SIGNIFICANCE OF THE STUDY

The following significance was set for the present study.

(a) Review of related literature reveals that most of the studies related to yoga have been conducted on patients suffering from different physical and mental ailments. A few studies have also been conducted to study the effect of yoga on physical fitness of sports persons and school going students. However, very few studies have been conducted to study the effect of yoga on psychological variables of students with disabilities. A research study to find out an effective yogic intervention approach for the students with disabilities for the management of their self-concept, feeling of well-being and emotional maturity for their better adjustment as well as for the harmonious development of their personality will be a contribution to knowledge in this field.

(b) This study would promote awareness of yoga among students with disabilities, parents, yoga instructors, special education teachers, general education teachers, rehabilitation workers, media personnel and the policy makers.

(c) This study would provide a scientific basis and guidance to stakeholders to conduct further research in the similar fields.

STATEMENT OF THE PROBLEM

The review of literature, researcher’s own observations and discussions with colleagues and with members of the community has revealed that yoga has a positive effect on those human beings who practise it. Thus, a need was felt to study the “Effect of yogic intervention on self-concept, feeling of well-being and emotional maturity of students with disabilities in Haryana State.”
OPERATIONAL DEFINITIONS OF THE KEY TERMS USED IN THE STUDY

(i) YOGIC INTERVENTION

In the present study, the yogic intervention means practice of physical exercises, and breathing techniques, based on yoga and specific asanas to strengthen the muscles, relieve stress and strain, development of better well being. Only six pranayamas viz. Kapalbhati, Bhastrika, Ujjai, Anulom-Vilom, Brhamari, and Omkar recitation/Udgeet pranayamas and two asanas viz. Tadasan for stretching the muscles and Shavasan as a relaxation technique were used.

(ii) SELF-CONCEPT

Self-concept is defined in this study as sum total of perceptions of disabled students about their physical, social and academic competence. It is the view that a student with disability holds about himself. It is the set of characteristics, attributes, qualities, deficiencies, capacities, limits, values and relationships that the subject knows to be descriptive of him. In the present study, self-concept of students with disabilities was measured by Mohsin Self-Concept Inventory (1979).

(iii) FEELING OF WELL-BEING

In this study, feeling of well-being refers to a state of mind in which a disabled student fully feels happy, satisfied with life and is able to function efficiently. It was measured by P. G. I. General Well-Being Measures developed and validated by Verma and Verma (1989).

(iv) EMOTIONAL MATURITY

In this study, emotional maturity refers to the state in which students with disabilities express their emotions at proper time, in proper manner and in proper quality. It was measured by Emotional Maturity Scale developed and validated by Yashvir Singh and Mahesh Bhargava (1990).
(v) STUDENTS WITH DISABILITIES

In the present study, three types of disabled students were taken by the investigator which is defined below.

(a) ORTHOPEDICALLY CHALLENGED STUDENTS

According to Person with Disability (PWD) Act, 1995, “locomotor/orthopedic disability means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.” Therefore, orthopedically challenged students in the study are referred to those who have a physical defect or deformity which causes interference with normal functioning of bones, muscles and joints.

(b) VISUALLY CHALLENGED STUDENTS

Two categories of visually-challenged students were included in the present study namely (a) the blind, and (b) students with low vision. The blind students are defined as those who suffer from any of the following conditions (as per PWD Act, 1995), namely:

• Total absence of sight; or
• Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
• Limitation of the field of vision subtending an angle of 20 degree or worse.

The students with low vision are defined as those who has impairment of visual functioning even after treatment or standard refractive correction but who use or are potentially capable of using vision for the planning or execution of a task with appropriate assistive device (PWD Act, 1995).

(c) HEARING CHALLENGED STUDENTS

In the present study, hearing-challenged students are those who were born with little or no hearing, or who have suffered the loss early in infancy before
acquisition of speech and language pattern. The Person with Disability (PWD) Act 1995, states that "hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies. The same definition has been used for identifying the hearing impaired students in the present study.

OBJECTIVES OF THE STUDY

The objectives of the study were to:

1. Study the level of self-concept, feeling of well-being and emotional maturity of students with disabilities.
2. Develop and execute the yogic intervention programme for students with disabilities.
3. Study the effects of the yogic intervention programme on self-concept, feeling of well-being and emotional maturity of students with disabilities.
4. Study the interactive effects of yogic intervention programme on self-concept, feeling of well-being and emotional maturity of students with disabilities.

HYPOTHESES OF THE STUDY

The following research hypotheses were formulated for the present study:

1. After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of self-concept of students with disabilities.
2. After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of feeling of well-being of students with disabilities.
After the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of emotional maturity of students with disabilities.

After the exposure to yogic intervention, there are significant interactive effects on self-concept, feeling of well being and emotional maturity of the students with disabilities.

DELIMITATIONS OF THE STUDY

Keeping in view the time available and limited resources, the present study was delimited to the following aspects:

1. The study was delimited to 100 students with disabilities studying in three special schools in Ambala and Rohtak divisions, recognized by the Government of Haryana.

2. It covered only three types of disabled students namely, orthopedically-challenged, visually-challenged and hearing-challenged students.

3. Students with disabilities ranging between the ages of 14 to 20 years were included in the intervention programme.

4. The study examined the effects of yogic intervention on self-concept, feeling of well-being and emotional maturity of students with disabilities.

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 respondents about self-concept, feeling of well-being and emotional maturity.

**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 6.1.

![Figure 6.1: The Experimental Design of the Study](image-url)
The intervention programme i.e. yoga training programme was divided into different yoga asanas and pranayamas. Only those disabled students who were not practicing 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.

VARIABLES

On the basis of the available literature, personal experience, discussion done with research supervisor and consulting with yoga experts, the yogic intervention was used as an independent variable whereas self-concept, feeling of well-being and emotional maturity of students with disabilities were taken as dependent variable.

SAMPLE OF THE STUDY

Sample is an essential part of the research procedure. Small representative portion of the population is called 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 was 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.

(i) 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 6.1.

**TABLE 6.1**
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>

(ii) **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 6.2.
TABLE 6.2

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.
TOOLS OF THE STUDY

In order to collect the data regarding the variables of 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.

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


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

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).
(i) **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.

(ii) **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.

(iii) **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.
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.

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.

(i) 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

(a) 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 pranayamas and asanas used in the study viz., Kapalbhati, Anulom-Vilom, Bhasrika, 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.

(b) TRAINING SESSION: It included

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, Bhasrika pranayama and Ujjai pranayama, Anulom-Vilom pranayama, Brhamari pranayama and Omkar recitation/Udgeet pranayama.

DAY 5: On day 5, the instructor demonstrated the Anulom-Vilom pranayama, Brhamari pranayama and Omkar recitation/Udgeet pranayama. The instructor also practised the pranayamas done on the day 4.

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.

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 6.3 and 6.7 together with indicating the time allotted/spent for each.

**TABLE-6.3**

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>Bhatrika 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/ Udgeet pranayama</td>
<td>5 Minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Ujjai pranayama</td>
<td>5 Minutes</td>
</tr>
</tbody>
</table>

**TABLE-6.4**

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</td>
<td>5 Minutes</td>
</tr>
<tr>
<td></td>
<td><em>(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 sitting position whereas most of the other asanas are performed in standing posture or required movements of upper/lower limbs.)</em></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Relaxation technique – Shavasana</td>
<td>10 Minutes</td>
</tr>
</tbody>
</table>
MAIN FINDINGS

The major findings of the study drawn out of the fore-giving chapters, presented in accordance with objectives, are as follows:

1. One of the most important findings of the study is that 12 weeks yogic intervention programme resulted in positive, statistically significant changes in all three variables of the study namely: self-concept, feeling of well-being and emotional maturity. Prior to implementation of yogic intervention; the self-concept, feeling of well-being and emotional maturity of students with disabilities were found to be low. It was found that intervention programme helped the orthopedically-challenged, visually-challenged and hearing-challenged students in developing their positive perception about the self, better feeling of satisfaction and happiness and improvement of emotions. The difference in pre-test/post-test mean scores showed that yogic intervention had significant positive effect in developing self-concept, feeling of well-being and emotional maturity of students with disabilities. Tables 4.1 to 4.4 support it. There is a significant difference between pre-test and post-test levels of self-concept of students with disabilities after the exposure to yogic intervention. The ‘t’ value i.e. 33.48 is significant at 0.01 level which means that there is significant effect of yogic intervention on self-concept of students with disabilities.

Hence, the hypothesis one which states that, “after the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of self-concept of students with disabilities”, is accepted at 0.01 level.

2. There is a significant difference between pre-test and post-test levels of feeling of well-being among students with disabilities. The post-test scores are greater than pre-test scores which mean that change in the feeling of well-being
occurred due to yogic intervention. Moreover, the ‘t’ value i.e. 40.12 is significant at 0.01 level.

_Hence, the hypothesis two which states that, “after the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of feeling of well being of students with disabilities”, is accepted at 0.01 level._

3. There is a significant difference between pre-test and post-test levels of emotional maturity among students with disabilities. The emotional maturity level of students increased after their exposure to intervention programme as indicated earlier. The ‘t’ value i.e. -42.86 is significant at 0.01 level which means that yogic intervention had significant effect on emotional maturity of students with disabilities.

_Hence, the hypothesis three which states that, “after the exposure to yogic intervention, there is a significant difference between pre-test and post-test levels of emotional maturity of students with disabilities”, is accepted at 0.01 level._

4. There exists a significant interactive effect of feeling of well-being and emotional maturity on self-concept of students with disabilities. It indicates that increase in the level of self-concept after exposure to yoga leads to increase in the level of feeling of well-being and emotional maturity and vice-versa. It was also found that at least one of three types of students with disabilities has significantly different interactive effect of yoga on the change in self-concept than that on the others. The visually-challenged students have significantly smaller mean score change in self-concept after the exposure to yoga than the orthopedically-challenged and hearing-challenged students, whereas the orthopedically-challenged and hearing-challenged students have almost similar changes in mean scores for self-concept after the exposure to yoga.

5. There exists no significant interactive effect of self-concept and emotional maturity on feeling of well-being of students with disabilities. It indicates that change in the level of feeling of well-being after exposure to
yogic intervention does not lead to change in the levels of self-concept and emotional maturity of students with disabilities. It was also found that mean changes in the feeling of well-being for all the three types of groups of students with disabilities are statistically equal. It means that there is no such difference in the level of well-being among the three types of individuals after the exposure to yoga.

6. There exists a significant interactive effect of self-concept and feeling of well-being on emotional maturity of students with disabilities. It indicates that change in the level of emotional maturity after the exposure to yogic intervention lead to change in the levels of self-concept and feeling of well-being of students. It was also found that, at least, one of three types of groups of students with disabilities has significantly different interactive effect of yoga on the change in total scores of emotional maturity than on the others. The hearing-challenged students have significantly smaller change in mean scores for emotional maturity in totality after the exposure to yoga than the orthopedically-challenged and visually-challenged students, whereas after the exposure to yoga the orthopedically-challenged and visually-challenged students have similar mean score change in self-concept.

Hence, the hypothesis four which states that, “after the exposure to yogic intervention, there are significant interactive effects on self-concept, feeling of well being and emotional maturity of the students with disabilities”, is accepted for self-concept and emotional maturity variable at 0.05 level whereas it is rejected for feeling of well-being variable of students with disabilities.

EDUCATIONAL IMPLICATIONS

The present study gives evidence that yogic intervention programme was instrumental in generating positive self-concept, feeling of well-being and emotional maturity among students with disabilities. Hence, in many ways the findings of the present study can be beneficial to students, teachers,
researchers, parents, yoga instructors and society as a whole. The usefulness of present study lies in the following ways:

1. The findings of the study strengthen the case of those who advocate the inclusion of yoga in school curricula. One of the most important objectives of school education, i.e. all round development of personality of students, can be realized by exposing students to yoga because it is extremely helpful in developing the characteristics of their sound personality.

2. Reducing negatives thoughts about the perception of the self, improving satisfaction, happiness and developing positive emotional stability, adjustment can be extremely helpful in enhancing the level of concentration of students with disabilities, enabling them to study for a longer period without any stress, which, in turn, improves their academic achievement.

3. Helping in eradication of deep-rooted misconceptions and myths about the use of yoga for students with disabilities.

4. Advising parents for encouraging their normal as well as disabled wards to practise yoga regularly for shaping their personality.

5. Introducing yoga in the curriculum of pre-service and in-service teacher training programme at different levels.

6. Enabling the educational policy makers to plan and execute more yogic interventions for students with disabilities.

7. Generating insights in authorities in the field of education to organize workshops, seminars, lectures and conferences on yoga. Such efforts will be helpful in creating awareness among teachers, students, administrators, members of the school management committee, parents, special educators, social workers, media personnel; working in the field of special and inclusive education.
SUGGESTIONS FOR THE FURTHER RESEARCH

In the light of the experiences gained during the present study, investigator outlines following suggestions for the further research.

1. The sample of the present study was taken from limited number of special schools. For better generalization of results, a study can be undertaken in large number of special schools in Haryana state.

2. Similar study can also be conducted by taking the sample of those students with disabilities who were not covered by the present study. The other type of disabled students such as autistic, learning challenged, mentally challenged etc. may also be exposed to yogic intervention programmes and its effect may be measured on different parameters of human personality.

3. An experimental study can be taken up to see whether the yoga practice has an effect on different variables such as creativity, physical and mental health, anxiety, alienation, stress, depression, intelligence, emotional intelligence, adjustment, attention span, academic achievement etc. of students with disabilities.

4. Combined effect of yoga and physiotherapy on students with disabilities can also be assessed.

5. Effect of Bikram yoga, Iyanger yoga on disabled students can be assessed by taking some other psychological variables.

6. A study can also be undertaken on opinions of community members/members from different religions for introducing yoga as core subject at school level.

7. A study can also be undertaken to find out the awareness, knowledge and beliefs of community members about yoga.

8. The similar study can be undertaken covering wider geographical area and different socio-cultural contexts.
9. A similar study can be undertaken by taking a control group.

10. A study can also be undertaken on senior secondary school students and college going students.

11. Effect on yogic intervention studies can be assessed on students studying in special schools and inclusive schools by comparing them on some psychological variables.

12. An experimental study may be planned to see the effects of yogic intervention for a much longer period i.e. a longitudinal study is required to be done.

13. A study may be planned by placing gender at central stage.

The list which has been given above is, however, not exhaustive but illustrative. There are vast areas in this field which have not been explored so far and any attempt in this direction may both be rewarding and instructive. If the present study is able to provide thinking in this direction, the efforts of the investigator would be amply rewarded.