Original Article

Yoga among Antenatal Women: A Cross-sectional Study at Rapti Provincial Hospital, Nepal

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Abstract

Context: Yoga practice during pregnancy offers numerous benefits for maternal and fetal health, yet its prevalence and acceptance among pregnant women in Nepal remain understudied. **Aim:** This study aimed to assess the prevalence of yoga practice and its acceptance as part of antenatal care (ANC) among pregnant women attending ANC at Rapti Provincial Hospital, Dang, Nepal. **Settings and Design:** A hospital-based cross-sectional study was conducted at the ANC unit of Rapti Provincial Hospital, involving pregnant women attending ANC visits. **Methods:** Data were collected through face-to-face interviews using a semi-structured questionnaire covering sociodemographic variables, family and health history, and yoga practice. **Statistical Analyses:** Descriptive statistics, Chi-square tests, and multivariate logistic regression were used for statistical analysis. **Results:** Among 227 respondents, 16.7% practiced yoga during pregnancy, with 50.2% perceiving acceptance of yoga in ANC. The practice and acceptability of yoga in pregnancy were significantly associated with age, ethnicity, age at marriage, husband's age, employment status, husband's employment status, and prepregnancy yoga practice in bivariate analysis. While taking those factors in multivariate analysis, practice was found to be associated with husbands' employment status and prepregnancy yoga practice and acceptability was found to be associated with ethnicity, husbands' employment status, and prepregnancy yoga practice. **Conclusions:** The study revealed the low yoga prevalence among pregnant Nepalese women, necessitating targeted interventions for its promotion during pregnancy. Integrating yoga into routine ANC could enhance maternal and fetal outcomes by educating women about its benefits and fostering supportive environments for practice.

Keywords: *Acceptance, antenatal care, practice, pregnant women, yoga*

Introduction

Yoga is a practice that focuses on the harmony of body, mind, and spirit. It also encompasses various forms of physical activities and has become more popular in the fitness world due to its holistic approach.[1-3] Yoga brings about positive changes in stress, anxiety, and depression levels in both general populations and pregnant women.[4,5] It enhances quality of life, interpersonal relationships, and the functioning of the autonomic nervous system.[6] In addition, it can alleviate discomfort, pain, and shorten labor duration during childbirth.[7,8] It also improves sleep quality, leads to better birth outcomes, reduces psychological distress, promotes relaxation, strengthens the bond between mother and baby during pregnancy, and fosters social connections within yoga groups.[9,10]

Regular prenatal yoga is safe for both mother and baby and can help prevent mood disorders in pregnant women. Studies have also shown that yoga during pregnancy is not only safe and acceptable but also more beneficial for physical and mental health compared to standard prenatal exercises such as walking.[11,12] In addition, frequent perinatal meditation can reduce perinatal stress, improve coping mechanisms, and ease postnatal physical discomfort. Integrating these practices into existing perinatal counseling and programs can support the health of mothers, fetuses, and families.[13] The main barriers to practicing prenatal yoga include fatigue, pregnancy symptoms, lack of strength or energy, time constraints, lack of motivation, insufficient social support, concerns about safety, and cultural or religious beliefs. Responsibilities such as childcare, work, and family commitments can pose challenges.

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Furthermore, gaps in practicing prenatal yoga stem from a lack of comprehensive pregnancy yoga programs and difficulty in selecting appropriate yoga postures.[12,14,15]

Even though yoga practice is widely acknowledged as highly beneficial during pregnancy, the extent to which pregnant women in Nepal engage in yoga remains unclear. This study aimed to assess the prevalence of yoga practice and its acceptance as part of antenatal care (ANC) among pregnant women attending ANC at Rapti Provincial Hospital, Dang, Nepal.

Methods

A hospital-based cross-sectional study was conducted at the ANC unit of Rapti Provincial Hospital, Tulsipur, Dang, Nepal. The study participants were pregnant women registered for antenatal checkups in the hospital. For the study, pregnant women of all ages were included, with exclusion criteria comprising those with serious pregnancy-related illnesses such as preeclampsia, eclampsia, gestational diabetes, and depression and under continuous gynecological supervision. Data were collected from all women attending ANC visits in the hospital starting from the initiation of data collection until the calculated sample size was reached. Once the required sample size was obtained, data collection stopped.

The sample size was calculated to be 214 based on a single proportion formula for infinite population, i.e., $n = z^2p\ (1 - p)/d^2$ with 5% allowable error at a 95% confidence interval, which was later optimized to 225. Based on the previous study, the prevalence (p) of pregnant women practicing yoga was taken 16.7%.[16] Data were collected through face-to-face interviews using a semi-structured questionnaire, which was developed through an extensive literature review[4,7-10,15,16] and consultation with subject matter experts. It was then adapted for the local context to ensure relevance along with back-and-forth translation from English to Nepali and Nepali to English. To validate the questionnaire, we conducted pretesting in a 10% sample size in Koshi Hospital, Biratnagar, and ensuring reliability through test–retest reliability. Validity was established through content and construct validity assessments. Based on the pretesting results, necessary adjustments were made to refine the questionnaire further.

The questionnaire was structured into three sections: sociodemographic information, family information and health history, and the practice and perceived acceptability of yoga. The sociodemographic section included questions about the respondent's age, ethnicity, religion, education, marital status, and employment. The second section, family information and health history covered details about the husband's occupation, number of children, respondent's health conditions, smoking and alcohol habits, pre-pregnancy yoga practices, whether the pregnancy was planned, and any health complications in past. Finally, the practice and perceived acceptability of the yoga section assessed the practicability and perceived acceptability of yoga among antenatal women.

The practicability of yoga was assessed through the question, "Do you practice any form of yoga?." This question aimed to understand whether participants currently engage in yoga practices, indicating the feasibility of incorporating yoga into their routines. Similarly, the perceived acceptability of yoga refers to the participant's views on the suitability and desirability of yoga being integrated into their health care. It was evaluated through the question, "Do you think yoga should be included as a part of your ANC visit?." This question aimed to gauge the participants' openness and willingness to incorporate yoga into their ANC regimen.

Data processing involved using CommCare HQ online software for the collection, followed by cleaning in MS Excel and analysis in SPSS version 20 (IBM Corp., Armonk, New York, USA). Descriptive statistics, including frequency and mean, were calculated to summarize the data. The relationships between independent variables and the outcome variables were evaluated using the Chi-square test with a 95% confidence interval. An initial bivariate analysis was conducted to identify significant associations between the outcome variables and the independent variables. Variables that showed significant associations in the bivariate analysis were subsequently included in a multivariate logistic regression model to examine their combined effects.

Ethical approval was obtained from the Institutional Review Committee of Purbanchal University School of Health Sciences (Ref. no. 037-080/81). Permission was obtained from the hospital administration before data collection, and written informed consent was obtained from the respondents ensuring privacy and confidentiality.

Results

The basic information of the respondents is shown in Table 1. The median age is 25, ranging from 16 to 40 years. The majority are Brahmin/Chhetri (64.8%) and Hindu (97.8%). Most have secondary education (59.9%), and 54.2% were married before age 20. Over half are unemployed (53.3%), and nearly the same proportion (54.6%) live in nuclear families.

Table 2 details husbands' education and employment, number of children, and respondents' health information. Most respondent's husbands have secondary education (63.0%) and are employed (57.3%). Nearly half of the respondents have one child (48.0%) or none (44.9%). All respondents avoid smoking and alcohol. The majority had planned pregnancies (83.7%) and had normal past health conditions (92.1%). Pregnancy-related complications occurred in 22.9%, while 21.7% used to practice yoga before pregnancy. Among the respondents, 16.7% are

Table 1: Basic information of the respondents (*n*=227)

Variables	Categories	Frequency, *n* (%)
Age (median: 25, minimum: 16, maximum: 40) (years)	≤25	117 (51.5)
	>25	110 (48.5)
Ethnicity	Brahmin/Chhetri	147 (64.8)
	Janajati	47 (20.7)
	Dalit	26 (11.5)
	Others	7 (3.1)
Religion	Hindu	222 (97.8)
	Christian	3 (1.3)
	Others	2 (0.9)
Education status	Illiterate	3 (1.3)
	Just literate	7 (3.1)
	Basic level (1–8)	33 (14.5)
	Secondary level (9–12)	136 (59.9)
	Bachelor and above	48 (21.1)
Age at marriage	<20	123 (54.2)
	≥20	104 (45.8)
Employment status	Unemployed	121 (53.3)
	Employed	39 (17.2)
	Housewife	67 (29.5)
Family type	Nuclear family	124 (54.6)
	Joint family	103 (45.4)

Table 2: Husbands' education and employment status, number of children, and health information of the respondent (*n*=227)

Variables	Categories	Frequency, *n* (%)
Husband education level	Illiterate	2 (0.9)
	Just literate	2 (0.9)
	Basic level (1–8)	37 (16.3)
	Secondary level (9–12)	143 (63.0)
	Bachelor and above	43 (18.9)
Husband employment status	Employed	130 (57.3)
	Unemployed	97 (42.7)
Number of children	Zero	102 (44.9)
	One	109 (48.0)
	Two or more	16 (7.1)
Smoking	No	227 (100)
Alcohol consumption	No	227 (100)
Type of pregnancy	Unplanned	9 (4.0)
	Planned	218 (83.7)
Past health condition	Normal	209 (92.1)
	Chronic diseases	8 (3.5)
	Surgery	10 (4.4)
Pregnancy-related complications	No	175 (77.1)
	Yes	52 (22.9)
Prepregnancy yoga practice	No	177 (78.3)
	Yes	49 (21.7)

currently practicing yoga. The perceived acceptance of yoga as part of ANC is nearly evenly split, with 50.2% expressing acceptance and 49.8% not [Table 3].

Table 4 presents the factors associated with current yoga practice in bivariate and multivariate analyses. Women older than 25 years showed a higher crude odds ratio (COR) for practicing yoga (COR = 4.296, $P < 0.001$), although this was not significant in the adjusted analysis ($P = 0.263$). Brahmin/Chhetri ethnicity was associated with higher COR for yoga practice (COR = 2.787, $P = 0.021$) but not significant in the multivariate analysis ($P = 0.814$). Women who married at 20 or older had a higher COR for yoga practice (COR = 3.570, $P = 0.001$), which was not significant after adjustment ($P = 0.465$). Employment status showed that employed women had a higher COR (COR = 7.200, $P < 0.001$), but this did not hold in the adjusted model ($P = 0.973$). Husbands aged 30 or older were associated with higher COR (COR = 8.234, $P < 0.001$), but this was not significant in the adjusted analysis ($P = 0.763$). However, husbands' employment status remained significantly associated with yoga practice (COR = 3.470, $P < 0.001$; adjusted odds ratio [AOR] =6.708, $P = 0.021$). Notably, prepregnancy yoga practice was a strong predictor of current yoga practice, with significant associations in both bivariate (COR = 145.833, $P < 0.001$) and multivariate analyses (AOR = 131.824, $P < 0.001$).

Table 5 presents the factors associated with the perceived acceptance of yoga in ANC in bivariate and multivariate analyses. Women older than 25 years had a higher COR for accepting yoga in ANC (COR = 2.005, $P = 0.010$), but this was not significant in the adjusted analysis ($P = 0.796$). Brahmin/Chhetri ethnicity was associated with higher acceptance in both analyses (COR = 2.411, $P = 0.002$; AOR = 1.977, $P = 0.046$). Women who married at 20 or older had a higher COR for acceptance (COR = 1.874, $P = 0.019$), but this was not significant in the adjusted model ($P = 0.766$). Employment status showed that employed women had a higher COR (COR = 4.902, $P < 0.001$), although this did not hold in the multivariate analysis ($P = 0.329$). Husbands aged 30 or older were associated with higher COR (COR = 4.449, $P < 0.001$), but this was not significant in the adjusted analysis ($P = 0.438$). However, husbands' employment status remained significantly associated with perceived acceptance of yoga in ANC (COR = 2.629, $P < 0.001$; AOR = 2.424, $P = 0.008$). Prepregnancy yoga practice was a strong predictor of acceptance, with significant associations in both bivariate (COR = 38.933, $P < 0.001$) and multivariate analyses (AOR = 28.374, $P < 0.001$).

Discussion

This study offers critical insights into the prevalence and acceptance of yoga practice among pregnant women attending ANC at Rapti Provincial Hospital in Dang, Nepal. The median age of the respondents was 25 years, with a considerable proportion being Brahmin/Chhetri and predominantly Hindu. A significant number had secondary education, and more than half were married before the age

of 20. In addition, the data highlight that most husbands hold secondary education qualifications and are employed, and the majority of respondents have one or no children. Moreover, a significant majority reports normal past health conditions, with minimal instances of smoking, alcohol consumption, and planned pregnancies. Importantly, the significant role of husbands' employment status suggests that economic stability and support may facilitate healthier lifestyle choices during pregnancy. These demographics are essential in understanding the baseline characteristics influencing yoga practice and acceptance during ANC.

Table 3: Outcome variables of the study (*n*=227)

Variables	Categories	Frequency, *n* (%)
Currently practicing yoga	Yes	38 (16.7)
	No	189 (83.3)
Perceived acceptance of yoga in ANC	Yes	114 (50.2)
	No	113 (49.8)

ANC: Antenatal care

One of the notable findings is the low prevalence of current yoga practice among the respondents, with only 16.7% engaged in yoga. Despite this, the perceived acceptance of yoga in ANC is evenly split (50.2%). Interestingly, our findings are consistent with a study by Shidhaye *et al*., which reported a similar prevalence of yoga practice among pregnant women (16.7%). Moreover, the findings of our study have been supported by their observation that more than half of the participants (53.9%) accepted

Table 4: Factors associated with current yoga practice in bivariate and multivariate analysis

Variables	Categories	Bivariate analysis			Multivariate analysis		
		COR	95% CI	*P*	AOR*	95% CI	*P*
Age (years)	>25	4.296	1.928–9.575	0.000	2.372	0.523–10.754	0.263
	≤25	1			1		
Ethnicity	Brahmin/Chhetri	2.787	1.167–6.658	0.021	1.192	0.277–5.117	0.814
	Others	1			1		
Age at marriage	≥20	3.570	1.672–7.625	0.001	1.669	0.422–6.602	0.465
	<20	1			1		
Employment status	Employed	7.200	3.294–15.736	0.001	0.974	0.213–4.460	0.973
	Unemployed	1			1		
Current age of husband	≥30	8.234	2.812–24.226	0.000	0.787	0.167–3.724	0.763
	<30	1			1		
Employment status of husband	Employed	3.470	1.996–6.034	0.000	6.708	1.338–33.636	0.021
	Unemployed	1			1		
Prepregnancy yoga practice	Yes	145.833	39.797–534.403	0.000	131.824	30.747–565.178	0.000
	No	1			1		

*Adjusted with: age, ethnicity, age at marriage, employment status, current age of husband, employment status of husband and prepregnancy yoga practice. COR: Crude odds ratio, AOR: Adjusted odds ratio, CI: Confidence interval

Table 5: Factors associated with perceived acceptance of yoga in acceptance as part of antenatal care in bivariate and multivariate analysis

Variables	Categories	Bivariate analysis			Multivariate analysis		
		COR	95% CI	*P*	AOR*	95% CI	*P*
Age (years)	>25 years	2.005	1.182–3.401	0.010	1.113	0.492–2.519	0.796
	≤25	1			1		
Ethnicity	Brahmin/Chhetri	2.411	1.376–4.226	0.002	1.977	1.012–3.862	0.046
	Others	1			1		
Age at marriage	≥20	1.874	1.104–3.179	0.019	1.105	0.574–2.127	0.766
	<20	1			1		
Employment status	Employed	4.902	2.140–11.229	0.000	1.684	0.592–4.788	0.329
	Unemployed	1			1		
Current age of husband	≥30	4.449	2.041–9.698	0.000	1.383	0.610–3.137	0.438
	<30	1			1		
Employment status of husband	Employed	2.629	1.533–4.510	0.000	2.424	1.260–4.663	0.008
	Unemployed	1			1		
Prepregnancy yoga practice	Yes	38.933	9.158–165.512	0.000	28.374	6.447–124.883	0.000
	No	1			1		

*Adjusted with: age, ethnicity, age at marriage, employment status, current age of husband, employment status of husband and prepregnancy yoga practice. COR: Crude odds ratio, AOR: Adjusted odds ratio, CI: Confidence interval

that yoga should be included as part of their ANC. Both studies identify older age as a common predictor of yoga engagement. However, our study emphasizes the influence of employment status, husbands' characteristics, ethnicity, and age at marriage. While Shidhaye *et al*. highlighted the impact of specific professions on yoga practice, our study underscores the broader significance of employment status. These findings collectively highlight the multifaceted nature of sociodemographic influences on yoga engagement during pregnancy, suggesting the need for tailored interventions that account for diverse contexts and individual characteristics.[16]

In exploring the factors influencing yoga practice, age, and ethnicity initially appeared significant in the bivariate analysis, with women older than 25 years (COR = 4.296, $P < 0.001$) and those of Brahmin/Chhetri ethnicity (COR = 2.787, $P = 0.021$) showing higher CORs. However, these associations were not significant in the adjusted analyses. This contrasts with a study by Saper *et al*. (2004), which found consistent links between age, ethnicity, and health practices, including yoga.[17] The variations might have been observed due to the variation in the study population. In addition, the lack of significant adjusted associations in our study suggests that other underlying factors may mediate the relationship between demographic characteristics and yoga practice.

Employment status showed a strong association with yoga practice in the bivariate analysis (COR = 7.200, $P < 0.001$), but this did not hold in the multivariate analysis ($P = 0.973$). This result highlights that employment could facilitate access to health-promoting activities such as yoga due to better financial stability and access to resources. However, other factors, such as time constraints and job stress, might counteract this effect, as suggested by our findings. The significant association between husbands' employment status and yoga practice (AOR = 6.708, $P = 0.021$) underscores the role of socioeconomic stability in enabling health-promoting behaviors. Some previous studies noted that partner support and socioeconomic stability positively impact health behaviors during pregnancy, which reinforces our findings.[18,19]

Prepregnancy yoga practice was the strongest predictor of current yoga practice, with extremely high odds ratios in both bivariate (COR = 145.833, $P < 0.001$) and multivariate analyses (AOR = 131.824, $P < 0.001$). This indicates that prior experience and familiarity with yoga significantly increase the likelihood of its continuation during pregnancy. This finding is consistent with previous research indicating that habitual physical activity patterns are strong predictors of continued practice, as highlighted in several studies.[20-22] The strong influence of prepregnancy yoga practice suggests that early exposure and positive experiences with yoga can foster long-term health behaviors, which can be pivotal for public health interventions aiming to integrate yoga into routine ANC.

The study also explored the acceptability of yoga in ANC, finding nearly equal support and opposition among respondents. Age and ethnicity showed significant associations with perceived acceptance of yoga in ANC in bivariate analyses, but only ethnicity remained significant in the multivariate analysis (AOR = 1.977, $P = 0.046$). This aligns with findings from Adams *et al*. to Steel *et al*., who reported cultural and ethnic variations in the acceptance of complementary therapies during pregnancy. The significant role of ethnicity suggests that cultural beliefs and practices significantly influence health behavior acceptance, highlighting the need for culturally accepted health promotion strategies.[23,24]

While employment status was significantly associated with acceptance in bivariate analysis (COR = 4.902, $P < 0.001$), it did not retain significance in the adjusted model ($P = 0.329$). This suggests that other underlying factors, possibly related to personal beliefs or accessibility, play a more critical role in the acceptance of yoga during pregnancy. Husbands' employment status remained significantly associated with perceived acceptance of yoga in ANC (AOR = 2.424, $P = 0.008$), supporting the belief that economic stability provided by an employed partner encourages positive health behaviors and acceptance of complementary practices during pregnancy. Similar findings were reported by some previous studies, which emphasized the influence of partner support on health behaviors during pregnancy.[25,26]

Prepregnancy yoga practice was also a significant predictor of acceptance of yoga in ANC, with substantial odds ratios in both bivariate (COR = 38.933, $P < 0.001$) and multivariate analyses (AOR = 28.374, $P < 0.001$). This reinforces the idea that familiarity and positive prior experiences with yoga strongly influence its acceptance during pregnancy. Curtis *et al*. (2012) highlighted that prior yoga experience significantly influences its uptake during pregnancy, suggesting that interventions to promote yoga should focus on early exposure and education.[8]

Although prenatal yoga is beneficial for pregnant women, the findings revealed a low prevalence of the yoga practice among them highlighting the need for targeted interventions to promote yoga during pregnancy, especially among those with no prior yoga experience. Integrating yoga into routine ANC services could yield maternal health benefits. However, limitations such as the study's cross-sectional design and reliance on self-reported data impede causal inferences and may introduce bias. Other approaches of the research methods may track changes in yoga practice and explore underlying reasons for nonadoption. Addressing these factors is crucial for health-care providers to effectively integrate yoga into prenatal care, potentially enhancing maternal and fetal outcomes. Educational programs should raise awareness about prenatal yoga's benefits, while structured yoga programs tailored for pregnant women could be implemented within ANC services.

Conclusions

While current yoga practice among pregnant women in this study is low, there is a substantial potential for increasing its acceptance as part of ANC. Improving the knowledge on yoga can result in a positive impact on the practice and acceptability of yoga among pregnant women. Hence, the efforts to promote yoga should focus on educating women and their families about its benefits and providing supportive environments that encourage its practice.

Ethical statement

Institutional Review Committee of Purbanchal University School of Health Sciences provided the ethical approval with reference number: 037-080/81.

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Conflicts of interest

There are no conflicts of interest.

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