Chapter - III

Method and Procedure
In the previous chapter, the development of the problem for the present study has been traced in the light of review of literature. The chapter III is concerned with the method and design of the study as well as with the procedure to conduct it.

It is said that a research design is the arrangement of conditions for collection and analysis of data in a manner that aims at combining relevance to the research purpose with economy in procedure. In fact, the research design is the conceptual structure within which research is conducted and it constitutes the blueprint for the collection, measurement and analysis of data. Research design stands for advance planning of the methods to be adopted for collecting the relevant data and the techniques to be used for their analysis, keeping in view of the research objectives.

Design of the study is an essential part of research because design provides a picture of what and how to do the work before starting. It has been determined from time to time that a suitable research design guards against the collection of irrelevant data and guarantees more economy. So in any research work, design provides the researcher with a blueprint of research which sets the boundaries of work and helps in controlling the experimental, extraneous error, variances of the problem under investigation etc. This is an experimental study. It studies the effect of yoga on self-concept, feeling of well-being and emotional maturity of students with disabilities.

The present chapter describes the design or plan of the study and highlights the details about the research procedure followed in conducting the study. It includes information about the population, the sample frame, the nature and form of data collection, tools, methods of collecting data and
statistical techniques used for analysis of data etc. In order to achieve the objectives and the stated corresponding hypotheses, the following plan of the study has been followed under the following headings:

3.1 Method of research
3.2 Design of the study
3.3 Variables
3.4 Sample of the study
3.5 Tools used
3.6 Procedure to collect data
3.7 Statistical techniques
3.8 Yogic Intervention programme

3.1 METHOD OF RESEARCH

Keeping in mind the nature and the need of the present study, one group field experimental method was considered to be the appropriate one. The experimental method provides a logical, systematic way to answer the question, “If this is done under carefully controlled conditions, what will happen?” Under carefully controlled conditions, an intervention programme was provided to subjects and the impact of intervention programme was assessed on self-concept, feeling of well-being and emotional maturity of respondents.

3.2 DESIGN OF THE STUDY

An experimental design is a blue print of the procedure that enables the researcher to test hypotheses by reaching valid conclusions about relationship between independent and dependent variables. It refers to conceptual framework within which the experiment is conducted. Selection of a particular
design is based upon the purposes of the experiment, the type of variable to be manipulated, and the conditions or limiting factors under which it is conducted.

In the present study, pretest-posttest one group experimental design was chosen. In this type of design, the dependent variable is measured before introducing the intervention programme. The intervention programme, is then, introduced and after the completion of the intervention programme, the dependent variable is again measured. The effect of intervention programme is determined by calculating the change in the dependent variable after intervention programme. The experimental design of the study is presented in the Figure 3.1.

Figure 3.1: The Experimental Design of the Study

The intervention programme i.e. yoga training was divided into different yoga asanas and pranayams. Only those disabled students who were not practising yoga but had some experience of physical exercises were included in the sample. Modification was made in the asanas taking into consideration the nature and degree of disability of each category. Mohsin Self-Concept
Inventory, P.G.I. General Well-Being Scale and Emotional Maturity Scale were administered before and after the intervention programme.

### 3.3 VARIABLES

On the basis of the available literature, personal experience, discussion done with research supervisor and consulting with yoga experts, the following variables were studied in the study.

#### 3.3.1 INDEPENDENT VARIABLE

The independent variable is a manipulated variable in an experimental study whose presence or degree determines the change in the dependent variable. The independent variable that was used in the present study is yogic intervention programme. This variable was manipulated to study its effect on self-concept, feeling of well-being and emotional maturity of students with disabilities. The experimental group was exposed to intervention programme which included various *asanas* and *pranayamas*.

#### 3.3.2 DEPENDENT VARIABLE

The dependent variable is a condition or characteristic that appears, disappears or changes as the experimenter introduces, removes or changes independent variable. Dependent variable is the observed variable in an experimental study whose changes are determined by the presence or degree of one or more independent variables. The dependent variables used in the study were self-concept, feeling of well-being and emotional maturity of students with disabilities.

#### 3.3.3 INTERVENING VARIABLES

The intervening variables are the conditions that might influence the dependent variables and whose effect may be confused with the effects of the independent variable. In the present study, such variables i.e. age, food habits, motivational
level, participation of the practitioners in any other programme, instrumentation, prior yoga training, general health of participants and statistical control etc. were identified and controlled experimentally. All respondents were first asked to give their willingness, if they want to participate in the study.

3.3.3.1 PROCEDURE EMPLOYED FOR CONTROLLING INTERVENING VARIABLES

The procedure employed to control different confounding variables is discussed as under.

1. **AGE**: Students with disabilities ranging between the ages of 14 to 20 years were included in the intervention programme.

2. **FOOD HABITS**: Students were asked not to eat any junk food during the intervention programme.

3. **MOTIVATIONAL LEVEL**: Only those students who were highly motivated to practise yoga were included in the study.

4. **PARTICIPATION OF THE PRACTITIONER IN ANY OTHER PROGRAMME**: Students were not allowed to participate in any other yogic programme during this period.

5. **INSTRUMENTATION**: Reliable and valid tests were used by the investigator.

6. **PRIOR YOGA TRAINING PROGRAMME**: Only those students who had no previous training or practice in yoga but had some experience of physical exercises were included in the sample.

7. **GENERAL HEALTH**: Only those students who have good health were included in the study.

8. **STATISTICAL CONTROL**: Relevant statistical techniques were used.
Table 3.1 presents the procedure employed for controlling independent, dependent and intervening variable.

**TABLE 3.1**

**Independent, Dependent, Intervening Variables and Control Employed**

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Dependent Variables</th>
<th>Intervening Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogic intervention programme.</td>
<td>1. Self-concept of students with disabilities. 2. Feeling of well-being of students with disabilities. 3. Emotional maturity of students with disabilities.</td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food habits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Motivational level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participation of the practitioners in any other programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instrumentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior yoga training programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statistical control</td>
</tr>
</tbody>
</table>
3.4 SAMPLE OF THE STUDY

Sample is an essential part of the research procedure. Small representative portion of the population is called a sample. By observing the characteristics of the sample, one can make certain inferences about the population from which it is drawn. It is physically impossible to work with the total population in systematic investigation. Moreover, to work on a sample saves time, labour and money. In the present study, Ambala and Rohtak divisions of the Haryana State formed the field of the study. As far as sample of this study was concerned, purposive sampling technique was used. Firstly, in the selection of the schools, and secondly, in the selection of subjects for the study.

3.4.1 SELECTION OF SCHOOLS

In the first stage of sampling, the investigator visited/surveyed various special schools personally after obtaining the list of special schools from the website of Social Justice and Empowerment Department, Government of Haryana. The list was cross verified from the office of concerned District Welfare Officer as well as help of District Elementary Education Officer was also sought. The investigator visited large number of special schools run by private, semi-government organizations and NGO’s. However, only those schools were selected for the study which was approachable and conducive to the completion of the study. Therefore, a purposive sampling technique was used to select the one school each at Panchkula, Panipat and Sonipat towns of Haryana for the intervention programme because without the co-operation of the schools, the study would not have been conducted in the right perspective. The list of schools selected for the intervention programme is given in table 3.2.
**TABLE 3.2**

**List of Schools Selected for Study**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the Institute/Special schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Govt. Institute for Blind Students, Panipat.</td>
</tr>
<tr>
<td>3.</td>
<td>Welfare Centre for Speech and Hearing Impaired, Sonipat.</td>
</tr>
</tbody>
</table>

**3.4.2 SELECTION OF SUBJECTS**

The sample of the present study consisted of 100 students with disabilities (orthopedically-challenged, visually-challenged, and hearing-challenged students) studying in selected special schools of Haryana state. Availability of sufficient number of sample, ideal and large space for practising yoga, consent of the disabled students and their parents to participate in the study, general health as well as co-operative attitude of the heads of schools were a few factors that were considered while selecting the sample for the study. The list of sample selected for data collection from different schools is given in the Table 3.3.

**TABLE 3.3**

**List of Sample Selected for Data Collection**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the Institute/Special school</th>
<th>Type of sample</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Govt. High School, Bir Ghaghar, Panchkula associated with Saket Institute of Orthopedically Handicapped, Panchkula.</td>
<td>Orthopedically-challenged students</td>
<td>15</td>
</tr>
<tr>
<td>2.</td>
<td>Govt. Institute for Blind Students, Panipat.</td>
<td>Visually-challenged students</td>
<td>40</td>
</tr>
<tr>
<td>3.</td>
<td>Welfare Centre for Speech and Hearing Impaired, Sonipat.</td>
<td>Hearing-challenged students</td>
<td>45</td>
</tr>
</tbody>
</table>
Prior to administering pre-test and starting the intervention programme, permission was obtained from the heads of the concerned institution. Only those students with disabilities were considered who had no previous training or practice in yoga but had some experience of physical exercises. Moreover, proper medical check-up of these students was also done by the respective institutions to know about the fitness of students with disabilities. The yoga classes for the students with disabilities were organized in selected special schools in Haryana state for 3 months i.e., 12 weeks keeping in view the availability and willingness of desired sample selected. Yoga training was given to the students with the help of specialized yoga instructor keeping in view the nature and the extent of their disability.

Probability of drop-out was reduced by selecting only those students who were highly motivated for performing yoga as well as residing in the hostel of the institution. Secondly, attendance of the students was taken regularly by their respective special education teacher. Thirdly, yogic intervention programme was organized during school hours. Due to some unforeseen reasons (e.g. due to minor illness or out station visit with parents) if one or two students with disabilities did not attend a session of yoga, suitable measures were taken/adopted by the yoga instructor to see the feasibility of performing yoga by practitioners by organizing special remedial classes of 15 to 20 minutes.

3.5 TOOLS OF THE STUDY

In order to collect the data for the study, the investigator needs to select or construct a tool. J.C. Aggarwal explains the importance of tool as under:

The progress of mankind depends upon well conducted research programmes. Well conducted research programmes postulate sufficient, reliable and valid facts. Such facts are obtained through a systematic procedure, which involves various devices.
The different variables were measured by using the standardized and appropriate tools. Three types of tools were used for the research study which is as under.

3.5.1 Self concept inventory developed and standardized by S.M. Mohsin (1979).

3.5.2 P.G.I General Well-being Measures scale developed and standardized by Verma and Verma (1989).

3.5.3 Emotional maturity scale developed and standardized by Yashvir Singh and Mahesh Bhargava (1990).

The description of these measuring tools is as under.

3.5.1. SELF-CONCEPT INVENTORY BY S. M. MOHSIN (1979)

The Mohsin Self-Concept Inventory (MSCI) consists of 48 items selected out of a total of 70 items consisting of positively or negatively phrased statements about abilities and strengths pertaining to the cognitive, affective, and conative areas. The positively and negatively phrased statements are equally balanced in number; all positively phrased statements affirm a positive quality and all negatively phrased statements deny a negative quality. The acceptance of a statement as characterizing oneself signifies, in either case, positive evaluation of the self. The entire inventory is, thus, intended to measure variation in self-regard.

RELIABILITY: Two halves reliability of the MSCI was found to be 0.57 for the half and 0.73 for the full inventory, using the SB formula.

VALIDITY: The MSCI was hypothesized to correlate negatively with a short version of Maslow’s SI test, adopted by the author, and positively with MPCI, the Mohsin Parent Child Inventory. The correlation with Maslow SI test was -.351, and with MPCI, it was .396, for a sample of 150 under-graduate students (Mohsin, 1976). Both values are significant at less than 1 percent level of confidence. The obtained correlations may be taken as indices of construct validity of the MSCI.
3.5.2 P.G.I. GENERAL WELL-BEING MEASURE SCALE BY VERMA AND VERMA (1989)

According to Verma and Verma (1989), well-being may be defined as the subjective feeling of contentment, happiness, satisfaction with life’s experiences and of one’s role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry.

SCORING: Number of ticks is counted and constitutes the well-being score of that particular individual at that time.

RELIABILITY: It was measured by K.R. 20 formula and was found to be .98 (p<.01) (Verma, Dube and Gupta, 1983), while test-retest reliability was .91 (p<.01) (Moudgil et al., 1986) for the English version and .86 (p<.01) for the Hindi version (Moudgil et al., 1986).

VALIDITY: The test was correlated with a number of tests in different studies. The scale showed relative independence of other variables as expected but showed significant relations with another Wellbeing scale, with quality of life scale, and to some extent with learned helplessness. The last one is rather surprising and requires more work. Perhaps the learned helplessness scale is not well standardized on Indian population and this scale has recently raised some controversies regarding its scoring procedure (Amita Verma, Mahajan and Verma 1988; Verma, 1988).

The P.G.I General Well-being Scale appears to be a reliable and valid tool to measure positive mental health of Indian subjects for (a) it is simple, easy and quick, (b) it shows high correlation with other related variables but is relatively independent of them also, (c) it shows significant relationship with therapeutic intervention, hence can be used to evaluate outcome in such cases, (d) it also shows high reliability, consistency, and (e) it shows scatter of scores in all score ranges. Further, work with the scale is fully justified.
3.5.3 EMOTIONAL MATURITY SCALE BY YASHVIR SINGH AND MAHESH BHARGAVA (1990)

Yashvir Singh and Mahesh Bhargava prepared a list of five broad factors of emotional immaturity.

(a) Emotional unstability
(b) Emotional regression
(c) Social maladjustment
(d) Personality disintegration
(e) Lack of independence

Detailed description of these factors is as under:

(a) EMOTIONAL UNSTABILITY: This is a broad factor in a person, representing syndrome of lack of capacity to dispose off problems, irritability, and needs constant help for one’s day to day work, venerability, stubbornness and temper tantrums.

(b) EMOTIONAL REGRESSION: Emotional regression is also a broad group of factors representing such syndromes as feeing of inferiority, restlessness, hostility, aggressiveness and self-centredness.

(c) SOCIAL MAJADJUSTMENT: Such a person shows lack of social adaptability, hatred, is exclusive but boasting, liar and shirker.

(d) PERSONALITY DISINTEGRATION: It includes all those symptoms, which represent disintegration of personality, like reaction, phobia formation, rationalization, pessimism, immorality etc. Such a person suffers from inferiority and hence reacts to environment through aggressiveness, destruction and has distorted sense of reality.

(e) LACK OF INDEPENDENCE: Such a person shows parasitic dependence on other, egotist and lacks ‘objective interests’. People think of him an unreliable person.
DESCRIPTION AND SCORING: Emotional Maturity Scale (EMS) has a total of 48 items under five categories, given in Table 3.4.

**TABLE 3.4**

**Areas and Number of Items in Emotional Maturity Scale**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Areas</th>
<th>Total No. of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Emotional Unstability</td>
<td>10</td>
</tr>
<tr>
<td>b.</td>
<td>Emotional Regression</td>
<td>10</td>
</tr>
<tr>
<td>c.</td>
<td>Social Maladjustment</td>
<td>10</td>
</tr>
<tr>
<td>d.</td>
<td>Personality Disintegration</td>
<td>10</td>
</tr>
<tr>
<td>e.</td>
<td>Lack of Independence</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>48</td>
</tr>
</tbody>
</table>

EMS is a self-reporting five point scale. Items of the scale are in question form demanding information for each in any of the five options mentioned below:

Very Much      Much     Undecided    Probably    Never

The items are so stated that if the answer is positive say, Very Much, a score of 5 is given; for Much, 4; for Undecided, 3; for Probably, 2 and for negative answer of Never, a score of 1 is to be awarded. Therefore, the higher the score on the scale, greater is the degree of the emotional immaturity and vice-versa.

RELIABILITY: The reliability of the scale was determined by: (i) Test-retest Method (ii) Internal consistency.

(i) **TEST-RETEST METHOD:** The time interval between the two testings was that of six months. The product moment $r$ between the two testings was .75.
(ii) **INTERNAL CONSISTENCY**: The internal consistency of the scale was checked by calculating the coefficient of correlations between total scores and scores on each of the five areas.

**VALIDITY**: The scale was validated against external criteria i.e. the ‘Gha’ area of the adjustment inventory for college student by *Sinha* and *Singh*. The inventory has ‘Gha’ area measuring emotional adjustment of college students. The number of items of this area is 21. Product moment correlation obtained between total scores on all twenty-one ‘Gha’ items and total scores on EMS was .64 (N=46).

**INTERPRETATION**: The interpretation of the scores is shown in Table 3.5.

<table>
<thead>
<tr>
<th>Scores</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-80</td>
<td>Extremely stable</td>
</tr>
<tr>
<td>81-88</td>
<td>Moderately stable</td>
</tr>
<tr>
<td>89-106</td>
<td>Unstable</td>
</tr>
<tr>
<td>107-240</td>
<td>Extremely unstable</td>
</tr>
</tbody>
</table>

**TABLE 3.5**

**Interpretation of Scores**

3.6 **PROCEDURE FOR DATA COLLECTION**

One hundred students with disabilities (orthopedically-handicapped, visually-challenged and hearing-challenged) of 14 to 20 years of age who did not have previous exposure to yoga training but had some experience of physical exercises were selected through purpose sampling technique for the experiment. The data were collected in two stages viz., pre-test (before starting the intervention programme) and post-test (after completing the intervention programme).
3.6.1 THE PRE-TEST PHASE

The pre-test administration was preceded by an interaction with the students regarding intervention programme to create a rapport with them. The students were given assurance that their response would be kept confidential and used for research purpose only. Then, the pretests (self-concept inventory, well-being scale and emotional maturity scale) were administered to know the base line scores on self-concept, well-being and emotional maturity.

3.6.2 THE INTERVENTION PROGRAMME PHASE

After pre-test, students were exposed to the intervention programme. First of all, the students were made aware about the yoga, asanas, pranayamas and their importance for physical, social, spiritual, emotional and mental health. Before practising the yoga, all the necessary instructions were given to the students. The students were asked to wear proper school dress and bring mats for asanas and pranayamas. They were provided a wide space with healthy environment. The yoga training programme was completed in 12 weeks. Yoga instructions were provided for a period of 50 minutes every day which included number of pranayamas and asanas. All the yogic asanas and pranayamas were performed by the students under the supervision of a specialized yoga instructor.

3.6.3 THE POST-TEST PHASE

Immediately after the completion of intervention programme, post-tests, which were the same as already given to students as pre-tests before the yoga training programme started, were given to them. The responses of the students in post-tests were compared with the results of pre-tests and responses were noted by the investigator.
3.7 STATISTICAL TECHNIQUES USED

Different statistical techniques were used for the analysis of the data. These statistical techniques were:

1. Mean, S.D. and t-test were worked out to find out the effect of yogic intervention programme on the self-concept, well-being and emotional maturity of students with disabilities. For this, gain scores were worked out by finding out the difference in pre-test and post-test scores.

2. ANCOVA on gain scores was used to find out the interactive effect on the self-concept, well-being and emotional maturity of students.

3.8 YOGIC INTERVENTION PROGRAMME

Yogic intervention programme was organized for 3 months i.e., 12 weeks for 50 minutes every day from Monday to Saturday. The programme was developed by the investigator. It was submitted to senior academicians and yoga teachers for its content validity, taking into consideration the nature and degree of disability of each category. The content validity was established by incorporating their suggestions into the programme. During this period, the students with disabilities were not allowed to participate in any training programme.

3.8.1 TRAINING PROGRAMME OF 12 WEEKS

Training programme was commenced by orientating the participants about the purpose of the study, activities involved in the intervention, testing procedures and instructions were given to the subjects about the procedure to be adopted while administrating pre-test and post-tests. Instructions to hearing-challenged students were given with the help of their special education teachers as they understood only sign language. Help from special teachers was also sought during pre-testing of subjects. Printed booklet containing specific postures on different pranayamas and asanas were given to participants to guide them in daily sessions. Visually-challenged students were given printed material in Braille language. Three sessions were spent on familiarizing the subjects with the theoretical part of yoga whereas
another three sessions were spent to familiarize them with the training part of yoga which helped them to perform yogic exercises properly. Detailed description of the intervention programme is given in the following paragraphs.

During 1st week, the yogic intervention programme included two kind sessions namely, (i) Lecture session, and (ii) Training session.

**1st WEEK OF INTERVENTION PROGRAMME**

(i) **LECTURE SESSION**

**DAY 1:** Day 1 was devoted to orientation of the participants about the purpose of the study, activities involved in the intervention, testing procedures and about the procedure to be adopted while administering pre-test and post-tests.

**DAY 2:** Lecture session on ‘yoga and pranayama’ was delivered by certified yoga instructors in their respective special schools. The lecture sessions were held only for visually-challenged and orthopedically-challenged students whereas printed material on ‘yoga and pranayama’ was distributed among hearing-challenged students as these students understood the sign language only, so it was not possible for the yoga instructor to give the information about yoga in sign language. Moreover, visually-challenged students were given printed material in Braille language.

Quarries of these students about the content were also solved by the instructor by taking the help of their respective teachers. The content of the lecture focused on acquainting participants about the origin and eight limbs of Patanjali’s yoga. At the end of the session, a printed booklet containing specific
postures on different pranayamas and asanas was distributed to all the participants to guide them in daily sessions.

**DAY 3:** Discussion was focused on the significance and importance of yogic practices in day-to-day life. It was also made clear as to how yoga is useful in shaping the over-all personality of the individual by keeping him healthy, confident and emotionally stable. Students were taught about correct posture of standing, sitting, reading, walking and lying on bed. They were taught about the pranayams and asanas used in the study viz., Kapalbhati, Anulom-Vilom, Bhashrika, Brhamari, Ujjai, Udgeet pranayama and asanas such as Tadasana and Shavasana.

The major objective of organizing these three talks was to create the interest of the participants in the programme as well as associating them with it for 12 weeks. The lecture sessions covered vital information on various asanas and pranayamas.

(ii) **TRAINING SESSION**

**DAY 4:** Training session started with a thrust on the demonstrating the asanas and pranayamas practically by the certified yoga instructor. The day 4 was devoted to demonstrating the Kapalbhati pranayama, Bhashrika pranayama and Ujjai pranayama, Anulom-Vilom pranayam, Brhamari pranayama and Omkar recitation/Udgeet pranayama.

![Photograph 2: Hearing Challenged Students are learning ‘Anulom Vilom Pranayama’ strictly in accordance with the demonstration given by certified yoga instructor.](image-url)
DAY 5: On day 5, the instructor demonstrated the *Anulom-Vilom pranayam*, *Brhamari pranayam* and *Omkar* recitation/*Udgeet pranayam*. The instructor also practised the *pranayamas* done on the day 4.

![Photograph 3: Yoga Instructor Helping the Visually-Challenged Students in Performing ‘Anulom Vilom Pranayama’ During a Training Session](image)

DAY 6: On day 6, the instructor demonstrated the *asanas* to the students. The instructor also practised the *pranayamas* done on the days 4 and 5.

![Photograph 4: Orthopedically-Challenged Students are Learning ‘Tadasana’ Strictly as Demonstrated by the Yoga Instructor](image)

At the end of each day, quarries answered and difficulties were removed of the students regarding the *pranayamas* and *asanas* by the yoga instructor.
2nd TO 12th WEEK OF INTERVENTION PROGRAMME

From 2nd week to 12th week, yoga asanas and pranayamas were practised by participants under the supervision of certified yoga instructor strictly in accordance with the demonstration given by him/her on day 5 and 6. The type of asanas and pranayamas practised/ performed during his time is given in Table 3.6 and 3.7 together with indicating the time allotted/spent for each.

**TABLE 3.6**
List of Pranayamas

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Pranayamas</th>
<th>Approximate Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bhastrika pranayama</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Kapalbhati pranayama</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Anulom-Vilom pranayama</td>
<td>10 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Brhamari pranayama</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Omkar recitation/Udget pranayama</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Ujjai pranayama</td>
<td>5 Minutes</td>
</tr>
</tbody>
</table>

**TABLE 3.7**
List of Asanas

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Asanas</th>
<th>Approximate Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tadasana (This asana was modified for orthopedically challenged students after consulting the physiotherapist and orthopedician. They advised that it is the only asana which can be performed easily by these students in seating position whereas most of the other asanas are performed in standing posture or required movements of upper/lower limbs.)</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Relaxation technique – Shavasana</td>
<td>10 Minutes</td>
</tr>
</tbody>
</table>
A GLIMPSES OF YOGIC INTERVENTION PROGRAMME

Photograph 5: Visually-Challenged Students Practising ‘Kapalbhati Pranayama’

Photograph 6: Orthopedically-Challenged Students Performing “Kapalbhati Pranayama”
Under the Supervision of Yoga Instructor
Photograph 7: Hearing-Challenged Students Practising ‘Kapalbhati Pranayama’

Photograph 8: Hearing-Challenged Students Practising ‘Anulom-Vilom Pranayama’
Photograph 9: A Visually-Challenged Student Performing ‘Anulom-Vilom Pranayama’ Under the Supervision of Yoga Instructor

Photograph 10: Orthopedically-Challenged Students Practising ‘Anulom-Vilom Pranayama’ Under the Supervision of Yoga Instructor
Photograph 11: Orthopedically-Challenged Students Performing ‘Brhamari Pranayama’

Photograph 12: Hearing-Challenged Students are performing ‘Tadasana’ under the Supervision of Yoga Instructor
Photograph 13: Visually-Challenged Students are performing ‘Tadasana’ under the Supervision of Yoga Instructor

Photograph 14: ‘Tadasana’ in Sitting Posture performed by Orthopedically-Challenged Students for Stretching Their Muscles
Photograph 15: Orthopedically-Challenged Students Performing ‘Brhamari Pranayama’

Photograph 16: Visually-Challenged Students Performing Relaxation Technique—‘Shavasana’
Photograph 17: ‘Udgeet Pranayama/ Omkar Recitation’ Performed by Visually-Challenged Students

Photograph 18: Hearing-Challenged Students are Performing ‘Brhamari Pranayama’
Photograph 19: Hearing-Challenged Students are Performing Relaxation Technique—‘Shavasana’

Photograph 20: Visually-Challenged Students are Performing ‘Bhastrika Pranayama’
Photograph 21: Hearing-Challenged Students are Performing ‘Anulom-Vilom Pranayama’ Under the Supervision of Yoga Instructor

Photograph 22: Hearing-Challenged Students are Performing ‘Kapalbhati Pranayama’ Under the Supervision of Certified Yoga Instructor