

“A study to assess the effectiveness of Heartfulness meditation practice on women’s health in selected educational institutes of Pune city”

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ABSTRACT

Introduction: Heartfulness meditation is a simple, heart-based, and free daily practice designed to promote relaxation, inner peace, and emotional balance. It focuses on meditating on the heart while experiencing "yogic transmission" a subtle energy intended to foster inner transformation, empathy, and spiritual growth.

Aims of the Study: to assess the effectiveness of Heartfulness meditation practice on women’s health in selected educational institutes of Pune city.

Methodology: A quasi-experimental pre-test–post-test design was conducted among women working in selected educational institutions of Pune. A total of 70 participants were selected through simple random sampling and it was divided into experimental and control groups (35 each). Women aged ≥ 25 years who consented were included, while those previously exposed to Heartfulness meditation were excluded. Data were collected using a structured questionnaire and the Mindful Self-Care Scale (MSCS). The experimental group received 40–45-minute Heartfulness meditation sessions by certified trainers. Data were analyzed using descriptive and inferential statistics, including *t*-tests and chi-square.

Results: The study showed that most participants were middle-aged, married, graduates/postgraduates, earning below ₹1,00,000, and had a history of illness. In the experimental group, low self-care reduced from 85.71% to 5.71% after Heartfulness meditation, with a significant increase in high self-care (48.57%); mean score improved from

49.29±9.74 to 89.14±20.78 ($t=10.27$, $p=0.001$). The control group showed no significant change (51.63±10.21 to 51.37±9.20; $p=0.456$). No significant association was found between demographic variables and pre-intervention health status ($p>0.05$). Overall, Heartfulness meditation was found to be effective in improving women’s health status.

Conclusion: The study concludes that Heartfulness meditation significantly improves women’s health status, with marked enhancement in self-care levels in the experimental group compared to the control group. It is an effective non-pharmacological method to promote overall well-being.

Keywords: assess, effectiveness, Heartfulness meditation, practice, women’s health, educational, institutes.

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INTRODUCTION

Meditation is a practice in which an individual uses a technique or combination of techniques to train attention and awareness and detach from reflexive, "discursive thinking" achieving a mentally clear and emotionally calm and stable state, while not judging the meditation process itself.¹

Meditation techniques are broadly classified into focused and open monitoring methods. Focused methods involve attention to specific objects like breath or mantras, while open monitoring includes mindfulness and awareness of mental events.²

Women's health is an example of population health, where health is defined by the World Health Organization (WHO) as "a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women".³

Women’s health is a multidimensional concept encompassing physical, psychological, and social well-being. In contemporary society, working women particularly those in educational institutions often experience increased levels of stress due to dual responsibilities at work and home. According to the World Health Organization, mental well-being is a crucial component of overall health, and promoting psychological resilience is essential for improving women’s health outcomes.⁴

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Meditation-based interventions have gained recognition as effective, non-pharmacological approaches for stress reduction and health promotion. Among these, Heartfulness meditation is a simple heart-centered practice that focuses on relaxation, meditation, cleaning, and prayer techniques to balance emotional and mental states. Studies have shown that meditation practices significantly reduce stress, anxiety, and depressive symptoms while enhancing emotional regulation and overall well-being.⁵

Evidence suggests that regular meditation improves self-care behaviours, emotional stability, and physiological parameters such as heart rate and blood pressure. Research on mindfulness and meditation-based interventions indicates positive effects on psychological health, including improved coping mechanisms and reduced burnout among working populations.⁶

Need of the study:

Domestic violence is a major public health concern affecting women worldwide. According to the World Health Organization, approximately 27% (0.27) of ever-partnered women globally have experienced physical and/or sexual intimate partner violence in their lifetime.⁷

In India, the prevalence of domestic violence remains considerably high. Data from the National Family Health Survey (NFHS-5, 2019–21) shows that about 31.2% (0.312) of women aged 15–49 years have experienced domestic violence.⁸ At the state level, Maharashtra also shows a significant burden. According to NFHS-5 estimates, the prevalence of domestic violence among women in Maharashtra is approximately 25% (0.25).⁹

Pradeep K Gupta et al. (2023), in the study titled “Effect of Heartfulness meditation program on perceived stress and satisfaction with life of female students,” used a prospective cohort design among female students, comparing two intervention groups with different durations of Heartfulness meditation. Perceived Stress Scale (PSS) and Satisfaction with Life Scale (SWLS) were assessed at baseline and 20 weeks. Results showed a significant reduction in stress and an increase in life satisfaction, with better outcomes in the longer intervention group. The study concluded that Heartfulness meditation effectively reduces stress and improves life satisfaction, especially with prolonged guided practice.¹⁰

Women working in educational institutes often experience high levels of stress due to workload, multitasking responsibilities, and work–life imbalance, which negatively affects their physical and psychological health. Increasing prevalence of stress-related problems highlights the need for simple, safe, and effective interventions to improve women’s well-being. Heartfulness meditation is a non-pharmacological and easily practicable technique that promotes relaxation and emotional balance. Although it has shown promising effects on stress

reduction and overall well-being, limited research is available among working women in educational settings, particularly in Pune. Therefore, this study is needed to evaluate its effectiveness on women’s health.

MATERIALS AND METHODS

A quasi-experimental pre-test–post-test research design was adopted for the study, conducted among women working in selected educational institutions of Pune. A total of 70 participants were selected using a simple random sampling technique and divided equally into experimental and control groups (35 each). Women aged 25 years and above who were willing to provide informed consent were included, while those previously exposed to Heartfulness meditation sessions were excluded. Baseline data were collected using a structured questionnaire comprising demographic variables and the Mindful Self-Care Scale (MSCS). The experimental group received Heartfulness meditation intervention delivered by certified trainers, consisting of 40–45 minutes guided sessions, whereas the control group did not receive the intervention. Ethical clearance and institutional permissions were obtained prior to data collection. Data were analysed using descriptive and inferential statistics, including mean, standard deviation, paired and unpaired *t*-tests, and chi-square tests to assess the effectiveness of the intervention and its association with selected demographic variables.

RESULTS

SECTION I

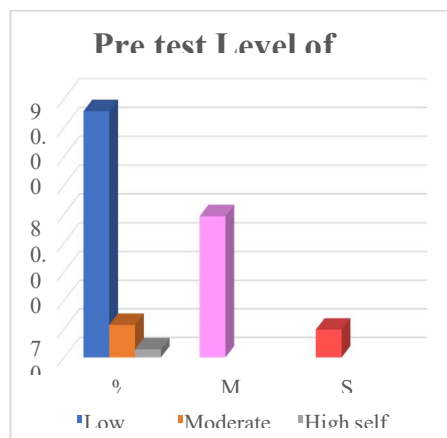
Table no.1

A-Demographic data of the sample. (Experimental group)

n=35

Demographic Variables	F	%
1. Age		
a. 25-35 years	8	22.86
b. 36-45 years	14	40.00
c. 46-55 years	8	22.86
d. 56-60 years	5	14.29
2. Marital Status		
a. Married	23	65.71
b. Unmarried	1	2.86
c. Divorce	8	22.86
d. Single	3	8.57
3. Education Level		
a. Graduate	11	31
b. Post Graduate	16	45.71
c. Ph.D	8	20
4. Monthly Family income (in INR)		

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a. Below 50,000	14	40.00
b. 50,001-1,00,000	11	31.43
c. 1,00,001-2,00,000	8	22.86
d. Above 2,00,000	2	5.71
5. History of Any Illness		
a. Yes	29	82.86
b. No	6	17.14

The demographic data shows that the majority of participants (40%) were in the age group of 36–45 years, followed equally by 25–35 years and 46–55 years (22.86% each), while the least (14.29%) were in the 56–60 years group. Regarding marital status, most participants were married (65.71%), while divorced participants constituted 22.86%, and a smaller proportion were single (8.57%) or unmarried (2.86%). In terms of education, (40%) were graduate, 31% were Postgraduate and 20% were PhD. Monthly family income was mainly below ₹50,000 (40%), with fewer participants in higher income groups. A large majority (82.86%) reported a history of illness, indicating prevalent health concerns in the study population.

SECTION I

Table no 2

B- Demographic data of the sample. (Control group)

n=35

Demographic Variables	F	%
1. Age		
a. 25-35 years	17	48.57
b. 36-45 years	5	14.29
c. 46-55 years	9	25.71
d. 56-60 years	4	11.43
2. Marital Status		
a. Married	24	68.57
b. Unmarried	3	8.57
c. Divorce	6	17.14

d. Single	2	5.71
3. Education Level		
a. Graduate	7	20
b. Post Graduate	20	57.14
c. Ph.D	8	20
4. Monthly Family income (in INR)		
a. Below 50,000	13	37.14
b. 50,001-1,00,000	12	34.29
c. 1,00,001-2,00,000	10	28.57
d. Above 2,00,000	0	0.00
5. History of Any Illness		
a. Yes	26	74.29
b. No	9	25.71

The demographic data shows that the majority of participants were in the 25–35 years’ age group (48.57%). Most respondents were married (68.57%). In terms of education, 20 % were graduate, 57% were post graduate and 20% were Ph D. Regarding monthly family income, a significant proportion of participants fell in the below ₹50,000 categories (37.14%), followed closely by ₹50,001–1,00,000 (34.29%). Most participants (74.29%) reported a history of illness, indicating that the majority had existing health issues.

Section II A

Finding related to Pre-test level of women’s health. (Experimental group)

n=35

Fig. No.1

The above fig no 1 shows that in pre-test findings of the experimental group show that the majority of participants had low self-care levels (85.71%), while a smaller proportion had moderate self-care (11.43%) and very few had high self-care (2.86%). The overall mean score of 49.29 (SD = 9.74) also indicates that the group falls within the low self-care category. This suggests that most participants in the experimental group had inadequate self-care practices and similar baseline health status before the intervention.

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Section II B:

Finding related to Pre-test level of women’s health. (Control group)

n=35

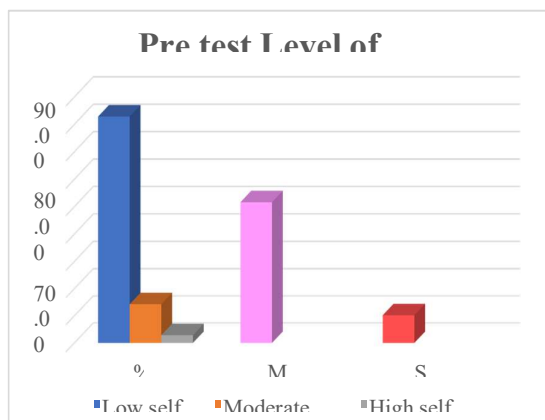


Fig. No.2

The pre-test findings of the control group indicate that the majority of participants had a low level of self-care (82.86%), while only a small proportion demonstrated moderate self-care (14.29%) and a very minimal number had high self-care (2.86%). The overall mean score of 51.63 (SD = 10.21) further confirms that the group falls within the low self-care category. This suggests that most participants in the control group had poor health maintenance behaviors and limited engagement in self-care practices before the intervention.

Section III A:

Table no 3

Finding related to Post-test level of women’s health. (Experimental group)

n=35					
Post-test Level of Health status (Experimental)	F	%	Mean	SD	
Low self-care (25-58)	2	5.71	89.14	20.78	
Moderate self-care (59-87)	16	45.71			
High self-care (88-125)	17	48.57			

The post-test findings of the experimental group show a marked improvement in self-care levels after the intervention. Only 5.71% of participants remained in the low self-care category, while 45.71% achieved moderate self-care and 48.57% attained high self-care. The mean score increased significantly to 89.14 (SD = 20.78), indicating a shift from low to high self-care levels. These results suggest that the intervention was effective in improving the health status and self-care practices

of the participants in the experimental group.

Section III B:

Table no 4

Finding related to Post-test level of women’s health. (Control group)

n=35

Post-test Level of Health status (Control)	F	%	Mean	SD
Low self-care (25-58)	29	82.86	51.37	9.20
Moderate self-care (59-87)	6	17.14		
High self-care (88-125)	0	0.00		

The post-test findings of the control group indicate that there was no significant improvement in self-care levels. The majority of participants (82.86%) continued to remain in the low self-care category, while a small proportion (17.14%) shifted to the moderate self-care level, and none of the participants achieved high self-care (0%). The mean score of 51.37 (SD = 9.20) also reflects that the group remained within the low self-care range. These results suggest that without intervention, there was minimal change in the health status of participants in the control group.

SECTION IV(A)

Table no 5

Finding related to effectiveness of Heartfulness meditation practice on women’s health in selected educational institutes of Pune city. (Experimental group)

n=35

Effective ness on Heartfulness Meditation Practice on Womens Health Status (Experimental group)	Mean	SD	D F	T calculat ed value	P valu e	Rema rk
Pre test	49.29	9.74	34	10.27	0.001	Significant
Post test	89.14	20.78	34			

The findings show a significant improvement in women’s health status in the experimental group after the Heartfulness meditation intervention. The pre-test mean score was 49.29 (SD = 9.74), which increased to a post-test mean score of 89.14 (SD =

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20.78). The calculated t-value was 10.27 at $df = 34$, with a p-value of 0.001, which is statistically significant at the 0.05 level. This indicates a highly significant difference between pre-test and post-test scores, confirming that Heartfulness meditation was effective in improving the health status of women in the experimental group.

SECTION IV(B)

Table no 6

Finding related to effectiveness of Heartfulness meditation practice on women’s health in selected educational institutes of Pune city. (Control group)

n=35

Effective ness on Heartful ness Mediatio n Practice on Womens Health Status (Control group)	Mea n	S D	T calcula ted value	P valu e	Rem ark
Pre test	51.63	10.21	0.1107	0.456	Not Significant
Post test	51.37	9.20			

The findings for the control group indicate that there was no significant difference in women’s health status between the pre-test and post-test scores. The pre-test mean score was 51.63 (SD = 10.21), while the post-test mean score was 51.37 (SD = 9.20), showing only a minimal change. The calculated t-value was 0.1107 with $df = 34$ and a p-value of 0.456, which is not statistically significant at the 0.05 level. This suggests that there was no meaningful improvement in health status in the control group, confirming that without intervention, the scores remained nearly stable.

SECTION V (A)

Table no 7

Finding related to compare the pre-test and post-test scores of women’s health between experimental groups.

n=70

Pre and Post- test Level of	Experimental Group Pre test	Experimental Group Post test
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Health status (Experimenta l Group)	F	%	M e a n	S D	F	%	M e a n	S D
Low self care (25-58)	30	85.71	49.29	9.74	21	5.71	89.14	20.78
Moderate self care (59-87)	41	11.43			46	45.71		
High self care (88-125)	16	2.86			77	48.57		

The pre and post-test findings of the experimental group show a clear improvement in the level of self-care after the intervention. In the pre-test, the majority of participants (85.71%) had low self-care, while 11.43% had moderate and only 2.86% had high self-care, with a mean score of 49.29 (SD = 9.74). However, in the post-test, there was a marked shift, with only 5.71% remaining in low self-care, 45.71% moving to moderate, and 48.57% achieving high self-care. The mean score increased to 89.14 (SD = 20.78). These results indicate a significant improvement in women’s health status following the intervention.

SECTION V (B)

Table no 8

Finding related to compare the pre-test and post-test scores of women’s health between Control groups.

n=70

Pre and Post-test Le vel of He alt h sta tus (Co ntr ol Gr ou p)	Control Group Pre test				Control Group Post test			
	F	%	M e a n	S D	F	%	M e a n	S D
Low self care (25-58)	29	82.86	51.63	10.06	29	82.86	51.37	9.20
Moderate self care (59-87)	51	14.29			61	47.14		

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High self care (88-125)	2.86		0.00	
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The pre and post-test findings of the control group indicate that there was minimal change in the level of self-care without intervention. In the pre-test, the majority of participants (82.86%) had low self-care, while 14.29% had moderate and 2.86% had high self-care, with a mean score of 51.63 (SD = 10.21). In the post-test, the distribution remained almost the same, with 82.86% in low self-care, a slight increase in moderate self-care to 17.14%, and no participants in the high self-care category (0%). The mean score also showed negligible change to 51.37 (SD = 9.20). These findings suggest that there was no significant improvement in health status in the control group.

SECTION VIA– Finding related to an associate the pre-interventional health outcome score with selected demographic variables. (Experimental group)

The findings show that there is no statistically significant association between pre-interventional health outcome scores and selected demographic variables in the experimental group. The chi-square values for age ($\chi^2 = 1.488$, $p = 0.960$), marital status ($\chi^2 = 1.755$, $p = 0.941$), education level ($\chi^2 = 2.627$, $p = 0.622$), monthly family income ($\chi^2 = 3.213$, $p = 0.782$), and history of illness ($\chi^2 = 0.350$, $p = 0.840$) were all found to be greater than 0.05 level of significance. This indicates that the pre-intervention health status of participants was not influenced by their demographic characteristics. Hence, all variables were found to be statistically non-significant, showing homogeneity among participants before the intervention.

SECTION VI B– Finding related to an associate the pre-interventional health outcome score with selected demographic variables. (Control group)

The findings in Table 12 show that there is no significant association between pre-interventional health outcome scores and selected demographic variables in the control group. The chi-square values for age ($\chi^2 = 3.510$, $p = 0.743$), marital status ($\chi^2 = 0.480$, $p = 0.998$), education ($\chi^2 = 1.875$, $p = 0.759$), monthly income ($\chi^2 = 3.093$, $p = 0.797$), and history of illness ($\chi^2 = 0.661$, $p = 0.719$) were all not significant at the 0.05 level. This indicates that baseline health status was independent of demographic variables, showing homogeneity among participants before intervention.

DISCUSSION

The present study evaluated the effectiveness of Heartfulness meditation on women’s health in selected educational institutes of Pune city and found a significant improvement in the experimental group after intervention. The post-test results showed a marked shift from low self-care (85.71%) to higher levels of moderate (45.71%) and high self-care (48.57%), with a

significant increase in mean score from 49.29 to 89.14 ($t = 10.27$, $p = 0.001$), while no significant change was observed in the control group. These findings are consistent with the study conducted by Raja Amarnath G et al. (Impact of Heartfulness Meditation on Reducing Stress in Nursing Students: A Prospective Observational Study), which also reported positive effects of Heartfulness meditation on stress reduction and emotional well-being among students. In their study, 120 nursing students participated in a structured Heartfulness meditation workshop, and results showed a significant reduction in stress components such as workload, worries, tension, and harassment, along with an increase in positive emotional states like joy after the intervention.¹¹

Similarly, both studies highlight that Heartfulness meditation is effective in improving psychological well-being and coping abilities in student populations. While the present study focused on women’s overall health status measured through self-care levels, the comparative study emphasized stress reduction in nursing students, yet both demonstrated significant improvements after meditation practice. The consistency of findings suggests that Heartfulness meditation acts as a beneficial mind-body intervention across different student populations, supporting its role in reducing psychological distress and enhancing emotional balance. Furthermore, both studies indicate that regular practice of Heartfulness meditation can be an effective non-pharmacological strategy to improve mental health and overall well-being in academic environments.

CONCLUSION:

The present study was conducted to assess the effectiveness of Heartfulness meditation on women’s health in selected educational institutes of Pune city. The findings clearly demonstrate that Heartfulness meditation is an effective intervention for improving the health status of women. In the experimental group, a significant improvement was observed after the intervention, with a shift from predominantly low self-care levels (85.71%) in the pre-test to higher levels of moderate (45.71%) and high self-care (48.57%) in the post-test. The mean score also showed a substantial increase from 49.29 to 89.14, which was statistically significant ($t = 10.27$, $p = 0.001$). In contrast, the control group showed no significant change in health status, indicating that improvement occurred only due to the intervention.

The study also found no significant association between pre-interventional health outcomes and selected demographic variables, suggesting that baseline health status was independent of age, education, marital status, income, and illness history.

Overall, the findings support that Heartfulness meditation is a simple, cost-effective, and non-pharmacological approach that can significantly

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enhance self-care and overall well-being among women. It can be recommended as a regular practice in educational and occupational settings to promote mental and physical health and improve quality of life.

DECLARATION BY AUTHORS:

Ethical Approval: The study was approved by the institutional ethics committee of Bharati Vidyapeeth College of Nursing, Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

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