

Researchers find sleep beliefs vary along racial lines in Philadelphia

August 13 2013



When it comes to sleep, Penn Medicine researchers are finding out that some things really are black and white. A new study focusing on the sleep beliefs and behaviors of older women in the Philadelphia area found that older black women in the City of Brotherly Love may be more likely to support certain unhealthy practices, beliefs and attitudes about sleep than their white counterparts. The findings, published in the *Journal of the National Medical Association*, also point to differences among black and white women in reported snoring, napping, methods for coping with sleep difficulties, and non-sleep behaviors in bed.

"This study represents one of the first attempts to understand everyday



sleep practices and beliefs in the community. Also, this is one of the first opportunities to look at how differences in these practices in beliefs may explain black-white differences in healthy sleep," said lead study author Michael Grandner, PhD, instructor in Psychiatry and member of the Center for Sleep and Circadian Neurobiology at Penn. "Our results suggests that older black women in our community may be less likely to engage in helpful coping strategies to address sleep problems and more likely to endorse beliefs and attitudes about sleep that may reflect a lack of understanding about the importance of sleep."

The study included 65 participants recruited from four workshops, held at various community centers in West Philadelphia. All of the subjects were female—36 black and 29 white—with an average age of 69 years. The women participated in focus groups in which sleep and health were discussed. As part of this, all participants were given a questionnaire to evaluate their beliefs, attitudes, and practices regarding sleep as well as information about sleep complaints.

Overall, the research team found no significant differences between the two groups for overall sleep quality and daytime sleepiness. This finding corroborated earlier research by Grandner and colleagues at Penn that found that general sleep complaints are not differentially reported in black and white study participants. In this 2010 study published in the journal *Sleep Medicine*, researchers found that rates of sleep complaints in African-American, Hispanic/Latino and Asian/Other groups were similar to Whites.

However, in the current study, when asked how they would cope with daytime sleepiness, black participants were more likely to nap during the day. The two groups also differed in strategies for coping with difficulties falling asleep, in that black participants were more likely to drink alcohol (which is more likely to exacerbate problems rather than ameliorate them) and engage in activities in bed other than sleep (which



is a common coping strategy but may lead to more <u>sleep difficulties</u> later). These activities included reading or watching television, eating or drinking, worrying or thinking, and arguing or being angry.

The black participants were also more likely to report snoring, which is consistent with prior research that has shown that black individuals are at greater risk for developing obstructive sleep apnea.

The researchers also found that black respondents were less likely to report motivation to make time for sleep. Also, there was a trend for black participants to be more likely to believe that sleepiness is due to laziness and bad habits, though <u>daytime sleepiness</u> is an important symptom for a number of important health conditions and is usually caused by poor sleep quality at night.

One universally concerning finding was that both groups did not endorse the belief that sleep is related to health outcomes, including obesity, cardiovascular disease, diabetes, and depression, reflecting a general lack of understanding across racial groups about the importance of sleep.

Both groups also reported that they rarely discussed sleep problems with their health care provider, though research suggests that black individuals are more likely to discuss health issues with elders, clergy, and healers in the community.

"Despite several differences, we were not surprised that both groups share issues with understanding the overall value and need for sleep," said Dr. Grandner. "While they may be of different races, these women were of a common age and socioeconomic group, and live in the same neighborhood and may share many commonalities that would influence the 'culture' of sleep from their generation."

Based on their findings, the authors hope this research will be helpful in



developing effective sleep education programs that include consideration of cultural and demographic differences in sleep patterns and beliefs. "Sleep is an important part of health and functioning," says Dr. Grandner, "and this research will help us better understand how to improve sleep in the real world."

To further study the social, cultural and demographic patterns of sleep in the Philadelphia area, Dr. Grandner and his team have recently launched the Sleep and Healthy Activity, Diet, Environment and Socialization (SHADES) study. A first-of-its-kind study of a major metropolitan area, SHADES aims to collect data on a variety of health, behavioral, social, and environmental factors that play into sleep patterns of residents across the city.

More information: www.sleephealthresearch.com/shades

Provided by University of Pennsylvania

Citation: Researchers find sleep beliefs vary along racial lines in Philadelphia (2013, August 13) retrieved 5 May 2024 from

https://medicalxpress.com/news/2013-08-beliefs-vary-racial-lines-philadelphia.html

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