



National survey of yoga practitioners: Mental and physical health benefits

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KEYWORDS

Yoga;
Survey;
Health

Summary

Objectives: To describe yoga practice and health characteristics of individuals who practice yoga, and to explore their beliefs regarding the effects of their yoga practice on their health.

Design: A cross-sectional design with anonymous online surveys.

Setting: 4307 randomly selected individuals from 15 US Iyengar yoga studios ($n = 18,160$), representing 41 states; 1087 individuals responded, with 1045 (24.3%) surveys completed.

Outcome measures: Freiberg Mindfulness Inventory, Mental Health Continuum (subjective well-being), Multi-factor Screener (diet), PROMIS sleep disturbance, fatigue, and social support, International Physical Activity Questionnaire.

Results: Age: 19–87 years ($M = 51.7 \pm 11.7$), 84.2% female, 89.2% white, 87.4% well educated (\geq bachelor's degree). Mean years of yoga practice = 11.4 (± 7.5). BMI = 12.1–49.4 ($M = 23.1 \pm 3.9$). Levels of obesity (4.9%), smoking (2%), and fruit and vegetable consumption ($M = 6.1 \pm 1.1$) were favorable compared to national norms. 60% reported at least one chronic/serious health condition, yet most reported very good (46.3%) or excellent (38.8%) general health. Despite high levels of depression (24.8%), nearly all were moderately mentally healthy (55.2%) or flourishing (43.8%). Participants agreed yoga improved: energy (84.5%), happiness (86.5%), social relationships (67%), sleep (68.5%), and weight (57.3%), and beliefs did not differ substantially according to race or gender. The more they practiced yoga, whether in years or in amount of class or home practice, the higher their odds of believing yoga improved their health.

Conclusions: Individuals who practice yoga are not free of health concerns, but most believe their health improved because of yoga. Yoga might be beneficial for a number of populations including elderly women and those with chronic health conditions.

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Introduction

Background

Unhealthy lifestyle choices made by many Americans have resulted in an explosion of chronic health conditions, most notably cardiovascular disease, cancer, obesity, and type

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2 diabetes.¹ The Surgeon General claims America is at a crossroads regarding the nation's health and attributes the epidemic of obesity and obesity-related health conditions to three factors: decreased physical activity; increased consumption of high caloric, high fat and nutrient-poor foods; and stress.² Changing these negative health behaviors is critical to changing the current health trajectory of America.

Yoga, consisting of eight limbs (universal ethical principles, individual self-restraint, physical poses, breath work, quieting the senses, concentration, meditation, and emancipation), is believed to bring balance and health to the body, mind, and spirit.³ Yoga improves symptoms associated with a number of chronic health conditions including type 2 diabetes,⁴ cardiovascular disease,⁵ metabolic syndrome,⁶ and cancer.⁷ Yoga decreases inflammation and improves immune system function,^{8–10} and yoga favorably affects mental health, reducing depression¹¹ and anxiety.¹² Evidence suggests yoga exerts its therapeutic benefits by increasing vagal stimulation and turning off the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic nervous system (SNS) response to stress.⁶ Streeter et al. propose that yoga corrects under activity of the parasympathetic nervous (PNS) and gamma aminobutyric acid (GABA) systems, as well as decreases allostatic load,¹³ the damage that occurs when the HPA–SNS stress response system becomes overtaxed and begins to function improperly.¹⁴

While the evidence of yoga's positive impact on health is substantial, nearly all published research has focused on individuals with no prior yoga experience. Few published studies have focused on the health and variations of practice in individuals who practice yoga. Only two large studies examined health characteristics in yoga practitioners, and both were sub-studies of large national surveys.^{15,16} Birdee et al. found yoga practitioners (anyone practicing yoga in the past year) to be predominantly white (85%) and female (76%), with half being college educated¹⁵; Yoga practitioners were more likely than non-practitioners to report their health as excellent, very good, or good (95% vs. 87%, respectively; $p \leq 0.005$). In an Australian study, Sibbritt et al. concluded that younger and older women who "often" used yoga reported better general health (77.2 ± 18.8 and 75.0 ± 21.9 , respectively) than their counterparts who rarely used yoga (younger: $M = 72.9 \pm 19.2$, older: $M = 69.0 \pm 21.2$; p 's ≤ 0.005). Both younger and older women who "often" used yoga reported better mental health (72.7 ± 16.8 and 77.3 ± 16.7 , respectively) than their counterparts who practiced rarely (69.9 ± 16.7 and 73.1 ± 17.3 , respectively; p 's ≤ 0.005). Both studies collected minimal information regarding the length and intensity of subjects' yoga practice, and one focused exclusively on females. No large-scale US studies have examined, in depth, the health characteristics and practice patterns of male and female yoga practitioners, including their perceptions of the impact of their yoga practice on their health.

Objectives

The purpose of this analysis is to describe the practice patterns (years of practice, number of classes per month, class

size and length, days per month of home practice) and practice habits (styles of yoga practiced, types of poses practiced, breath work, and meditation) of yoga practitioners. A second objective is to describe the health habits (food choices including fruit, vegetable, and meat consumption; activity levels; smoking status; and caffeine and alcohol consumption) and health characteristics (general health, health conditions, BMI, sleep, fatigue, mindfulness, subjective well-being, and social support) of yoga practitioners, and to compare these with national norms, when available. The final objective is to explore practitioners' beliefs regarding the relationship between their yoga practice and their health.

Methods

Study design

The researchers used cross-sectional data from a large national survey where anonymous online surveys were used to examine yoga practice, health, and health beliefs in yoga practitioners. The study was approved by the University of Maryland Institutional Review Board.

Setting and participants

The sampling process used in this study has been described in detail elsewhere.¹⁷ Inclusion criteria: (1) at least 18 years of age, (2) practiced yoga (in class or at home) at least once per week for at least two of the past 6 months, and (3) Internet access and ability to complete the survey. Participants were recruited from Iyengar yoga studios across the nation. Iyengar yoga, a classical form of yoga practiced around the world, has a teacher certification process that is highly structured and strictly controlled by governing agencies in the individual countries. Working with the Iyengar Yoga National Association of the United States (IYNAUS) to assure representation of all major regions of the country, the researchers selected 15 out of 100+ yoga studios. These 15 studios had email list serves of approximately 18,160. Using the random selection function in SPSS (version 19), 4307 subjects were randomly selected to receive a secure link to the survey. One thousand forty-five of the 1167 who responded to the survey link completed the questionnaire, met inclusion criteria, and were included in the final sample.

Variables and measurement

Using SurveyMonkey®, the authors created a 65-item questionnaire that asked questions about yoga practice and health. Yoga practice questions were developed with the guidance of senior Iyengar yoga teachers.

Demographic data

The following demographic information was collected: gender, race, age, education, job status, and marital status.

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