

Yoga based Leadership Program and Perceived Stress level of Rural Youth

¹Divya Kanchibhotla, ²Anusha Anand, ³Shashank Kulkarni, ⁴Shweta Singh

¹ Director, ² Research Associate

Sri Sri Institute for Advanced research,
Ved Vignan Maha Vidyapeeth, Bengaluru, India

Abstract: Rural communities often have challenging life situations, which induce stress in their daily life. This stress often gets manifested in the form of suicides, alcohol dependency, substance abuse, violence, criminal tendencies among the young people. A comprehensive intervention technique is required to address multiple issues faced by rural people, especially the younger generation. Art of Living has a program called as Youth Leadership Training Program (YLTP) which addresses empowerment needs. This program consists of yoga and pranayama, stress busting techniques like Sudarshan Kriya and such processes which make a youth to develop positive attitude and makes him fairly confident to face multifaceted challenges thrown by the society. The present study examined the impact of yoga based empowerment program on stress and mental well being of rural Indian population. Total 992 rural youths participated in this observational study. All the participants attended 8 days Youth Leadership Training Program (YLTP) in different years and at different places in India. They were then invited to an YLTP retreat at the Art of Living International Center. At the time of retreat participants were asked how they perceived stress before doing YLTP program and how they perceived stress after doing YLTP program. The impact of the empowerment program was observed on individual's perceived stress using Perceived Stress Scale (PSS) (Cohen, 1988). The questionnaire was administered in the YLTP retreat held in Art of Living International Center, Bangalore. Significant results clearly demonstrate that by YLTP program, a reduction in stress level can be obtained.

Index Terms - Rural Community, Perceived Stress, Youth Leadership Program

I. Introduction

India is the second most populous country in the world. With increase in population, urbanization has also increased that's too faster than expected (census, 2011). However, still two third of India's population live in rural India (Sivaramakrishnan, Kundu, Singh, 2007). Of the 121 crore Indians, 83.3 crore live in rural areas while 37.7 crore stay in urban areas (Census of India's 2011, <http://www.censusindia.gov.in/>).

The rural Indian population is undergoing lifestyle transition due to socio-economic growth which allows rural populations to adopt urban lifestyles without migration to urban areas (Ramachandran et al., 2004). In spite of all these changes happening in villages, rural areas are still plagued by problems lack of infrastructure like roads, adequate water, good educational facilities, lack of adequate employment opportunities, health care facilities, sanitation etc. this has added stress to the general life situations of rural population.

Means of earnings are also limited in villages. The main source of income of rural people is agriculture. The price the farmers get for their products is less in comparison to the work they put in. This has enforced a large number of people in debt trap and has added stress to their life. To break this trap, a large percentage of rural population migrates to urban areas in search of better livelihood and better prospects. This migration has posed its own challenges especially in terms of lifestyle.

In addition to these issues, about 75% of health infrastructure, medical manpower and other health resources are concentrated in urban areas where 27% of the population lives (Patil, Somasundaram & Goyal, 2002). As a result rural populations have limited access to health care and can least afford to pay for the high treatment costs associated with chronic conditions. A lack of available services, nonexistent long-distance public transportation, and the requirements and culture of rural life may make it difficult or undesirable to seek out assistance in rural areas (Ciarlo et al., 1996).

Studies have shown that this challenging and strenuous lifestyle of rural communities (e.g., caring for crops and animals, working long days and nights, and weather concerns) can contribute to rural suicides (Dyer, 1997; Gunderson et al., 1993; Thu et al., 1997), alcoholism, substance abuse, domestic violence etc. Research suggests that many suicides are impulsive and related to stress. Psychosocial stress has a major role in suicide in a rural south Indian community (Manoranjitham, Rajkumar, Thangadurai, Prasad, Jayakaran & Jacob, 2010; Prasad et al., 2006; Gururaj, Isaac, Subbakrishna, Ranjani, 2004; Cheng, Chen, Chen, & Jenkins, 2000; Vijayakumar, & Rajkumar, 1999). Lawrence and Williams (1990) also reported that people living in rural areas consumed 30% more alcohol than their urban counterparts. According to National Family Health Survey (NFHS)-3 (2005-2006), approximately 33% rural males consume alcohol. Several surveys have reported high levels of alcohol consumption among young people in rural areas. Since, people in rural areas have to struggle with long-term sources of stress such as climate variations (drought, fires, floods, and cyclones), plagues due to pests (such as mice and locusts), financial worries and isolation. Consequently, to deal with the stress created by these problems they try to encounter this stress by alcohol.

So, generally people in the rural areas are at a great disadvantage and have to suffer many socio economic problems. There is a strong need to empower the people residing in villages. Empowerment is recognized as a crucial approach to reinforce the well-being of individuals (Aref, 2010). For empowerment of rural people, a comprehensive intervention technique is required to address multiple issues faced by rural people, especially the younger generation.

Art of Living has a program called as Youth Leadership Training Program (YLTP) which addresses empowerment needs. YLTP was established in August 1999. This program has a unique syllabus. The YLTP focuses on the personal development, communication skills. Through stress-reducing breathing techniques which are taught in the program, individuals find inner peace and communities to come together in a spirit of service. Participants are inspired to volunteer for rural projects, and the fruits of the seeds sown in the classroom can be experienced by the community as a whole. In this program participants learn tools for enhancing their physical, mental, emotional and spiritual wellbeing. They practice breathing techniques and physical exercises that relieve stress and explore concepts such as: What are the factors that affect a person's mind? How do you handle negative emotions? How do you keep your mind in the present moment? The participants engage in discussions and processes gear towards enhancing their perception and observation of situations and expressing their ideas. Public speaking and voice modulation exercises improve their ability to confidently and concisely express ideas, while simultaneously developing a strong ethic of working together to realize common goals. The participants take part in processes that dealt with facing and overcoming personal limitations and barriers. Various aspects of leadership are studied and discussed, focusing on: Entrepreneurship, Women's empowerment, and Democracy. The participants work on exploring the needs of their communities and developing a long-term vision for their communities. The module center on: Crisis management/trauma relief, Social responsibility, Community development, Universal human values. Art of Living believes in empowering communities to take up developmental projects. Projects are most successful when the community takes ownership at every stage, right from planning and funding to implementation and sustainability of their initiatives. The Art of Living has made Youth Leadership Training Program (YLTP) its vehicle for this transformation, resulting in efficient and effective delivery of its projects. Motivated youth are selected from the local communities and trained appropriately.

The aim of the present study was to observe changes in perceived stress levels and mental well being of rural Indian population after undergoing yoga based empowerment program.

II. Methodology

The study was observational study. All the participants attended 8 days YLTP in different years and at different places in India. They were then invited to Bangalore for attending the YLTP Retreat. The data was collected in YLTP retreat held at Art of Living International Center, Bangalore. The impact of the empowerment program was observed on stress level of individuals using Perceived Stress Scale (Cohen, 1994). The questionnaire was administered in YLTP retreat program. Participants were asked to rate their level of perceived stress on the scale of five before they did YLTP and at present.

Sample - A total of 992 participants (731 males and 261 females) from rural areas of whole India participated in this study. Participants were from all Indian states. The age group of the participants has been from 18 years and above.

Procedure - After consenting to take part in the study, all participants were assessed on the PSS. In the YLTP retreat event, at the same time participants were asked to rate their perceived stress on 5 point PSS before doing the YLTP program and how they perceived it after doing and practicing YLTP.

Youth Leadership Training Program (YLTP) is an intensive 8-day leadership training followed by two weeks of service work. The program includes powerful breathing techniques, daily yoga & meditation, practical knowledge for stress-free living, a cohesive, connected team atmosphere which nourishes a sense of belonging.

Assessments - Information was collected on socio-demographic, including gender, age, level of education, ethnicity, and marital status. Participants completed PSS which was given at pre and post workshop for assessing the impact of yoga based empowerment program. The PSS is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. PSS is a five point scale. The scale has 10 items.

III. Results

Table 1 Before and After YLTP scores on Perceived Stress Scale

	Mean Scores		t
	Before YLTP Scores (n=992)	After YLTP Scores (n=992)	
Overall	32.19 (42.86)	27.11 (57.86)	1.96***

****p < .05. ***p < 0.0001**

Table 1 shows a significant improvement in how the participants perceived stress in their lives after YLTP ($p < 0.0001$). Further, item wise analysis was also done. Results of item 1 revealed that prior to intervention about 33% of the participants felt that they got upset because something happened unexpectedly. However, only 9% of the people felt so after the course. Similarly, about 21% felt they were never or almost never upset prior to intervention. But after the course this figure has jumped to about 64%. Furthermore, results on item 2 revealed that 46% of the participants felt that they were either fairly often or very often unable to control important things in their lives. But after the course this figure declined to 15%. Similarly, about 22% felt they were never or almost never, unable to control the important things in their lives but post course this percentage increased to approximately 63%. Results of item 3 revealed that prior to intervention about 57% of the participants felt that they were, fairly often or very often, felt nervous and stressed. However, only 11% of the people felt so after the course. Similarly, about 16% felt they were never or almost never nervous and stressed prior to intervention. But after the course this figure has jumped to about 63%. Results of item 4 revealed that prior to intervention about 34% of the participants felt that they felt, fairly often or very often, confident about their ability to handle their personal problems. However, only 57% of the people felt so after the course. Similarly, about 32% felt they were never or almost never confident prior to intervention. But after the course this figure remained almost similar, Results of item 5 revealed that prior to intervention about 28% of the participants felt, fairly often or very often, that things were going their way. However, 52% of the people felt so after the course. Similarly, about 37% felt never or almost never things go their way prior to intervention. After the course this figure remained almost similar. Results on item 6 revealed that about 36% of the participants felt that they were either fairly often or very often unable to cope with all the things that they had to do. But after the course this figure declined to 22%. On the other hand, about 25% felt they were never or almost never, able to cope with all the things that they had do but post course this percentage increased to approximately 57%. Prior to intervention the 38% participants felt that sometimes they could not cope with all the things whereas after intervention this figure dropped to about 20%. Results of item 7 revealed that prior to intervention about 30% of the participants felt that they could control irritations in their life fairly often or very often. However, almost 50% of the people felt so after the course. On the other hand, about 33% felt that they could control irritations sometimes. After the course this figure dropped to 15%. Furthermore, the percentage of participants who felt that they could never or almost never control irritation in their life remained almost similar in pre (36%) and post (34%) conditions. Results of item 8 revealed that prior to intervention about 23% of the participants felt that they fairly often or very often they were on the top of the things. However, almost 54% of the people felt so after the course. Further, about 44% felt that they were never or almost never on the top of the things. After the course this figure dropped to 28%. Furthermore, the percentage of participants who felt that they were sometimes on the top of the things dropped from 32% to 16%. Results of item 9 revealed that prior to intervention about 57% of the participants felt that they were, fairly often or very often, angered because of things out of their control. However, after the course this % dropped drastically to 16%. Similarly, prior to intervention about 16% felt they were never or almost never angered because of the things that were beyond their control. But after the course this figure has jumped to about 56%. Results of item 10 revealed that prior to intervention about 23% of the participants felt that difficulties were piling up so high that they could never or almost never, overcome them. However, after the course this % dropped increased to 64%. Similar trend is seen in respect of responses for fairly often or very often, where the % changes from about 47% to about 15%.

IV. Discussion

The results of this study are the first evidence for the benefits of a yoga based empowerment program in a large sample of rural youths. Study results highlights the impact of the program on perceived stress of the participants. The subjects were asked to rate their perceived stress on PSS before doing YLTP and after doing YLTP during their participation in the YLTP Retreat happening in the Art of Living campus in Bangalore, India.

A significant decline in overall level of perceived stress after the program was obtained. Results revealed significant decline in the percentage of participants who felt that they got upset because something happened unexpectedly after doing and practicing YLTP ($p < 0.0001$). Furthermore, there was significant increment in the percentage of participants who felt they were never or almost never upset prior to intervention. Participants also reported that they felt that they were never or almost never unable to control the important things in their lives after doing the YLTP and practicing it regularly. Furthermore, participants felt less nervous and stressed, felt more confident about their ability to handle their personal problems, felt that things are going their way, found themselves capable of coping with all the things that they had to do, felt most of the times they have been able to control irritations in their life, felt that they were top of the things, they were never or almost never been angered because of the things that were outside their control, they felt never or almost never that difficulties piled up so high that they could not overcome it.

Rural community has been suffering from socio-economic challenges since decades. Only 25% of the total Indian population resides in the cities whereas 75% still live in villages (Sivaramakrishnan, Kundu, Singh, 2007). Exponential growth of the cities has been observed in the last two decades whereas the development of villages is much slower comparatively. People living in the villages have to experience a lot of hardship which has turned the people of villages towards alcoholism, substance abuse, domestic violence, suicides etc. Lack of basic necessities such as medical, market, banking, transport, communication, education, recreation etc make the life of the rural youth more challenging. In this scenario, it is necessary to empower the youth residing in rural areas so that they can focus on personal development as well as the development of their whole community. Through stress-reducing breathing techniques, they can find inner peace and communities to come together in a spirit of service. This kind of program helps them to understand their strengths and weaknesses. The current study demonstrates that the yoga based empowerment program can reduce the perceived stress level. Researches have shown that practicing meditation improves the well being and quality of life (Brown & Ryan, 2003; Nyklíček & Kuijpers, 2008). Being in an environment of peace and happiness - both internal and external created by YLTP allows one to move from the complaining and grumbling mind to a grateful and satisfied one.

V. Conclusion

Present study demonstrates that within a short span of time, a comprehensive package of yoga (including SKY and Meditation) can transform an individual in lowering the perceived stress level. A calm mind has greater ability to respond and address life situations in a productive manner. SKY and Meditation techniques make an individual less stressful, calmer and happy. They then have more awareness and can take better decisions about navigating their path through difficult situations.

VI. Limitations

First, in the study before-after YLTP data is taken at the same point of time in YLTP retreat. Participants were asked to fill the PSS in YLTP Retreat. So, no pre or post data collections have been done in this study. Secondly, there was no control group in the study although it may be difficult to carry out such a study with a control group due to feasibility challenges. Further, longitudinal and pre and post design studies need to be undertaken to understand the impact of YLTP on Rural population.

References

1. Aref, F. (2010), Community capacity as an approach for sustainable tourism. *e-Review of Tourism Research*, 8(2), 30-40.
2. Brown, K.W., & Ryan, R.M. (2003), The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being. *Journal of Personality and Social Psychology*, 84 (4), 822-48.
3. Census of India (2011), New Delhi: Registrar General & Census Commissioner of India, <http://censusindia.gov.in/>
4. Ciarlo, J., Wackwitz, J., Wagenfeld, M., Mohatt, D., & Selarney, P. (1996), *Focusing on frontier: Isolated rural America*. Denver, CO: Frontier Mental Health Services Resource Network.
5. Cheng, A.T., Chen, T.H., Chen, C.C., & Jenkins, R.(2000), Psychosocial and psychiatric risk factors for suicide: case-control psychological autopsy study. *British Journal of Psychiatry*, 177, 360-5.
6. Cohen, S (1988), Perceived Stress in a Probability Sample of the United States. In: S. Spacapan, S. Oskamp, (Eds.), *The Social Psychology of Health* (31-67), Sage Publications, Inc
7. Dyer, J. (1997), *Harvest of rage*, Boulder, CO: Westview Press
8. Gunderson, P., Donner, D., Nashold, R., Salkowicz, L., Sperry, S., & Wittman, B. (1993), The epidemiology of suicide among farm residents or workers in five north-central states, 1980- 1988. *American Journal of Preventive Medicine*, 9 (3), 26-32

9. Gururaj, G., Isaac, M.K., Subbakrishna, D.K., & Ranjani, R (2004), Risk factors for completed suicides: a case-control study from Bangalore, India. *Injury Control and Safety Promotion*, 11(3), 183–91.
10. Lawrence, G., & Williams, C.J.(1990), The dynamics of decline: implications for social welfare delivery in rural Australia. In T. Cullen , P. Dunn, & G. Lawrence (Eds), *Rural Health and Welfare in Australia*. (38–59), Wagga Wagga, NSW: Centre for Rural Welfare Research, Charles Sturt University-Riverina..
11. Manoranjitham, S. D., Rajkumar, A. P., Thangadurai, P., Prasad, J., Jayakaran, R., & Jacob, K. S. (2010), Risk factors for suicide in rural south India, *British Journal of Psychiatry*, 196 (1), 26-30.
12. Nyklicek, I., & Kujipers, K. F. (2008), Effects of mindfulness-based stress reduction intervention on psychological wellbeing and quality of life: Is increased mindfulness indeed the mechanism?, *Annals of Behavioral Medicine*, 35(3), 331–40.
13. Patil, A.V., Somasundaram, K.V., & Goyal, R.C. (2002), Current health scenario in rural India, *Australian Journal of Rural Health*, 10 (2), 129-135.
14. Prasad, J., Abraham, V.J., Minz, S., Abraham, S., Joseph, A., & Muliylil, J.P. (2006), Rates and factors associated with suicide in Kaniyambadi Block, Tamil Nadu, South India, 2000–02, *International Journal of Social Psychiatry*, 52, 65–71.
15. Ramachandran, A., Snehalatha, C., Baskar, A.D., Mary, S., Kumar, C.K., Selvam, S., Catherine, S. & Vijay, V. (2004), Temporal changes in prevalence of diabetes and impaired glucose tolerance associated with lifestyle transition occurring in the rural population in India, *Diabetologia*, 47 (5), 860-5.
16. Sivaramakrishnan, K.C., Kundu, A., & Singh, B.N. (2007), *Handbook of urbanisation in India*, Oxford University Press.
17. Thu, K., Lasley, P., Whitten, P., Lewis, M., Donham, K.J., & Zwerling, C. et al. (1997), Stress as a potential risk factor for agricultural injuries: Comparative data from the Iowa Farm Family Health and Hazard Survey (1994) and the Iowa Farm and Rural Life Poll (1989), *Journal of Agromedicine*, 4 (3-4), 181–192.
18. Vijayakumar, L.,& Rajkumar, S. (1999), Are risk factors for suicide universal? A case- control study in India, *Acta Psychiatrica Scandinavica*, 99 (6), 407–11.

