CHAPTER - II

REVIEW OF RELATED LITERATURE

The study of relevant literature is an essential step to get a clear idea of what has been done with regard to the problem under study. Such a review brings about a deep and clear perspective of the overall field.

A serious and scholarly attempt has been made by the Scholar to go through the related literature and a brief review of the studies related to the present problem is described in this chapter.

The review of related literature was confined to the libraries of Alagappa University, Karaikudi, Annamalai University, Annamalai Nagar, YMCA College of Physical Education, Chennai.

Best says,

"Research is the most systematic activity directed towards discovery and the development of an organized body of knowledge”.

2.1 LITERATURES ON DISABILITY

Freeda (1999) conducted a study to determine the Effect of Specific training on development of motor skills in visually handicapped boys students of 12-16 age group. To achieve this purpose 30 students below 12 years were selected from 31 boys Higher Secondary School Karur. The experimental group congested of 15 Student's Size weeks training session were given. The group was directed to do each
exercise. The control group consisted of 15 Students for this group there was no training programme. The test items include standing broad jump push-ups and 4x10 m shuttle run.

From the result obtained it was found that the visually handicapped boys students improved to a great extent in (push-ups) muscular endurance standing broad jump and agility.

Nataraj (1967) conducted a study to find out co-relation of physical fitness and body posture among visually handicapped and non-handicapped students studying in high schools. To achieve this purpose fifty handicapped students and fifty non-handicapped students were selected, the subjects were tested according to the New York States Pattern rating to find out the posture defect and north core line test for physical fitness.

The blind students are poor in body posture than the normal students. The physical fitness test of Caroline fitness test is suited for visually handicapped, because of the test items are so static in nature. There is no much difference in physical fitness then the normal students. It is concluded that there is a highly significant correlation of 88 in physical fitness but in the case of normal students there is insignificant co-relation of 0.15 in physical fitness and body posture.

Cawley, JF & Parmer, R.S. (1995) conducted a study the purpose of this paper is to expand the conceptual interpretations of series of recent studies that focus on issues relative to the identification and descriptions of this paper is to expand the discussion to a group of students with significantly greater ability deficits, those generally referred to as students with mild mental retardation (SMR).
The study contrasts SMR who were designated as "good" or "poor" readers with students of average intellectual ability (SAI) who were designated as "good" or "poor" readers. Samples were matched for participation on a basis of mental age. The data tend to indicate that differences between the "good" or "poor" readers among the SMR show relatively consistent "good" or "poor" differences. The comparisons between the "good" readers in either sample are generally non significant as are the comparison between the samples of "good" readers. The qualitative limitations exist among SMR who are identified as "poor" readers.

Venkatesan .S & Hanumantha Rao .P (1996) conducted a study the present study attempts to profile commonly reported prenatal and post natal factors from available case records of a clinical population of 1458 cases with mental retardation seen at the general services of Sweekaar Rehabilitation Institute for Handicapped Secunderabad over the last one and half decades. The mean and frequencies of these reported factors are also presented in relation to specific variables like sex locality socio economic status and severity of mental retardation. The study reports 151 prenatal factors 1146 natal factors and 813 post natal factors in this sample. Among the prenatal factors attempted abortion. Use of teratogenic drugs. Health / illness and mental hypertension / pedeloedema are reported more frequently then mental convulsions anemia bleeding or falls / injury. The analysis of post natal factors show greater prevalence of convulsions followed by high grade fever. Further these trends are presented and discussed in the light of their relationship with specific socio demographic variables and their implications to early intervention service programmer to be rendered for the prevention of mental retardation in the country.
Raja (1994) conducted a comparative study of physical fitness between deaf and partially blind players, at St. Louis Institute, Chennai. The conclusions based on the results of the study were the difference in the performance between the partially blind and Deaf is very little. It was concluded that the fitness level between Deaf boys and partially blind is almost equal.

Siperstein G.N. & Leffert J.S. (1997) investigated the influence of social behaviour and social cognitive skills on social status of children with mental retardation by comparing socially accepted and socially rejected children. A sociometric survey conducted with 764 children in 34 regular education classrooms identified 20 socially accepted and 20 socially rejected students with mental retardation. Accepted children displayed a higher level of social behaviour and lower level of sensitive isolated behaviour. The two groups also differed in their social cognitive skills. In response to social problems. Accepted children chose friendly submissive goals and generated a low rate of positive outgoing strategies whereas rejected children chose friendly assertive goals and generated a high rate of positive outgoing strategies. Findings point to the value of examining difference between children with mental retardation.

Agarwal and Dhar (1982) studied the self-image of the disabled under various age groups by administering personality differential test with questions related to self-image and ideal image. They found that about ten percent of them could complete the test and concluded that the test sixty six percent of the disabled were not found with self-image and felt inferior.
Miller (2000) studied the students with disabilities in tertiary education and concluded that the disabled experienced difficulties in learning in comparison with their non-disabled peers, particularly during the first years of study. This study proposed that a number of variables including gender, type of course, and the age of students had an impact on self-concept and academic results.

Jogewar (1982) studied the development of self-concept with a sample of 880 students between the age group of thirteen and twenty by using a self-concept inventory, which analysed the sex and age differences in self-perception. The results of the study indicated that the self-perception was relatively stable between the ages of thirteen and seventeen years. For males, self-perception was at its highest level at the beginning of adolescence, gradually decreased to its lowest level at eighteen years of age, and then showed an upward trend. For females, self-perception was low at the beginning of adolescence, reached its peak at sixteen years of age and declined to its lowest level at twenty years of age.

Bala (1985) analysed 500 physically handicapped and 500 normal children with respect to personality traits, values, self-concept mental make-up and adjustment in Hariyana State and concluded that blind Children possessed poor ideal, and social and perceived self-concept; likewise orthopaedically handicapped children had a poor concept of their power and strength and had more negative tendencies.

Sethi (1981) studied the differences between the physically handicapped and normal children with respect to personality traits and concluded that physically handicapped children were reserved, stiff, detached, emotionally less stable, submissive, serious, with weak super-ego, withdrawn dependent, more shy and
aprehensive. The study also indicated that deaf, blind and orthopaedically handicapped children differed significantly in personality traits.

Agarwal and Dhar (1982) studied the personality of ten Deaf and twenty one orthopaedically handicapped, by employing Thematic Apperception Test (TAT). TAT and concluded that deaf was a passive person with latent aggression and aspiration accompanied by anxieties and conflicts with counteracting tendencies and a feeling of rejection, while the orthopaeadically handicapped person had a high passivity full of resentment or latent.

Anita (2001) on the basis of her findings maintains that the orthopedically handicapped children are comparatively better adjusted than deaf and blind children. The orthopaedically handicapped children possess higher positive attitude towards life, followed by deaf and blind children. In case of deaf and blind children, self dependencies shows greater relationships with adjustments, followed by attitude towards life and locus of control, but in case of the orthopedically handicapped children, attitude towards life shows greater relationships, followed by locus of control and self-dependence.

Susan Mc Greevey (2003) analyzed information on more than 3,300 children aged 6 to 17, who were identified as having a disability, according to NCHS criteria, and whose mothers had completed the survey. Children whose disability was primarily psychiatric were excluded from the study. About 11 percent of the disabled children were described as having psychosocial problems, such as anxiety or depression, hostility or poor interaction with their peers. An analysis of characteristics of the children's disabilities and family factors identified the strongest predictors of
psychosocial problems. This study clarifies that physical limitations in themselves are not detrimental to psychosocial adjustment, and that there needs to be a stronger focus on the whole family when treating children with disabilities, paying more attention to the family environment and providing appropriate support services could make a significant difference in how these children adjust.

Lau (2001) in his study on physical education for physically handicapped school children in the union territory of Delhi concluded that there were distinct beneficial effects of physical education and sports training on the handicapped children with locomotor disability and also established the imperative need for providing physical education facilities at the early stage of such disabled children.

Messent .P.R. (1998) conducted a study. The aim of the study was to evaluate the cardio respiratory fitness, levels of obesity, daily levels of physical activity and barriers to a physically active life style in a group of 24 adults with mild and moderate learning disabilities (aged 23 - 47 years mean age 34). The efficacy of two community based exercise intervention programmers for the group was also evaluated. The results showed that overall 50% of the men and 70% of the women were overweight, of whom 57% of the men and 100% of the women were obese, mean cardio respiratory fitness levels were 20% to 28% lower for the men and 42% lower for the women compared with average values for the general population, physical activity profiles indicated that 22 of the participants were below recognized minimum levels of physical activity.

Keller .H (1998) study was intended to determine the effects of extremely low birth weight (ELBW, 500 to 900g) and very low birth weight (VLBW, 1000 to 1499g)
on neuro motor ability in 5 to 7 years old children. Fourteen ELBW and 20 VLBW children were compared with 24 teams control children of normal birth weight (NBW > 2500 g). Using quantitative assessment instruments, the following data were collected: Maximal cycling speed during 30 seconds of cycling at ‘zero’ resistance, simple reaction time of the legs, and performance on components of a whole body coordination test. The main findings were a slower reaction time, lower maximal cycling speed, and lower co-ordination scores in the ELBW group. The reduced motor performance in these children appears for the most part to be a reflection of impaired Neuromotor control and motor development, rather than merely a smaller body or muscle size.

Funk (1971) conducted a study to determine the effect of a physical education program on the physical fitness and motor development of children classified as trainable mentality retarded. An experimental group had a thirty - minute planned physical education program for fifty consecutive school days. The central during had a free play or teacher directed recreational activity during this time on two fitness test items the experimental group improved significantly.

Hasbrouk, J.E. (1997) says a form of peer coaching was used with preservice special educators using the scale for coaching instructional effectiveness (SCIE; Hasbrock 1994). Eleven pairs of preservice teachers (PT’s) engaged in a preliminary demonstration study of a "Mediated" form of peer coaching facilitated by seven experienced consulting teacher / mediators. The PTS designed and implemented lessons for children enrolled in a 4 week skills remediation program. The 22 PTS participated in three peer coaching sessions across the 4 weeks of the program. Analysis of data from 132 observations and three case studies indicated that the PTS
improved their (a) interrater reliability across the three observations and (b) teaching skills.

Loumidis K.S. Andrew Hill (1997) says a critical review of the literature relevant to social problem solving skills training (SPSST) in individuals with intellectual disabilities concluded that although there is some evidence that training may be effective the evidence is weak. A five stage view of the social problem-solving process is offered as a means for planning and evaluating SPSST programmers and detailed outcome criteria are proposed for assessing the effectiveness of training. A group (n=29) of adults with intellectual disabilities was given SPSST. Comparisons were made with an untrained control group (n=17) matched to the trained group on age general intelligence adaptive and maladaptive behaviour. A statistically significant improvement was found in the trained group (P < 0.01), but not in the control group (NS) on degree of maladaptive behaviour as rated by independent judges. Improvement occurred only in trainees resident in the community but was not influenced by age or level of general intelligence.

Mastropieri, M.A. (1998) made a research this investigation was intended to determine whether students with learning disabilities (LD) and mild mental retardation (MR) differed from normally achieving students with respect to inductive thinking on an inquiry learning task involving pendulum motion. Twenty normally achieving students 18 students with LD and 16 students with MR were provided individually with guided coaching in a prespecified sequence of steps, intended to promote induction of the association between pendulum length and pendulum motion. After the initial guided activity 75% of the normally achieving students and 50% of the students with LD, and nearly all of the students with MR required all of the
prescribed coaching levels including direct explanation of the rule students with LD and MR were less likely to correctly answer transfer/application question. Khonri conducted a research study to find out whether blind person could find success in target archery and to determine what adaptations in archery techniques were necessary. Eight partially blind and four totally blind subjects were selected for this study. After conducting the experiment it was found that the blind students alerted enjoyment and were benefited by archery. Hurley, K. (2000) says the parents of children with diverse disabilities are making use of computers for training and education. Because there are so many learning differences including those caused by mental emotional and physical disabilities. It is often difficult to find software that will meet the needs of all children. Therefore both parents and educators need to keep the child's disability in mind when choosing specific software. This article deals with general guideliness in selecting right software.

Katoda, H. (1993) says in 1989/1990 parents and teachers of young people with mental handicaps in Stockholm (41 parents and 20 teachers) and Tokyo (106 parents and 111 teachers) were given a questionnaire about their praxes of and attitudes towards health and sex education. Results from the study indicated that compared parents and teachers in Tokyo parents and teachers in Stockholm gave more information about health and sex to their 15-16 years old young people with mental handicaps. This was especial so regarding information about HIV/AIDS. More parents and teachers in Stockholm also had positive attitudes towards sex and interpersonal relationships.
Sood (1994) analysed the relationship between certain personality factors like self concept, social maturity, reasoning ability, general anxiety and learning disabilities with a sample comprised of fifty three normal and forty one children with learning disabilities in the age group of eight to eleven years, drawn from primary and upper primary English medium schools of twin cities of Hyderabad and secunderabad. The results revealed that children with learning disabilities (LD) exhibited significantly more anxiety, had a lower self-concept and low (below average) reasoning ability. The study revealed that there was no significant differences between leaving disability and social maturity.

2.2 LITERATURES ON EFFECT OF YOGA

Datar and Kulkarni (1997) conducted a study on healthy adult males (48) and females (15) of age group 16-24 years. Yogic training was given for a period of 21 days (3 weeks). Cardiac efficiency was measured using Harward step test, before and at the end of training period. There was a significant improvement in the cardiovascular efficiency measure in terms of fitness index both in males and females.

A study was conducted on 40 males students aged 15 to 17 years who were divided into four groups viz. Pranayama group, aerobic group, pranayama with aerobic exercise group and control group. Each group consisted of 10 subjects. Each experimental group underwent its respective training programme of 30 minutes duration, three days a week for 12 weeks. After the experimental treatment, the spirocheck was used to measure vital capacity; cardio respiratory endurance was measured by Cooper's 12 minutes Run / Walk test and muscular endurance was measured by the bent knee sit up test. All the tests were conducted before and after training. They were statistically examined for difference if any, applying analysis of
covariance. The results of the study established that vital capacity can be significantly increased by Pranayama and Pranayama with aerobic exercises. It was also observed that cardio respiratory endurance increased significantly due to "aerobic exercises" and "Pranayama with aerobic exercises". In muscular endurance, only the Pranayama with aerobic exercise group showed significant improvement compared to other groups.

Moorthy (1988) conducted a study to find out the effects of yogic exercise on cardiovascular fitness. This investigation was conducted on sixteen male student and five female students, selected randomly from the YMCA College of Physical Education, Chennai. To find out the cardiovascular fitness, Harvard step up test was administered. The subjects were given yogic exercises for a period of six weeks. Final test was conducted after six weeks. The data showed a significant improvement in cardiovascular fitness as a result of yoga.

Dhanraj (1974) reporte that a daily practice of yoga for fifteen minutes for six weeks produced a statistically significant (P < .05) change in breath holding time with an increase of 12 seconds from 54 seconds to 66 seconds. However, when yoga practice was discontinued after 6 weeks of de-training, the average breath holding time was 57 seconds. Another group which practised the 5 Bx programme for physical fitness for 6 weeks showed a much smaller, yet statistically significant 4 seconds increase in breath holding time.

The results of a study on the effect of yoga and 5 BX fitness plan on selected physiological parameters indicated increased in Basal metabolic rate, Tidal volume in basal state, haemoglobin, red blood cells, vital capacity, chest expansion, breath holding time and flexibility after yoga training. Further, he adds that decrease in the
heart rate in basal state and respiratory rate in basal state were also observed when yogic training was discontinued for 6 weeks. Following six weeks treatment, a significant decline in the value of flexibility and breath holding time was also noticed.

In a study on "Effect of yogic exercise on selected physiological variables of high school boys", conducted on 60 students, the results showed that systolic pressure was increased and diastolic pressure remain unchanged after six week training of yoga. The scores in breath holding time and vital capacity had also improved. It was statistically significant (Durgalakshmi, 1989).

According to Robson (1972), Yoga breathing exercise (Pranayama) claim to improve vital capacity and breath holding time which will be of interest to coaches and physical educators in their training methods for persons participating in swimming, diving, distance running etc.

A study on the influence of yogic practice on certain physiological parameters showed that the practice of "asanas" and "Pranayama" influences nervous system and gives rise to mental tranquility. Heart gets more rest and heart rate with reduced circulation becomes more effective. Blood pressure remains within normal limits (Bhole, 1982).

Sahu and Bhole (1983) observed that relaxation, passivity and observation are emphasized in any of the yogic programmes. This helps to release tensions and develop alertness and contact of the mind with the body with better understanding. This capacity of better contact of the mind with the body seems to be the responsible factor for increase in the dotting performance in the individuals. Yogic training programme increased performance involving speed and accuracy.
Sohi (1986) conducted a study to see the effect of yoga practice on anxiety levels of University Students. He reported that out of 27 subjects, 67 percent of the subjects experienced decrease in their level of anxiety after 15 weeks yogic regimen of training.

Jaihind Jofhikaran (1988) has found out in his dissertation "Remedial exercises will bring out desirable changes in the postural deviations of the spinal column".

Vinekar (1977) has explained that asanas could be done as exercise and as "postures". Through the practice of both types of asanas, one can achieve organic and functional promotion of health and fitness. As postures, they work on postural substrate and muscle tone and thus help to develop body awareness through proprioception and vestibular sense. Sensation of `Pleasant Pain' felt by the individual is the limit for developing a particular asana and allowing that asana to work on various systems of the body.

According to Indira Devi, (1967) the aim of yogasanas is not only to develop muscle and the body but mainly to regulate the proper activities of all the internal organs and glands to effect the nervous system and that which controls our well being to a much greater degree than we actually suppose. All athletes, who are committed to a healthy living regime can benefit from great bodily strength and flexibility. In short, more complete and rounded fitness and health with resistance in yoga will bring.

The findings of Muzumdar (1997) states that yogic exercises not only make the internal organs fit but also strengthen the muscles. The thighs, arms and legs are strengthened by practicing of these asanas (Ardha Matsyendrasana, Pachimotrasana,
Chakrasana). These asanas have improved strengthening of the body. These asanas make the joints of the body strong and active.

Sharma (1990) and others reported positive effects on heart rate, aerobic power and vital capacity in young women of age range 18-25 years, undergoing training in Yogic exercises for one month.

Krishnan (1972) studied the effect of selected yogic practices upon the development of flexibility. The study was conducted on the subjects selected from the YMCA college of Physical Education, Chennai, Tamil Nadu State. The results showed a good improvement in flexibility after training in Yogic practices. Conditioned young males Gharote and Ganguly (1979) found significant improvement in the physical fitness index derived from Fleishman Battery of basic fitness tests as a result of Yogic training programme. The gain in the extent of flexibility was significant in the experimental group undergoing yogic training.

Ranga Reddy (1994) conducted a study on the effect of selected yogic practices and physical exercises on obese children. One hundred and forty eight subjects were divided into four groups namely yogic practices group, physical exercise group, swimming training group and control group. He found that the physical exercise group showed a significant difference in reducing body fat over that yogic practices group.

Parks (1988) undertook a study to determine the effects of ten weeks physical fitness programme on selected physiological and psychological variables of elderly fifteen females of 65 to 82 years. Pre and Post measurements were obtained for
psychological variables. Body composition, flexibility, heart rate and blood pressure were measured. The subjects participated in the fitness programme for half an hour in the morning for three days in a week for ten weeks. Each exercise session began with a ten minutes warming up following by fifteen minutes of exercise of moderate intensity. The last five minutes were used as cooling off period. The Y test was employed to analyze the data. The following significant changes were found : (1) The subjects decreased in percentage of body weigh (2) There was an increase in flexibility (3) There was decrease in heart rate (4) Anxiety levels of subjects were observed.

The study conducted by Rajmohan (2001) on the "Effect of Yogasanas on memory, attention, achievement motivation and scholastic achievement of primary school children" revealed that an effective yoga model played a vital role in improving memory, attention, achievement and motivation, which lead to enhanced learning achievement. The variables selected for the study are related with the learning process and they streamline the processing of an information thereby facilitating better learning. It has been found out that yoga practices improve memory, attention, achievement motivation and enhance scholastic achievement of the primary students. Hence the education planners and curriculum designers should play a vital role in restructuring the curriculum to provide a suitable place for Yoga. The youth of this country should be physically and mentally strong enough to make our nation stronger and more powerful. The best way to achieve this is to provide education in tune with our national values and aspirations.

According to Suganthi (2003) it is advised to undergo yogic exercise and massage manipulation techniques as relaxation procedures after the strenuous activity
to improve their concentration, physiological qualities and also to avoid muscle soreness by diminishing the concentration of lactic acid in the blood.

In "yoga and sports" (2004) you will find out how the basic techniques of Yoga, combined with a new way of thinking that calls upon the strength of the inner body, can help you achieve your dreams. The endless source of power and strength is always there; you need only learn how to recognize it and welcome it.

Janowiak (1993) studied "the effects of meditation on college students, self-actualization and stress management". This study attempted to determine the efficiency of meditation in promoting self actualization in college students and to ascertain whether meditation practice produces changes in subjective levels of stress. And the study suggested that meditation training provides greater improvement in systematic relaxed behavior over relaxation training but does not demonstrate significant effectiveness in promoting positive personality changes.