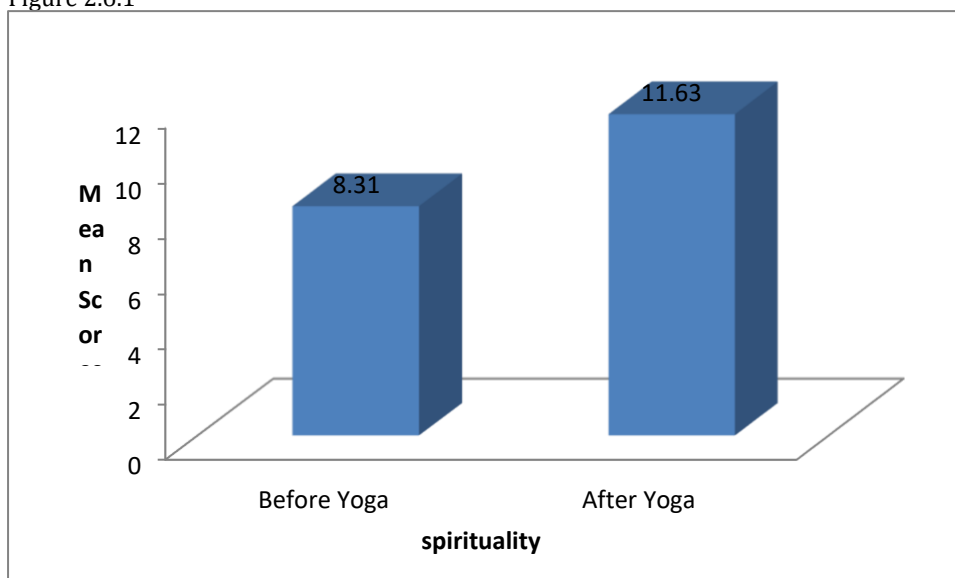
Showing Mean value of quality of life - goal and motivation of before and after yoga training among women

The results of table no. 2.5 shows the mean scores of goal and motivation as area of quality of life among women before yoga training is 7.94 with SD 0.93. The mean scores of goal and motivation as area of quality of life among women who have taken one month yoga training is 11.44 with 0.63. The obtained 't' value 12.07 which is significant at 0.01 level. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their goal and motivation as area of quality of life" is rejected. It means significant different exists between before and after one month yoga training with regards to life satisfaction as area of quality of life among women. Hence we can say that life satisfaction as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.5.1 also.

Table no. 2.6 Showing Mean SD and t value of quality of life - spirituality of before and after yoga training among women

Group	N	Mean	SD	T	Level of significant
Before yoga	16	8.31	1.14	10.38	0.01
After yoga	16	11.63	0.62		

Figure 2.6.1



Showing Mean value of quality of life - spirituality of before and after yoga training among women

The results of table no. 2.6 shows the mean scores of spirituality as area of quality of life among women before yoga training is 8.31 with SD 1.14. The mean scores of spirituality as area of quality of life among women who

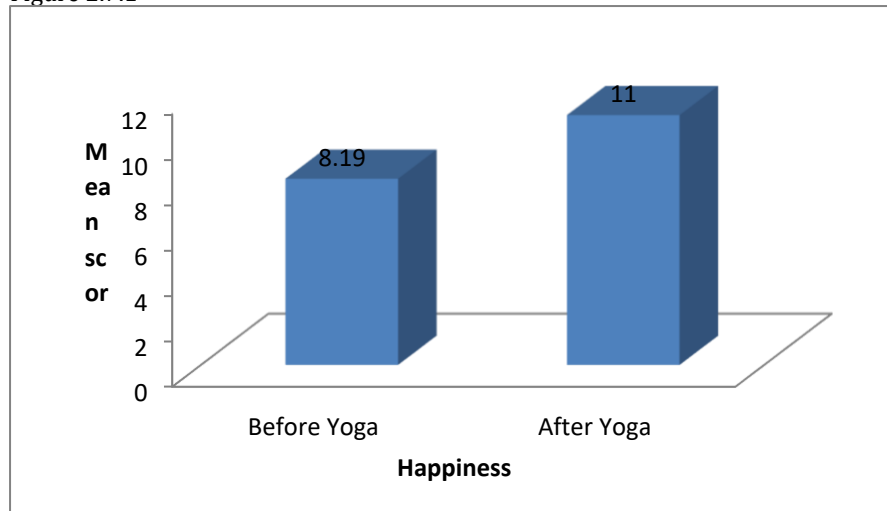
have taken one month yoga training is 11.63 with 0.62. The obtained 't' value 10.38 which is significant at 0.01 level. So the null hypothesis

“there will be no significant effect of yoga training among women with regards to their spirituality as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to spirituality as area of quality of life among women. Hence we can say that spirituality as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.6.1 also.

Table no. 2.7 Showing Mean SD and t value of quality of life - happiness of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	8.19	1.33	7.21	0.01
After yoga	16	11.00	0.82		

Figure 2.7.1



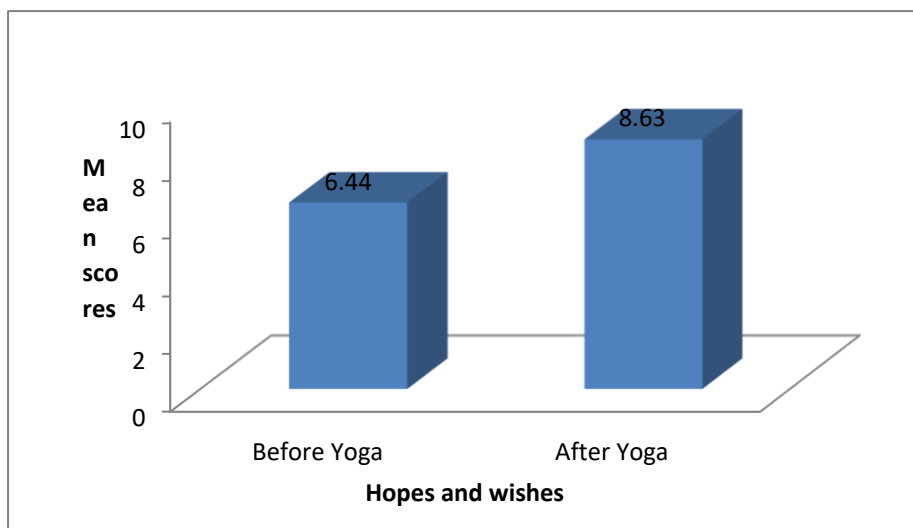
Showing Mean value of quality of life - happiness of before and after yoga training among women

The results of table no. 2.7 shows the mean scores of happiness as area of quality of life among women before yoga training is 8.19 with SD 1.33. The mean scores of happiness as area of quality of life among women who have taken one month yoga training is 11.00 with 0.82. The obtained 't' value 7.21 which is significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their happiness as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to happiness as area of quality of life among women. Hence we can say that happiness as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.7.1 also.

Table no. 2.8 Showing Mean SD and t value of quality of life - hopes and wishes of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	6.44	0.73	9.95	0.01
After yoga	16	8.63	0.50		

Figure 6.8.1



Showing Mean value of quality of life - hopes and wishes of before and after yoga training among women

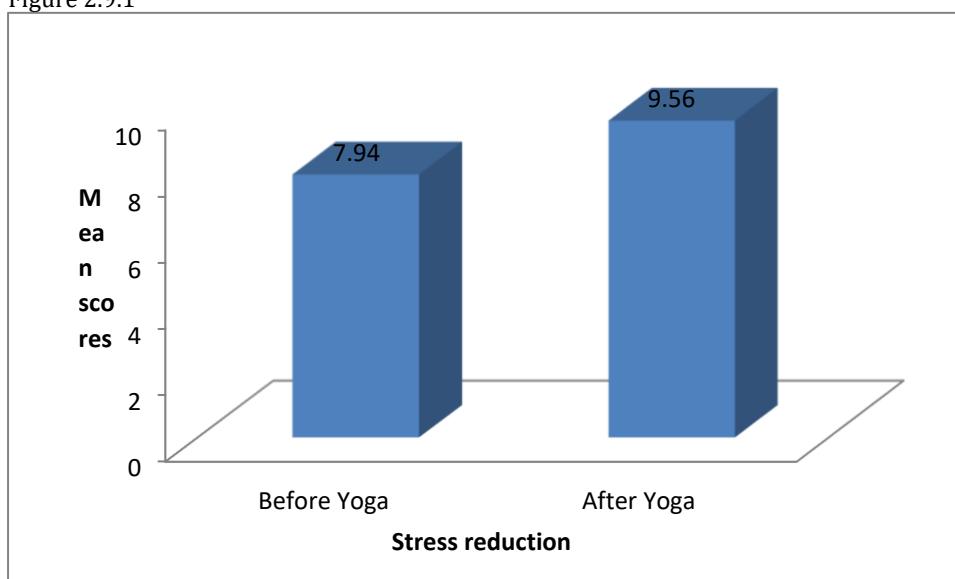
The results of table no. 2.8 shows the mean scores of hopes and wishes as area of quality of life among women before yoga training is 6.44 with SD 0.73. The mean scores of hopes and wishes as area of quality of life among women who have taken one month yoga training is

8.63 with 0.50. The obtained 't' value 9.95 which is significant at 0.01 level. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their hopes and wishes as area of quality of life" is rejected. It means significant different exists between before and after one month yoga training with regards to hopes and wishes as area of quality of life among women. Hence we can say that hopes and wishes as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.8.1 also.

Table no. 2.9 Showing Mean SD and t value of quality of life - stress reduction of before and after yoga training among women

Group	N	Mean	SD	T	Level of significant
Before yoga	16	7.94	1.29	3.86	0.01
After yoga	16	9.56	1.09		

Figure 2.9.1



Showing Mean value of quality of life - stress reduction of before and after yoga training among women

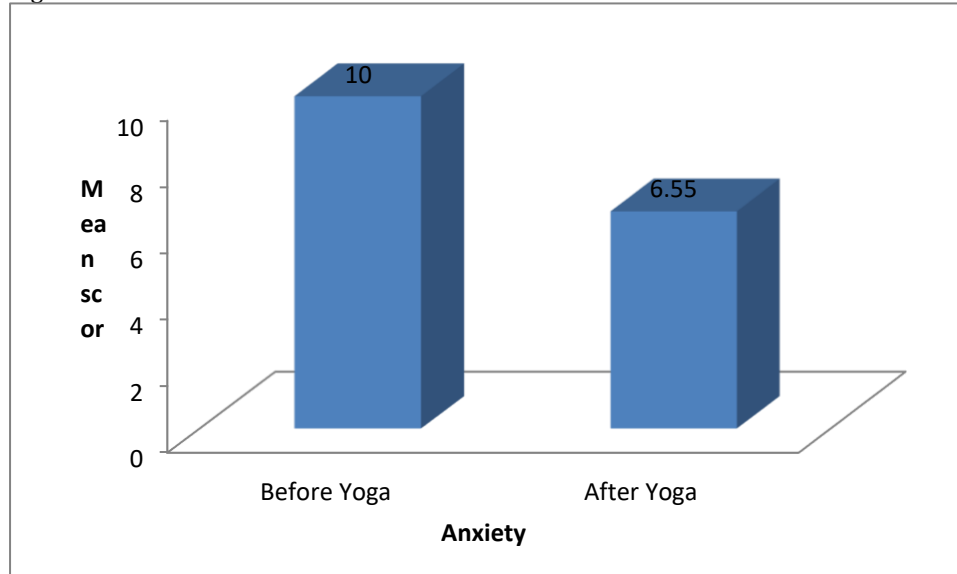
The results of table no. 2.9 shows the mean scores of stress reduction as area of quality of life among women before yoga training is 7.94 with SD 1.29. The mean scores of stress reduction as area of quality of life among women who have taken one month yoga training is 9.56 with 1.09. The obtained 't' value 3.86 which is

significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their stress reduction as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to stress reduction as area of quality of life among women. Hence we can say that stress reduction as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.9.1 also.

Table no. 2.10 Showing Mean SD and t value of quality of life - anxiety of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	10.00	0.73	7.29	0.01
After yoga	16	6.5	1.75		

Figure 2.10.1



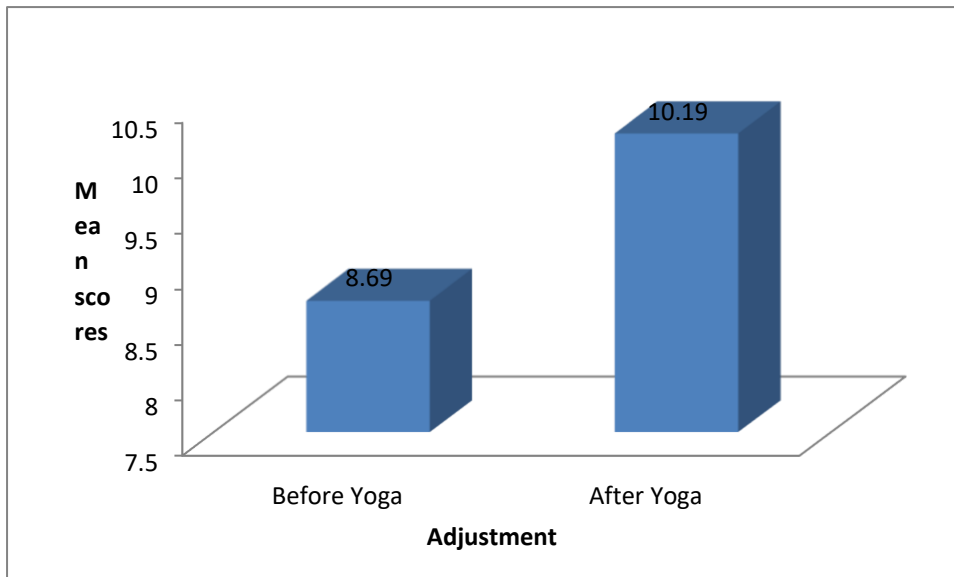
Showing Mean value of quality of life - anxiety of before and after yoga training among women

The results of table no. 2.10 shows the mean scores of anxiety as area of quality of life among women before yoga training is 10.00 with SD 0.73. The mean scores of anxiety as area of quality of life among women who have taken one month yoga training is 6.55 with 1.75. The obtained ‘t’ value 7.29 which is significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their anxiety as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to anxiety as area of quality of life among women. Hence we can say that anxiety as area of quality of life is decreased among women who have taken one month yoga training. It can be seen in Figure 2.10.1 also.

Table no. 2.11 Showing Mean SD and t value of quality of life - adjustment of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	8.69	0.95	4.84	0.01
After yoga	16	10.19	0.83		

Figure 2



Showing Mean value of quality of life - adjustment of before and after yoga training among women

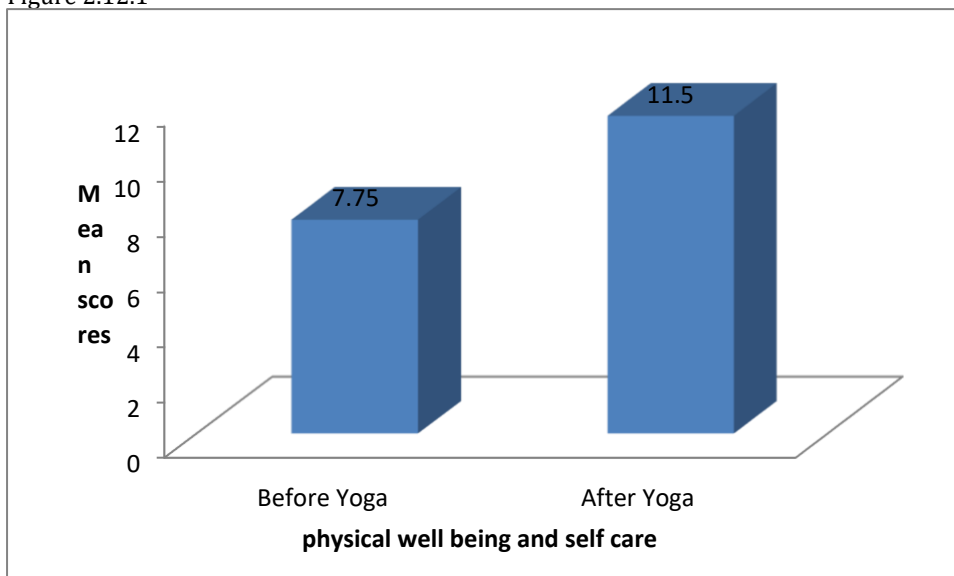
The results of table no. 2.11 shows the mean scores of adjustment as area of quality of life among women before yoga training is 8.69 with SD 0.95. The mean scores of adjustment as area of quality of life among women who have taken one month yoga training is 10.19 with 0.83. The obtained 't' value 4.84 which is significant at 0.01 level. So the null hypothesis

“there will be no significant effect of yoga training among women with regards to their adjustment as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to adjustment as area of quality of life among women. Hence we can say that adjustment as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.11.1 also.

Table no. 2.12 Showing Mean SD and t value of quality of life - physical well being and self care of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	7.75	0.68	13.89	0.01	
After yoga	16	11.5	0.82			

Figure 2.12.1



Showing Mean value of quality of life - physical well being and self care of before and after yoga training among women

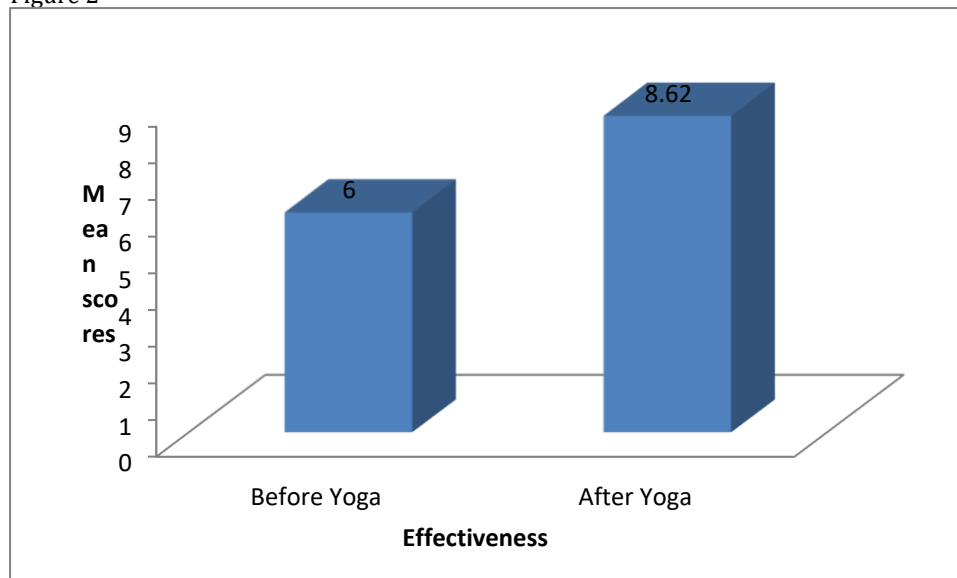
The results of table no. 2.12 shows the mean scores of physical well being and self care as area of quality of life among women before yoga training is 7.75 with SD 0.68. The mean scores of physical well being and self care as area of quality of life among women who have taken one month yoga training is 11.5 with 0.82. The obtained 't'

value 13.89 which is significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their physical well being and self care as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to physical well being and self care as area of quality of life among women. Hence we can say that physical well being and self care as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.12.1 also.

Table no. 2.13 Showing Mean SD and t value of quality of life - effectiveness of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	6.00	0.52	14.61	0.01	
After yoga	16	8.62	0.50			

Figure 2



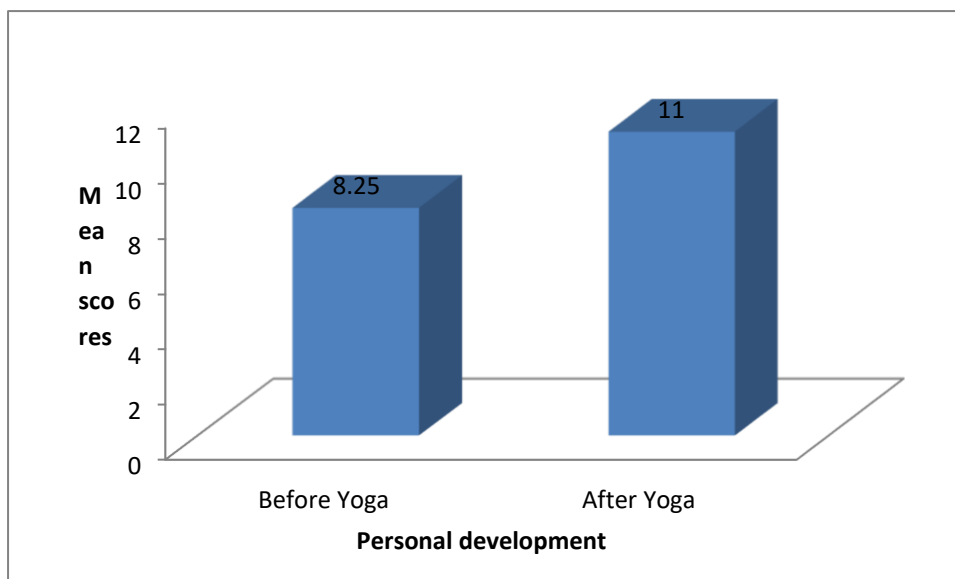
Showing Mean value of quality of life - effectiveness of before and after yoga training among women

The results of table no. 2.13 shows the mean scores of effectiveness as area of quality of life among women before yoga training is 6.00 with SD 0.52. The mean scores of effectiveness as area of quality of life among women who have taken one month yoga training is 8.62 with 0.50. The obtained 't' value 14.61 which is significant at 0.01 level. So the null hypothesis “there will be no significant effect of yoga training among women with regards to their effectiveness as area of quality of life” is rejected. It means significant different exists between before and after one month yoga training with regards to effectiveness as area of quality of life among women. Hence we can say that effectiveness as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.13.1 also.

Table no. 2.14 Showing Mean SD and t value of quality of life - personal development of before and after yoga training among women

Group	N	Mean	SD	T	Level significant	of
Before yoga	16	8.25	0.93	9.82	0.01	
After yoga	16	11.00	0.63			

Figure 2.14.1

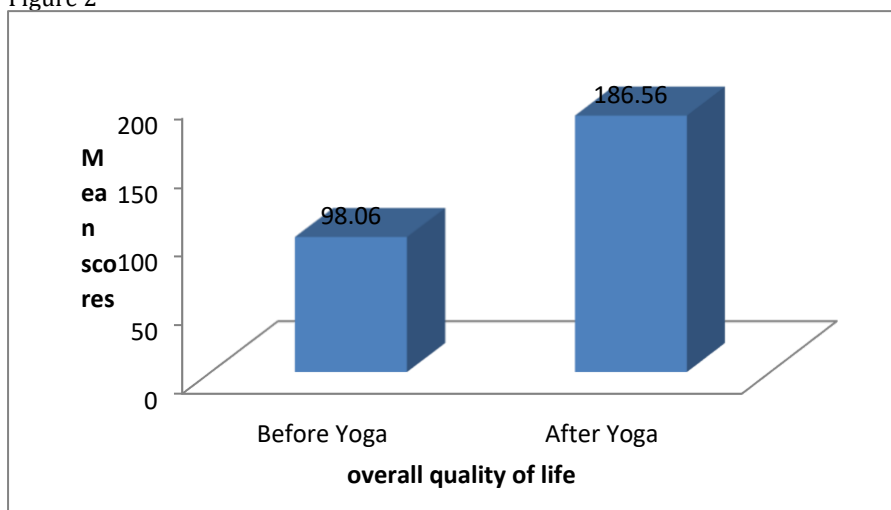


Showing Mean value of quality of life - personal development of before and after yoga training among women. The results of table no. 2.14 shows the mean scores of personal development as area of quality of life among women before yoga training is 8.25 with SD 0.93. The mean scores of personal development as area of quality of life among women who have taken one month yoga training is 11.00 with 0.63. The obtained 't' value 9.82 which is significant at 0.01 level. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their personal development as area of quality of life" is rejected. It means significant difference exists between before and after one month yoga training with regards to personal development as area of quality of life among women. Hence we can say that personal development as area of quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.14.1 also.

Table no. 2.15 Showing Mean SD and t value of overall quality of life of before and after yoga training among women

Group	N	Mean	SD	T	Level significant of
Before yoga	16	98.06	3.53	45.62	0.01
After yoga	16	186.56	6.93		

Figure 2



Showing Mean value of overall quality of life of before and after yoga training among women. The results of table no. 2.15 shows the mean scores of overall quality of life among women before yoga training is 98.06 with SD 3.53. The mean scores of overall quality of life among women who have taken one month yoga training is 186.56 with 6.93. The obtained 't' value 45.62 which is significant at 0.01 level. So the null hypothesis "there will be no significant effect of yoga training among women with regards to their overall quality of life" is rejected. It means significant difference exists between before and after one month yoga training with regards to overall quality of life among women. Hence

we can say that overall quality of life is increased among women who have taken one month yoga training. It can be seen in Figure 2.15.1 also

DISCUSSION

It calculates body fat depending on a person's height and weight. As a result, while BMI does not directly measure body fat, it is somewhat linked with more precise measurements of body fat. Despite the fact that there are more accurate ways to evaluate body fatness, BMI appears to be substantially linked with a number of metabolic and illness outcomes (27). An earlier study discovered that anthropometric measurements were impacted by frequency, length, and the implementation of sophisticated yoga interventions with numerous components. Anthropometric measurements were impacted when yoga was combined with dietary/nutritional advice, particularly a vegetarian diet with or without calorie restriction (28). Significant changes in quality of life after giving yoga intervention. These findings are of importance as psychological wellbeing is important for the long term successful management of obesity (29). Based on the waist circumference, this conclusion was drawn. The ability to predict the risk of contracting diseases linked to central obesity has been demonstrated for a number of other anthropometric measurements and derived anthropometric indices (30). There is a link between the abdominal volume index and poorer glucose tolerance, more cases of type 2 diabetes, and the metabolic syndrome (31). Weight gain is likely more complicated and involves physiological, social, environmental, and psychological elements like stress, anxiety, and depression while many commercial weight loss methods concentrate on the calories in versus calories out equation.(32). The combined effects of a typical yoga practise, which often consists of asana, pranayama, kriya, deep relaxation, and meditation, are to relax the body, slow the breath, and calm the mind. This impact balances homeostasis by causing a decrease in oxygen consumption and metabolism.(33, 34). Effect of Yoga intervention shows significant difference in quality of life and waist circumference among women

CONCLUSION

In the study of single group pre- post experimental design the present study suggest that the yoga helps to enhance the overall quality of life and WC among women. Whereas significant difference is not found in weight and BMI among women. Further study can be well designed before strong recommendations made.

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