



Enhancing yoga participation: A qualitative investigation of barriers and facilitators to yoga among predominantly racial/ethnic minority, low-income adults



Christine E. Spadola^{a, b, *}, Rebecca Rottapel^a, Neha Khandpur^c, Emily Kontos^d, Suzanne M. Bertisch^e, Dayna A. Johnson^{a, b}, Mirja Quante^f, Sat Bir S. Khalsa^{a, b}, Robert B. Saper^g, Susan Redline^{a, b}

^a Division of Sleep and Circadian Disorders, Brigham and Women's Hospital, Boston, MA, United States

^b Division of Sleep Medicine, Harvard Medical School, Boston, MA, United States

^c Department of Nutrition, Faculty of Public Health, University of Sao Paulo, Brazil

^d DynaMed, EBSCO Health, Ipswich, MA, United States

^e Division of Pulmonary, Critical Care, and Sleep Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, United States

^f Department of Neonatology, University of Tuebingen, Germany

^g Department of Family Medicine, Boston Medical Center, Boston, MA, United States

ARTICLE INFO

Article history:

Received 15 July 2017

Received in revised form

1 September 2017

Accepted 2 September 2017

Keywords:

Yoga

Qualitative

Racial/ethnic minority

Low-income

Community-based

Marginalized populations

ABSTRACT

Yoga is underutilized among racial/ethnic minorities and low-income populations. To enhance participation among these demographic groups and to inform a future clinical trial, we conducted a qualitative formative investigation, informed by the Social Contextual Model of health behavior change, to identify barriers and facilitators to yoga that could impact study participation. We recruited twenty-four racially/ethnically diverse adults, with and without prior yoga experience, from a low-income, urban housing community to participate in either an individual interview or focus group. A thematic data analysis approach was employed. Barriers to yoga engagement included the perception that yoga lacks physicality and weight loss benefits, fear of injury, lack of ability/self-efficacy to perform the practices, preference for other physical activities, and scheduling difficulties. Facilitators of yoga engagement included a quality yoga instructor who provides individualized instruction, beginner level classes, and promotional messaging that highlights the potential benefits of yoga, such as stress reduction.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Yoga participation among adults in the United States has grown significantly over the past decade, from 5.1% in 2002 to 9.5% in 2012 [9]. Yoga is most commonly practiced among non-Hispanic white, college educated, female, young to middle aged adults [9,19]. Individuals of higher socio-economic status (SES) also are more likely than other groups to use integrative medicine therapies including yoga [5,6,32]; in 2016 an estimated \$16.8 billion was spent on yoga classes and related supplies in the United States alone [30].

Scientific investigations of the health benefits of yoga have

increased over the past twenty years [11,13,14,17]. Overall, research suggests that yoga can offer physical and mental health benefits [8,17,31], and improvements in sleep [16,21,34]. However, racial/ethnic minorities and individuals of low SES remain underrepresented demographics in the existing yoga literature.

Several barriers to yoga participation have been identified in the literature, which also could constitute potential explanations surrounding the lack of ethnic and socio-economic diversity in yoga classes and yoga research. The perceived high costs associated with yoga, including clothing and equipment [3], and beliefs that yoga is mainly practiced by white, thin females [27] could present specific barriers to individuals of low SES as well as racial/ethnic minorities.

Nonetheless, while a few investigations suggest the acceptability and positive benefits of yoga interventions for racial/ethnic minorities [15,20,25,26], the literature lacks a clear understanding of beliefs surrounding yoga and perceived barriers to yoga

* Corresponding author. Division of Sleep and Circadian Disorders, Harvard Medical School, Boston, MA, United States.

E-mail address: cspadola@bwh.harvard.edu (C.E. Spadola).

participation among these populations. Further, of the limited yoga research that includes racial/ethnic minorities and/or individuals with a low SES background, study samples lack representation of individuals with no yoga experience and most commonly involve exit interviews, conducted after the respondent already participated in a yoga intervention. Thus, the attitudes and perceptions of yoga among vulnerable populations who have no yoga experience or were lost to follow up during yoga intervention studies remain largely undocumented.

We address this gap through a qualitative investigation of perceptions, barriers, and facilitators of yoga among racially/ethnically diverse adults both with and without yoga experience, recruited from a low-income housing community. As a whole, the literature lacks in-depth qualitative examinations of beliefs surrounding yoga participation; investigations among vulnerable populations are even more scant [20]. Thus, our investigation may help researchers and other stakeholders design yoga programs and recruitment practices that are more appropriate and attractive to demographics underrepresented in both yoga classes and yoga research.

The aims of the present study are to: (1) investigate beliefs and attitudes of yoga and perceived barriers and facilitators of yoga participation and home yoga practice among racially/ethnically diverse individuals recruited from a low-income housing community; and (2) inform researchers on future recruitment, study design, and intervention practices for a future acceptability and feasibility study investigating the effects of yoga on sleep.

Our investigation, including the design of the focus group/interview guide, was informed by the Social Contextual Model (SCM) of Health Behavior Change [29]. The SCM is a multi-level approach to understanding how psychosocial factors (e.g., education, income) influence health behaviors. Influences on health behaviors include factors that can be classified as either modifying conditions or mediating mechanisms. Modifying conditions are factors that can affect outcomes, or response to the intervention, but are not amenable to the direct intervention (i.e. participants' work schedules). Understanding modifying conditions provides important context for researchers and can assist in developing mediating mechanisms [22,28]. Mediating mechanisms are factors that are amenable to change and can be targeted by an intervention (i.e. conducting yoga classes at convenient times to accommodate work schedules). Thus, the SCM model is useful when designing an intervention and developing recruitment practices; researchers can use this framework to identify barriers to participation and identify what factors are amenable to change and should be considered in intervention development and design. In the discussion, we utilize the SCM model to classify our findings as moderating conditions or mediating mechanisms to yoga participation, thereby highlighting relevant contextual factors that are important for yoga stakeholders to consider in study design, recruitment practices, and implementation of successful yoga interventions.

2. Methods

2.1. Participants and materials

Given the interest in ultimately designing an intervention to promote healthy sleep in adults, eligible participants were over age 18, English speaking, and reported sleeping fewer than 6 h a night on average. Participants were recruited with the assistance of housing community staff, who were encouraged to recruit individuals both with and without yoga experience to ensure varying levels of yoga familiarity. All interviews were conducted at the low-income housing community to enhance participation. A theory-informed semi-structured interview guide (Table 1), was developed using the SCM model, to investigate multi-level barriers and

facilitators to yoga practice.

Written informed consent was obtained prior to data collection. To best accommodate varying schedules, participants were invited to attend either a focus group or an individual interview. An experienced moderator (EK) conducted both the individual, semi-structured interviews and focus groups. Interviews and focus groups lasted between one and 2 h and were audio-recorded and transcribed verbatim. Participants were compensated with a \$25 grocery store gift card. Partners Health Care Institutional Review Board (IRB) approved all study procedures and materials.

2.2. Data analysis

Data analysis was conducted iteratively using Nvivo software, and included a review of the emergent themes. First, to inform study investigators of research design and recruitment considerations for a subsequent yoga intervention, one author (NK) openly coded all transcripts using a conventional thematic analysis approach and developed a table listing the major emerging themes.

Second, to ensure the trustworthiness of the data, a more systematic analytics approach was employed. In this iteration of analysis, another researcher (RR) independently reviewed and coded the transcripts using a thematic analysis approach that minimized attributions according to preconceived themes [7]. RR and NK then develop a codebook by discussing and documenting the codes, coding categories, sub-categories, and definitions. Next, several authors (SR,NK,RR,DJ,MQ) who represent an interdisciplinary team of researchers, reviewed, discussed, and finalized the codebook. Then, RR recoded all interviews per the codebook and developed an updated analytic table with the emerging themes and the representative quotes. Another author (CS) conducted an audit of the emerging themes by reviewing the analytic table, followed by a review of the interview transcriptions [2,4]. Following these procedures, the major themes were finalized. Discrepancies between themes, data interpretation, and associated codes were discussed and resolved among the authors.

3. Results

3.1. Participant demographics

A total of 24 respondents participated in either a focus group or an individual interview. Nineteen participants took part in one of three focus groups (3–10 participants each) and five participants took part in a semi-structured interview ($n = 5$). As detailed in Table 3, nearly 60% of the sample was comprised of racial/ethnic minorities. Each focus group was comprised of at least one participant with no yoga experience, and 80% (4/5) of the individual interviews were with participants who never practiced yoga. Participants were between the ages of 20–81, with a mean age of 47.9 ($SD = 15.7$). The sample was predominantly female (75%); nearly 70% did not have a college degree (Table 2), and half of participants reported being employed full-time (Table 2).

3.2. Major themes

Several major themes emerged surrounding overall perceptions of yoga and yoga practitioners, and barriers and facilitators to practicing yoga in classes and at home. In terms of barriers and facilitators to yoga practice, participants shared key preferences on optimal yoga class scheduling, yoga instructor characteristics, yoga messaging and advertisements, and the feasibility of home yoga practice. Study participants' beliefs about yoga, and barriers and facilitators to practice offer insights for yoga researchers and other yoga stakeholders to consider when designing yoga interventions

Download English Version:

<https://daneshyari.com/en/article/5565045>

Download Persian Version:

<https://daneshyari.com/article/5565045>

[Daneshyari.com](https://daneshyari.com)