

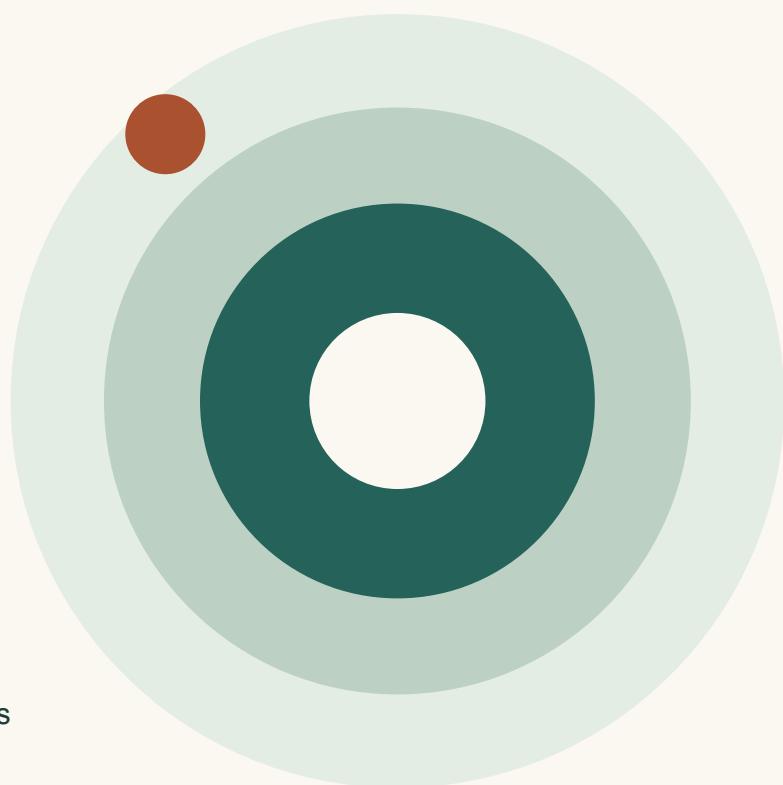
RESEARCH WHITE PAPER

Hong Kong Yoga & Pilates Industry Outlook 2026

From participation to measurable workplace value

OMIYOGA / Practice with Attention, Share Wellbeing

Market signals. Clear choices. Responsible evidence.



A decision-support publication for HR teams, business buyers, studio operators and readers assessing the sector.

Research cut-off: 26 September 2026

English review edition | Version 2 | Verified real cases pending

Prepared by OMIYOGA. Desk research, not a market census or clinical guideline.

THE DECISION IN BRIEF

A stronger sector story, without stronger claims

Three decisions for readers; one clear evidence boundary.

Review edition: real cases pending

The owner has confirmed that case records will be supplied. This edition completes the market and measurement framework, but does not yet contain verified OMIYOGA outcome cases. The numerical exercise is explicitly hypothetical.

01 | Separate health need from paying demand

Hong Kong has relevant movement and wellbeing needs, and a varied visible supply of classes. Neither establishes the size, growth or penetration of the paid yoga/Pilates market. Use public evidence to frame questions, then validate demand with local customer and cohort data.

02 | Buy a measurable service, not an outcome promise

An HR pilot can report reach, completion, access, feedback and cost with consistent denominators. Attendance is not treatment, satisfaction is not productivity, and a cost-per-participant figure is not financial ROI.

03 | Make the next step understandable

Compare four pathways by purpose, format and limits. Start with a feasible option, then review fit after four to six weeks. OMIYOGA is the publisher and an interested service provider, not an independent assessor of its own results.

Reader map: market context pp.3-6 | service choices pp.7-8 | B2B measurement pp.9-12 | evidence and roadmap pp.13-15 | sources pp.16-18.

01 / HONG KONG MARKET CONTEXT

Read the dates before reading the trend

Population context is a demand hypothesis, not a sales forecast.

24.8%

Insufficient activity

Adults 18+; PHS 2020-22.
Pandemic-period fieldwork;
historical baseline. ^[S1]

14.8%

Insufficient activity

Adults 18+; HBS 2023.
Published January 2025; crude
estimate. ^[S2]

33.9%

At least 8h seated

Adults 18+; HBS 2023.
Sitting/reclining on a typical day;
a different measure. ^[S2]

What the evidence supports

These self-reported surveys concern total activity, including work and travel. They are separate cross-sectional samples, not a follow-up of the same people. The difference cannot be attributed to yoga/Pilates or converted into revenue growth. ^{[S1][S2]}

The practical question

Which people can attend, return and pay for an appropriate service at a viable delivery cost? A health-need statistic does not answer willingness to pay, acquisition cost or renewal.

Survey bases: PHS 16,655 respondents aged 15+; HBS 4,839 aged 15+. Adult percentages above use their respective weighted 18+ populations, not those full sample counts. ^{[S1][S2]}

01 / POST-PANDEMIC INTERPRETATION

Visible interest is not measured penetration

Keep emotional wellbeing, class supply and paid adoption as separate questions.

A wellbeing signal, with a sampling limit

A CUHK/MHAKH release describes 2,695 valid street-booth/online responses in its 2025 survey: 13.1% fell in the moderately severe-or-above depression-symptom category, compared with 11.1% in its 2023 round. Probability sampling was not established in the reviewed release. This is a sample signal, not Hong Kong clinical prevalence, a pandemic effect or demand for a particular class. ^[S3]

Question	What this review can say
Reformer availability	Several operators publicly offer group and private formats; see the next page.
Hong Kong penetration	No representative estimate found in the searched primary sources. Unknown, not zero.
Revenue / market share	No audited category-wide series identified. Studio count is not customer share.
Post-pandemic growth	A plausible research question; not established by these health surveys or service pages.

How to close the gap

Define geography and category first. Survey a documented customer sample; deduplicate studio locations; record class capacity and occupancy over time. Keep yoga, mat Pilates, Reformer Pilates and Lagree separate.

01 / COMPETITIVE LANDSCAPE

Four offer models, not a league table

Illustrative operator-owned website snapshot, 26 September 2026.

Provider	Advertised service	Buyer comparison lens
PURE Pro	Six locations marked for Reformer; unlimited, four-class and bundle options. ^[S5]	Network access and plan choice.
Senses Studio	Five named locations; yoga, group Reformer, private formats and corporate offer. ^[S6]	Mixed formats and a corporate entry point.
Flex Studio	Central and One Island South; Reformer groups of up to four, private Classical Pilates and training. ^[S7]	Small-group technical specialisation.
H-Kore	Central and Quarry Bay; MegaKore / MegaCircuit and corporate-wellness navigation. ^[S8]	Adjacent Lagree format; not Reformer Pilates.

Purposive, non-exhaustive selection. Classification in the last column is editorial interpretation. Website offers do not prove quality, delivered outcomes, utilisation or market share. No price ranking: terms, access and validity are not standardised.

OMIYOGA opportunity: make fit legible

The proposed differentiation is a coherent route across group practice, 1:1 attention, workplace experience and deeper learning. Test whether prospective customers understand that route and return; do not assert superior outcomes without comparative evidence.

01 / COMMERCIAL IMPLICATIONS

Trust and delivery are part of the product

An operator and investor checklist, not a revenue forecast.

The Consumer Council recorded 5,619 complaints connected with the Physical Fitness closure in 2024; 4,421 involved fitness contracts. This specific event supports examining prepaid-service exposure and clear terms. It is not a failure-rate estimate for yoga/Pilates studios. ^[S4]

Potential friction	Design response	Measure locally
Choice confusion	State level, equipment, adjustments and exclusions.	First enquiry to suitable first visit.
Time and access	Test time slots, travel and accessible alternatives.	Attendance and reasons for missed sessions.
Prepayment uncertainty	Make validity, cancellations and unused-credit terms clear.	Term comprehension and complaints.
Unclear corporate value	Agree cohort, completion, feedback and cost scope.	Completion, cost and renewal intent.

Unit economics: disclose every assumption

Contribution per session = collected session revenue minus incremental delivery costs. Break-even occupied seats = fixed session cost divided by (net revenue per seat minus variable cost per seat), only when that margin is positive. Separately account for rent, equipment, marketing, overhead, unused credits and refunds.

These are proposed diagnostic formulas, not OMIYOGA financial figures or an investment recommendation. Capacity is constrained by safe instruction, equipment and room layout; sold credits are not attended seats.

02 / FOUR SERVICE PATHWAYS

Choose by need, not by a longer menu

A proposed service framework, grounded in OMIYOGA’s published service categories. [S10][S11][S12]

Pathway	For whom / format	Expected service value	Limits
Everyday group	People seeking a repeatable rhythm; scheduled yoga or Pilates group practice.	Clear levels, shared routine and understandable variations.	Less individual attention; not every class suits every beginner.
Private 1:1	People wanting privacy or more explanation; individually paced session.	Focused discussion, appropriate adjustments and review.	No diagnosis, guaranteed recovery or fixed-rate progress.
Workplace / community	Organisers and teams; one-off or agreed series.	Accessible participation, shared experience and a documented report.	Not a cure for organisational stress or assured productivity.
Workshops / education	Practitioners seeking deeper study; focused workshop or training.	Structured learning, feedback and explicit assessment criteria.	Verify prerequisites, dates and credentials; no automatic external registration.

Service value describes the intended experience, not promised health benefits. Verify current availability, instructors, equipment, prices and terms directly before booking.

02 / FOUR-STEP CHOICE FRAMEWORK

A small, workable start

Use this conversation before choosing a package.

1

Name the present need

A regular habit, private attention, a team activity or deeper study? Select one initial priority rather than promising to solve everything.



2

Describe constraints and suitability

Discuss experience, time, privacy, preferred format and relevant health considerations. For teams add space, language, clothing and accessibility.



3

Choose the minimum feasible start

Choose an appropriate first class, a private conversation or a corporate brief. Refer beyond the teacher's scope when necessary.



4

Review after four to six weeks

Check actual attendance, fit and obstacles. Continue, adjust or pause; a service review is not a clinical assessment.

This is OMIYOGA's proposed decision framework, not a medically validated triage tool.

03 / WORKPLACE MEASUREMENT

A pilot HR can explain and audit

Agree definitions before the first session; report the denominator every time.

Core measure	Calculation	What it tells you
Unique reach	Attended at least once / eligible employees invited.	Who the programme reached, not necessarily the whole workforce.
Completion	At least 4 of 6 delivered sessions / all cut-off enrollees, including no-shows.	Sustained uptake under a declared operating rule, not health improvement.
Cost per participant	Declared programme cost / unique attendees.	Budget efficiency, not financial ROI or clinical cost-effectiveness.

Pair the core with three safeguards

- 1. Satisfaction: number rating 4 or 5 on a specified five-point question / valid answers. Show survey response rate alongside it.
- 2. Access: compare participation against each invited subgroup where privacy permits; inspect shift and location barriers.
- 3. Safety and experience: provide a voluntary feedback and incident route; respond promptly, rather than waiting for a final scorecard.

Data ownership and consistency

HR owns invitation counts; the delivery team records person-session attendance; finance verifies cost; an analyst reconciles exclusions. Freeze the cohort, track late entrants separately and show N/A for a zero denominator. These are proposed pilot definitions, not industry benchmarks.

03 / WORKED EXAMPLE - NOT A CASE STUDY

What a six-week scorecard could show

All figures below are invented to explain measurement. Not OMIYOGA results, a quotation, a benchmark or a forecast.

Eligible employees invited



60 | Same defined cohort

Enrolled before launch



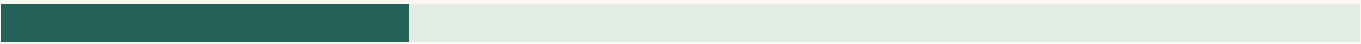
30 | $30 / 60 = 50.0\%$ enrolment

Attended at least once



24 | $24 / 60 = 40.0\%$ unique reach

Completed at least four of six



18 | $18 / 30 = 60.0\%$ cohort completion

Assume six 45-minute sessions. Six people each attend 6, 5, 4, 1 and 0 sessions: 30 enrollees, 24 unique attendees, 96 visits and 18 completers. All enrollees can attend all six sessions; opportunity use is $96 / 180 = 53.3\%$.

Say precisely what the survey measured

15 of 18 respondents rated 4 or 5; 18 of 24 attendees answered. Satisfaction among respondents = 83.3%; response rate = 75.0%. Do not say “83% of employees were satisfied.” Non-response bias remains.

03 / BUDGET AND REPORTING VALUE

Cost transparency first. ROI only with attribution.

The same hypothetical six-week example; no promised financial return.

Hypothetical cash cost	HK\$
Delivery	12,000
Venue	3,000
Administration	3,000
Total, excluding employee time	18,000
Per unique attendee: 18,000 / 24	750
Per completer: 18,000 / 18	1,000

If participant time is separately valued at a hypothetical HK\$250 per hour, 96 visits × 0.75 hours × HK\$250 = HK\$18,000 of opportunity cost. Expanded cost becomes HK\$36,000, not necessarily extra cash spending. Identify overlaps before adding costs.

Financial ROI is not established

ROI = (credibly attributed incremental monetary benefit - incremental programme cost) / incremental programme cost. A before/after difference, attendance count or satisfaction score is not enough. Specify a credible comparison, baseline, follow-up period, confounders and valuation before claiming savings.

Business decision: continue, redesign or stop based on agreed participation, access, experience and budget criteria. No assumed sickness-absence saving or productivity multiplier is used.

03 / ESG AND REAL CASES

Employee care needs a defensible evidence trail

A well-documented activity can support a narrative; it cannot certify ESG performance.

HKEX Appendix C2 B3 concerns work-related knowledge and skills, including vocational training. Recreational yoga attendance is not automatically B3.1/B3.2 training. Let the issuer’s reporting team determine materiality, scope and classification; these listing provisions are not identical obligations for all private SMEs. ^[S14]

Evidence layer	Useful record	Do not substitute
Access offered	Invitations, suitable time slots, adjustments.	Universal employee access.
Participation	Deduplicated attendance and completion.	Better health or productivity.
Experience	Question wording, response counts, complaints and action.	Financial ROI or ESG compliance.

The two real-case slots remain open

Corporate series: specify dates, eligible/invited/enrolled people, coded attendance, survey questions, costs and any baseline or comparator.

Private 1:1: document the participant’s initial need, actual attendance, adjustments and review, without diagnoses or invented testimonials.

The owner will provide records. No institution, participant story or improvement percentage has been manufactured.

Before inclusion: permission for use, anonymity and re-identification review, traceable calculations, limitations and exact bilingual case approval. A synthetic exercise cannot close this gate.

04 / EVIDENCE AND RESPONSIBILITY

Preserve the science. Do not borrow certainty.

Research may inform service design; it does not validate an untested OMIYOGA programme.

Source	What it supports	Limit to carry forward
Workplace yoga review, 2020 ^[S17]	Six studies; 487 participants; pooled perceived-stress findings favoured yoga over no treatment.	Risk-of-bias concerns; not Hong Kong client ROI or a guaranteed individual effect.
Pilates review, 2026 ^[S18]	32 trials; 1,264 people. Results differed by outcome.	Overall unadjusted p = 0.061; heterogeneity I ² = 91.7%. No universal mental-health promise.
WHO workplace guidance ^[S13]	Address organisational risks as well as individual support.	A class cannot replace action on workload, bullying or professional care.

Safety and privacy shape the service

NCCIH notes that appropriately taught yoga is generally safe for healthy people, but injuries and individual limitations matter. Beginners need suitable instruction and relevant conditions may require professional advice. ^[S16] Collect only necessary information for declared purposes, restrict access and set a justified retention period. Use aggregated evaluation; do not disclose individual health responses to managers. ^[S15]

Anonymity requires a context-specific review; a small-cell suppression rule alone cannot guarantee it. This paper is neither medical nor legal advice.

04 / THE 90-DAY ROADMAP

Learn before scaling

Three phases with explicit decision gates; timing is a planning proposal.

1

Days 1-30 | Define and prepare

Owner: service lead + HR. Verify current offers, scope, instructor credentials and terms. Agree cohort, privacy, measures, cost basis and stop rules. Output: approved brief and baseline. Gate: suitable format and auditable definitions before recruitment.



2

Days 31-60 | Deliver and observe

Owner: delivery team + coordinator. Run the agreed pilot, record attendance and costs, check access and respond to issues weekly. Output: reconciled session log and interim feedback. Gate: continue only with acceptable safety, access and delivery quality.



3

Days 61-90 | Review and decide

Owner: HR + finance + service lead. Complete the six-week cohort, lock denominators, review feedback and costs, document uncertainty. Output: decision report and, only with permission, anonymised case. Gate: renew, redesign or stop; do not infer health or ROI from engagement alone.

A six-week pilot can span the second and third phases. Publication remains a separate approval step; this roadmap is not an instruction to auto-publish.

05 / METHOD AND PUBLICATION GOVERNANCE

What this edition knows, and what it still needs

An evidence-led industry perspective published by a participating brand.

Scope and source hierarchy

Focused desk research in English and Traditional Chinese, cut off on 26 September 2026. Sources: Hong Kong government, research-producing institutions, regulators, WHO/NCCIH, research papers and operator-owned service pages. This is not an exhaustive systematic review or a market census. Unverifiable commercial forecasts, social popularity and operator testimonials are not used as market-size or efficacy evidence.

The OMIYOGA perspective

OMIYOGA's own story dates its beginnings to 2012 and connects teaching, community intention and ongoing learning. ^[S9] The four-pathway framework is this publication's editorial organisation of its public service categories, not proof of a measured customer journey. Prices, timetables, certification status and outcomes need their own current evidence.

Version 2 status

Market and measurement chapters prepared for review. Verified real cases pending owner records and permission. Keep the 16 September edition intact; archive this revision with sources and hashes. Approve the exact bilingual case text before promoting it to a final empirical edition.

New in v2: separate Hong Kong macro chapter; neutral competitor map; four-pathway comparison; four-step diagram; a metric dictionary and worked scorecard; cost/ESG boundaries; a visual 90-day roadmap. The workplace-yoga reference is corrected from the old edition's 2021 label to its publication date, 26 May 2020.

SOURCES & METHODS

References

Primary sources; accessed 26 September 2026 unless noted. Click the source title to open.

S1 Hong Kong DH: Population Health Survey 2020-22, Part I

Released 28 Dec 2022; fieldwork Nov 2020-Jan 2022. Table 4.3.5a, p.123. Adult insufficient activity; not paid exercise demand.

S2 Hong Kong DH: Health Behaviour Survey 2023

Released 23 Jan 2025; fieldwork 18 Jul-12 Nov 2023. Tables 3.3.1a / 3.3.4a, pp.79 / 85. Crude adult estimates.

S3 CUHK / MHAHK: Depression and anxiety indices, 2025 survey

Owner release, 5 Mar 2026. Street/online recruited responses; not verified population prevalence.

S4 Consumer Council: 2024 year-end complaint review

Published 10 Feb 2025. Administrative complaint counts around a particular closure, not sector failure rates.

S5 PURE Pro: advertised services and locations

Undated operator page. Six Reformer locations counted in its table; not a capacity or market-share measure.

S6 Senses Studio: advertised formats and studios

Undated operator page. Service availability snapshot, not independently verified delivery or results.

S7 Flex Studio Hong Kong: Classical Pilates formats

Undated operator page. Group sizes and formats only; testimonials and superiority claims excluded.

SOURCES & METHODS

References

Primary sources; accessed 26 September 2026 unless noted. Click the source title to open.

S8 H-Kore: service and location navigation

Undated operator page. Adjacent Lagree service; not counted as Reformer Pilates penetration.

S9 OMIYOGA: About Us

Undated brand self-description. Historical origin and learning narrative, not independent performance evidence.

S10 OMIYOGA: Pricing Plan / service categories

Undated official page. Used for group, Reformer and private categories; no live price offer reproduced.

S11 OMIYOGA: Legacy What We Do

Original /what-we-do redirected here on checking. Historical corporate/community/workshop offer; reconfirm availability.

S12 OMIYOGA: 200-hour Hatha Yoga teacher training

Official page includes earlier 2026 dates. Not treated as current enrolment or independently verified accreditation.

S13 WHO: Mental health at work

Page dated 15 Sep 2026. Organisational risk control and individual support; no OMIYOGA outcome attribution.

S14 HKEX: Main Board Listing Rules, Appendix C2

Live consolidated edition inspected; AC2-8 / AC2-9, B1/B3. Issuer reporting team determines classification.

SOURCES & METHODS

References

Primary sources; accessed 26 September 2026 unless noted. Click the source title to open.

S15 PCPD: Six Data Protection Principles

Undated regulator guidance. Purpose, proportionality, access/security and retention; implementation needs local review.

S16 NCCIH: Yoga - Effectiveness and Safety

Public research summary. General safety and limits; not an individual clinical recommendation.

S17 Della Valle et al.: Workplace yoga and perceived stress

J. Funct. Morphol. Kinesiol. 2020;5(2):33, 26 May 2020. Indexed primary abstract/metadata checked; direct PMC page challenged.

S18 Tsartsapakis et al.: Pilates and psychosocial outcomes

Sports 2026;14(5):171, 23 Apr 2026. Indexed publisher/primary abstract checked; publisher full-page fetch rate-limited.