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One-Year Participation in A School-Based Yoga Program and Changes in Children's Self-Regulation and Laceration-Related School Infirmary Visits

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Abstract

School-based interventions that support children's psychological and physical functioning are needed to promote healthy development. This study examined changes associated with a year-long yoga program implemented as part of routine elementary school education in Japan. The Asa (morning) Yoga program was implemented during Monday morning homeroom sessions from April 2024 to March 2025 at one public elementary school. Data from 201 children for whom informed consent was obtained were analyzed. Psychological functioning was assessed before and after the intervention, and monthly visits to the school infirmary due to lacerations and bruises were examined across four study periods. Post-intervention scores were significantly higher for difficulty with self-control and difficulty with goal-oriented motivation. Visits to the school infirmary due to lacerations differed significantly across study periods, with fewer visits during January–February than during April–June. No significant pre–post changes were observed in quality of school life, and no significant differences were observed in visits due to bruises. Participation in a year-long, school-based yoga program was associated with changes in selected aspects of children's psychological functioning and laceration-related infirmary visits. These preliminary findings support multi-school research examining the role of school-based yoga in children's psychological functioning and physical safety.

Keywords: Yoga, School-based intervention, Self-regulation, Elementary school children, Unintentional injuries

Introduction

In Japan, concerns regarding children's physical and psychological development have increased in recent decades. Children's physical fitness has declined over time (Japan Sports Agency, 2023), while the number of consultations related to school entry (Board of education in Kitakyushu city, 2023) and the proportion of children with emotional difficulties attending regular classrooms have increased (Ministry of Education, Culture, Sports, Science and Technology, 2024). These trends highlight the need for school-based interventions that can support children's healthy development and can be implemented safely and efficiently within routine educational settings.

Yoga is a mind–body practice originating in India that combines physical postures, breathing techniques, and attentional practices. Previous reviews have suggested that yoga may promote both psychological and physical functioning (Shiota, S & Nomura 2018; Pascoe et al., 2017). However, the effects of yoga on children's psychological and physical functioning remain insufficiently understood. In Japan, yoga has not traditionally been incorporated into compulsory elementary school education as an experimentally evaluated intervention. Previous studies have suggested that yoga may promote psychological self-regulation. For example, yoga practice has been associated with self-awareness in adults (Tolbaños-Roche & Menon, 2021), and previous research has reported beneficial effects of yoga-based interventions on mindfulness, executive functioning, psychosocial and emotional quality of life, and emotion regulation (Fasczewski et al., 2022; Ko et al., 2023; Wang et al., 2023). However, previous studies have often focused on adults or involved relatively short intervention periods. Thus, the effects of a sustained, school-based yoga program implemented during routine elementary school activities remain unclear.

Yoga may also changes physical functioning. Previous studies have reported changes in motor coordination, muscular strength, endurance, balance, and motor abilities among children

following yoga-based interventions (Aleksić Veljković et al., 2021; Ju et al., 2024; Rostami et al., 2025). These physical benefits may be relevant to the prevention of unintentional injuries in school-aged children. However, few studies have directly examined whether yoga-based interventions are associated with injury-related outcomes in children, such as visits to the school infirmary due to lacerations or bruises.

Accordingly, the present study examined the changes of a school-based yoga program implemented as part of routine educational activities in an elementary school in Japan. We examined changes in children's social and emotional skills, quality of school life, and injury-related outcomes over the intervention period. We hypothesized that participation in the yoga program would be associated with changes in children's psychological functioning and physical functioning, as reflected in changes in social and emotional skills and injury-related outcomes.

Method

Participants and intervention procedures

Prior to the commencement of the study, the research protocol was reviewed and approved by the Kitakyushu City Board of Education and the Committee of Physical Education Research of Kitakyushu City. The study was conducted at one public elementary school in Kitakyushu City as a school-based educational activity under the oversight of the relevant educational authorities. The principal of the participating school also approved the implementation of the study. The study was explained to parents and guardians at school meetings organized by the principal, and participation in the questionnaire assessments and the use of the resulting data for research purposes were voluntary. The Asa Yoga program was provided as part of the school's routine activities and was available to all children, including those enrolled in special education classrooms. However, children receiving special education for intellectual or emotional disabilities were excluded from the present analyses because their educational programs differed substantially from those of children in general education classrooms, and the outcome measures used in this study had not been specifically validated for these populations. Accordingly, the present findings are limited to children in general education classrooms and should not be generalized to children receiving special education services. The intervention was conducted twice weekly, during Monday and Wednesday morning homeroom sessions, from April 2024 to March 2025. Each session lasted approximately 15 minutes. All sessions were delivered by the first author (SS), a certified male instructor with 6 years of yoga practice experience and 7 years of clinical experience, to ensure consistency in intervention delivery. No deviations from the intervention protocol were recorded during the study period. Of the participating children, data from 201 children (mean age = 9.73 years, SD = 1.32) for whom informed consent had been obtained from both the children and their parents or guardians were included in the analyses. The primary outcomes were changes in difficulty of self-control and difficulty of passion for achieving goals, as assessed using the Rating Scale to Assess the Social and Emotional Skills of Elementary School Children.

Asa (morning) yoga sequence

The Asa (morning) yoga sequence consisted of a standardized series of asanas, breathing techniques, and focused-attention meditation. The sequence was fixed to facilitate consistent implementation in routine school education and was designed to promote children's core strength, balance, and concentration. The detailed intervention procedures have been described previously (Shiota et al., 2026).

Measures

Rating Scale to Assess the Social and Emotional Skills of Elementary School Children

The Rating Scale to Assess the Social and Emotional Skills of Elementary School Children (Yamada et al., 2023) is a 21-item questionnaire that assesses children's social and emotional skills across seven subscales: self-esteem, sociability, respect, compassion, patience, difficulty with self-control, and difficulty with goal-oriented motivation. Each subscale consists of three items rated on a 5-point Likert scale ranging from 1 ("Does not describe me well") to 5 ("Describes me very well"), yielding a total score ranging from 3 to 15 per subscale. Higher scores indicate higher levels of the respective trait, except for the difficulty with self-control and difficulty with goal-oriented motivation subscales, for which higher scores indicate greater difficulty in self-regulation and goal-directed motivation, respectively. The scale has been previously developed and validated for assessing social and emotional skills in elementary school children.

Quality of School Life Scale for Children

The Quality of School Life Scale for Children (Omote et al., 2008) is an 18-item questionnaire designed to assess children's perceived quality of life at school. The scale comprises four subscales: life and environment, relationship with teachers, relationship with friends, and about myself. The life and environment and about myself subscales each consist of six items, whereas the relationship with teachers and relationship with friends subscales each consist of three items. All items are rated on a 5-point Likert scale ranging from 1 ("Does not describe me well") to 5 ("Describes me very well"). The scale was developed to assess various aspects of children's experiences and perceptions of school life.

Visits to the school infirmary due to lacerations and bruise

The school nurse recorded the total number of visits to the school infirmary due to lacerations and bruises each month. After excluding the summer and winter vacation periods, the study period was divided into four intervals: April–June, July–September, October–December, and January–February. All statistical analyses were performed using IBM SPSS Statistics, Version 30.

Behavioral Data Analyses

Paired-samples t-tests were conducted to compare pre-intervention and post-intervention scores on the Rating Scale to Assess the Social and Emotional Skills of Elementary School Children and the Quality of School Life Scale for Children. A one-way analysis of variance (ANOVA) was conducted to compare the number of visits to the school infirmary due to

lacerations and bruises across four periods: April–June, July–September, October–December, and January–February.

Results

Rating Scale to Assess the Social and Emotional Skills of Elementary School Children

Post-intervention scores were significantly higher than pre-intervention scores for difficulty with self-control ($t(200) = 2.10$, $p = .037$) and difficulty with goal-oriented motivation ($t(200) = 2.33$, $p = .020$). No significant pre–post differences were observed for the other subscales of the Rating Scale to Assess the Social and Emotional Skills of Elementary School Children (all $p > .05$).

Quality of School Life Scale for Children

No significant pre–post differences were observed for any subscale of the Quality of School Life Scale for Children (all $p > .05$).

Visits to the school infirmary due to lacerations and bruise

A significant main effect of time period was observed for visits to the school infirmary due to lacerations ($F(3, 20) = 4.05$, $p < .05$). Post hoc comparisons indicated a significant difference between the April–June and January–February periods ($p < .05$), with fewer visits recorded during January–February than during April–June. No significant main effect of time period was observed for visits due to bruises ($p > .05$).

Discussion

The present study examined changes in children's psychological and physical functioning following participation in a school-based Asa Yoga program implemented as part of routine elementary school activities. After one year of participation, children showed significant changes in difficulty with self-control and difficulty with goal-oriented motivation. In addition, the number of visits to the school infirmary due to lacerations differed across the study periods, with fewer visits observed during January–February than during April–June. No significant changes were observed in quality of school life or in visits due to bruises. To our knowledge, this is among the first studies to examine a school-based yoga program in relation to both psychological functioning and injury-related outcomes among elementary school children in Japan.

Difficulty with self-control reflects difficulties in regulating one's own behavior, including impulsive behavior and difficulty changing maladaptive habits (Jensen & Kenny, 2004). The change observed in this domain is consistent with previous research suggesting that yoga-based interventions may be associated with reductions in impulsivity and other difficulties in behavioral regulation. For example, Jensen and Kenny (2004) and Shafaei et al. (2023) reported changes in impulsivity among children with ADHD following yoga-based interventions. In addition, Reese et al. (2015) reported reductions in tic symptoms following an intervention combining mindfulness and yoga in individuals with Tourette syndrome or chronic tic disorders. Together with these findings, the present results suggest that yoga-based practices may be relevant to the development of behavioral self-regulation in children. The present study also found a significant change in difficulty with goal-oriented motivation. This subscale assesses difficulties related to goal-directed motivation, including avoidance tendencies (Yamada et al., 2023). Previous studies have reported associations between yoga practice and reductions in avoidance-related behavior (Boni et al., 2018; Staples et al., 2026). One possible explanation is that yoga practice may provide opportunities for individuals to observe bodily sensations, thoughts, and emotional reactions without immediately responding to them. Such experiences may support changes in the way emotional reactions are interpreted and regulated, potentially reducing maladaptive avoidance responses. However, the present study did not directly assess these psychological processes, and this interpretation should therefore be considered preliminary.

Yoga may influence psychological functioning through multiple pathways, including changes in autonomic, endocrine, and central nervous system activity (Shiota, 2024). These physiological processes have been proposed to contribute to enhanced awareness of internal states and self-regulatory functioning. However, because the present study did not assess these biological or psychological mechanisms directly, further research is needed to determine how yoga-based interventions may influence self-regulation in elementary school children. The number of visits to the school infirmary due to lacerations also differed across the study periods. Previous studies have suggested that yoga may change physical capacities such as balance, flexibility, and muscular strength (Folleto et al., 2016; Phung et al., 2023), and meta-analytic evidence has indicated potential benefits of yoga-based interventions for physical functioning in older adults (Shin, 2021). The Asa Yoga program included both postures requiring muscular engagement and postures requiring balance, such as Vrksasana (Tree Pose). Repeated participation in these activities may have contributed to changes in physical capacities relevant to injury risk. However, because physical strength, balance, flexibility, and other potential mechanisms were not directly assessed in the present study, this interpretation remains speculative. An alternative explanation is that changes in psychological self-regulation may have contributed to the observed pattern of injury-related visits. Some aspects of self-regulation, including metacognitive processes, may influence the monitoring and regulation of bodily behavior (Seth, 2013). However, the present study did not directly examine whether changes in psychological self-regulation were associated with changes in injury-related outcomes. Therefore, the observed difference in laceration-related visits should not be interpreted as evidence that the yoga intervention prevented injuries.

Several limitations should be considered. First, the study did not include a control group. Consequently, causal effects of the yoga program cannot be established, and changes over time may have reflected maturation, seasonal variation, or other unmeasured factors. Future studies should use controlled or randomized designs to examine the effectiveness of school-based yoga interventions more rigorously. Second, the study was conducted as a preliminary school-based investigation and relied primarily on self-report measures of psychological functioning. Self-regulation is a multidimensional construct

that includes processes such as emotional regulation, motivation, attention, and behavioral control. Future studies should therefore incorporate a broader range of psychological measures and, where possible, behavioral or observational assessments. Third, physical mechanisms potentially relevant to injury-related outcomes, including muscular strength, balance, flexibility, and motor coordination, were not directly assessed. Future research should include objective measures of physical functioning to clarify whether changes in these capacities are associated with participation in school-based yoga programs. Finally, although the Asa Yoga program was implemented as part of routine school activities, the present study was conducted at a single elementary school and involved a relatively limited sample. The findings should therefore be interpreted as preliminary and should not be generalized broadly. Larger, controlled, and multi-school studies are needed to determine whether school-based yoga programs can contribute to children's psychological functioning and physical safety.

Implications for Practice

The present findings suggest that a brief, school-based yoga program may be feasible for integration into routine elementary school activities and may be associated with changes in aspects of children's self-regulation. Because the Asa Yoga program required only a short period of time and was implemented within existing school activities, similar programs may be considered as a low-burden approach to providing children with opportunities to practice behavioral and attentional regulation during the school day. However, given the absence of a control group and the preliminary nature of the findings, school-based yoga should be viewed as a complementary practice rather than as an established intervention for improving children's psychological functioning or preventing injuries. Schools considering implementation should also monitor children's responses and ensure that activities are appropriately adapted to children's developmental and physical characteristics. Further controlled, multi-school research is needed before specific recommendations regarding the effectiveness of school-based yoga can be made.

Contributors

Conceived and designed the experiments: SS, TO, and HH. Performed recruitment and conducted experiments: SS, ST, and TO. Performed the analyses and wrote the manuscript: SS. HH coordinated all procedures with the Board of Education and participating schools, including obtaining ethical approval and managing administrative agreements. All authors have approved the final article.

Statement of Declarations

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Conflict of Interest

The authors have no conflicts of interest to declare.

Data Availability

The data sets generated and analyzed in this study are available from the corresponding author (e-mail: syo.shiota@gmail.com) upon reasonable request.

Generative AI statement

The authors declare that no AI was used in the creation of this manuscript.

Human Subjects Approval Statement

Prior to the commencement of the study, the research protocol was reviewed and approved by the Kitakyushu City Board of Education and the Committee of Physical Education Research of Kitakyushu City. The study was conducted at one public elementary school in Kitakyushu City as a school-based educational activity under the oversight of the relevant educational authorities. The principal of the participating school also approved the implementation of the study. The study was explained to parents and guardians at school meetings organized by the principal, and participation in the questionnaire assessments and the use of the resulting data for research purposes were voluntary.

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		Pre	Post
RSASESESC	Self-esteem	11.12 (3.20)	10.74 (3.03)
	Sociability	10.41 (2.85)	10.15 (2.51)
	Respect	12.51 (2.63)	12.19 (2.65)
	Compassion	12.07 (2.87)	11.94 (2.92)
	Patience	10.37 (2.90)	10.01 (2.64)
	Difficulty of self-control	10.79 (2.83)	10.39 (2.72)
	Difficulty of passion for achieving a goals	10.29 (3.17)	9.75 (3.26)
QSLSC	Life and environment	20.01 (4.26)	20.45 (3.87)
	Relationship with teachers	10.35 (2.20)	10.60 (1.92)
	Relationship with friends	10.50 (1.92)	10.59 (1.74)
	About myself	23.61 (4.60)	23.32 (4.45)
RSASESESC : Rating Scale to Assess the Social and Emotional Skills of Elementary School Children			
QSLSC : Quality of School Life Scale for Children			
Data are given as mean of total score in each subscale (standard deviation)			

Table 1: Mean of total score in each subscale in RSASESESC and QSLSC

	April-June	July-September	October-December	January-February
Lacerations	49.00 (24.14)	19.67 (7.91)	32.00 (18.18)	15.50 (11.83)
Bruise	43.83 (24.62)	27.67 (21.89)	42.17 (25.41)	21.83 (15.29)
Data are given as mean (standard deviation)				

Table 2: Mean of visits to the school infirmary due to lacerations and bruise

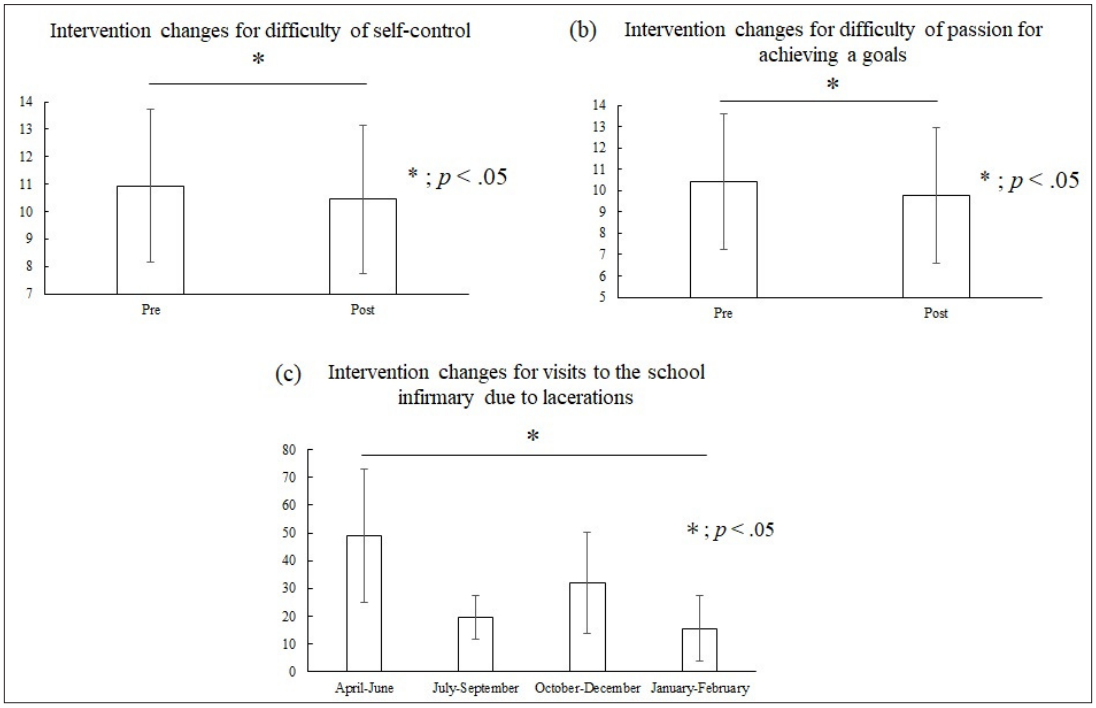


Figure1: Intervention changes for children's mental and physical self-regulation

Figure1 (a) Significantly change in difficulty of self-control by Asa yoga. Figure1 (b) Significantly change in difficulty to passion for achieving a goals by Asa yoga. Figure1 (c) Significantly change in visits to the school infirmary due to lacerations by Asa yoga.

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