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CROSS-NATIONAL YOGA TRAINING TO IMPROVE SOCIAL SKILLS, CONCENTRATION, AND HEALTH AMONG ORPHANAGE CHILDREN IN DENPASAR AND DILI

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Abstract

Orphanage children may experience psychosocial stress, limited opportunities for structured physical activity, and difficulties maintaining attention in communal living environments. This community engagement program aimed to strengthen social skills, learning concentration, and physical and emotional well-being through an integrated yoga intervention at Dharma Jati II Orphanage in Denpasar, Indonesia, and Santa Clara Orphanage in Dili, Timor-Leste. The program used a participatory and holistic approach combining initial assessment, health and wellness education, practical training, and follow-up evaluation. Core sessions integrated child-adapted yoga asana, pranayama breathing exercises, mindfulness, and loving-kindness meditation. Process evaluation considered attendance, enthusiasm, and performance of the practices, while pre- and post-activity questionnaires and caregiver observations were used to assess changes in focus, social interaction, emotional regulation, and physical complaints. The program was implemented on 7 May 2026 in Denpasar and 10 July 2026 in Dili. The progress evaluation indicated improved understanding of yoga as a universal wellness practice, successful acquisition of basic asana and breathing techniques, greater calmness and learning focus, reduced physical discomfort, and more cooperative and empathetic interactions among participating children. The activity also delivered yoga mats and practical guidance to support independent continuation by the partner institutions. These findings suggest that a culturally adaptable, non-sectarian yoga program can serve as a feasible community-based strategy to promote holistic well-being among children living in orphanage settings.

KEYWORDS: Child Well-Being; Concentration; Meditation; Social Skills; Yoga

1. INTRODUCTION

Children living in orphanage settings require sustained support for physical, emotional, cognitive, and social development. Communal living can provide protection and educational access, but it may also be accompanied by psychosocial pressure, limited privacy for learning, restricted recreational facilities, and challenges in emotional adjustment. The initial assessment conducted at Dharma Jati II Orphanage in Denpasar and Santa Clara Orphanage in Dili identified similar concerns in both partner institutions: unstructured physical activity outside school hours, short attention spans during learning, fatigue and emotional stress, and a need to strengthen confidence, empathy, and constructive peer interaction.

Dharma Jati II Orphanage in Denpasar serves children from economically disadvantaged, orphaned, and neglected backgrounds and combines formal education with various self-development activities. Santa Clara Orphanage in Dili is managed by a Catholic religious community and provides residential care, education, and social support for vulnerable children. Although the two institutions operate in different cultural and religious settings, both partners expressed a comparable need for practical, low-cost activities that could support children's concentration, emotional regulation, social interaction, and physical fitness.

Yoga-based activities were selected as the intervention because they can be adapted for children and implemented in groups with limited equipment. Previous community engagement involving yoga in orphanage settings has reported its usefulness as a recreational and developmental activity for children (Sawitri, 2021), while yoga asana has also been introduced in institutional care settings as a means of supporting physical and personal development (Apriani, 2022). In the present program, yoga was framed not as a sectarian religious practice but as an

inclusive wellness activity integrating body movement, controlled breathing, relaxation, and attention training. This framing was particularly important because the engagement involved partners with different cultural and faith backgrounds.

The intervention combined three complementary practices. Yoga asana emphasized posture, flexibility, balance, and relaxation; pranayama introduced controlled breathing to promote calmness and attention; and meditation focused on mindfulness and loving-kindness to support emotional regulation and empathy. The program therefore addressed three interconnected partner needs: physical health, learning concentration, and social-emotional skills. Community participation was embedded throughout the activity through coordination with orphanage managers, active involvement of caregivers, direct participation of the children in group practice, and the preparation of peer leaders and routines for continued independent practice.

This community engagement activity aimed to implement and evaluate a cross-national, child-adapted yoga training program for children at Dharma Jati II Orphanage in Denpasar, Indonesia, and Santa Clara Orphanage in Dili, Timor-Leste. Specifically, the program sought to improve children's social skills and emotional regulation, strengthen learning concentration, and support physical and mental well-being through an integrated sequence of yoga asana, pranayama, and meditation.

2. METHOD

The activity used a participatory and holistic community engagement approach. It was conducted at two partner sites: Dharma Jati II Orphanage, Denpasar, Indonesia, on 7 May 2026 and Santa Clara Orphanage, Dili, Timor-Leste, on 10 July 2026. The program involved lecturers, a certified yoga instructor, Universitas Warmadewa students, orphanage caregivers, and participating children. Communication at the Timor-Leste site was supported by a Tetum-language interpreter to facilitate understanding of instructions and interaction between the team and participants.

Before implementation, the team coordinated with the orphanage managers and conducted an initial situational assessment through interviews and participatory observation. The assessment focused on children's daily physical activity, learning focus, common physical complaints, stress and emotional regulation, and patterns of peer interaction. These observations were used to adapt the training to the age and institutional context of the participants. The materials were designed as universal and non-sectarian instructions so that the same core program could be implemented appropriately in both Denpasar and Dili.

The practical intervention was organized as a structured 90-minute session. It began with approximately 10 minutes of centering and light stretching, followed by about 45 minutes of child-adapted yoga asana. The asana component included basic postures such as Tadasana, Vrikshasana, Marjariasana, Surya Namaskar, Balasana, and Shavasana, with instructors demonstrating movements and team members assisting children in correcting posture. Approximately 10 minutes were allocated to pranayama, including abdominal breathing, deep breathing, and Nadi Shodhana. A further 10 minutes were used for mindfulness and loving-kindness meditation, with the remaining session time used for explanation, transition, interaction, and reflection.

Evaluation combined process and outcome-oriented observations. Process evaluation considered participation, enthusiasm, attendance, and the children's ability to follow the yoga, breathing, and meditation instructions. Outcome evaluation used simple pre- and post-activity questionnaires, together with caregiver behavioral notes, to observe changes in concentration, anxiety or emotional calmness, social interaction, and physical complaints. The progress report also used participants' and caregivers' post-activity feedback to identify perceived changes in learning focus, empathy, cooperation, and physical comfort. Because the available progress-report dataset does not provide item-level scores for all pre- and post-test measures, the present manuscript reports the documented descriptive and qualitative changes rather than inferring unreported statistical effects.

Sustainability was addressed through the provision of yoga mats and practical instructional guidance, together with encouragement for older children or caregivers to function as peer leaders. The partner institutions were encouraged to integrate short, regular yoga and meditation sessions into the children's daily or weekly routine after the university team completed the direct intervention.

3. RESULT AND DISCUSSION

3.1 Implementation and community participation

The program was successfully implemented at both partner orphanages and received active participation from children and caregivers. The engagement process began with orientation and explanation of the program's health and developmental purpose. This step was particularly important because the progress report records that, before the training, more than 80% of the children initially viewed yoga primarily as a religious-spiritual activity or as ordinary

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physical exercise. Following the orientation, participants were able to identify yoga and meditation as general wellness practices that could be used for stress management, body awareness, calmness, and concentration.

Community participation was evident during the practical sessions. Children followed instructor demonstrations, practiced postures in groups, performed breathing exercises, and joined guided meditation. Caregivers supported the organization of the sessions and provided behavioral observations that complemented the team's evaluation. At the Dili site, Tetum-language support helped reduce communication barriers and allowed the children to participate more confidently. The group format also created opportunities for peer interaction, mutual encouragement, and cooperative practice rather than positioning the children only as passive recipients of information.

The knowledge-transfer objective was achieved at a basic operational level. Participants were able to practice selected asana postures, Nadi Shodhana and other controlled-breathing exercises, and loving-kindness or mindfulness meditation. The handover of yoga mats and practical guidance extended the intervention beyond the training session and provided the institutions with resources for continued practice. This form of adoption is relevant to community empowerment because the partner institutions were not only given a one-time service but were also encouraged to maintain the activity through internal routines and peer leadership.

3.2 Changes in health, concentration, and social-emotional skills

The reported conditions before the program and the main changes observed after implementation are summarized in Table 1.

Table 1. Reported conditions before the program and changes after yoga training

Domain	Condition before program	Intervention	Reported change after program
Physical health	Unstructured physical activity, muscle tension, fatigue, and limited opportunities for guided movement.	Child-adapted asana and relaxation.	Participants reported greater physical comfort and vitality; the program report notes improved posture and reduced complaints such as stiffness, dizziness, and fatigue.
Concentration	Short attention span, mental fatigue, environmental distraction, and difficulty maintaining focus during study.	Pranayama and guided relaxation/meditation.	Children reported feeling calmer and better able to maintain attention and absorb learning material following breathing and meditation practice.
Social-emotional skills	Emotional friction, low confidence, social anxiety in some children, and a need to strengthen empathy and cooperation.	Mindfulness, loving-kindness meditation, and group yoga practice.	Caregiver and participant observations indicated more cooperative interaction, greater empathy, calmer emotional responses, and fewer verbal frictions among children.

Physical-health outcomes were associated mainly with the asana component. The progress evaluation describes reductions in complaints of muscle tension, dizziness, and lethargy and notes improvements in posture and perceived vitality after structured movement and relaxation. These observations are consistent with the program's initial problem mapping, which identified long periods of sitting and limited structured physical activity as concerns in both

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partner settings. Rather than functioning as strenuous exercise, the child-adapted postures provided a guided way to stretch, balance, coordinate movement, and relax. Community-based yoga programs in orphanage contexts have similarly emphasized recreation, body movement, and children's participation as practical benefits of the activity (Sawitri, 2021).

Changes in concentration were most closely linked to pranayama and meditation. Participants reported that controlled breathing helped them feel calmer and made it easier to maintain attention during study. The program used simple breathing patterns that could be repeated independently without specialized equipment, which strengthened the feasibility of the intervention for resource-limited institutional environments. The intended mechanism in the program design was not merely to increase physical activity, but to connect breathing regulation with emotional calmness and focused attention. Earlier work on yoga and learning concentration has also described breathing and meditative practices as relevant to attention training (Suhardana, 2006).

The social-emotional dimension was addressed through group practice, mindfulness, and loving-kindness meditation. The post-activity observations recorded increased empathy, cooperation, and more harmonious interaction, alongside fewer verbal frictions among children. These outcomes are important because the initial assessment had identified emotional tension, low confidence, and social vulnerability as practical issues in the communal living environment. Group yoga created repeated moments in which children had to follow shared instructions, respect personal space, wait for others, and participate in a calm collective activity. Loving-kindness meditation further reinforced the explicit message of directing positive regard toward oneself, peers, caregivers, and the wider environment.

The cross-national nature of the program adds an important community-engagement dimension. The same core intervention was implemented in two institutions with different cultural and religious backgrounds, while the language, explanation, and framing of the activity were adapted to each context. Presenting yoga as an inclusive health and wellness practice supported acceptance in both settings and reduced the risk that the activity would be interpreted as imposing a particular religious identity. This adaptability is one of the program's main strengths and suggests that culturally sensitive framing is as important as the technical content of the intervention itself.

The program also had limitations. The intervention was implemented over a limited period, particularly given the logistical demands of cross-border engagement. The progress report documents pre- and post-activity evaluation procedures but does not provide a complete item-level dataset or standardized scores for all reported outcomes. Consequently, the current findings should be interpreted as descriptive evidence of program achievement rather than as proof of causal clinical effectiveness. Future activities would benefit from standardized, age-appropriate instruments, clearly documented participant numbers, repeated follow-up measurements, and comparable pre- and post-intervention scores at each site. Such improvements would strengthen the evidence base while retaining the participatory character of the community program.

3.3 Sustainability and adoption by partner institutions

The sustainability strategy focused on making the intervention reproducible within the orphanages. Yoga mats and practical guidance were provided to the partners, and older children or caregivers were encouraged to function as peer leaders. The progress plan further recommended short regular sessions, for example 15-20 minutes before study time or at another agreed time in the daily routine. This approach shifts the program from a university-led event toward an activity that can be maintained by the community with minimal additional resources.

The adoption process is especially relevant for community empowerment because it places responsibility for continuation with the partner institutions while maintaining the university team as a source of periodic support. The progress report proposes digital coordination and periodic consultation as mechanisms for follow-up. If implemented consistently, this model could support continuity across distance and make it possible to refresh the practice, identify implementation barriers, and adapt the routine to changes in the children's needs.

4. CONCLUSION

The cross-national community engagement program demonstrated that a child-adapted combination of yoga asana, pranayama, and meditation can be implemented feasibly in orphanage settings with different cultural and religious backgrounds. The program addressed partner needs related to physical activity, learning concentration, emotional regulation, and social interaction through participatory assessment, practical group training, and follow-up support. The progress evaluation documented improved understanding of yoga as a universal wellness practice, acquisition of basic self-regulation techniques, perceived improvements in physical comfort and learning focus, and more cooperative and empathetic peer interaction. Provision of yoga mats, practical guidance, and a peer-leader approach strengthened the potential for continued use by the partner institutions. Future community engagement

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should extend the duration of follow-up and use standardized pre- and post-intervention measures with complete numerical reporting so that program impact can be assessed more robustly and compared across sites.

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