



We Thank HH Shri Mataji Nirmala Devi (Founder of Sahaja Yoga Meditation)

### **Preface**

The change in society due to modern norms has a far-reaching impact on children-some positive and some negative. Stress levels have sky rocketed due to intense academic, peer and societal pressures.

Counseling classes, psychotherapy clinics and attending yoga classes are now emerging as new coping mechanisms. Meditation is a well-known stress reducer.

"Dhyaandhara" module developed by a highly distinguished team was used to introduce Sahaja Yoga form of meditation in the Lucknow Model Public Inter College, Lucknow.

It is a very simple form of meditation that was easily adopted by the students.

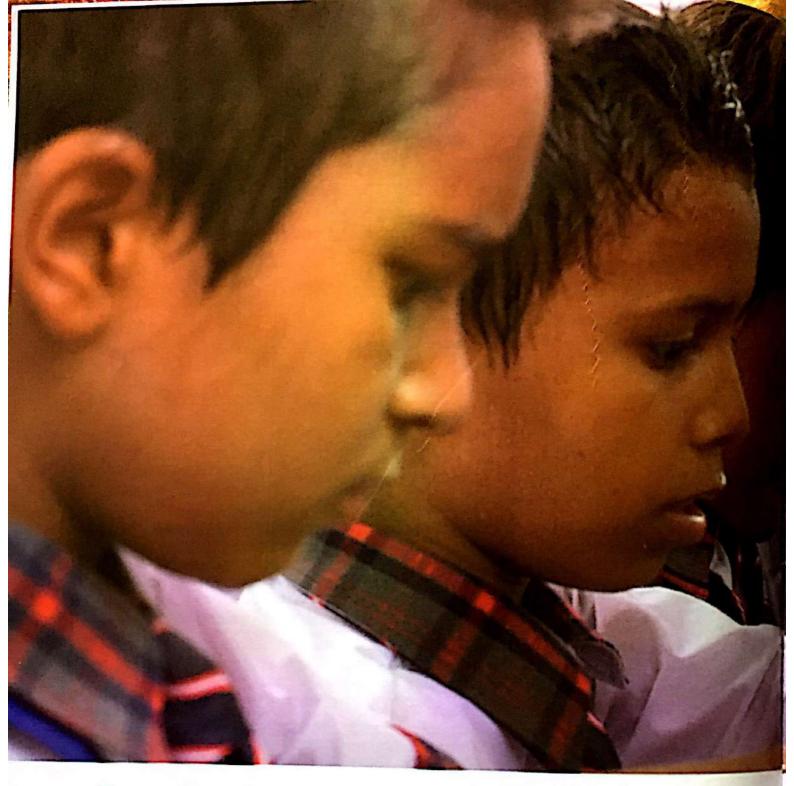
After the intervention, about 89% of the students perceived that the meditation has benefitted their health, physical as well as emotional health and their concentration levels improved. Around 78% of them reported to have practiced Sahaja Yoga Meditation even at home and continued after the intervention was over as they felt it's benefits in reducing stress, improving concentration and making them better human beings.

This study was conducted by Yogis Mr. Pramod Singh, Ms. Ranjana Yadav and their team who are professionally involved in public health research, they have also formed a local study team named as 'Srajan Foundation'. The study was conducted in two branches of Lucknow Model Public Inter College which is run by Sahaja Yogis. Mr. Pramod Singh and Team have a vast experience in research work and they have also presented the research work on public health in WHO, Geneva.

The team is also trying to make a documentary on success stories of school children who have benefited through Sahaja Yoga meditation. The team is also writing a scientific paper for international journals.

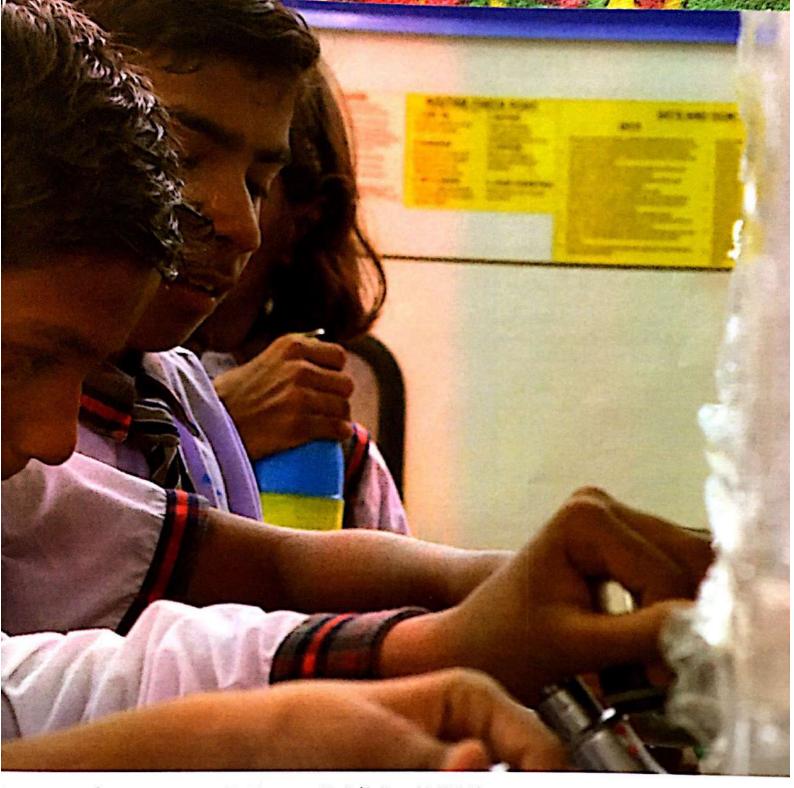
I would like to put on record my deep appreciation for the excellent research work done by Mr. Pramod Singh and his team. The study will be of great interest to all Sahaja Yogis and people who are interested in welfare of mankind. I wish the Authors all Success.





# **Executive Summary**

In September 2015, the UN General Assembly adopted the 2030 Agenda for Sustainable Development that includes 17 Sustainable Development Goals (SDGs). Building on the principle of "leaving no one behind", the new Agenda emphasizes a holistic approach to achieving sustainable development for all. Goal 3 focuses on Good Health and Well-being. Goal 4 talks about Quality education. Right to Education act and Sarva Shiksha Abhiyaan

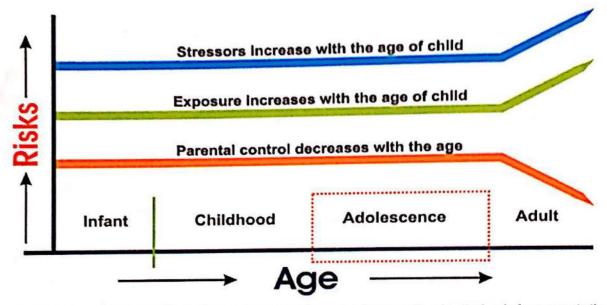


(flagship program of Government of India) in line with SDG3 focused on the universalization of elementary education. Several initiatives of the government of India e.g. mid-day meal, crèche (for siblings) bridge courses, remedial classes, special training and evening classes have been driven to reduce dropouts and improve nutrition. Interventions, policies and initiatives taken up at the global and the national level to reduce the number of dropouts have lacked appropriate integration with other issues like health. Quality of life promoting curriculum for integrated development of the children is yet to be a challenge.

### Prevalence & Burden:

According to World Health Organization there are about 350 million adolescents, 1 in every five people in the world is an adolescent, and 85% of them live in developing countries. Adolescents in India represent almost one third of the population. WHO has defined 'Adolescence' as the period between 10 to 19 years of life.

A large, national survey of adolescent mental health reported that about 8 percent of adolescents [13-18 years old] have an anxiety disorder, with symptoms commonly emerging around age 6. About 11 percent of adolescents have a depressive disorder by age 18 [National Co-Morbidity Survey-Adolescent Supplement [NCS-A]]. According to WHO major depressive disorder is the leading cause of disability among Americans age 15 to 44. [National Institute of Mental Health fact sheet 2011]



Graph 1: Degree of vulnerability to the psycho social risks is directly proportional to the level of exposure to the external environment

### Factors putting integrated development of a child at risk:

Change.... it's an inevitably static process which affects everything that exists in this universe. Since this factor is constantly at work hence its impact is often seen on or makes those groups, processes and people vulnerable that are dynamic or evolving. Children are one of those very important and special sections of humanity, primarily because they are growing biologically, mentally, psychologically, socially and spiritually. Secondly, they are the foundational stone of the society; hence the issue of nourishing them naturally and preserving their innocence and balance becomes critically important.

Since last few decades the increasing levels of competitions almost in all spheres of life on the one hand and the mercuric

drop in the social and familial ties on the other hand has impacted the life of 'growing adults' while they are going through the transitional phase of biological, social, intellectual and emotional changes. Psychologists explain that there are 5 recognized psychosocial issues (Establishing an identity; Establishing autonomy; Establishing intimacy; Becoming comfortable with one's sexuality and Making achievement) which bring about changes in them, like spending more time with their friends than with their family, keeping a diary, locking up their rooms, become involved in multiple hobbies, become more argumentative, would not want to be seen with their parents in public etc. As a result of these

changes which the adolescents are undergoing, they become subject to many forms of trouble. Some changes may be dramatic, some may be difficult, and some may happen suddenly which can push stress further up. Even change that seems insignificant to adults can have its impact on children, especially some who are more sensitive to changes.

The gravity of concern rises when this transition phase is confronted with the fast changing socio psychological structures e.g. working parents, nuclear families, single child, indoor (video games etc.) activities replacing playgrounds, friends as competitors, vanishing roles of grandparents etc. Demands from their parents/ caregivers and teachers, self-aspirations and peer group pressure affect their attention. As a consequence, they might start having the tendency of losing focus while studying or doing their work. This lack of concentration or distracted attention might affect their performance level, which would further raise their stress level.

The two most important domains of a child, home and school, both are growing as centers of stress inducing events. As we have talked in the previous sections that how the current family relations and social structure is stimulating emotional insecurity and imbalances for children, and to cope with it the children and adolescence are circumstantially bound to choose peace and balance in hobby classes, spending time with peer group/ friends, and devoting hours with some kind of electronic media etc. Ironically these coping mechanisms are not always potentially positive in outcome, e.g. hobby classes are no more promoting hobbies rather are becoming stress inducers for children as they are being competition driven, peer group interactions/ pressures are leading to substance abuse, violence, fear, and moral waywardness etc. The American Psychological Association's Practice Directorate's survey in 2009 on 1200 young people between the ages of 8-17 years, reported that children worried about doing well in school, getting into college and their family's finances. This group reported suffering from headaches, sleeplessness and nausea.

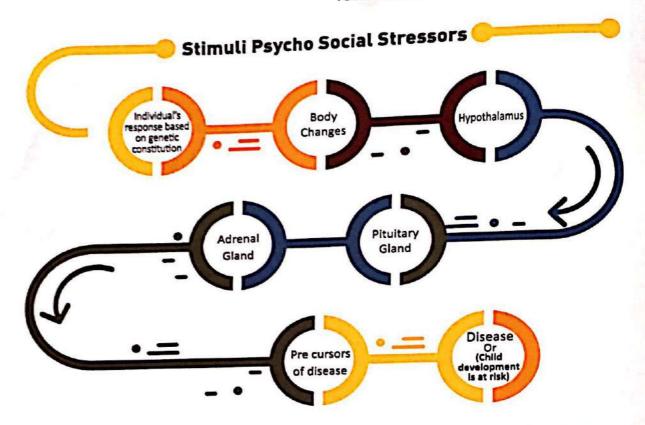


Attention is a concept studied in cognitive psychology. According to psychologist William James "attention is the taking possession of the mind, in clear and vivid form, of one out of what may seem several simultaneously possible objects or trains of thoughts...It implies withdrawal from some things in order to deal effectively with others". Attention allows you to "tune out" information, sensations and perceptions that are not relevant at the moment and instead focus your energy on the information that is important.

# Stress as the cause and effect factor - affecting children's mental and physical health behavior:

Stress is one of the important recognized causative factors responsible for not only the physical, physiological but also behavioral and social dysfunctions. In Physics, stress is defined as an external stimulus or force which is strain producing.

Dr Hans Selye in his book 'The stress of life' has defined stress as the rate of wear and tear of the body and showed that the body responds to stress through General Adaptation Syndrome (G.A.S) which has 3 stages - Alarm reaction, Stage of resistance and Stage of Exhaustion.



A certain level of stress is supposed to be essential for the optimal functioning of the human being which is called as **Eustress** but when it becomes **Distress**, it starts producing harmful effects. Above figure shows the causative pathway from stress to disease (Medical Science Enlightened, Dr U C Rai)

Difficulties in almost any area of life often manifest as school problems. Particular school problems include fear of going to school, truancy, dropping out, and academic underachievement. Problems that developed earlier in childhood, attention related problems such as distractions during study or lack of ability to focus on reading or writing and attention deficit/hyperactivity disorder (ADHD) and

learning disorders may continue to cause school problems for adolescents.

Academic stress is a mental distress with respect to some anticipated frustration associated with academic failure or even an awareness of possibility of such failure (Gupta and Khan, 1987). Stress has been seen tightening its grip on the students, as they have to compete at every step of their academic career in this fast moving world.

School students in India have a high stress level and high rate of deliberate self-harm. A study was conducted in Kerala to investigate the nature of deliberate self-harm (DSH) in children and to identify the associated factors. Children with history of deliberate self-harm who were referred to the CGC [Child Guidance Clinic attached to the

Department of Pediatrics of a teaching hospital) for psychological evaluation during a 10 -yearperiod were recruited. Children and parents were interviewed together and separately and details regarding age, sex, family and school environment, stresses and nature of selfharm were documented. Psychiatric diagnosis was made based on DSM IV diagnostic criteria. (P Krishna kumar, MG Geeta and A Riyaz, From the Department of Pediatrics, Medical College, Calicut, Kerala, India, Deliberate Self Harm in Children, Indian Pediatric 2011;48: 367-371) Results showed that Deliberate selfharm (DSH) occurs in young children and the risk factors are comparable to those in adolescents. 76% of children had history of acute stressful life events and 62% of them had chronic ongoing stress. 62 % of children had stress in the family and 41% had stress at school. Stress in the family included death of a parent, conflicts with parents or siblings, mental illness in the family, parental alcoholism and parental disharmony. Stress at school included conflicts with classmates, punishment or negative comments by teachers and learning problems. Psychiatric disorders were present in 52% of children, the commonest being depressive disorder.

A study was conducted by Department of Psychiatry, Chandigarh, to discover stress, psychological health, and presence of suicidal ideas in school students and to find out any correlation between these variables.

Data was collected on 2402 students from classes VII to XII on socio-demographic scale, 12-item general health questionnaire, Mooney problem checklist, and suicide risk eleven -a visual analogue scale. There was significant correlation between student's perception of life as a burden and class they were studying, mother's working status, psychological problems and problems students experienced in relation to study, peers, future planning and with parents. Students with academic problems and unsupportive environment at home perceived life as a burden and had higher rates of suicidal ideations.

Another study was conducted on adolescent students to investigate the prevalence of suicidal behavior and its epidemiological correlates amongst adolescent students in south Delhi. It was a cross-sectional analysis of the subject population. The units of the study were 14- to 19-year-old adolescents studying in 3 schools and 2 colleges in south Delhi. It informed that about 15.8% reported having thought of attempting suicide, while 28 (5.1%) had actually attempted suicide, both being more in females than in males. (Rahul Sharma, Vijay L. Grover, and Sanjay Chaturvedi, Department of Community Medicine, University College of Medical Sciences, New Delhi, India, Suicidal behavior amongst adolescent students in south Delhi, Indian J Psychiatry. 2008 Jan-Mar; 50(1): 30-33. doi: 10.4103/0019-5545.39756)

# Existing coping mechanisms in the human society:

Currently manifestations of the stress among adolescents are becoming a cause of worry to the parents and the teachers profoundly as these two levels of players are also perceived as 'foundational sculptor' for children. Therefore, counseling classes, visiting psychotherapy clinics and attending yoga classes are also emerging as new coping mechanisms.

Educators and researchers have recommended incorporating yoga and meditation into school curricula for the last 40 years. Since then,

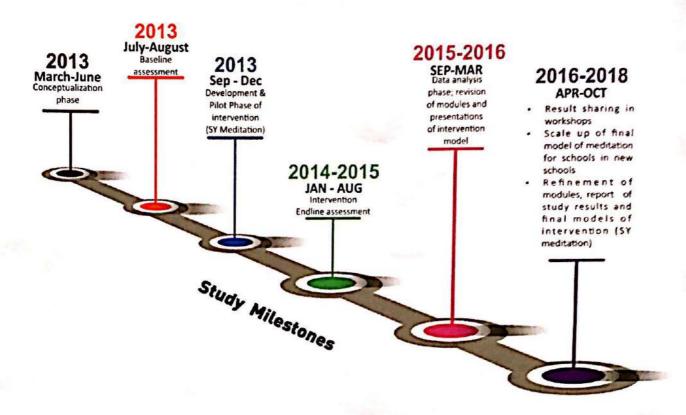
numerous research studies have documented the usefulness of yoga and meditation as part of the school experience. Kalayil's [1988] study suggests that Yoga meditation is an effective stress-reducing tool for the general school population of middle school students. Yoga is an age old discipline to achieve inner – outer harmonization. There are different types of Yogas prevalent in the Indian society and are being practiced by people for achieving mental peace and de-stressing themselves.



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#### **Timeline**



Although the study period from the conceptualization phase to the final dissemination of the results has been significantly extended from year 2013 -2018 but the actual intervention phase took almost one and a half year to get completed. The conceptualization phase focused on developing the study protocol to guide the roadmap of the study, reviewing the existing tools for normal school going population, and developing customized tools (questionnaires, schedules) for assessment of physical, emotional health status along with their quality of life; baseline assessment through DPCL (Developmental psycho pathology checklist by Malvika Kapoor), adopted Quality of life tool and adopted CBCL(Child behavior checklist) was conducted in the new session i.e. July - August 2013 because by this time all the students would join the classes. The last quarter of year was spent in piloting the intervention phase to develop the intervention plan for the

whole year. The intervention phase (2014 -15) included the refinement of meditation sessions based on the evolving solutions from parents, students and teachers as well as documenting of the model and modules of the SY meditation focused stress management method for students. The consequent phases from 2015 - 2018. focused on data analysis, presentation of findings in local workshops with new schools, and other relevant forums, scaling up the evolved model in those schools, and final drafting of the report on study results. The study faced operational challenges to adjust with the rhythm of the school e.g. periodic vacations, holidays, periodic tests and exams, and the extra-curricular activities, hence the study period got unusually stretched little longer. Also, there were no tools and questionnaires for normal school going population hence the study team had to strive hard in developing customized tool for this population.

### Methodology

The 2 branches of Lucknow Model Public Inter College were selected for the project. It caters to the semi urban population and the socio economic characteristic of the children studying here represents the low to middle income class group.

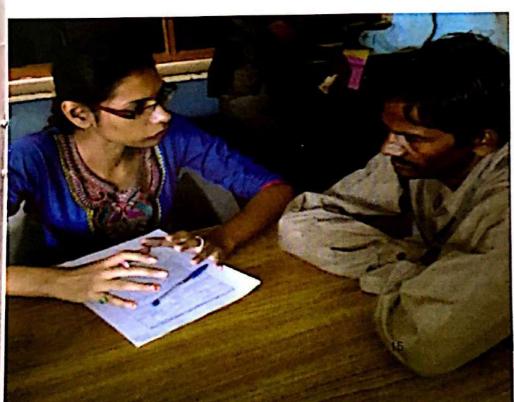
Around 350 students participated in the study from both the branches. All the enrolled children were



given an unique identification number; written informed consent was obtained from the parents of all children. A team of senior anthropologist, epidemiologist and research scholars in psychology discipline was engaged to assess and evaluate the impact of Sahaja Yoga meditation on school children.

Formative research was conducted to design the intervention strategy for smooth scale in of the meditation in the routine curriculum of school. The study used combination of tools, i.e. psychological tests/ tools, modified QoL & structured questionnaire. Baseline was conducted which included the administration of DPCL tool of Dr. Malvika Kapoor on parents to assess the psychopathology in children.

Pre intervention and Post intervention assessment included the CBCL which was adapted to

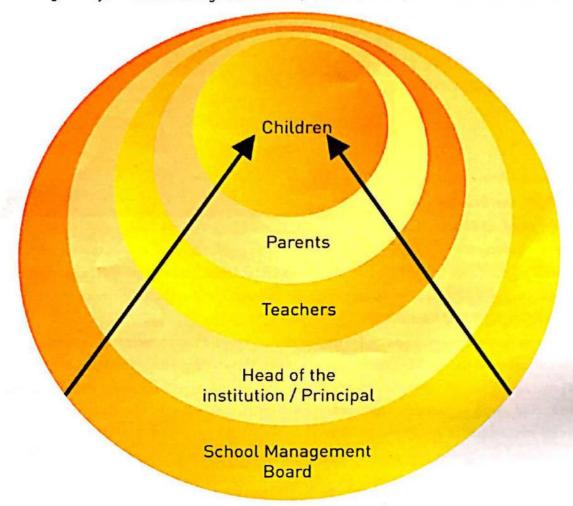


the setting before adminsitering on the class teachers for each enrolled student, and Quality of Life tool to measure physical health (morbidity) along with the psychological health. Existing QoL tools e.g. WHO- QoL etc. was modified a bit to be used for students. Endline assessment was done qualitatively.

### Implementation Strategy

The consent, cooperation and coordination (CCC) were the elements of the engagement strategy for key players.

The figure below describes the gateway or pathway of reaching primary target groups. It shows 4 gateways – School Management Board, Head of School, and Teachers & Parents.



The implementation had an experienced facilitator who had public health orientation. She managed end-to-end implementation with the support of senior team.

### **Engaging Management:**

Periodic meetings were held to inform the School Management Board and Head of the school about the plans, alterations at any part in the study and the ongoing activities. The board was kept in loop about the major decisions involved in the study. It was ensured that the intervention and the project activities don't hinder or interfere with the routine school activities.

#### **Engaging Parents:**

Verbal and written consent was obtained during the joint parent - teacher meetings.

#### **Engaging teachers:**

Since the program's success lies with the adoption and adherence of the intervention in the school curriculum, therefore we identified the need of engaging teachers for the study.

### Intervention:

The intervention consisted of first oneday self-realization session followed by weekly meditation sessions for students: each session was of 30-40 minutes. The sessions were conducted by trained/ experienced instructors. The curriculum included education on - Sahaja Yoga principle, Founder of Sahaja Yoga, Sahaja Yoga techniques of meditation. Periodical grading based unit tests were conducted and results were shared during the parent-teachers meeting: meditation monitors were identified from among the students who were doing well. Routine school functions e.g. annual day, Independence day included activities from Sahaja Yoga.

This helped in building the enabling environment. Routine parent-teachers meetings were done to address the questions and concerns of the parents.

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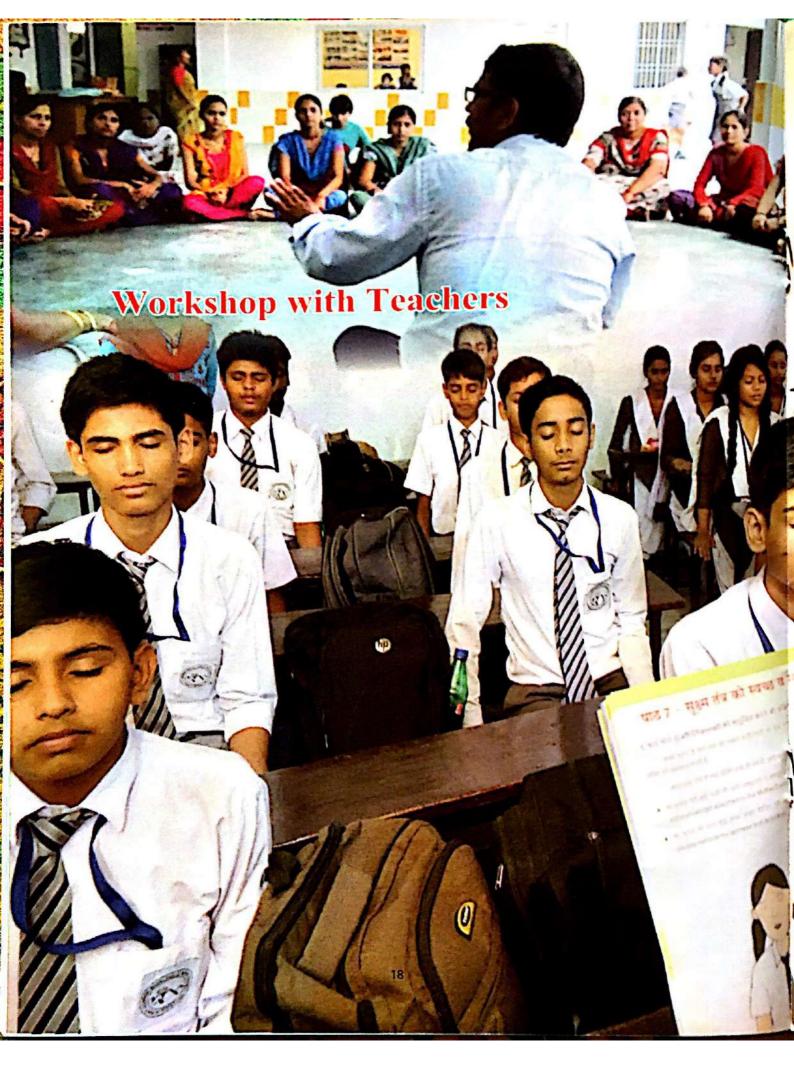
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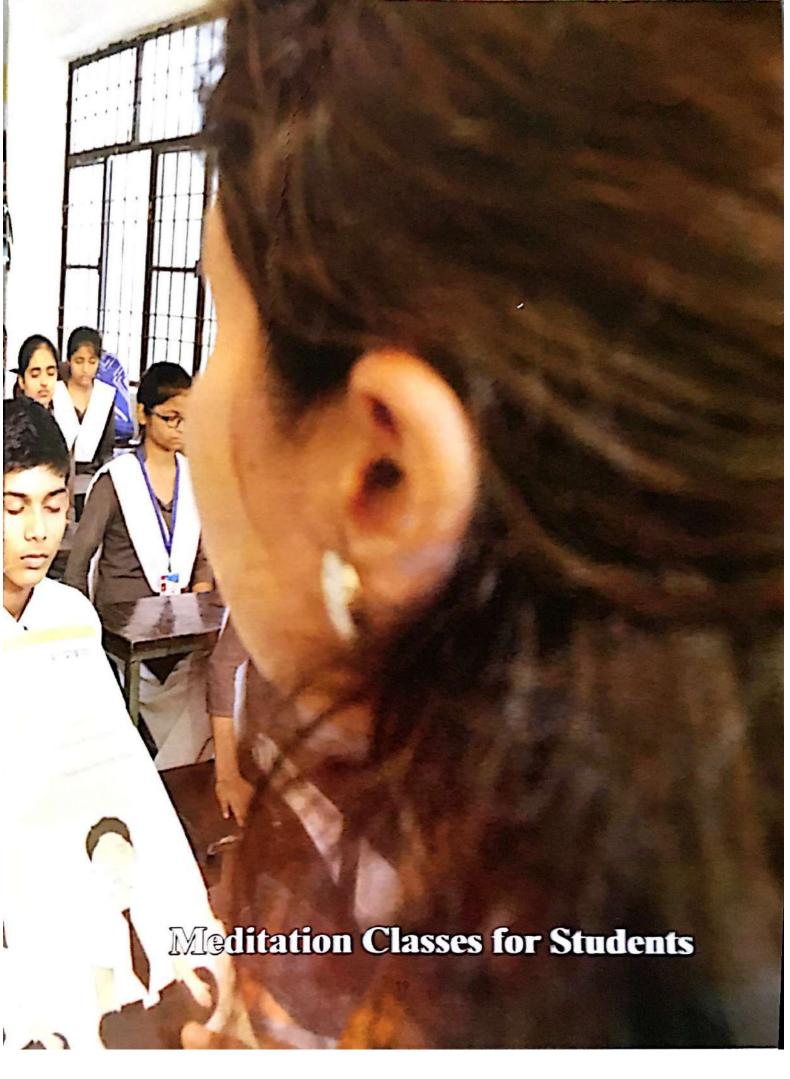
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### At Scale:

Sahaja Yoga was introduced as a subject. Dhyaandhara module as subject book was developed. Motivation sessions for teachers were conducted to build the confidence to take up sahaja Yoga as the subject. Management was provided hand-holding support in identifying and training teachers in conducting SY meditation session.





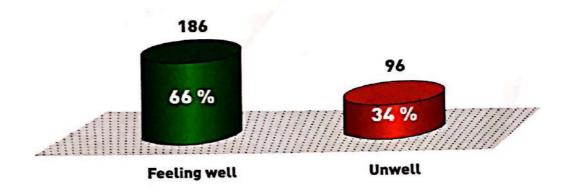
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# Results:

### Pre intervention assessment: Status of children before initiating Sahaja Yoga meditation (Physical health - Morbidity, Mental& Emotional health - Stress & Sadness, Academics)

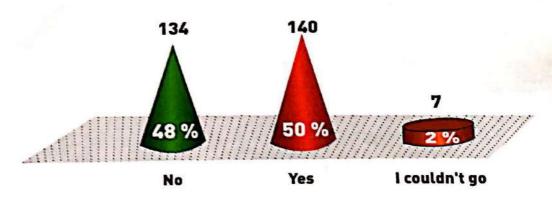
The baseline study conducted on approximate 300 school children from classes 6-8 showed that among the normal school going population of children there was a significant proportion of children having health issues and feeling of being 'not alright'; surprisingly it was neither got recognized nor attended, both at home as well as in the school.

### How are you generally feeling from past 3 months?



In the normal school going population about 34% children reported that they were not feeling well since past 3 months, had complains of pain in legs and arms, tiredness and headache. Further, 48% of children who felt unwell could not go to seek care.

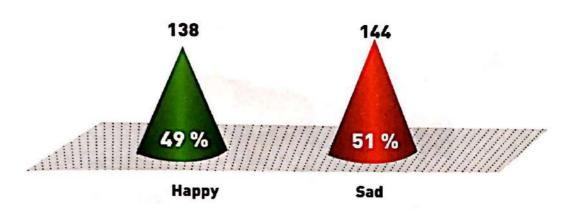
# Have you ever visited a doctor in past 3 months for treatment? (Physical Morbidity assessment)



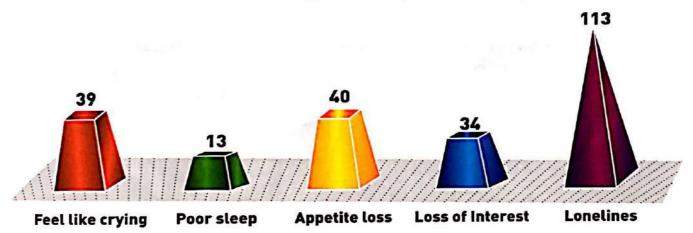
Besides physical health issues, more than half of them reported that they were experiencing some level of emotional health issues like feeling sad, feel like crying, shying away from social groups etc.

On being asked if they had to change something to improve their life and studies, they desired to get adequate support from parents in studies, adequate attention and most importantly they wanted to have no arguments between their parents.

### How are you feeling emotionally in past 3 months?

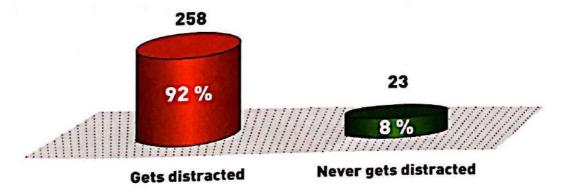


Indications for being emotionally unwell (N=144)



A high proportion of students accepted that the physical, emotional health issues coupled with the family conflicts are putting them at the risk of stress, and poor concentration. As per them academics is the most affected part of their life due to stress.

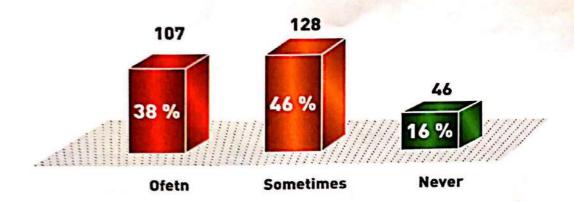
# Orerall rate your level of concentration during studies



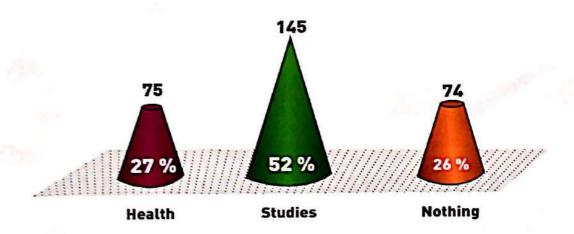
About 92% of them told that their concentration is very poor hence they are not able to attend properly to what they are learning in class room as well as at home.

Similarly, a significant proportion of students acknowledged that their poor concentration is affecting their performance in routine unit tests and examinations. Only 16% felt that it did not have any negative effect on their results.

### Does your lack of concentration affect your results?



### What has been mostly affected in your life due to stress?



# b. Post Intervention assessment: Status of children after initiating Sahaja Yoga meditation

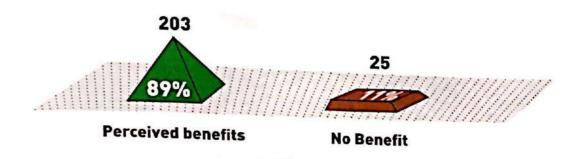
Students who participated in weekly Sahaja Yoga meditation experienced some positive stimulus in themselves that has attributed to the improvement in their health and/ or academics.

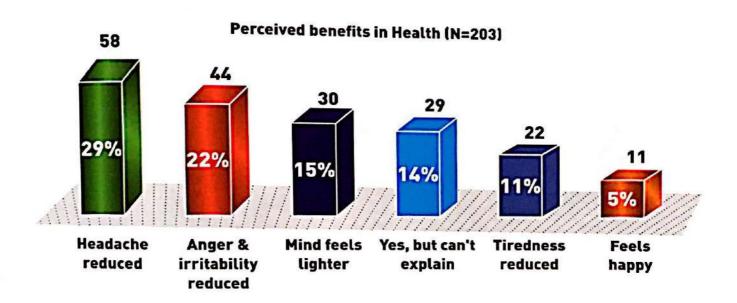
Those who have perceived benefits in academic life have found that their ability to learn, concentration or attention to details has been improved greatly; some of them mentioned the specific subjects and assignments in which they were able to minimize their phobia which subsequently improved their grades in exams.

About 89% of the students perceived that the meditation has benefitted their health, physical

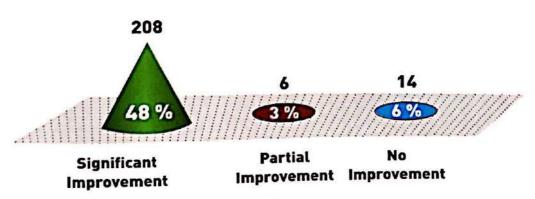
as well as emotional health. Those who have perceived benefits in their health have found that their complaints of headaches, irritability has sharply reduced and they were able to keep themselves calm during exams.

# Reported indicators of improvement in health by students (N=228)





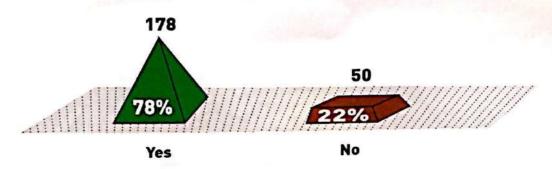
### Perceived impact of Sahaja Yoga Meditation on students (N=203)



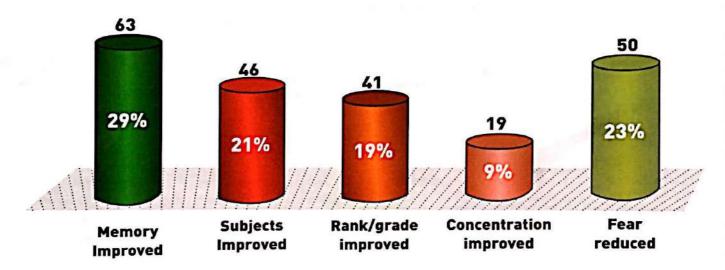
Overall, 91.2% students perceived a significant improvement in their life after adhering to SY Meditation, and 6% of them were not able to perceive any positive impact of SY meditation on them.

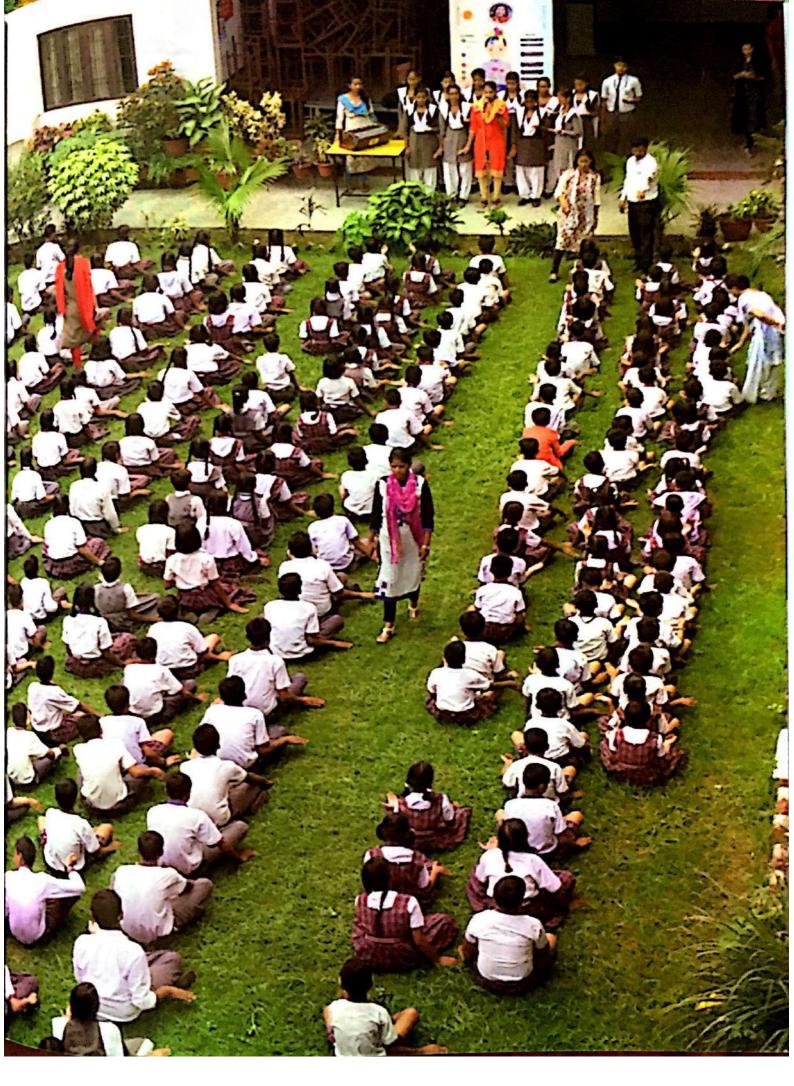
Around 78% of them reported to have practiced SY Meditation even at home and continued after the intervention was over.

Adherence to Sahaja Yoga after School (N=228)



# Reported indicators of improvement in academics by students (N=288)





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# **Conclusion:**

The study showed that even the normal school going children are confronting the problems of socio psychological imbalances and, therefore they are in stress. The parents and schools both have to acknowledge this fact that school children are continuously facing the burden of being in stress due to increasing expectations in the super dynamic era of sociotechnological and environmental transformations.



Meditation is a proven evidence based bio-spiritual intervention to prevent as well as manage the aftermath of stress borne out of routine imbalances in our life, whether at school, workplace or at home.

Sahaja Yoga Meditation has shown that it is unique because it is spontaneous, simple and effortless. All these attributes of SY meditation have made it acceptable, enjoyable and popular among children as well as school teachers. It has also been effective in providing popular among children as well as school teachers. It has also been effective in providing teachers with a work – life balance approach to deal with gigantic load of managing syllabus

timely and with quality. The active engagement of school governing board, head of School, teachers, non-teaching staff and parents during implementation ensured higher and sustained adherence of meditation sessions.

In the emerging future, Sahaja Yoga meditation can be integrated with the existing school curriculum to inculcate the values, healthy behaviours (empathy, purity, honesty) and build life skills (confidence, communication skills and concentration) among the students. Incorporating a customized package based on Sahaja Yoga meditation e.g. in routine assembly or as an optional school activity. The adoption of SY Meditation by schools can help the management staff to overcome the prevalence of stress and aggression among students, consequently leading them to achieve a higher proportion of academic success.

A team consisting of educationists & academicians, public health researchers and experienced meditation instructors of Sahaja Yoga should co-design the intervention package aligning with policy like school health program. Adaptation and customization of intervention package based on Sahaja Yoga meditation can remain flexible i.e. as an optional subject for activity classes or integrating with morning prayer/assembly session or organizing periodical sessions as workshops for all teachers and students.





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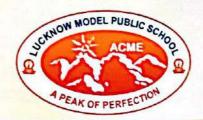


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