

## Heartfulness HELP Program Reduces Stress in Students

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### Abstract:

**Background:** Given the growing recognition of stress as a pervasive issue impacting students' mental well-being, educational institutions in India have implemented various intervention strategies. Among these strategies, the 'HELP Programme' has garnered significant attention for its innovative and comprehensive approach tailored to address student stress. The programme encompasses a holistic framework that incorporates diverse interventions, including heartfulness exercises, counselling services, and academic support.

**Aims and Objectives:** The study seeks to investigate the impact of the 'HELP Programme' on stress levels among students in India and provide valuable insights for Indian educators, policymakers, and mental health professionals.

**Materials and Methods:** This cross-sectional and observational study was conducted between 2020 and 2021, involving school students from multiple states in India. A total of 31,603 students participated in the stress level analysis. Before the introduction of Heartfulness meditation, students were provided with questionnaires to gather socio-demographic details and measure stress levels. Following the completion of 16 weeks of sessions, the same questionnaires were administered to collect students' post-intervention responses. The collected data was analyzed using the Statistical Package for the Social Sciences (SPSS), version 21, employing descriptive and inferential statistics such as counts, percentages, frequencies, and paired t-tests to compare mean levels between baseline and end line assessments.

**Results:** The findings revealed a significant decrease in students' stress levels ( $mb=73.76 > me=65.98, p<0.05$ ) following the implementation of the HELP programme.

**Conclusion:** This study confirms the stress-reducing efficacy of the HELP programme among students, aligning with previous research findings. The observed decline in students' stress levels highlights the positive impact of the programme and its potential for promoting student well-being in educational settings.

**Keywords:** help programme, stress levels, students, intervention, heartfulness exercises, counselling services

## 1. Introduction

In recent times, there has been a growing focus on the issue of student stress and its negative impact on academic achievement, mental health, and overall welfare within the educational community in India [1-2]. The Indian context is characterized by various factors such as academic demands, societal expectations, and personal hurdles that often act as triggers for stress, posing a significant threat to the emotional and psychological equilibrium of students [3-4]. Consequently, educational institutions in India are increasingly acknowledging the necessity for effective strategies to confront and alleviate this concern.

One notable strategy that has emerged as a viable solution is Heartfulness meditation, which has demonstrated its effectiveness in reducing stress levels among students. Within the Indian education system, Heartfulness meditation has been incorporated into the Holistic Education and Life-skills Program (HELP), a comprehensive intervention gaining popularity as a successful approach to enhancing students' well-being and academic performance [5-7]. This program is specifically designed to comprehensively address student stress within the Indian context, taking into account the distinct challenges encountered by Indian students. It offers culturally sensitive interventions that empower students to effectively cope with the pressures and demands they face [8-10]. The HELP Programme encompasses various elements, including heartfulness exercises, counseling services, and academic support, all tailored to cater to the specific needs and pressures experienced by students in the Indian academic milieu.

In spite of the increasing acclaim and implementation of the HELP Programme within educational institutions in India, there remains a dearth of empirical investigations into its efficacy in alleviating stress levels among Indian students. This knowledge gap underscores the pressing need for meticulous evaluation to scrutinize the programme's impact on student stress within the Indian context and to identify areas where improvements or enhancements can be made. Additionally, such research holds the promise of offering evidence-based perspectives for Indian educators, policymakers, and mental health professionals who are actively engaged in student support services.

Consequently, this study aims to fill this void by examining the influence of the HELP Programme on stress levels among students in India. Employing a research design that integrates mixed methods, including quantitative stress measures and qualitative interviews, our objective is to provide a comprehensive appraisal of the programme's effectiveness within the Indian context. The outcomes of this study can serve as a compass for future programme development and inform evidence-based interventions that foster student well-being and academic achievement in India.

On the whole, this research strives to make a meaningful contribution to the existing body of literature on student stress and intervention strategies within the Indian context by evaluating the impact of the HELP Programme. The findings will illuminate the programme's effectiveness, underscoring its potential to diminish stress levels and augment the overall well-being of students in the realm of Indian education. Such insights hold the power to empower educational stakeholders in India to make

well-informed decisions regarding the implementation and refinement of student support initiative.

## 2. Materials and Methods

The study was conducted between the years 2020 to 2021 and involved school students aged between 16 to 18 years from various states in India. It was designed as a prospective observational study to assess the impact of the 'HELP' program on students' stress level. Prior to the implementation of Heartfulness meditation, the students were given questionnaires to fill out that included socio-demographic details and a stress scale [11-12]. After the completion of the 16-week program, the students were given the same questionnaires again without prior notice.

The study included a total sample size of 32,913 [13-14]. Some participants were excluded from the study due to incomplete data or lack of regular attendance during the 16-week program. The final analyzed sample size was 31,603.

| Parameters                                                                 | No of Participants |
|----------------------------------------------------------------------------|--------------------|
| Initial total sample size                                                  | 32,913             |
| Incomplete data                                                            | 544                |
| Did not follow up 16 weeks intervention regularly ,thus excluded from data | 766                |
| Final analysed sample size                                                 | 31, 603            |

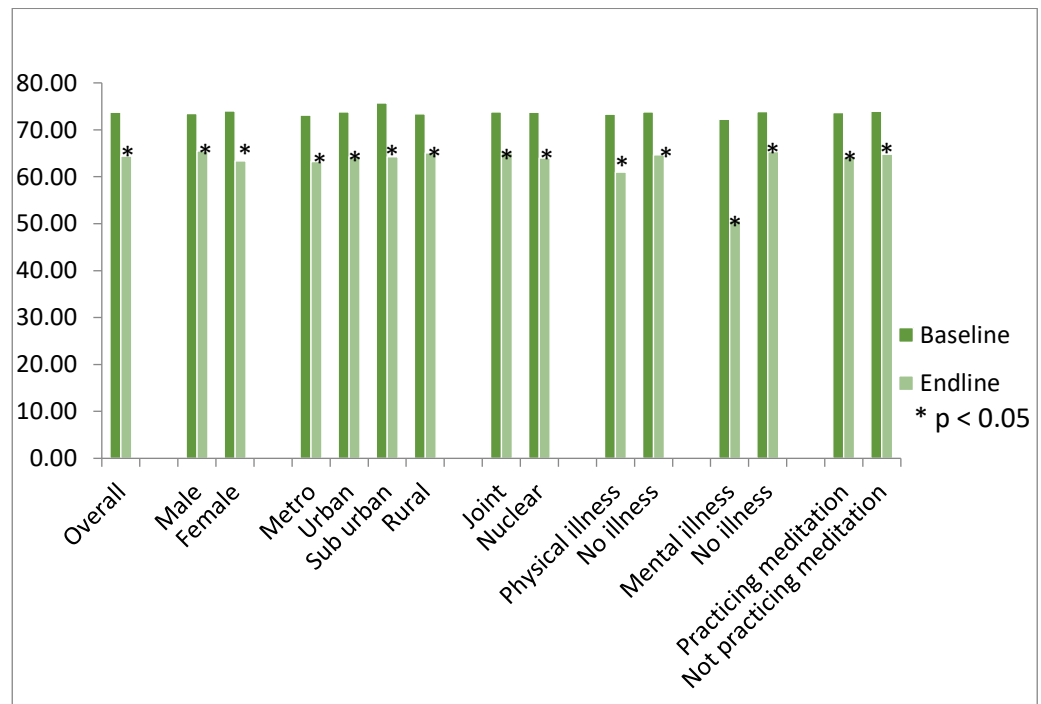
The collected data were analyzed using the statistical package of social sciences (SPSS) version 21. The data were presented using descriptive and inferential statistics in the form of counts, frequencies, and percentages. The paired t-test was used to compare the mean between the baseline and end line stress levels of the students. P-value  $\leq 0.05$  was considered significant.

## 3. Results

Among 31603 students 47.0% were male and 53.0% were female. The students from urban area (38.8%) were higher than Sub urban (10.2%), Rural (35.7%) & Metro (15.2%). Based on type of family, 33.6% of the students were from joint family system, while 66.4% were belonging to nuclear family system. In this study 8.0% of the students had reported with physical illnesses and 92.0% without physical illnesses. Likewise with mental illnesses, 6.4% with mental illnesses and 93.6% students without mental illness. Among the students, 59.6% were already practicing meditation and 40.4% of them were not practicing any form of Meditation.

**Table 1.** Demographic profile of the study participants

| Variable                 |                  | Frequency | Percentage (%) |
|--------------------------|------------------|-----------|----------------|
| Overall                  |                  | 31603     | 100.0          |
| Gender                   | Male             | 14861     | 47.0           |
|                          | Female           | 16742     | 53.0           |
| Place of residence       | Metro            | 4818      | 15.2           |
|                          | Urban            | 12276     | 38.8           |
|                          | Sub-urban        | 3234      | 10.2           |
|                          | Rural            | 11275     | 35.7           |
| Type of family           | Joint            | 10626     | 33.6           |
|                          | Nuclear          | 20977     | 66.4           |
| Chronic physical illness | Physical illness | 2519      | 8.0            |
|                          | No illness       | 29084     | 92.0           |
| Mental illness           | Mental illness   | 2013      | 6.4            |
|                          | No illness       | 29590     | 93.6           |
| Practicing meditation    | Yes              | 18832     | 59.6           |
|                          | No               | 12771     | 40.4           |



**Figure 1.** Comparison of Stress level between baseline and end line

Overall, Students stress level have decreased significantly ( $mb = 73.76 > me = 65.98$ ,  $p < 0.05$ ) after the intervention of the HELP programme. In gender category, male students ( $mb = 73.46 > me = 66.73$ ) as well as female students ( $mb = 74.03 > me = 65.31$ ) have decreased their stress level significantly after the intervention. Based on the place where the student resides, those who were from rural area ( $mb = 73.43 > me = 66.57$ ), urban ( $mb = 73.81 > me = 65.51$ ), sub urban ( $mb = 75.69 > me = 66.79$ ) and metro area ( $mb = 73.12 > me = 65.25$ ) reported significant ( $p < 0.05$ ) reduction in their stress level. Students from both, nuclear family system ( $mb = 73.72 > me = 65.68$ ) and joint family system ( $mb = 73.84 > me = 66.57$ ) have decreased their stress level significantly. Students without Mental illnesses, with or without Physical illnesses have significantly reduced their stress level after the intervention ( $p < 0.05$ ). Students who were not practicing meditation before the intervention of HELP Programme, have decreased their stress levels significantly ( $mb = 73.95 > me = 66.23$ ), the same was observed for those who practices meditation (Figure 1) (Table 2).

Note: mb=Mean Value of Baseline, me=Mean Value of End-line

Table 2 shows the comparison of stress levels before and after treatment. The results show that there were significant decrease ( $p\text{-value} < 0.05$ ) in stress level after the treatment in overall comparison, gender based comparison, place of residency, type of family, physical illness, mental illness and practicing meditation.

**Table 2.** Comparison of pre and post stress level of the students

|                    |                  |            | Paired Differences |                |                 |                                           |          | T      | Df    | Sig.(2 tailed) |
|--------------------|------------------|------------|--------------------|----------------|-----------------|-------------------------------------------|----------|--------|-------|----------------|
|                    |                  |            | Mean               | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference |          |        |       |                |
|                    |                  |            | Pre & Post stress  |                |                 | Lower                                     | Upper    |        |       |                |
| <b>Variables</b>   |                  |            |                    |                |                 |                                           |          |        |       |                |
| Overall            |                  | Pre & Post | 9.37452            | 19.14524       | .10770          | 9.16343                                   | 9.58561  | 87.047 | 31602 | .000           |
| Gender             | Male             | Pre & Post | 7.96225            | 19.13717       | .15698          | 7.65454                                   | 8.26996  | 50.720 | 14860 | .000           |
|                    | Female           | Pre & Post | 1.06281E1          | 19.06553       | .14735          | 10.33930                                  | 10.91694 | 72.129 | 16741 | .000           |
| Place of residency | Metro            | Pre & Post | 9.91324            | 19.56499       | .28187          | 9.36065                                   | 10.46583 | 35.170 | 4817  | .000           |
|                    | Rural            | Pre & Post | 9.58065            | 19.11301       | .17250          | 9.24251                                   | 9.91878  | 55.538 | 12275 | .000           |
|                    | Sub-Urban        | Pre & Post | 1.14592E1          | 18.65628       | .32806          | 10.81595                                  | 12.10241 | 34.930 | 3233  | .000           |
|                    | Urban            | Pre & Post | 8.32195            | 19.07390       | .17963          | 7.96984                                   | 8.67406  | 46.328 | 11274 | .000           |
| Type of family     | Joint            | Pre & Post | 8.67184            | 19.19434       | .18620          | 8.30685                                   | 9.03684  | 46.572 | 10625 | .000           |
|                    | Nuclear          | Pre & Post | 9.73047            | 19.11092       | .13195          | 9.47183                                   | 9.98910  | 73.743 | 20976 | .000           |
| Physical illness   | Physical illness | Pre & Post | 1.23493E1          | 20.06917       | .39987          | 11.56524                                  | 13.13345 | 30.884 | 2518  | .000           |
|                    | No illness       | Pre & Post | 9.11687            | 19.04162       | .11165          | 8.89802                                   | 9.33572  | 81.652 | 29083 | .000           |
| Mental illness     | Mental illness   | Pre & Post | 2.15792E1          | 15.29275       | .34085          | 20.91078                                  | 22.24769 | 63.310 | 2012  | .000           |

|                       |            |            |         |          |        |         |         |        |       |      |
|-----------------------|------------|------------|---------|----------|--------|---------|---------|--------|-------|------|
|                       | No illness | Pre & Post | 8.54424 | 19.09846 | .11103 | 8.32662 | 8.76185 | 76.957 | 29589 | .000 |
| Practicing meditation | No         | Pre & Post | 9.51519 | 19.13755 | .13946 | 9.24184 | 9.78853 | 68.231 | 18831 | .000 |
|                       | Yes        | Pre & Post | 9.16710 | 19.15544 | .16950 | 8.83484 | 9.49935 | 54.082 | 12770 | .000 |

#### 4. Discussion

Heartfulness meditation, integrated into the HELP program, has displayed promising potential in mitigating stress levels among students. Numerous studies have underscored the beneficial influence of meditation practices on stress reduction and overall well-being [15-16]. Within the realm of student stress, Heartfulness meditation provides tailored techniques that specifically address the distinctive challenges encountered by students in academic environments.

A notable characteristic of Heartfulness meditation lies in its focus on heartfulness and being fully present in the moment. This practice fosters a state of inner serenity, enabling students to observe their thoughts and emotions without judgment [15]. Through the development of such heartfulness students can attain a heightened sense of control over their stress responses and enhance their capacity to effectively manage academic pressures.

Furthermore, research has demonstrated that regular engagement in Heartfulness meditation can yield significant reductions in perceived stress levels. For example, a study conducted by [16] revealed that students who participated in a Heartfulness-based intervention reported decreased stress and improved well-being compared to a control group. The findings emphasized the vital role played by Heartfulness meditation in stress reduction, as it facilitates relaxation, enhances emotional regulation, and fosters a positive mindset.

Additionally, Heartfulness meditation has also been found to positively impact physiological indicators of stress. A study by [17] explored the effects of meditation on stress-related biomarkers and observed that consistent practice of meditation, including Heartfulness techniques, led to reductions in cortisol levels—a hormone associated with stress. This suggests that Heartfulness meditation may exert a direct physiological influence on stress reactivity, thereby contributing to its stress-alleviating effects. The HELP program's integration of counselling services alongside Heartfulness meditation provides comprehensive support for students. Counselling services can offer a platform for students to address underlying psychological factors contributing to stress and develop coping strategies [18-22]. Combining counselling with Heartfulness meditation creates a holistic approach that addresses both the psychological and physiological aspects of stress management.

Nevertheless, despite the substantial body of evidence supporting the positive impact of Heartfulness meditation and the HELP program on stress reduction among students, it is crucial to acknowledge the presence of conflicting or divergent findings in scientific research. In a randomized controlled trial conducted by [23], which examined the effects of various meditation practices on stress reduction in college students, their study yielded unexpected results contrary to the hypothesis of the current research. They found no significant difference in stress levels between the

meditation group (including Heartfulness meditation) and the control group. The authors suggested that individual variations in response to meditation techniques and the multifaceted nature of stress experiences may contribute to the lack of observed effects in their study. This finding is consistent with the observations made by [24-26]. Moreover, a meta-analysis conducted by [26] examined the overall efficacy of heartfulness based interventions, including meditation, in reducing stress among students. While they discovered a moderate effect size indicating a reduction in stress, they emphasized the need for caution due to substantial variability in study designs and methodological limitations. They recommended further research to gain a better understanding of the specific conditions under which heartfulness interventions, including Heartfulness meditation, are most effective in reducing stress among students. These studies [27-30] underscore the complexity inherent in studying stress reduction interventions and highlight the necessity for additional investigations to establish a clearer consensus. Researchers often encounter methodological disparities, variations in sample characteristics, or discrepancies in the specific meditation techniques employed, all of which can contribute to disparate results.

Therefore, while the existing evidence provides support for the hypothesis that the HELP program, incorporating Heartfulness meditation, alleviates stress levels in students, it is crucial to consider these contrasting perspectives and foster ongoing research endeavours to develop a more comprehensive understanding of the potential benefits and limitations of such interventions.

## 5. Conclusion

This study has provided evidence that the intervention of the HELP program can enhance students' learning and academic performance by reducing their stress levels. Interestingly, the findings also revealed that various demographic characteristics such as gender, place of residency, type of family, physical illness, and engagement in meditation did not alter the reported effectiveness of the treatment. However, it was noted that the presence of mental illness could influence the treatment's impact on students.

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