Effects of Yoga and Acupressure on Perceived Stress and Salivary Cortisol levels among High school students

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ABSTRACT

The purpose of the study was to find out the effect of psychological and physiological stress of High school students. At the initial stage 120 High school students representing four High schools of Kozhikode District, Kerala State India were randomly selected as subjects. After the Pretest data collection, 30 male and 30 female students were randomly selected as subjects for the study. There were two experimental groups namely Yoga and Acupressure and one control group which did not do any training. Each group had 10 male and 10 female students and their age ranged between 14 to 15 years. The variables selected for the study were perceived stress and salivary cortisol concentration. Perceived stress questionnaire (PSQ) developed by Susan Levenstein et.al was used to measure psychological stress and salivary cortisol test was conducted to measure the physiological stress. The experimental groups underwent the experimental training programme for a period of twelve weeks with three training sessions in a week. Analysis of co-variance was used to find out the significant differences in means among the two experimental and control groups. The level of significance chosen was 0.05. It was found out that training on yoga and Acupressure showed significant improvement on Perceived Stress and Salivary Cortisol Levels of High school students. It was also found that there was significant difference exist between experimental groups such as Yoga and acupressure on perceived stress .It is also found out that Yoga training significantly more effective than Acupressure training for reducing salivary cortisol level among high school students.

Keywords : Yoga, Acupressure, Perceived Stress, Salivary cortisol

1.0. INTRODUCTION

Stress become quite common psychological challenges in school students due to fast-paced lifestyles, academic pressure, examination demands, and social family responsibilities. Prolonged stress and anxiety of students negatively affect both mental and physical health, leading to problems such as fatigue, insomnia, reduced concentration, high blood pressure, weakened immunity, psychosomatic disorders and poor performance in examinations. Therefore, adopting safe, natural, and holistic methods for managing stress and anxiety has become essential. Among such approaches, Yoga and Acupressure are widely recognized for their effectiveness in promoting mental calmness, emotional balance, and overall well-being.

Yoga is an ancient Indian system of holistic health that integrates physical postures (āsanas), breathing techniques (prāṇāyāma), relaxation, meditation, and ethical principles. The primary aim of yoga is to achieve harmony between the body, mind, and soul. Regular practice of yoga helps reduce stress and anxiety by calming the nervous system, improving circulation, enhancing oxygen supply to the brain, and regulating hormonal secretion. Yogic practices such as slow breathing, mindfulness, and meditation activate the parasympathetic nervous system, which induces relaxation and reduces the stress response. As a result, yoga improves emotional stability, self-control, and mental clarity, making it an effective non-pharmacological intervention for stress and anxiety management.

Acupressure, a complementary therapy derived from Traditional Chinese Medicine, involves applying gentle pressure to specific points on the body known as acupoints. These points lie along energy pathways called meridians, through which vital energy or "Qi" flows. According to acupressure theory, stress and anxiety occur due to imbalances or blockages in this energy flow. By stimulating specific acupoints, acupressure helps restore energy balance, release muscular tension, improve blood circulation, and promote relaxation. Acupressure is simple, cost-effective, and non-invasive, making it suitable for self-care and daily practice.

The combined application of yoga and acupressure offers a holistic approach to managing stress and anxiety by addressing both psychological and physiological aspects of health. While yoga enhances internal awareness, breath control, and mental discipline, acupressure provides immediate physical relaxation and relief from tension. Together, these practices promote emotional balance, improve coping ability, and enhance quality of life. Hence, yoga and acupressure can be effectively used as preventive and therapeutic strategies for managing stress and anxiety in individuals of all age groups.

1.1 Importance of the study

Stress and anxiety of students during their study as well as in the performance of examinations and competitions are very crucial while considering the high level of competition demands. High school students are undergoing tremendous level of stress and tensions. These emotional conflicts need to be controlled and managed for better performance. If a student fails to control emotional state, that will be acting as a debilitating and deciding factor to lose in examinations. Stress and tensions are needed to be addressed effectively and efficiently. Emotional imbalance is directly related to stress and anxiety.When a person is undergoing tension and fears his heart rate and respiratory rate will also increase. So the elevated heart rate and respiratory rate cause imbalance in the physiology of a person. Sympathetic nervous system gets activated and extra energy is burned to cop up with stress reaction. Yoga and acupressure is useful to reduce stress and tensions. It can be useful to stimulate para-sympathetic nervous system. Hence a study on effect of specific yoga and acupressure techniques on stress of high school going students are highly useful and the need of the hour.

1.2 Hypothesis

The following hypotheses were formulated for the present study.

1) There would be significant difference between pretest and post-test means of the two experimental groups namely Yoga and Acupressure on perceived stress and salivary cortisol

2) There would be significant difference between the experimental groups namely Yoga Acupressure on stress

1.3 Review of Related Literature

The following review is structured for your proposed experimental study among high school students in Kozhikode, Kerala. It focuses on three major areas: the effect of yoga on adolescent stress, the effect of acupressure on stress and anxiety, and the use of perceived stress and salivary cortisol to assess the effectiveness of these interventions.

Adolescence is an important developmental stage characterized by physical, psychological, emotional and social changes. Academic demands, examinations, peer relationships, family expectations and concerns about the future may contribute to psychological stress among high school students. Persistent stress may affect emotional regulation, concentration, sleep, academic performance and general well-being. Therefore, interventions that promote relaxation, self-regulation and emotional balance may be useful in supporting adolescent health.

Yoga is a mind–body practice that combines physical postures (asanas), breathing exercises (pranayama), relaxation and, in some programmes, meditation. These practices may help individuals regulate their responses to stressful situations by improving awareness of bodily sensations, controlling breathing and reducing excessive physiological arousal. In school settings, yoga may be particularly useful because it can be incorporated into students' daily routines without requiring sophisticated equipment.

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Research on yoga-based interventions has investigated outcomes such as perceived stress, anxiety, mood, attention and psychological well-being among children and adolescents. The findings from this broader body of research provide a rationale for examining whether a structured yoga programme can reduce stress among high school students. However, results from studies of adults, university students and younger children should

not automatically be generalized to secondary-school students.

A systematic review by Khunti et al. (2023) examined randomized controlled trials investigating the effects of yoga on mental health in school-aged children. The review included 21 research papers and found that 14 trials reported reductions in stress following yoga practice, whereas four reported no reduction. The findings suggest that yoga may be beneficial for stress management among school-aged children, although the results were not consistent across all studies. The authors also highlighted methodological limitations and the need for more rigorous research.

Weaver and Darragh (2015) conducted a systematic review of yoga interventions for anxiety reduction among children and adolescents aged 3–18 years. Sixteen studies met the inclusion criteria, including randomized controlled trials and non-randomized studies. Nearly all the included studies reported reductions in anxiety following yoga interventions. However, the authors cautioned that variations in study populations, intervention procedures and outcome measures limited the generalizability of the findings. This review supports investigating yoga as a school-based strategy for promoting psychological well-being, while emphasizing the importance of sound experimental design.

Acupressure is a complementary therapeutic technique involving the application of pressure to specific points on the body. Unlike acupuncture, it does not involve needles. It has been investigated as a non-invasive approach for managing anxiety and distress in different populations. Its potential advantages include relatively low equipment requirements and the possibility of teaching standardized techniques under appropriate supervision.

Acupressure may influence subjective relaxation and anxiety responses through sensory stimulation and changes in autonomic activity. However, the mechanisms and effectiveness of acupressure for reducing general psychological stress among healthy school-aged adolescents require further investigation.

Chen et al. (2022) conducted a systematic review and meta-analysis of randomized controlled trials examining the effects of acupressure on anxiety. Their review investigated whether acupressure reduced anxiety compared with control conditions. The findings suggested a potential anxiety-reducing effect, although the strength of the evidence depended on the quality and characteristics of the included studies. Because anxiety associated with medical procedures is not identical to academic or everyday stress, the findings should be applied cautiously to high school students.

An earlier systematic review and meta-analysis by Au et al. (2015) evaluated acupressure for anxiety associated with anticipated surgery or medical treatment. Seven randomized controlled trials met the review criteria, and five were included in the meta-analysis. The pooled analysis indicated a greater reduction in anxiety among participants receiving acupressure than among those receiving sham acupressure. The authors also identified variation between studies, indicating that the findings should not be interpreted as definitive evidence for every setting or population.

More recent evidence also requires careful interpretation. A 2026 meta-analysis of randomized controlled trials in children and adolescents reported reductions in anxiety associated with acupressure, but the included studies addressed symptom management in pediatric settings rather than specifically school-based academic stress. The authors highlighted the limited number of studies for individual outcomes and substantial heterogeneity. Thus, the findings provide preliminary support for further investigation rather than conclusive proof of effectiveness among healthy high school students.

Taken together, the literature suggests that acupressure may help reduce anxiety in certain circumstances. However, there is a need for controlled studies specifically examining its effect on perceived stress and salivary cortisol among adolescents. The proposed study could help address this evidence gap by using a standardized acupressure programme and comparing its outcomes with those of yoga and a control group.

Salivary cortisol offers a complementary physiological measure. Cortisol is a glucocorticoid hormone released

through activation of the hypothalamic–pituitary–adrenal (HPA) axis. Its secretion follows a daily rhythm and can also change in response to psychological or physical challenges. Measuring cortisol in saliva provides a non-invasive method for examining HPA-axis activity in children and adolescents.

Jessop and Turner-Cobb (2008) reviewed the measurement and interpretation of salivary cortisol in children. They explained that salivary cortisol can provide valuable information about HPA-axis functioning under normal conditions and in response to stress. Their review also emphasized the importance of considering developmental factors, sampling procedures and the context in which samples are collected. Consequently, cortisol concentration should be interpreted alongside relevant psychological and contextual information rather than treated as a direct, stand-alone measure of an individual's stress level.

Importantly, cortisol should be reported as a measured concentration in the laboratory's specified units, such as nmol/L or µg/dL, rather than being arbitrarily classified as low, moderate or high stress. A reduction in cortisol does not automatically establish a reduction in psychological stress, because cortisol is affected by several biological and environmental factors.

1.4 Research gap

The reviewed literature indicates that yoga has been investigated as an intervention for stress and anxiety among school-aged children and adolescents. Acupressure research also suggests potential benefits for anxiety, particularly in clinical and procedural settings. However, the evidence directly comparing yoga and acupressure for general psychological stress among healthy high school students remains limited.

The following research gaps are particularly relevant to the investigation:

1. Population gap: More evidence is needed among high school students aged 14–15 years, particularly in the Indian school context.

2. Intervention gap: Yoga and acupressure need to be evaluated using comparable intervention periods and clearly standardized procedures.

3. Measurement gap: Studies combining perceived-stress scores with salivary cortisol measurements may provide a more comprehensive assessment of psychological and physiological responses.

4. Comparative gap: A three-group design involving yoga, acupressure and control groups would help establish whether the interventions produce different outcomes.

Accordingly, the proposed study involving 60 high school students, divided among yoga, acupressure and control groups, with a 12-week intervention conducted three times per week, could contribute useful evidence. Its findings should be interpreted in light of the sample size, allocation procedures and the characteristics of the interventions.

Relevant information regarding the area of the present research study has been obtained from related books, journals, sport magazines and newspapers. Shafeer, R. K., (1998). conducted a study on stress in male and female of sedentary people and found out that stress is a debilitating factor of general health and well being . - Yoga Reduces Stress: A systematic review of 13 randomized controlled trials (RCTs) found that yoga significantly reduces stress in stressed adults, with low-quality evidence for short-term effects compared to passive control groups (SMD=-0.69, 95%CI=-1.12- -0.25). Acupressure Relieves Anxiety: Acupoint massage emerged as a safe and effective alternative therapy for anxiety relief, with a meta-analysis of 39 studies showing a significant reduction in anxiety (SMD = −5.39, 95% CI −5.61 to −5.17). Yoga Improves Mental Health: A systematic review of 25 studies found that yoga improves mental health and well-being among nursing professionals and students, reducing stress, anxiety, burnout, and depression.

Yoga and Acupressure for Stress: Research suggests that yoga and acupressure can reduce stress and anxiety by activating the parasympathetic nervous system, promoting relaxation, and reducing cortisol levels. Yoga

for Anxiety. A systematic review of 7 studies found statistically significant results for the beneficial effect of yoga on anxiety.Yoga and Mindfulness. Yoga promotes mindfulness, increasing awareness of negative thoughts so that they can be recognized and managed more effectively. Acupressure and Anxiety Management: Acupressure is a simple, non-invasive, and cost-effective therapy for managing anxiety, with potential benefits for patients with COVID-19.

1.5 Objective of the Study

1. The study would bring out the effect of specific yoga based training on reducing stress of high school students

2. The study would bring out the effect of specific Acupressure based training on reducing stress of high school students

2.0 METHODOLOGY

The purpose of the study was to find out the effect specific yoga practice and acupressure on stress of high school students. At the initial stage 120 High school students representing four high schools of Kozhikode district Kerala State were randomly selected as subjects. After the Pretest data collection, 30 male and 30 female students were randomly selected as subjects for the study. The final random selection was based on the predefined selection criteria and the students suitability for participation in the experimental intervention. There were two experimental groups namely Yoga, Acupressure and one control group. Each group had 10 male and 10 female students. The age of the subjects ranged between 14 to 15 years. The variables selected for the study psychological and physiological stress. Perceived anxiety stress questionnaire and salivary cortisol test were used for the study. The experimental groups underwent the experimental training programme for a period of twelve weeks with three training sessions in a week. Analysis of Co-variance was used to find out the significant differences in means among the two experimental and control groups. The level of significance chosen for the study was 0.05.

2.1 Research design

Table 2.1.1 Research Design of A Pretest and Post test experimental groups and control group

Group	Pretest	Intervention	Posttest
Yoga Group	Salivary cortisol measurement	Yoga training programme	Salivary cortisol measurement
Acupressure Group	Salivary cortisol measurement	Acupressure training programme	Salivary cortisol measurement
Control Group	Salivary cortisol measurement	No experimental intervention	Salivary cortisol measurement

2.2 Selection of Subjects

Initially120 high school students representing four high schools of Kozhikode District of Kerala State were randomly selected as subjects. After the Pretest data collection, 30 male and 30 female students were finally selected as subjects for the study. The final selection was based on the predefined selection criteria and the students suitability for participation in the experimental intervention. There were two experimental groups namely Yoga and Acupressure and one control group. Each group had 10 male and 10 female students and their age ranged between 14 to 15 years

2.3 Selection of Variables and Tools

The variables selected for the study were Perceived Stress and Salivary Cortisol Levels . Perceived stress questionnaire developed by Levenstein et al. (1993) was used to measure psychological stress. The

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Questionnaire contains 30 items and uses a four-point response scale which have the score of 1 to 4 respectively for the responses Almost never, Sometimes, Often and Never. Lab test for finding the presence of salivary cortisol level was used to measure the physiological stress. Higher the score more will be the stress.

2.4 Training Programme on yoga and acupressure

Yoga and the Acupressure training programme of 30 minutes duration involve the following

Table 2.4.1. Schedule of the Yoga Training Programme (30 Minutes)

Sl No	Name of the practice	Time	Sl No	Name of the practice	Time
1	Starting position and relaxation	2 min	7	Sasankasana	2 min
2	Tadasana	2 min	8	Savasana	4 min
3	Ardhakadi Chakrasana	2 min	9	Surya bedana pranayama	3min
4	Pada hasthasana	2 min	10	Chandra Bedana Pranayama	3min
5	Ardha Chakrasana	2 min	11	Nadi sudhi pranayama	3min
6	Vajrasana	2 min	12	Final Relaxation	3min
	Duration	12 min		Duration	18min
Total Duration					30 min

Table 2.4.2. Schedule of the Acupressure Training Programme (30 Minutes)

Sl No	Name of the practice	Time
1	Introduction to stress and acupressure	0-3 min
2	Comfortable posture and slow breathing	3-6 min
3	Yingtang point (Between eyebrows)	6-11 min
4	PC6 point(Inner wrist)	11-16 min
5	L14 point (Between thumb and index finger)	16-21 min
6	Gentle palm and hand massage	21-25 min
7	Slow breathing and relaxation	25-28 min
8	Feedback and conclusion	28-30 min

2.5. Salivary cortisol measurement and collection

Saliva is collected by validated absorbent swab using a laboratory-approved collection device. Participants were asked to follow the laboratory's instructions before collection like avoiding food, beverages other than water, tooth brushing, and vigorous physical activity for a specified period. Cortisol follows a strong daily rhythm, so samples were collected at comparable times.The pre- intervention sample was collected at 7:00 a.m. that is 10 minutes before the intervention and the post-intervention sample was collected 10 minutes after the intervention using the same preparation and collection procedures. The saliva samples were analyzed by a qualified laboratory using a validated method.

2.5 Ethical considerations

The study was conducted in accordance with established ethical guidelines for research on human participants. Permission was obtained from the concerned school authorities, students and parents before the commencement of the study. All the participants were informed about the purpose and procedures of the study. Confidentiality and anonymity of the participants were maintained and the collected data were used exclusively for research

purposes. Appropriate care was taken to ensure the safety and well-being of all participants throughout the study.

3. RESULTS OF THE STUDY

The pre and post test means of psychological variables such as stress and anxiety of experimental and control group were statistically analyzed by SPSS based Analysis of Co-variance to find out the significant differences in means among the two experimental and control groups. The level of significance chosen was 0.05.

3.1.0 Statistical analysis of effect of Yoga and Acupressure on psychological and physiological stress

Table 3.1 Analysis Of Varience Of Perceived Stress Among Yoga , Acuppressure And Control Group

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1513.661[a]	3	504.554	148.445	0
Intercept	0.534	1	0.534	0.157	0.693
PRE STRESS	1212.96	1	1212.96	356.867	0
GROUP	362.437	2	181.219	53.317	0

The table presents the results of an Analysis of Covariance (ANCOVA), examining the differences in perceived stress among the Yoga, Acupressure, and Control groups after adjusting for pretest perceived stress scores.

The results presented in Table 6.1.1 reveal that the corrected model was statistically significant, with an F-value of 148.445 ($p < .001$). This indicates that the model, including pretest perceived stress and group membership, significantly explained the variation in post-test perceived stress scores.

Table 3.2 Pairwise Comparisons Of Bonferroni Test To Analysis The Significant Difference On Perceived Stress Among Yoga, Acupresure And Control Group

	GROUP	Mean Difference	Std. Error	Sig.[a]
YOGA	ACUPRESSURE	-0.737	0.587	0.644
	CONTROL	-5.553*	0.586	0
ACUPRESSURE	YOGA	0.737	0.587	0.644
	CONTROL	-4.816*	0.583	0
CONTROL	YOGA	5.553*	0.586	0
	ACUPRESSURE	4.816*	0.583	0

*. The mean difference is significant at the .05 level.

The table presents the pairwise comparisons of perceived stress scores among the Yoga, Acupressure and Control groups using the Bonferroni post hoc test following ANCOVA. The comparisons were conducted to identify which groups differed significantly in their adjusted post-test perceived stress scores after controlling for pretest scores. The results presented in the table indicate that there was no statistically significant difference in perceived stress between the Yoga and Acupressure groups, as the mean difference was −0.737 (SE = 0.587, $p = .644$). However, a statistically significant difference was observed between the Yoga and Control groups, with a mean difference of −5.553 (SE = 0.586, $p < .001$). The 95% confidence interval ranged from −6.999 to −4.107, indicating a significant difference between the groups. Similarly, the comparison between the Acupressure and Control groups revealed a statistically significant mean difference of −4.816 (SE = 0.583, $p < .001$). The 95% confidence interval ranged from −6.255 to −3.377, indicating that the adjusted perceived stress score of the Acupressure group was significantly lower than that of the Control group.

Table 3.3 Analysis Of Varience Of Salivary Cortisole Level Among Yoga , Acuppressure And Control Group

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	.038[a]	3	0.013	72.347	0
Intercept	0	1	0	1.02	0.317
PRE STRESS	0.002	1	0.002	8.835	0.004
GROUP	0.035	2	0.017	99.677	0

The results presented in Table 6.2.1 reveal that the overall corrected model was statistically significant, with an F-value of 72.347 ($p < .001$). The coefficient of determination ($R^2 = .795$) indicates that approximately 79.5% of the variance in post-test salivary cortisol levels was explained collectively by the pretest salivary cortisol scores and group membership. The adjusted R^2 value of .784 further indicates that the model accounted for approximately 78.4% of the variance after adjustment for the number of predictors.The pretest salivary cortisol levels included as a covariant, demonstrated a statistically significant effect on post-test salivary cortisol levels, with an F-value of 8.835 ($p = .004$). This indicates that the initial salivary cortisol levels were significantly associated with the post-test values, highlighting the importance of controlling for baseline differences when evaluating the effects of the interventions.

Table 3.4 Analysis Of Varience Of Salivary Cortisole Level Among Yoga , Acuppressure And Control Group

GROUP	GROUP	Mean Difference	Std. Error	Sig.[a]
YOGA	ACUPRESSURE	-.017*	0.004	0
	CONTROL	-.058*	0.004	0
ACUPRESSURE	YOGA	.017*	0.004	0
	CONTROL	-.040*	0.004	0
CONTROL	YOGA	.058*	0.004	0
	ACUPRESSURE	.040*	0.004	0

*. The mean difference is significant at the .05 level.

The table presents the pairwise comparisons of salivary cortisol levels among the Yoga, Acupressure (ACU), and Control groups. The Bonferroni test was used to determine which groups differed significantly in their adjusted post-test salivary cortisol levels following the intervention. The results presented in the table indicate that there was a statistically significant difference in salivary cortisol levels between the Yoga and Acupressure groups. The mean difference was −0.017 (SE = 0.004, $p < .001$), with a 95% confidence interval ranging from −0.028 to −0.007. The negative mean difference indicates that the adjusted salivary cortisol level of the Yoga group was lower than that of the Acupressure group by 0.017 units. Similarly, a statistically significant difference was observed between the Yoga and Control groups, with a mean difference of −0.058 (SE = 0.004, $p < .001$). The 95% confidence interval ranged from −0.068 to −0.047. This finding indicates that the adjusted salivary cortisol level of the Yoga group was significantly lower than that of the Control group by 0.058 units.

4. DISCUSSION

4.1 Discussion on Perceived Stress

The pretest perceived stress scores showed a statistically significant effect on post-test perceived stress, with an F-value of 356.867 ($p < .001$). This indicates that the initial perceived stress scores were significantly associated with the post-test scores. Furthermore, the results revealed a statistically significant difference among the Yoga, Acupressure, and Control groups after controlling for pretest perceived stress scores, with an F-value of 53.317

(df = 2, p < .001). This finding indicates that at least one group's adjusted post-test mean perceived stress score differed significantly from those of the other groups.

The comparisons were conducted to identify which groups differed significantly in their adjusted post-test perceived stress scores after controlling for pretest scores. The results presented in the table indicate that there was no statistically significant difference in perceived stress between the Yoga and Acupressure groups, as the mean difference was −0.737 (SE = 0.587, p = .644). However, a statistically significant difference was observed between the Yoga and Control groups, with a mean difference of −5.553 (SE = 0.586, p < .001). The 95% confidence interval ranged from −6.999 to −4.107, indicating a significant difference between the groups. Similarly, the comparison between the Acupressure and Control groups revealed a statistically significant mean difference of −4.816 (SE = 0.583, p < .001). The 95% confidence interval ranged from −6.255 to −3.377, indicating that the adjusted perceived stress score of the Acupressure group was significantly lower than that of the Control group

4.2 Discussion on Salivary cortisol stress

Furthermore, the results revealed a statistically significant difference in adjusted post-test salivary cortisol levels among the Yoga, Acupressure and Control groups, with an F-value of 99.677 (df = 2, p < .001). This finding indicates that the three groups did not have identical adjusted mean salivary cortisol levels after controlling for pretest differences. Therefore, the null hypothesis stating that there is no significant difference in adjusted post-test salivary cortisol levels among the three groups is rejected at the 0.05 level of significance.

The significant group effect provides statistical evidence that the intervention conditions were associated with differences in post-test salivary cortisol levels. However, the ANCOVA table alone does not identify which specific groups differed significantly. Therefore, Bonferroni-adjusted pairwise comparisons were conducted to determine the differences between the Yoga, Acupressure and Control groups.

The comparison between the Acupressure and Control groups also revealed a statistically significant difference, with a mean difference of −0.040 (SE = 0.004, p < .001). The 95% confidence interval ranged from −0.050 to −0.030. This indicates that the adjusted salivary cortisol level of the Acupressure group was significantly lower than that of the Control group by 0.040 units. In conclusion, the Bonferroni pairwise comparisons revealed statistically significant differences in salivary cortisol levels among all three groups. Both Yoga and Acupressure groups demonstrated lower adjusted salivary cortisol levels than the Control group. Furthermore, the Yoga group showed a lower adjusted salivary cortisol level than the Acupressure group. Assuming that lower cortisol levels reflect reduced physiological stress in the context of this study, these findings suggest that both interventions were associated with reduced physiological stress, with Yoga showing a greater reduction than Acupressure in the adjusted group comparisons.

4.3 RECOMMENDATIONS

On the basis of the results of the study and the following recommendations are made. Since this study was useful to found out the effect of yoga and acupressure practices for reducing the stress of High school students, it is also recommended that yoga and acupressure practise can be incorporated in the curriculum of High school. It is also recommended that further study may be conducted to find out the effect yoga and acupressure training programme on various psychological variables of teaching as well as non teaching staff of schools and colleges as a coping strategy to overcome the stress and anxiety of occupational scenario.

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