Personal and Socio-demographic Factors as Predictors of Recreational Sports Participation among Health Care Professionals in Federal Medical Centres in South-Western Nigeria

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Chapter One

Introduction

1.1 Background to the Study

Globally, recreational sports participation is receiving more attention among the medical practitioners and researchers in academic discourse. Recreational sports and exercises have been proven to have preventive capability and possible curative effect on certain types of ailments and medical challenges. Recreational sports have a big impact on human physiology and psychology and are a big part of leisure activities. Exercise offers real physiological advantages for improving health and lowering death rates. In addition to lowering the risk of diabetes, heart disease, and cancer, regular and moderate leisure sports are also linked to a number of death rates through correlations with health indicators including body mass index (BMI) [1].

Recreational sports, if adopted as a way of life will have multi-dimensional benefits on individuals and the society[2]. Physical activity has been shown to lower the risk of lifestyle-related illnesses such diabetes mellitus, obesity, hypertension, cancer, and cardiovascular disease[3]. A higher social and psychological quality of life is experienced in addition to physical advantages. Higher education institutions have made significant investments in sport and recreation resources because they recognize the importance of physical activity. Recreation is deliberate activity intended to achieve personal and societal goals, such as self-improvement and group connection [4].

Recreation is also seen as a means of addressing the needs of the community, a means of making ends meet financially, a way to improve one's own well-being, a way for the community to build relationships, or one of the three types of development.

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Physically demanding activities including dance, jogging, walking, and other games have been done for enjoyment[5].

Regular physical activity has been linked to mental health in a number of studies. It can promote physical rest, relieve stress so that one can enjoy nature and escape from daily routine, and help one appreciate the wonders of nature while also fostering creativity[6]. Additionally, participation in recreational sports and physical activity creates in every individual a refreshingly satisfying feeling of enjoyment and it also refreshes the soul of the participants[7]. It has impactful, natural and enjoyable conditioning that revitalizes the body system and tones the muscles and ligaments. From the above, it could be deduced that so much premium should be placed on participation in recreational sports activities for individual and societal health benefits that could be gained.

Regular participation in recreational sports by individuals and groups could midwife good community health delivery system in challenged communities. Recreational sports are social activities that promote contact between various social groups, according to psychological theory. In addition to improving mental and physical health, recreational sports also lower psychological stress and boost self-esteem[1]. Recreational sports carry the capability for strong social integration as a platform for unity, cohesion, societal progress and development. It creates a good window for individuals who are distant in terms social class and status to interact and share experience. Recreational sports participation is a good bridge that can link the high and low in the society together[2].

The National Health and Lifestyle surveys Malaysia which assessed health-related behaviours in adults and school-age children revealed that, on average, 42% of adults who responded to the survey did some kind of regular physical activity, 25% did mild exercise

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three times a week, and less than 10% did strenuous exercise three times a week, but these rates significantly decreased as people aged[8]. Age can be a factor for recreational sports participation among different types of population or social groups in a particular community or among certain types of professionals. The process of aging in various individuals may have different diminishing effects in individuals based on physiological make up.

There are several factors that can account for fast aging process in individuals, which range from lifestyles, eating habits, genetic factors, sedentary lifestyle, and physical environment among others[9]. Health care professionals in south-western Nigeria may not be an exception. The COVID-19 health pandemic has created a great vacuum in the health sector to the extent that the shortage of manpower has left health care professionals with multiple shifts for the few ones available to shoulder[9]. There is the rising rate of labour migration of health care professionals to the western world in search of greener pastures, leading to an acute shortage of manpower in the health sector in Nigeria. Health care professionals needed to work for longer hours and which does not afford time for recreational activities. Regular participation in recreational sports and physical activity can reset the body system and the brain for more mental performance which is good for healthy living[10].

Sports, Recreation and lifestyle have a beneficial impact on the body's overall health. They finished the process of helping people who play leisure sports develop holistically[11]. They gain knowledge and comprehension of the importance of physical exercise, improve their mobility, become proficient in a wide range of sports and leisure activities, and learn how to arrange their activities. People can adopt and sustain an active

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lifestyle because of these and other factors. Employees who participate in recreational physical activities report higher quality of life. Staff members that compete well in sports are recognised in a variety of public forums, which is a credit to the organisation they represent[6]. Numerous important motivations for engaging in sports and leisure activities have been examined and determined by researchers[12].Among the obstacles to leisure and recreational participation are commitments, lack of time and opportunity, the cost of modern facilities and recreation equipment, admission and user fees, lack of transportation, ignorance of the location of the activity (exposure), educational attainment, gender, lack of role models, and attitude[13].A review of the literature also shows that students are not exercising enough, which puts future leaders' health at risk for non-communicable disease-related death[12]. It is advised to engage in physical activity since it has several physiological, psychological, and social advantages [14]. Despite the numerous challenges and barriers to recreational sports participation, the benefits are more outweigh the challenges[15].

Sports and leisure activities can be justified for a variety of reasons, such as enjoyment, friendships, competition, skill development, fitness, health, achievement, status, fun, energy, and stress relief. A lack of partners to play sports with, time management issues, heavy work schedules, financial difficulties, and the condition and accessibility of facilities are some of the obstacles that may prevent people from participating in sports. In general, researchers categorize these obstacles as structural, interpersonal, and intrapersonal barriers to engaging in sports and leisure[15].Specific changes and developments throughout the world often influence attitudes of individuals. In other words, factors like the rise in urbanization, the speed at which technology is

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developing, and the impact of mass communication tools alter people's views toward doing sports.

Generally speaking, an individual's attitude is characterized as a propensity that consistently shapes his ideas, feelings, and actions [16]. These tendencies are products of the society one lives in as well as the social and cultural context. By adjusting to their surroundings, individuals might exhibit comparable attitudes toward other people. Individual attitudes around leisure time are significant for both developed and developing nations. Attitude is an unseen idea that leads to certain observable actions, people's attitudes during their leisure time may be understood by looking at these behaviors.In the same vein, people reflect the norms, values, and beliefs of the society they belong to through their attitudes and behaviors, this predicament arises in many ways across nations and professions[17].

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Researching the psychological and sociological justifications for engaging in leisure activities is often the goal of studies on leisure time, a topic having complex meanings and purposes for both individuals and cultures. Even though they can vary based on the type and situation, leisure activities are crucial for enhancing people's social

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behaviors, helping them develop their social identities, relieving the stress of work life, and improving their psychological well-being by meeting needs like belonging, self-expression, and sensitivity and fulfillment[3].

Gender is another factor that could affect recreational sports participation. Numerous studies in the literature have examined gender roles, and it has been noted that women participate in physical recreation at lower rate than men. The mortality rate decreases by an additional 4% if exercise is increased by an additional 15 minutes each day[8]. The dominance of the male counterpart has being very impressive all over the world[18]. It was shown that people in Taiwan who do moderate-intensity exercise, like fast walking for 15 minutes a day or 92 minutes a week, have a 14% lower mortality rate and a three-year longer average lifespan than people who do not exercise at all, regardless of gender or cardiovascular disease status[10]. If the duration of exercise is increased another 15 minutes daily, the mortality rate drops by another 4%[19].

Notwithstanding the advantages of leisure pursuits, research indicates that women engage in physical leisure activities at a lower rate than men[20.] On a general view, males take part more in recreational sports than females and the reasons are obvious. In addition to having larger hearts and lungs and more red blood cells (which absorb oxygen for an aerobic advantage), males also have larger skeletal muscles. Research has indicated that there are a number of physical differences between men and women that affect how well they perform in sports[20]. One such area is sports, which serve as venues for physical competition. Throughout human development, males have often faced more physical competition. Men are physically bigger and stronger than women for this reason[21].

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A study focused on “The influence of demographic variables on factors that constrain recreational sports participation in Malaysia”[22], it was concluded that leisure sports participation have adopted many health prevention behavior, However, this has resulted in certain interpersonal limitations. These findings suggest that in order to encourage leisure sports participation and avoid extreme social isolation, both individual and institutional efforts will need to be made. Additionally, "demographic characteristics and type/frequency of physical activity participation in a large sample of 21,603 Australian people" was the focus of another study [23]. The study revealed that Sport participation was lower among those who were married, older, female, or disabled. Therefore, we must make sure that suitable strategies are developed and customized sport products are offered when designing PA opportunities to engage inactive individuals, especially those organized by a club or group, in order to ensure greater opportunities for increased diversity of sport participation.

The Global Physical Activity Questionnaire (GPAQ) was used for assessment as part of a study [24].According to the study results, sedentary employment cause people to spend more time sitting down. To lower the risk of CAD, time spent engaging in moderate-to-intense activities must be unbroken. Increasing the level of moderate activities is more achievable than engaging in vigorous activities, although vigorous activities have demonstrated a greater positive impact than moderate activities. This might be because moderate activities were fragmented. Recreational physical activities require greater time and attention as sedentary employment become increasingly prevalent. Another research that was conducted was titled "Sport commitment, demographic factors, and sport participation among health care provider [25].The findings of the Sport commitment, sport

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enjoyment, personal investments, involvement opportunities, and involvement alternatives have been shown to play significant roles in health care professionals' sports activity behavior. These factors may encourage health care professionals to participate in sports.

Additionally, the study looked at "social factors influencing sport participation among health care professionals in Oyo West Local Government Area of Oyo state, Nigeria."[26]. The study discovered that these social elements had a significant impact on health care practitioners' involvement in sports. People everywhere use their free time for a variety of activities based on the circumstances that surround them. Utilizing leisure time is consequently still one of the most crucial elements that raise and enhance people's quality of life in contemporary civilizations and may aid in personal growth, creativity, and realization[6]. The utilization of leisure time is significant not only for the individual but also for the community since it helps people communicate and comprehend other cultures while also improving their experience in the global society. It's also critical to recognize that culture may have a significant impact on how people use their free time. In this situation, leisure activities provide people the chance to explore their abilities and creativity, which can lead to a change in lifestyle that can improve their health[5].

Several studies have been conducted about leisure time, recreational activity and sports, exercise, and physical activity. A study focused on elements affecting leisure sports participation interest and the gap between rural and urban areas[27]. It was concluded that study that In order to effectively target certain demographic groups, multiple communication tactics could be required. It was recommended that future public health initiatives to boost participation in recreational sports use customized treatments and messaging to successfully promote leisure physical activity across all demographic groups.

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According to the findings of a research on recreational facilities and leisure activities in Nigeria: Implication for wholesome community health, people's enjoyment of fun, activities, pleasure, and entertainment improves health equality in communities. It creates the vital connection between community health and recreational opportunities, built environments, and leisure activities [28].

This study is unique because of the peculiarity of the study population health care professionals, those who are principally advocates of recreational sports and physical activity. Therefore, this study investigated personal and socio-demographic factors as predictors of recreational sports participation among health care professionals in Federal Medical Centers in South-western Nigeria.

1.2 Statement of the Problem

Nigerians' lifestyle choices have been blamed for a rise in health issues and avoidable fatalities in recent years. Nonetheless, one would anticipate that the health care industry would not likely be impacted by illnesses and health issues. Several of these issues are now daily struggles for professionals working in the health care delivery system. As observed by the researcher, Nigeria's health industry is facing a workforce crisis due to the increasing migration of healthcare professionals to the west for better opportunities. Health care professionals now have an even heavier load in providing health care services to Nigerian residents as they must work longer hours and numerous shifts.

This has led to a shortage of leisure time, making leisure sports and physical exercise a valuable alternative. These activities provide a fulfilling sense of happiness, revitalize the body system, and tones muscles and ligaments[7]. With rising healthcare costs and increasing health concerns, research on leisure and recreation activities is gaining

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global attention. Therefore, this study investigated Personal and socio-demographic factors as predictors of recreational sports participation among health care professionals in Federal Medical Centers in South-western Nigeria.

1.3 Aim and Objectives of the Study

The study aimed to investigate personal and socio-demographic factors as predictors of recreational sports participation among healthcare professionals in Federal Medical Centers in southwest Nigeria.

The objectives are to:

- **i.** assess the level of recreational sports participation among health care professionals in Federal Medical Centres in South-western Nigeria.
- **ii.** examined joint prediction of personal factors (life style, skill level and health benefit) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.
- **iii.** establish relative personal factors, (lifestyle, skill level and health benefit) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.
- **iv.** ascertain joint social factors (occupational demand, residential/location and availability of facilities/equipment) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.
- **v.** determine the relative social factors (occupational demand, residential/location and availability of facilities/equipment) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.

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vi. determine joint demographic factors (gender, age, marital status and religion) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.

vii. ascertain relative demographic factors (gender, age, marital status and religion) and recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.

1.4 The Research Question

The following question was answered:

1. What is the level of recreational sports participation among health care professionals in Federal Medical Centres in South-western Nigeria?

1.5 Hypotheses

The following hypotheses were tested at 0.05 level of significance:

H_o1: There is no significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

H_o2: There is no significant relative prediction of lifestyle, skill level and health benefit on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

H_o3: There is no significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

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H_o4: There is no significant relative prediction of occupational demand, residential location and availability of facilities/equipment on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

H_o5: There is no significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

H_o6: There is no significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

1.6. Significance of the Study

The findings of this research might help the health care professionals, health establishments, institutes and parastatals, governments, non-governmental organizations. It may provide updated information on recreational sports participation and predictors of participation among health care professionals in Nigeria. The outcome of this study could encourage other health establishments, institutes and parastatals, governments, non-governmental organizations, policy makers and other stakeholders to formulate policy to encourage recreational sports activities for healthy living among the work force. The study's conclusions might potentially be used as a foundation for the building of a framework for planned leisure sports events.

1.7. Scope of the Study

This study focused on personal and socio-demographic factors as related to recreational sports participation among health care professionals in Federal Medical Centers in South-Western Nigeria. Hence, the scope of covered independent variables of

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personal, social and demographic factors with dependent variable of recreational sports participation. Three Federal Medical Centres in South-western Nigeria in Lagos, Ogun, and Ondo States were selected for sampling because, at the time of the fieldwork, they were the only Federal Medical Centres in the region. Both senior and junior levels Health Care Professionals in the three Federal Medical Centres in South-western Nigeria were sampled.

1.8 Limitation of the Study

The study encountered the following limitations. The health care professionals in the three states were very busy due to the nature of their work and schedule. Nine hundred and eight questionnaires were distributed, but seven hundred and twenty three were retrieved for data analysis. Four FMCs were proposed but three were sampled simply because Ido-ekiti FMC has been upgraded to teaching hospital.

1.9 Operational Definition of Terms

The words listed below are operationally defined:

Recreation: This encompasses all of the pursuits people make in order to revitalize their bodies and brains and add interest and enjoyment to their free time. Walking, swimming, meditation, reading, playing games, and dancing are a few examples of recreational activities.

Healthcare Professionals: These are paediatrics, physiotherapist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or clinical social worker who were staff of Federal Medical Centers in South-Western Nigeria.

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Demographic Factors: These refer to demographic-related variables (age, gender, marital status and religion) that may determine recreational sports participation of health care professionals of Federal Medical Centres in South-Western Nigeria.

Personal Factors: These are personal-related variables that may determine the recreational sports participation of health care professionals of Federal Medical Centres in South-Western Nigeria. These include of the individuals' gender, age, employment, lifestyle, and social and economic standing.

Lifestyle: The way at which health care professionals of Federal Medical Centres in South-Western Nigeria participate in recreational sports.

Skill Level: The extent to which health care professionals of Federal Medical Centres in South-Western Nigeria can participate in recreational sports.

Health Benefits: The benefits related to recreational sports participation among health care professionals of Federal Medical Centres in South-Western Nigeria.

Social Factors: These are social-related variables that may affect recreational sports participation of health care professionals of Federal Medical Centres in South-Western Nigeria. Such factors include residential location, occupational demand and availability of facilities/equipment, among others.

Occupational Demand: This refers to the work or job factors surrounding recreational sports participation among health care professionals of Federal Medical Centres in South-Western Nigeria.

Residential Location: This refers to the distance (far or near) of health care professionals of Federal Medical Centres in South-Western Nigeria to sports facility for recreational sports participation.

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Availability of Facility or Equipment: This refers to the accessibility of recreational sports facility and equipment in Federal Medical Centres in South-Western Nigeria.

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Chapter Two

Literature Review

This chapter focuses on literature review. Relevant literature are reviewed under the following sub-headings:

2.1. Conceptual Review

- **2.1.1.** Overview of Recreation and Sports
- **2.1.2.** Concept of Recreation and sports
- **2.1.3.** History of Recreation and sports
- **2.1.4.** Play, Recreation Leisure and Work
- **2.1.5.** Recreational Sports Participation and Sports Facility Development
- **2.1.6.** The Benefits of Recreational Sports Participation
- **2.1.7.** Motivation and Participation of Recreation
- **2.1.8.** Determinants of Recreation Sports Participation
- **2.1.9.** Variables that influence recreational sports participation

2.2. Theoretical Framework

- **2.2.1.** Beckarian Approach (1965-1974)
- **2.2.2**. Green's Model of Sport Development

2. 3.Review of Empirical Studies

- **2.3.1.** Personal Factors and Recreational Sports Participation
- **2.3.2.** Social Factors and Recreational Sports Participation
- **2.3.3.** Demographic factors and recreational sports participation

2.4. Conceptual Model

2.5. Summary of Gaps in Literature Reviewed

Endnotes

2.1.1. Overview of Recreation and Sports

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Performance and this Recreation is vital to people, much as art and culture. It aids in enhancing people's health and wellbeing. People's leisure pursuits are a reflection of their cultural values and social structures [1]. As a result, human nature and physiology make it imperative to engage in recreational activities. Recreational activities are seen as enjoyable since they are done for pleasure, entertainment, and enjoyment. Activities that revitalize the body and mind and provide interest and enjoyment to free time are referred to as recreation. Recreational activities include things like dancing, reading, swimming, strolling, and playing games. Participation in recreational activities does not need athletic ability. These days, recreation is a vital and essential part of daily life as a tool for rest, recuperation, and rejuvenation. Open-air recreation, tourism recreation, health recreation, park recreation, campus recreation, therapeutic recreation, and hospital recreation are just a few of the many types of recreation[1].

Eighteenth and Nineteenth Centuries and Recreational Development

Recreation has always been important to people in the contemporary world, but historians have not always taken it seriously as a subject of study. Their day may be organized by work, but recreation makes it worthwhile. Recreation was important to individuals, whether it was through music, movies, games, drinks, or even sex. These were not insignificant tidbits; rather, they were essential components of people's everyday lives that shaped their perspectives on and comprehension of the world they lived in. However, the broader social and economic outlines of life shaped both the nature and significance of recreation [2].In the experience of industrialization in the eighteenth and nineteenth centuries influenced modern recreation. Time had to be split and organized for efficient productivity.

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Thus, play was both hampered and made possible by the fact that recreation also became structured and time-bound. However, during the designated period for entertainment, especially on Saturdays, which provided a reprieve from work prior to the more subdued Sabbath rest, additional opportunities arose. When industry came, long celebrations and festivals decreased, but new advancements occurred in leisure time[2]. Additionally, the working and middle classes saw increases in income due to contemporary industrial circumstances, which allowed them to spend their free time enjoying themselves. People in industrialized nations were spending money on tobacco, alcohol, gambling, sports, candy, and even vacations by the end of the nineteenth century[2]. Naturally, the lines separating work and play were never completely sealed off. While at work, people conversed, joked, and even played. Outside of work, household, family, and religious responsibilities may not provide the enjoyment that should be associated with play. Additionally, one person's leisure turned into another's job as leisure itself was marketed to capitalize on the growing demand. Similar to this, innovations like bicycles, which were extremely popular at the close of the nineteenth century, were used for both business and leisure travel[2].

The working and middle classes saw increases in income due to contemporary industrial circumstances, which allowed them to spend their free time enjoying themselves. People in industrialized nations were spending money on tobacco, alcohol, gambling, sports, candy, and even vacations by the end of the nineteenth century[2]. Naturally, the lines separating work and play were never completely sealed off. While at work, people conversed, joked, and even played. Outside of work, household, family, and religious responsibilities may not provide the enjoyment that should be associated with play.

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Industrialization may have altered play patterns in the eighteenth and nineteenth centuries, but play forms remained mostly consistent in those societies. Both before and after the industrial revolution, people enjoyed drinking and the escape that comes with being intoxicated. In both the pre-modern and modern eras, popular culture also included dance, music, and sports. However, when industrialization brought rationality and structure, it became more commonplace for these earlier, informal, collective leisure practices to be formalized into organizations and clubs. The pursuit of pleasure was supported by arguments for its moral and physical value, and competitions and regulations were increasingly codified. This was never more evident than in the world[2].

As leisure became a more contentious political and moral arena in the industrialized world, it was crucial to rationalize play. Although religious hostility to alcohol had existed for a long time, churches began to focus on other activities that were believed to divert people's attention from God as education, science, and leisure began to erode religion itself. The emergence of some contemporary forms of amusement, such organized gambling, was hampered by the strong church influence, especially in Catholic nations. The rise of logical and scientific ideas that time and energy should only be spent on things that benefit the intellect, body, and community also put recreation under pressure.

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The 20th century and Recreational Development

Technology advancements, entertainment options and diversity increased over the 20th century. The invention of the cinema, a worldwide medium that radically altered people's perceptions of the world, was the most important advance in the realm of entertainment. It broadened people's perspectives and their imaginations in the early 20th century, greatly impacting both individuals and society at large. Consequently, conflicts and external risks increased in intensity and boredom in daily life. Additionally, it launched the trend of Americanizing foreign popular culture and gave rise to worldwide personalities like Charlie Chaplin. The best movies were not all made in America, as proven by the outstanding silent films of Weimar Germany or French sound movies from the 1930s. However, it became more and more impossible for other countries to produce movies with the scope, spectacle, and overpowering impact of Hollywood as technology advanced and became more costly[2].

Another worldwide phenomena was sport. Even while it was frequently used as a symbol of political and national pride, not least by the totalitarian governments on the left and right, soccer in particular developed into an obsession that crossed national lines. Despite being originally conceived as a celebration of world unity, the Olympic Games nevertheless grew to be linked with intentional and inadvertent displays of national status. However, occasions like the Olympics and World Cup did become into authentic global shared experiences [2]. Particularly for women, the house continued to be a significant place for recreation. The more literate masses could enjoy sex, pets, reading, and even needlework in their houses. Although the relative cost of a set meant that it wasn't until the Second World War, driven by a need for news, that the radio reached a truly widespread

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audience in Europe, its growth following World War I was particularly significant in promoting home recreation. With the newfound affluence following the war of 1939–1945, television emerged as the most popular and pervasive source of information and entertainment.

In Europe, North America, and Australia, having a set was commonplace by the late 1960s. At the same time, it was both private and public[2].Despite its widespread use in the west, television was still out of reach for many living in poverty in the developing world. The realities of income disparities continued to restrict the reach of the international popular culture that was central to recreation in the second half of the 20th century. In fact, even in the west, the more basic ills of poverty—bad housing and poor diet—were made worse by a lack of access to popular leisure activities. Marxist notions of leisure as an opium of the masses, something to divert them from larger political and economic problems, are undermined by the poorest people's lack of access to contemporary forms of entertainment. This is not to imply that drugs, alcohol, sports, or movies couldn't have[2].

Modern recreation was also limited by factors other than money. From seeing leisure as the exclusive domain of male wage earners to using women in brothels as amusement for males, leisure was frequently strongly gendered, replicating and strengthening broader female inferior positions. Officially and unofficially, racial prejudice may also prohibit persons from participating in everything from world title boxing matches to public dances. Following World War II, the west progressively got more racially tolerant, and leisure even became a platform that promoted these changes, easing such limitations. Here, popular music was crucial. Despite initially being generally disregarded

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due to their racial origins, black musical genres such as jazz and the blues eventually made their way into mainstream popular culture, entertaining and inspiring white people[2].

Initially belonging to a new young culture, popular music in this era eventually became a part of mainstream recreation as generations grew older. Even when popular music was linked to social and political resistance, it was heavily marketed, and like most modern entertainment, it grew into a massive worldwide industry in its own right. It also captured the essence of popular culture throughout the world: strong shared themes, forms, and structures that took in local influences and then spread them across national borders, a process fueled by the mass media and the globalized economy. Therefore, recreation was not only a vital aspect of people's lives everywhere, but it also served as a platform that gave a global culture a more tangible form than the merely abstract currents of politics and the economy[2].

2.1.2. Concept of Recreation and Sports

Recreational facilities were defined as typesof the teaching resources and other facilities, including buildings, tools, equipment, and other teaching-learning aids, that are required for the students to learn during their free time[3]. However, according to the author, recreational facilities are essential resources for the teaching and learning process of pupils. Additionally, it was regarded as a tool to help pupils achieve well academically. The author also noted that students might use certain recreational resources to become proficient in a particular subject. Every kind of facility has a favorable effect on students' academic performance and has a major influence on the teaching and learning processes in schools [3].The way that leisure activities are interpreted has changed throughout time. Sports and physical exercise used to be the primary associations with recreation, but now days, its

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definition is considerably broader. These include any fun or leisurely activities, such watching movies, playing video games, or participating in outdoor competitions; these are all now categorized as "recreational." Recreational activities have always been essential to our mental and physical health. Exercise improves endurance, tones muscles, and even reduces stress. Many more? Engaging in physical activities, such as sports, with friends or groups is a great way to strengthen bonds[4].

Recreation is any type of play, entertainment, etc. that is done to rejuvenate the body or the mind. Its root term, "recreation," is Latin and meaning "holiday," "rest," and "freshness." The English notion of 'recreation' is thought to be the term's earliest origin, and the English language was crucial in the concept's subsequent development. The most often accepted theories could associate leisure culture with recreation, however it is more beneficial to discuss how leisure time is used for both mental and physical rejuvenation. It has been noted that leisure activities tend to group together under categories like mental-physical, closed-open, and active-passive. Activities that fell under this category included social activities, closed-area activities, cultural and artistic events, athletic events[5].

Sports and leisure activities aid in improving people's physical and mental health. This is why sports and leisure facilities are provided at every territorial institution in addition to the classrooms, libraries, offices, and laboratories where students and lecturers can go to partake in sporting activities or rest to ease the burden of academic work. The instructional program of every university education includes extracurricular activities like sports and relaxation. Recreational facilities are any kind of educational resources and other facilities, such construction tools, equipment, and other teaching-learning aids, that are required for students to learn during their free time. Every discipline has its own leisure

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resources, according to the statement. For example, mathematics has an abacus, a computer, a calculating pyramid, Ayo, whots, ludo, and a shopping nook. There are novels, dramatizations, and reading corners in the English language. Other sporting and recreation facilities are gymnasium and sport complex.

Additionally, there is laboratory equipment for science disciplines. The teaching and learning processes in schools are significantly impacted by all types of facilities, and health care professionals are positively impacted. Bands, debate ensembles, choirs, sports and Interest clubs, hobby groups, and intramural activities are examples of other types of extracurricular leisure activities. These activities fulfill a crucial requirement for many students in their academic experience[5].Availability of leisure amenities in the hospitals established a number of channels via which health care professionals can grow cognitively in accordance with their capacities and skills. Recreational facilities are important structures that the healthcare professionals make use during their leisure hour to create work effectiveness. How has this helped to import Nevertheless, there is a study deficit when examining over the productivity of health care professionals? Most research in education focuses on student academic performance and the utilization of school facilities. Here the study focuses on recreational sports and medical personnel. Although research has been done to ascertain the social development and learning outcomes linked to club sport participation, little is known about the overall atmosphere that campus leisure programs offer.

Higher retention rates of regular users of campus recreation gym facilities, the social advantages of intramural sports, and student development have all been linked to the utilization of campus recreation facilities[5]. Nevertheless, there is a study deficit when

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examining the personal and socio-demographic factors of recreational sports participation among health care professionals. According to studies, the relationship a health care provider must engage in a variety of activities that help job productivity, However, there is a vacuum in the research on the assessment of the effects of hospital leisure facilities overall and the particular impacts the initiatives have on health care professionals' productivity and social belonging. Job productivity can be connected to involvement in extracurricular activities, such as those provided by health care recreation centers. While there is research in support of health care professionals using onsite recreation facilities to increase job effectiveness, social bonding and development, there has not been a study to date which effectively examines the impact of health care recreational facilities on the academic performance of students in Nigerian universities and is there variation in the perception of students and lectures on impact of sporting and recreational facilities in the productivity of health care professionals.

2.1.3 History of Recreation and Sports

Your mental health might benefit greatly by taking a little break to rest and relax by engaging in hobbies like puzzles, movies, music, or reading literature. Taking little pauses from your everyday activity, even if they are only for a few minutes each day, may promote and enhance overall happiness. In the past civilization, Physical games like ball games or wrestling were common forms of leisure activities. The ancient Egyptians loved to fish and swim in the Nile, their sacred river. The Greeks were known for enjoying sports and fierce competitions. Running, discus and javelin throwing, long jumping, boxing, and chariot racing were among the many sports they offered [4].Throughout history, leisure and recreation in Europe have been complex affairs, with each separate culture creating its own

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particular pleasures. From board games to wrestling. Ancient societies engaged in a variety of pursuits without making any distinctions between social divisions. While the Romans preferred spectator-style entertainment, the Greeks were ardent about their physical sports. During the Middle Ages, amusement was a vital aspect of life, ranging from archery to hunting, from jousting to music. Europe has a long history of valuing leisure activities, which have been a fundamental part of its culture for millennia[4].

Sports and contests have long been associated with the Ancient Greeks. Many of them were fond of running, discus and javelin throwing, long jump, boxing, chariot racing as well as team games like as basketball and soccer (of different sorts). Exercise played a significant role in the everyday lives of the ancient Greeks, who saw it as a way to enjoy their free time as well as a kind of physical exercise. Though their leisure pursuits tended to be more spectator-focused than active, the Ancient Romans were also recognized for their love of athletics. Extremely popular gladiatorial contests sometimes featured exotic animals from distant places. Additionally, they featured public baths, which were used as a recreational area[4].

During the Holidays and spiritual pursuits were the main sources of entertainment during the Middle Ages. Most rural residents had few opportunities for recreational activities, which mostly consisted of attending local fairs or jousts. For those who could afford it, hunting, archery, and competitions were quite popular; knights would engage in fierce horse-based combat. Asia has a very varied history of leisure. Various civilizations have created distinctive leisure pursuits that are a reflection of their values and worldviews. For instance, poetry and storytelling were common hobbies in Japan, yet painting and calligraphy were regarded as great art forms in China. Acrobatics, board games, festivals,

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and martial arts were other well-liked pastimes. Music was considered a significant art form in many Asian countries[4].

India's history of leisure begins in antiquity, when chariot racing, archery, and wrestling are among the leisure pursuits mentioned in Vedic literature. Hunting and horseback riding were common leisure pursuits for the nobles throughout the Mughal era. Later, while Britain was a colony, cricket and other sports gained popularity with the general public. In India nowadays, leisure consists of a blend of contemporary sports like football, cricket, and yoga with ancient pastimes like kite flying, puppet performances, and folk dances. Beginning in Europe in the late 14th century, the Renaissance was a time of significant intellectual and cultural renewal. Recreation was greatly impacted by the rebirth of artistic, scientific, and philosophical endeavors during this time[4].

Another time of enormous intellectual and scientific growth that had a significant influence on leisure activities was the Enlightenment. The nobility adopted new pastimes like ballooning, sailing, and climbing, while all classes enjoyed dances like the minuet and gavotte. During this time, card games and board games like backgammon and chess also gained popularity. Our leisure time has been significantly impacted by the Industrial Revolution. People were able to travel more frequently and conveniently as a result of the introduction of the steam engine, which led to an increase in leisure time activities and tourism. The development of photography, electricity, and the telephone spurred people to experiment with many leisure pursuits. Additionally, the advent of organized team sports like baseball and soccer increased interest in physical health among many individuals. Technology is now used far more often to improve leisure activities than in previous generations. The entertainment options of television and movies are accessible from any

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location with an internet connection. Immersive experiences are provided through video games and virtual reality, enabling players to discover new worlds in previously unimaginable ways.

The ongoing development of digital media, with streaming services like Netflix and gaming consoles providing new ways to enjoy material from the convenience of one's own home, is the current trend in leisure activities. As people want to rediscover nature, outdoor pursuits like hiking, motorcycling, and camping are also growing in popularity. Last but not least, sporting events like the Olympics and World Cup continue to attract sizable crowds, making sports a significant component of leisure activities.

Recreational activities are essential to our mental and physical health and are a significant aspect of life. They give us a way to decompress and relieve stress while also enabling us to take up new pastimes and interests. Recreational activities also support physical fitness, community building, and social relationships. In the end, leisure pursuits are necessary for a happy and healthy existence.

The amazing recreational opportunities that lie ahead of us are endless as long as digital technology continue to advance. With the development of artificial intelligence, augmented reality, and virtual reality, we now have the means to develop our skills, discover new worlds, and connect with others worldwide.

2.1.4. Play, Recreation, Leisure and Work

Play is not easily characterized by a single trait; rather, it encompasses a variety of traits related to the motivations or mental models that underlie the behavior that is seen. Here are three well-known instances of attempts to define play: The Dutch cultural historian Johan Huizinga (1955) summarized his complex definition of play in his seminal

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work "Homo Ludens" as follows: "Play is a free activity that stands quite consciously outside of 'ordinary' life as being 'not serious,' but at the same time intensely and completely absorbing the player." It is an activity that has no tangible connection and cannot yield any financial reward. It follows set guidelines and operates within its own appropriate time and space bounds[6].Kenneth Rubin and his colleagues (1983) defined play as conduct that is (a) intrinsically motivated; (b) focused on means rather than ends; (c) different from exploratory behavior; and (d) centered on means rather than ends in their often cited essay on play in the Handbook of Child Psychology. (d) no literal (entails pretense), (e) not subject to regulations imposed from outside sources, and (f) actively (rather than passively) participated in by the players. At least for humans, play may occur in varying degrees and is not always all-or-none. The degree to which an activity possesses the following qualities qualifies it as play or playful: Activities that are (1) self-selected and self-directed, (2) intrinsically driven, (3) governed by mental rules, (4) imaginative, and (5) carried out in a state of alertness, activity, and relative relaxation are all considered forms of play. An explanation of each of these traits is provided below[6].

Play is Self-Chosen and Self-directed

Play is mostly what one wants to do rather than what they feel compelled to do. The idea that play is self-directed refers to the fact that players decide not just whether to participate but also how to play. One player may temporarily take the lead in social play, which is play in which many players participate, but only if everyone else agrees. If the conduct is to stay within the sphere of play for everyone, the rules must be acceptable to everyone, regardless of who proposes them. The freedom to give up is the most

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fundamental freedom in play. Allowing players to leave at any time guarantees that they are all doing what they want to do and avoids[6].

Play is defined as an activity that is performed more for its own purpose than for any external benefit from the player's conscious point of view. To put it another way, it is conduct when the means are valued over the ends. The outcomes of people's activities are what they value most when they are not playing. A person could labor in a dull job for pay, run from a tiger to avoid being devoured, or scratch an itch to get rid of it. Without itching, tigers, or pay check, the No one would labor, run, or itch. When individuals aren't playing, they usually choose the easiest route to accomplish their objective. But all of this is inverted in play. When playing, the means are prioritized above the ends, and players don't always search for the simplest ways to get there[6].

Goals are a common feature of play, but they are seen as an integral part of the action rather than as the main motivation. The means of attaining the goals in play take precedence over the goals themselves. For instance, constructive play (the fun construction of anything) is always intended to create the desired item in the minds of the participants; nevertheless, the primary purpose of such play is the production of the desired object, not the possession of the desired object once it has been made. Similarly, competitive play is directed toward the goal of scoring points and winning, but if the activity is truly play, then it is the process of scoring and winning that matters to the player, not some subsequent consequence of having scored and won. Competition can turn play into non-play if rewards for winning extend beyond the game itself. “Players” who are motivated primarily by trophies, praise, or increased status outside of the game are not fully playing. Among nonhuman and animals there is a clear distinction between contests (including ritualized

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battles of bluff as well as actual fights), which are aimed at achieving dominance, and play, in which strivings for dominance must be set aside.

It is possible to think of human competitive games as a combination of play and contest. Depending on how much enhanced out-of-game status or other extrinsic benefits are offered for winning, the mix may lean more in one side or the other. On the surface, the statements that play is a self-serving activity may appear to go against views on the benefits of play, which hold that play fosters long-term intellectual, emotional, social, and physical development. By appealing to the participants' conscious motivations, the paradox is overcome. An activity is not truly play to the extent that someone participates in it for its long-term advantages rather than its immediate appeal or enjoyment. Mental norms govern play, but they also allow for innovation [6].

Play is not a freeform activity; it is a freely chosen activity. There is always structure to play, and the participants' mental rules provide that framework. All of the players in social play must share the rules, or at least some of them. The fact that play is governed by rules is an extension of the aforementioned statement on the importance of means in play. The means are the game's rules. The rules are not like biological impulses or the laws of science, which are automatically obeyed. Instead, they are ideas in the mind that are frequently difficult to remember and adhere to. The rules of play provide the activities a framework within which they must take place, but they do not specify every action; they always allow for improvisation. It is more appropriate to refer to activities that are strictly regulated by regulations as rituals rather than play[6].

Different kinds of rules apply to different kinds of games. For instance, a fundamental principle of constructive play is that you must use the medium you have

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selected to create or illustrate a certain object or design that you have in mind. In socio-dramatic The basic rule of play, which is the informal acting out of parts or scenarios, such as when kids play "house" or pretend to be superheroes, is that players must adhere to their common understanding of the roles they are playing; they must remain in character. Rules even apply to joyful fighting and chase, which may appear wild to onlookers. For instance, a common guideline in children's pretend combat is that participants should imitate some of the moves used in real combat while avoiding actual harm to the other player. They don't kick, bite, or scratch; they don't strike with full force, at least if they are the stronger of the two. Play is always a self-control practice because it is governed by rules[6].

Play always entails a certain amount of mental disengagement from the immediate real world. The fact that characteristic is the most strongly emphasized, as the argument was built on the principles that the catalyst for cultural developments is play. Additionally, this is the quality that academics who study how play fosters creativity and the capacity to look beyond the immediate present most strongly highlight. In a way, play's imaginative aspect is the antithesis of its rule-based aspect. To the extent that play occurs in a fantasy world, participants' behavior must be guided by rules in their own thoughts rather than by natural laws or rash impulses. Fantasy, or imagination, is most evident in socio-dramatic play, in which the characters and story are created by the players, although it also occurs in other types of human play. In rough-and-tumble play, the combat is fictitious rather than actual. In constructive play, the participants may declare that they are building a castle from sand, but they know it is a pretend castle, not a real one.

In formal games with defined rules, the players must accept an already constructed fictional situation that provides the framework for the rules. For instance, bishops can move

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in any direction in the real world, but they are only allowed to move on the diagonals in the chess fantasy world. Play is done in a state of alertness, activity, and relative relaxation. However, the individual engaging in play is comparatively free from pressure or stress because play is not a reaction to outside demands, because the activity occurs in a fantasy world rather than the real one, and because the goals do not have immediate implications in the real world. Play is not always accompanied by laughing and smiles, and players may experience mental stress as they try to perform well. However, since play is always self-chosen, so is any accompanying mental tension. Should the tension escalate to the point of anxiety, the player has the option to end the play or alter its structure at any moment to alleviate the tension. If a person's behavior becomes obsessive, they should continue[6].

The aforementioned five-characteristic definition of play relies on methods of understanding or deducing the attitudes and motivations of the participants in order to be useful. By asking their participants about their attitudes and motivations, researchers who study human play can also learn a little something about them through self-reflection. But scientists who research play in nonhuman animals (especially in infants who are not yet able to speak) have to rely only on behavioral indicators. Numerous studies have tried to identify the indicators that differentiate play in animals from non-play. The majority of these attempts start with the observation that, while playful behaviors in animals typically mimic serious behaviors in the same species, they are carried out in ways or circumstances that clearly indicate that they are not being used for their typical serious or instrumental goals. Think about the distinction between a cat pretending to prey on a mouse and a cat actually preying on a mouse.

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The former kills the mouse in the shortest amount of time. The latter tries a number of ineffective methods to capture the mouse, letting it go each time so it can try again[6]. While the playing cat is more concerned with the means, the preying cat is more concerned with the goal. The mouse is a toy to the playing cat and food to the preying cat. One definition of play that is frequently used to describe animals is that play is all loco-motor action taken postnatalthat seems to offer no clear advantages for the player right away, wherein modified versions of motor patterns similar to those found in severe functional contexts may be employed. Exaggerated motions, repetition of motor acts, and fragmentation or disordering of sequences of motor acts are some or all of the structural characteristics of the motor acts that make up play.

The unique qualities of play was described such as repetition, reversal, fragmentation, exaggeration, inhibition, and unpredictability—all of which support the idea that the activity may be providing a delayed purpose related to skill development rather than an immediate one. More recently, the following five criteria have been used to define play for all species, including humans: This behavior must meet these requirements in order to be classified as play. The behavior's performance is not entirely useful in the form or context in which it is displayed; that is, it contains components or is aimed at stimuli that are not necessary for survival at the moment. "The behavior is autotelic (done for its own sake), spontaneous, voluntary, intentional, enjoyable, rewarding, or reinforcing." More so than the others, this trait[6].

"During at least a portion of the animal's ontogeny, the behavior is performed repeatedly in a similar, but not strictly stereotyped, form." "When an animal is in a "relaxed field," meaning it is not under stress from physical danger, extreme weather, illness, social

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instability, or dysfunctional family dynamics, or from intensely competing systems like feeding, mating, competition, or fear, the behavior is initiated." With the exception of the fact that animal behaviorists hardly ever, if at all, mention imagination or fantasy, the traits that animal researchers have used to define play generally correspond quite well to the five traits mentioned in the previous section for human play. It makes sense that researchers are hesitant to propose that animal play is associated with creativity in[6].

Concept of Recreation

The term "leisure" is typically used to describe a person's free time and the activities they choose to engage in during that time. Every person will engage in leisure activities at some point in their lives, whether it is shopping, traveling, playing sports, or simply unwinding. For participation to be deemed leisure, it must be voluntary. The idea of leisure is not new; there have always been instances of it throughout history. People in ancient Rome liked to observe the events that took place in the Coliseum and occasionally participate in them. Additionally, the examples continue as you go through time, from medieval feasts and jostling to modern-day leisure pursuits like shopping and sports.It is crucial to note the shift in how people currently perceive leisure in comparison to earlier times. Britain underwent a significant economic transformation in the late eighteenth and early nineteenth centuries. Alternatively referred to as the industrial revolution, this era altered our definition of leisure as today. The nature of labor for a great number of people altered significantly, both in terms of what they did and where. Social class and greater riches were made possible by this shift. New technology made possible by this newly discovered wealth would open up new recreational opportunities[7].

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Due to the wide variety of forms that leisure can take, it is frequently challenging to describe. Four methods for defining leisure were put forth. These include leisure as an activity, leisure as time, leisure as quality, and individual attitude. The majority of individuals work long, demanding workdays, and the amount of time we have left over after working and making money frequently determines our leisure time. However, our definition of "leisure time" is impacted by needs like eating, sleeping, and maintaining personal cleanliness. Work and leisure may be seen as mutually exclusive under the leisure as time perspective, with work typically limiting leisure. As the name implies, activity-based approaches define leisure as participating in activities that one would do in their spare time, such as shopping or recreational sports. Personal attitude and leisure quality are closely related[7].

The key idea to consider is what drives them to do so. There are several advantages to engaging in leisure activities under the right conditions. Because leisure encompasses such a wide range of activities, it gives people the freedom to do as they like. An illustration of a woman who works a demanding six-day workweek was illustrated. She was happier at work and had far better relationships with people outside of work after adding a little leisure time to her schedule. In addition to these Research indicates that leisure activities that involve physical activity, including exercise or recreational sports, have a favorable impact on one's well-being. This is brought on by both increased endorphin levels and a number of psychological variables.However, a person's leisure time can frequently be influenced by a variety of outside circumstances, including gender, age, race, and money.

The impact of social class (income) limits the kinds of activities that a person can engage in has been highlighted. While not unique to the upper class, activities like sailing

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are more likely to be accessible to those from lower social classes. Furthermore, a person's gender may have an impact on their leisure time. An investigation revealed every day, men have half an hour more free time than women. A person's environment can also restrict their leisure activities. Among all socioeconomic classes, one may claim that retirees will have the freest time. But this isn't always the case. As before, geography plays a big part in leisure, both domestically and abroad. Furthermore, social disengagement and social isolation might be fostered by social expectations. Each of these factors plays a function in negatively impacting an individual's involvement. Funding from the government may also have an impact. What a person might wish to do for activity-based leisure may not be feasible if the facilities are unavailable. Furthermore, if facility costs are excessively expensive, what an individualLife is too short to spend it worrying all the time. People engage in leisure activities as a way to decompress from their busy life.

2.1.5. Recreational Sports Participation and Sports Facility Development

Similar to other disciplines, proper facilities are required for efficient training and successful goal fulfillment. They are also necessary for effective involvement in athletic programs. It was stated that the standard of athletes and sportsmen and women in any nation is directly related to the presence or absence of facilities and a suitable training environment. He recommended that the creation of an effective participation should be the goal of providing suitable facilities and a favorable atmosphere. An environment of training and stimulation that can guarantee participation in a program of competitive or recreational sports. A sports program with insufficient, nonexistent, or subpar training facilities could never produce satisfying outcomes. They maintained that in the event that facilities are available, sufficient[8].

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The necessary equipment must be accessible and able to be stored for safety and damage prevention in order for participation in sporting activities to be successful. This is because equipment is an essential part of a high-quality physical education and athletic program, not only because it is necessary to have enough tools to allow for free will participation, but also because it improves the quality of participation, raises levels of free will participation, and helps people become more self-assured and efficient. The same is true of sports facilities, which comprise artificial or natural surfaces used for athletic and other fitness-related activities. They can be found both indoors and outdoors; what matters most is that they are used effectively. There are two main ways to use sports facilities that let[8].

Recreational facilities are a kind of educational resource as well as additional facilities like construction tools, equipment, and other teaching-learning aids that are required for the students to learn during their free time. Other sporting and recreation facilities are gymnasium and sport complex. Additionally, there is scientific equipment in the laboratory for science classes. Different kinds of facilities have a big influence on how schools educate and learn, and they improve students' academic achievement. Other forms of recreational Bands, debate teams, choral groups, intramural sports, interest clubs, hobby organizations, and more are examples of extracurricular activities. These activities meet a significant need for many pupils throughout their time in school.

Provision of Campus recreation facilities have established multiple pathways for students to grow intellectually in accordance with their aptitudes and potential[9]. However, before participating in sports, it is imperative that the facilities be put in place. Sports facilities are crucial for increasing adolescent participation in sports. In order to

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enable athletes or players practice before competition and to boost their level of physical activity, high-quality sports facilities are essential to sports participation. The purpose of the sports facilities is to allow kids to play safely while also encouraging physical health and sportsmanship. Sports facilities serve two main purposes: first, they enable athletes to participate while maintaining their health. Sports facilities are frequently used for injury treatment or prevention. One of the most important factors to take into account is sports facilities because they provide a space for improved athletic performance and encourage teenagers to participate in sports and other physical activities.

Facilities play a major role in encouraging adolescents to participate in sports and improving their athletic activities[10]. In addition to guaranteeing a joyful atmosphere, adequate provision of high-quality facilities will promote the growth of improved sports participation performance. Participation in sports is hampered in many schools by a lack of basic sports facilities. According to the research, 68% of the students believed that having access to sports facilities was crucial when choosing whether or not to continue playing collegiate sports. The secondary schools' provision and upkeep of high-quality facilities would encourage athletes' health and safety during practices and contests. Adolescents' safety when participating in sports must constantly be considered in order to improve performance during competitive sports. Participants in sports may get injuries if they fail to use safety gear. It is usual to have blisters, especially when you are using new shoes or a new racket, for instance. An injury might happen even if the equipment is not brand-new if it is utilized for an extended period of time[10].

Athletic fields, sports complexes, stadiums, basketball courts, volleyball courts, netball courts, lawn tennis courts, gymnastics buildings, and boxing arenas are examples

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of buildings designed for athletic activity[11]. Sports equipment that can be thrown away includes cricket bails, boxing gloves, chin pads, whistles, bars, netballs, and track hurdles. According to research, every institution's ability to provide students with proper facilities and equipment is crucial to their athletic development. Setting standards for sports based on the caliber of facilities and equipment available for student training is initially quite challenging. The provision of adequate and appropriate sports facilities has a significant impact on participation in sports within any given institution. Sports gear has been shown to be the most significant advancement that encourages successful participation in sporting events.

Sports-related extracurricular activities are one of the many program alternatives that schools may provide thanks to the availability of sports facilities and equipment. Athletes must be knowledgeable about the newest and most advanced sports facilities and equipment, which improve and stimulate speed, time, and perception, in order to remain competitive in today's sport. It's been shown that having sports facilities in schools and workplaces encourages kids and teachers to play sports, which enables them to stay at work longer to play sports. However, inadequate sports facilities and equipment have a major detrimental effect on students, leading to weight gain, obesity, loneliness, antisocial behavior, low self-esteem, poor focus in class, poor sportsmanship, a lack of teamwork, poor academic performance, and an increased risk of diseases like cancer, heart disease, respiratory disorders, mental and physical health problems, drug abuse, and violence [11].

For other disciplines to have successful instruction and achieve their goals, adequate facilities are required. They are necessary to participate in sports programs successfully. said that the availability or lack of facilities and a suitable training

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environment have a direct impact on the caliber of athletes and sportsmen and women in any nation. He recommended that the creation of an effective participation should be the goal of providing suitable facilities and a favorable atmosphere. Training and an engaging atmosphere that may guarantee engagement in leisure or competitive sports programs[12]. A sports program with insufficient, nonexistent, or subpar training facilities could never produce satisfying outcomes. They emphasized that there is every chance of having a successful program and high levels of sports participation if the facilities are accessible, sufficient, and well-kept[12].

The term "sports facilities" refers mostly to the immovable buildings used for athletic practice, upkeep, repair, and health, where authorities should take safety concerns into account. Equipment is primarily defined as moveable, non-consumable, and utilized things that have a minimum lifespan of a few years. The primary duty of the sports manager is to ensure that the facilities and equipment that are acquired and made available will complement the organization's overall activities. Public sports facilities have been ranked worse than ideal in terms of operational efficiency and financial performance since Zimbabwe was struck by the imposition of economic sanctions that also applied to athletic facilities; as a result, the community does not find them satisfying.

Many sports facilities completely owned by the government are affected by face budget deficits, hence most of them are dilapidated[13].Facilities and equipment for sports and recreation should be purchased, accounted for appropriately, satisfy program needs, be of high quality, and be maintained for future use. Longevity and safety are guaranteed by proper maintenance of athletic facilities and equipment. For athletic programs, whether competitive or non-competitive, to function effectively, an organization’s facilities and

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equipment must be sufficient and properly maintained. However, improperly maintained and subpar equipment will have a detrimental effect on the performance of both individuals and teams.

It was emphasized that the provision of a safe structure, sufficient shelter area for a sportsperson to work and play, acceptable sanitary facilities, a balanced visual environment, and an appropriate temperature climate all meet the physical demands of athletes. By establishing a welcoming, inspirational, and enjoyable environment, his emotional needs are satisfied. Both able-bodied and physically challenged participants should have access to top-notch facilities and equipment that meet their unique needs. Any activity may have purpose and accomplishment when it is developed in a secure setting using common equipment. Note that the main purpose of physical activities is to maintain good health; and it will lose its value if the activity put the main procedure of physical education and sport at risk. Sports facilities can provide good opportunities for emotional, cognitive, perceptual, and social growth of different groups within the community[14].

Understanding the fundamentals of sports facilities and equipment is crucial for all facility managers and sports managers in any institution or organization. The process of managing facilities and equipment should be more effective, require fewer personnel, and be simpler for the person or people directly in charge of the equipment if the fundamentals of sports management are understood. Participants and spectators should be taught and made aware of the rules, regulations and safety needs of the specific sport environment and recreational facilities. Safety in sports facilities has been taken into account by sports science professionals, sports medicine and health authorities.

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It has been argued that "Safety at Work" should be a priority for sports coaches and facility designers, especially when it comes to health authorities and sports experts. Some of the main issues that sports facilities may encounter are: application of improper equipment; lack of planning and scheduling for the maintenance and protection of sports facilities and equipment; poor design, lack of safety and technical standards and principles, supervision, construction, and exploitation phases; non-standard and exhausted materials; and corrupt sporting administrators and incompetent facility and equipment managers. These issues can lead to lawsuits, sports injuries, financial losses, and athletic deficiencies [14].

The primary objective of sports facilities management is to establish safe and health settings for athletic users. Every effort should be made to reinforce and rehearse emergency protocols. If a particular safety code must be adopted, its advantages should be discussed and its significance should be constantly emphasized. One of the strongest instruments for public consumer relations is well-maintained and managed facilities and equipment. Therefore, it is required of city councils and sports organizations to offer an acceptable level of care, safety, and security for those who utilize their facilities and equipment.The risk of unsafe equipment, hazardous play spaces, fields, and courts that have not been maintained and inspected regularly cannot be assumed. Coaches, physical educators, instructors, and spectators would be inviting harm or injuries and lawsuits if they failed to take the standard of care expected of them in order to ensure safety and security and proper equipment[14].

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2.1.6. The Benefits of Recreational Sports Participation

International peace and development sports are a universal language that promotes peace and tolerance and brings people together across boundaries, cultures, and religions. Recreation and sports also alleviate stress, improve health and well-being, increase fitness, improve physical and mental health, prevent chronic diseases like heart disease, foster social inclusion (they bring people of all ages and disabled together for enjoyment and provide opportunities to promote their strengths and abilities), and empower people (recreational sports empower people by influencing their self-confidence and self-esteem)[14].

Furthermore, recreation sports are essential to boost physical health, acquire mental health, social lifestyle, creativity, and build personal talents and abilities. Recreational activities can be either active or passive, carried out inside or outdoors, by men or women, young or elderly, alone or in a group. Recreational activities can include sports like baseball, football, soccer, golf, hockey, tennis, skiing, and skateboarding. Socio-economically, recreational activities increased investment of the host communities, leads to improvement in community health, promote higher quality of life, contribute to urban rejuvenation, boost local economic growth, raised property values, and enhanced tourism opportunities.

Promoting sports involvement may have a number of significant and advantageous effects on a person's socioeconomic situation as well as the health of their community and society at large. Being active may assist people of all ages enjoy physical fitness as a means of achieving wellbeing and leading healthier lives. As a result, the idea, traits, and varieties of sport were highlighted in this research. It concentrated on the types of sports programs

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and the advantages of young sports involvement. Discussions were held about the risks to young people's active involvement in sports as well as methods for raising the standard of sport technology development on the African continent.

In light of the advantages of young sports involvement, it was suggested that physical education instructors and other sport staff members be trained, experienced, and certified as requirements for a successful sport program. Ample, high-quality sports facilities, long-lasting equipment and supplies, and incentives to encourage athletes should be offered by the various post-primary schools and tertiary institutions, along with a survey and investigation of other viable sources of funding from sport ministries, philanthropists, voluntary organizations, and multinational corporations to supplement the students' sports fees[15].

Games and sports are essential components of student life. To succeed in competitive exams, a student needs put in a lot of study time, but he should also take advantage of the benefits of doing sports. Along with academic pursuits, a student should spend time on games and athletics. Many people prioritize classroom instruction above extracurricular experiences gained via recreational activities. Young people's education is no longer limited to lecture halls in western nations. Outdoor activities, sports participation, and the accomplishments of different athletes have greatly reduced the monotony of lectures and encouraged young people to be interested in life and develop a healthy competitive spirit. Because so many Nigerians, regardless of their field of study, lead sedentary lives, the problem of inactivity has spread like wildfire throughout the country. Individual inactivity raises the causes of death, doubles the risk of obesity, diabetes, and

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cardiovascular disease, and increases the risk of cancer, high blood pressure, anxiety, and depression.

The combination of inactivity and overweight is responsible for a high number of premature fatalities in Nigeria in recent years. Therefore, consistent engagement in physical activities is necessary to achieve overall wellbeing. Nonetheless, the advantages of playing sports are not implausible and include the following[16]. Participating in sports helps people become more physically fit and healthy, promotes mental development, fosters internal unity, and raises one's reputation outside of one's own community. Additionally, it fosters the development of excellent sportsmanship, the ability to win and lose with grace, cooperative attitudes, good citizenship and patriotism, leadership, and the willingness to take on leadership responsibilities. Engaging in physical activities via sports may improve psychological wellness, reduce anxiety and depression, relieve tension, and promote relaxation.

It can also help people deal with life's obstacles and feel a sense of success. In particular, it teaches young people how to manage competitive relationships and adult responsibilities in general. Sport serves as a socializing tool that transcends socioeconomic class, religious affiliation, and tribal ties. Participants in sport establish permanent friendship and engage in healthy competitions. Sport develops better self-discipline and promotes self-esteem and self-actualization, which is the highest level of human development[17]. It is possible to prevent or delay various degenerative cardiovascular disorders by actively participating in sports. Many persons with degenerative circulatory illnesses are overweight, eat a diet heavy in fat and cholesterol, experience mental stress, and don't exercise regularly. Participating in sports helps participants maintain their fitness,

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increase their endurance, promote their self-esteem, give them advice and help them control their weight, manage their time, foster friendships and collaboration, and develop relationships with both adults and their peers17.

Teens from all neighborhoods, schools, and backgrounds come together via sports, and it gives parents a chance to show their appreciation for one another. Providing wisdom and encouragement, coaches can be very good role models and the relationship developed with the coach is very important to the success of the team and push them academically and physically[17]. Sports participation enhances health, prepares the body for optimal performance, and benefits academic achievement. Participants in sports are forced to manage their time so they can attend practices and do their homework. The secret to friendship is balancing the two; develop your leadership abilities by taking on the position of captain and giving the participants the chance to be surrounded by role models and competitive individuals. Exercise benefits the body, mind, and soul. As a result, among many other qualities, team sports are beneficial for teaching leadership, accountability, and devotion.

Academically, many athletes perform better. Participating in sports necessitates acquiring, practicing, and memorizing abilities that are closely related to academic work. Sport offers healthy choices like abstaining from alcohol and tobacco, as well as hidden health benefits like a decreased risk of developing osteoporosis or breast cancer later in life. As a result, allowing young people to play sports is a great way to explore and develop lifelong skills. Sport also teaches teamwork and helps achieve goal towards victory when encountering problems at work, home, or in any other area[17]. It is often recognized that young people who play sports do better academically and are more sociable, and they are

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also less likely to drop out of school and engage in drug and alcohol use. Increasing sports participation can have a number of positive socioeconomic effects.

Sport has the power to significantly and favorably influence both the local community and society at large. Sport-based empowerment implies that people in the highly active age range (male and female) are motivated to be able to assert themselves in leadership positions and sporting competitions. Every local government in the USA and England can show how sport boosts their economy by creating jobs and company production, as well as more general advantages like improved physical fitness and health. For example, it is projected that over 400,000 full-time equipment jobs, or 2.3% of all jobs in England, are supported by employment in much greater sports and sport-related activities. This could improve self-esteem and lower the likelihood of criminal behavior in young people. Participating in sports helps kids maintain their fitness, learn time management skills, strengthen friendships, and develop relationships with peers and adults[17].

2.1.7. Motivation and Participation of Recreation

People who believe that leisure activities are beneficial will look for ways to cope with leisure constraints more effectively than those who do not. Examples of benefits attributed to leisure include increased self-esteem, improved cognitive and physiological functioning, escape, relaxation, entertainment, camaraderie, and community development. Two motivational forces have been identified by researchers who have examined the relationships between leisure, constraints, and motivation: first, leisure offers a change in daily routine, allowing an individual to leave the everyday routine behind; and second, the tendency to seek intrinsic rewards from leisure sparks motivation to participate[17].

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The focus on three methods for examining leisure activities and their capacity to explain the ideas that emerge from them. The resulting ideas are "utilized to comprehend the challenges people face when trying to enjoy their leisure, as well as to encourage people through an increased awareness of relevant factors to extend more control over their lives and better enjoy their own leisure." Among these are the following: (1) the definitional approach, which addresses the perceived situational factors that influence perceptions of leisure without specifically naming the experience's typography; (2) the post-hoc satisfaction approach, which concentrates on the perceived reasons, results, and satisfactions related to the experience; and (3) the immediate conscious experience approach, which highlights the importance of keeping an eye on the experience's actual, on-site, and real-time nature[18].

Mental Health and Recreational Sports Participation

A physically inactive lifestyle is one of the risk factors that may lead to lower levels of emotional well-being and the development of mental health problems like anxiety, depression, and sleep disorders. Mental health disorders, such as schizophrenia, anxiety disorders, depressive disorders, bipolar disorders, childhood behavioral disorders, and autism spectrum disorders, are very common worldwide and significantly contribute to illness, impairments, and premature deaths. Mental health is a state of well-being in which an individual recognizes his or her own potential, is able to cope with everyday stressors, can work creatively and productively, and can contribute to his or her community. Any movement of the body that is produced by the skeletal muscles and requires the use of energy is considered physical activity.

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This can occur during work, travel, household chores, and leisure time. Improved mental health is thought to be one of the many health advantages associated with physical activity. Improved quality of life, less anxiety, decreased risk of depression, enhanced cognitive function, decreased risk of dementia, and better sleep are all possible outcomes of physical activity[19].

Sport is a structured, competitive kind of physical recreation that demands physical exertion and is played or done according to regulations for fun or as a career. Sport is a type of physical exercise, and as the benefits of physical activity for health grow more generally recognized, so does sport's importance in society for promoting public health. Sports may give both healthy persons and those with mental illness a sense of identity, purpose, and belonging. Physical exercise is the main benefit of sports involvement, but it also has secondary advantages including personal and psychosocial development. The sport seems to score higher on measures of the benefits to mental health than other types of physical activity. It has been demonstrated that playing organized sports enhances mental and social well-being in a number of ways, such as social bonding and connection, social support, self-esteem, and life satisfaction, all of which may lead to a reduction in stress, anxiety, and depression[20].

Social Benefits of Recreational Sports Participation

Socialization is crucial during a child's developmental stages; it is an active process of building relationships and learning from those with whom we interact as we teach them. Childhood sports have been demonstrated to enhance leadership, motivation, self-esteem, positive body image, and other psychological challenges that children may face[21]. Because youth sports foster self-esteem, they are a part of socialization. Self-esteem is a concept

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that includes one's value placed on oneself as well as one's belief in or sense of well-being. One of the most crucial facets of childhood self-development is this one. Youth sports activity develops this trait, albeit it may be changed[22].

It has been observed that children who participate in physical activity and sport participation and develop early skills to increase their interest in the sport have higher motor competence. Children who place a higher value on the sport and the health benefits that contribute to participating in sport were found to be more physically active and to enjoy sporting activities. Children participate in youth sports because they are enjoyable, but as competition increases, so does the demand for participation. Sport programs provide the opportunity for life skills instruction because it includes problem solving, goal setting, teamwork, communication, management of success and failure, and receiving and applying constructive feedback[23].

Depression can be a side effect from multiple factors including burnout, stress, pressure, and social isolation. In 2017, there were 3.2 million children who experienced depressive symptoms[24]. Additionally, it was said that any involvement in sports would teach teenagers several values, including intellectual and communication skills, and how to use these abilities in real-world scenarios or activities. Participating in sports provides participants a sense of success, which in turn helps them feel valuable and enhance their self-esteem—a crucial component of childhood sports, as we all know. The development of future social and life skills is greatly aided by youth sports. There are several social advantages to youth sports that encourage participation and physical fitness. Leadership, communication, better time management, and greater skill training are a few of these advantages[25].

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According to one theory, leadership is the art and science of persuading people by demonstrating credibility, competence, and dedication. It is also one of the most important life skills that should be taught to children at an early age so that the skill will grow with them. Among young athletes, poor leadership is one of the most commonly mentioned issues. Youth leadership, whether in the classroom or in sports, entails intricate interactions between people and the circumstance at hand, much like adult leadership does. Sport and physical exercise help children acquire this kind of leadership because they allow them to express themselves and experience the possibilities of many leadership phases[24].

One kind of leadership that young people acquire through youth sports is transformational leadership, which has been defined as intellectual stimulation, individual consideration, inspirational motivation, acceptance of group goals, high performance expectations, and role modeling. These essential elements of transformational leadership help young athletes develop leadership skills that will help them in their participation in sports. Working with others through sport enables the child to focus on greater social responsibilities and work well with others. In addition to responsibility, youth sports will also elicit other emotions, such as humility or modesty. Experiencing these emotions, along with many others, through sport will help the child be successful in life and prepare the child for more difficult life decisions they will make in their adolescent and adulthood years[23].

Strengthens Communities

Recreation brings neighbors together, promotes safer, cleaner neighborhoods, and creates a livelier community atmosphere. Parks and recreational facilities also help improve a community's image, socioeconomic status, and enhance the area's desirability.

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When people move, they look for a desirable community, and when they retire, they also look for a community that will accommodate their special needs. There are many benefits that well-maintained open spaces and recreation facilities can have for a community, and residents recognize these benefits[23].

Reduces Crime

Most communities are still concerned about violent crime in metropolitan areas. Fighting crime is an ongoing struggle due to growing populations and unstable economies. Communities with well-kept parks and recreational spaces have lower crime rates. An good deterrent is the park users' presence in and around the amenities. Property prices rise and occupants feel safer when crime rates are low. This document's Developing Youth part also looks at how parks and leisure activities keep young people away from crime. Recreational activity is a major factor in lowering crime rates in local areas. People, especially young people, are less likely to resort to hazardous or criminal activities when they have access to positive outlets like sports, the arts, and community initiatives.

In addition to offering physical exercise, recreational activities help people connect with others, develop their sense of self, and learn critical life skills like self-control, cooperation, and dispute resolution. People who engage in these activities frequently get a feeling of purpose and belonging, which might discourage them from committing crimes motivated by boredom, peer pressure, or a lack of other options. Additionally, community leisure initiatives can positively impact public areas, making them less dangerous and crime-prone. By keeping prospective offenders involved in constructive activities at times when crimes are most likely to occur, as on the weekends or after school, this preventative strategy helps lower the opportunity for criminal conduct. Recreational activities may also

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unite disparate communities, fostering understanding and lowering social tensions that can occasionally turn violent. Communities that make investments in easily accessible and well-run recreational activities create spaces where people feel appreciated and encouraged, which promotes social stability and lowers crime rates. Because they provide healthy alternatives, improve community relationships, and make public areas safer, recreational activities are an effective way to reduce crime. Societies may encourage safer, more cohesive communities where crime is less likely to take root by continuing to support and invest in such initiatives[25].

Promotes Stewardship

Stronger stewardship of the land may be fostered and developed through open space, parks, and leisure places. Outdoor recreation increases a person's awareness of the environment and natural resources. They are better able to comprehend how their own behavior might impact the environment thanks to their expanded understanding. People who engage in outdoor leisure become more politically involved in environmental concerns. Early exposure to the natural world inspires recreationalists to get active and effective in advocating a variety of environmental causes. People who engage in outdoor leisure have a greater appreciation for the natural world and the advantages it offers.

The following studies find a strong correlation between outdoor recreation and environmental awareness: The most environmentally committed people engage in outdoor recreation the most; one study divided Americans into five activism categories, from the most to the least committed; this further refined the relationship between outdoor recreation and environmental concern by finding a correlation between the frequency of outdoor recreational activity and the spectrum of environmental activism. This involvement

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frequently results in time and financial investments in the preservation, conservation, and upkeep of parks and open spaces.

Promotes Social Bonds

This section highlights how recreation and park facilities assist create social relationships by connecting families, building cultural tolerance, and aiding those with impairments and elders. We form lifelong ties with our families and communities via recreation. Through recreational activities, people often step outside of their usual routines and interact in more relaxed, informal settings, which makes it easier to build friendships, break down social barriers, and bridge cultural or generational gaps. The sense of belonging that arises from participating in group activities significantly contributes to emotional well-being and strengthens community ties. Recreational activities are key in fostering social bonds among individuals and communities because they create shared experiences that naturally bring people closer together, whether it's team sports, group hiking, dancing, or even casual games. Additionally, recreational environments frequently call for cooperation and teamwork, imparting important social skills including patience, empathy, and dispute resolution. These occasions, whether they include rejoicing in a collective triumph or helping one another overcome obstacles, build enduring memories and strengthen the ties that bind people together. Recreational activities are essentially a potent social connection catalyst that enhances lives by fostering bonds and encouraging a feeling of community.

Unites Families

When family members engage in activities together, they evoke feelings of loyalty, trust, harmony, teamwork, and goodwill; this atmosphere encourages family members to try new behaviors and lifestyle changes; many families use recreation as a way to form

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bonds and transfer important values to children; these family experiences create positive memories and often are the catalyst for future participation; and family members regularly continue the activities throughout their adult lives while sharing them with their families. Families that recreate together tend to be closer and more cohesive and have a greater chance of staying together. This is true for both married couples and parent-child relationships. Opportunities for togetherness and sharing promote closer, healthier relationships within the family as seen in the following studies.

Builds Cultural Diversity and Harmony

Recreation encourages positive contact between various ethnic groups and opens communication in a nonthreatening atmosphere. Recreation opportunities provide a means of social interaction that can help to break down the barriers of unfamiliarity, fear, and isolation. During leisure time, people are more concerned with having fun than with differences. Community strength is increased through recreation activities that allow people to share their cultural and ethnic differences. Growing diversity can cause tensions and challenges of assimilation within communities[26]. Cultural resources such as historic buildings, sites, and museums can contribute to the overall functioning of society by helping individual ethnic groups embrace their cultural identities and by helping Californians understand and appreciate our state's diversity. Historic sites allow visitors to immerse themselves in other cultures and create spaces for sharing ethnic food, events, languages, and traditions. Attending outdoor cultural events like festivals and fairs and visiting historic or cultural sites can educate people about other cultures and reduce the likelihood of "clashes" between groups.

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Economic benefits

Planning and monitoring can provide strong support for the sustainable development of communities based on sport and physical education in areas with potential and demand. Sport is frequently closely linked to the private business sector, which is typically geared towards short-term profit, which is at odds with conservation. Sport is defined as a factor with major impact on economic growth and the creation of new jobs. Sport is a tool for local and regional development, urban regeneration, or rural development. It benefits from synergies with the sectors: tourism, financial, and infrastructure, based on partnerships that can be concluded with other sectors of activity that lead to the creation of new sports bases[25].

However, from a financial perspective, professional performance sports are frequently more expensive than amateur ones. Professional sports provide consumers with entertainment services, and spectators are willing to pay for these services because they provide psychological satisfaction; however, the more expensive the services, the more prestigious the competition. Sport is a significant economic enterprise that, with proper management, can benefit other facets of society. In general, sport aims to provide services, infrastructure, and material goods on the one hand, and to commercialize the phenomenon on three levels on the other[26]:

i. the transformation of some sporting events, clubs and sportsmen, into value brands;

ii. increasing the importance of sport as a source of profit for the business environment through sponsorships, marketing rights, broadcasting rights;

iii. development of sports-related businesses - sports equipment, materials and sports facilities.

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A new visualisation of sports activities is made possible by the increased research in the field of sports organisation management. The current active commercialisation of sport has forced it to become one of the most intensely developed types of business. The increased social-political significance of physical culture and sport around the world conditions the state's active participation in the economic-financial support of sports organisations. Currently, millions of people around the world lead healthy lifestyles that include engaging in physical activity, improving their health, and competing in sports. As society evolves, sport and physical activity become more and more integrated into all aspects of human life, becoming one of the most important and essential components of global civilization. The sport of performance has evolved over the past few decades with enormous rhythms, progressively turning into a legitimate industry of amazing athletic events[26].

A society that prioritizes physical culture and sport will undoubtedly have prosperous citizens in other fields, like education, health, science, etc. On the other hand, a society that puts less emphasis on sport and care for the nation's physical state will also have moral degradation: drug addiction, alcoholism, a decline in culture and education, and a diminished sense of moral values, conscience, and pride for its citizens. As a result, the country's inferiority mentality would grow significantly. Therefore, the physical health of the nation is an extremely important element for the economic and political state of society, it is an essential component, which underlies the conception of the world and ideological positions, the determining priority of human behavior[26].

At the global level, commercialization has led to a shift in some governments' attitudes toward the sporting industry, which is now seen as a productive sector of the

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economy and industry rather than just a consumer of public subsidies. Another general trend is the disparity in the number of athletes to the field, as athletes become more professional in more disciplines and more countries offer financial rewards for their performances at major international competitions. The issue that arises in some European countries is related to the balanced orientation of the financing of sport for all and performance sport.

Although elite sport can generate profit for potential investors, it can only develop if there is a broad base of talented athletes who can improve their potential and gain experience in the lower competitions. As a result, investment in performance sport can only be ensured after the base of children and juniors is created - a potential source of values[26]. Numerous developments in the European sports industry in recent years have affected employment, resource management, and/or technological advancement. However, there is a tendency to employ averagely qualified personnel in the field, while highly qualified occupations (coach, psychologist, sports doctor, physiotherapist, etc.) are highly competitive, including at the level of management positions, IT, and customer service. This is because sports activities have diversified and multiplied in the European space against the backdrop of globalization, and the labor force involved in this sector has increased by nearly 60% in the last ten years[26].

On the one hand, some less active traditional population groups are more involved in sports, and on the other hand, people are more likely to play individual sports and less team sports. This is due to the active population's declining leisure time budget, which makes it harder to coordinate the activities of multiple people. Therefore, from an economic perspective, sports service professionals must create flexible programs to accommodate

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these changes, such as increasing the number of fitness centers, personal trainers, and at-home programs. Even though sport has a significant economic share, the vast majority of sporting activities take place within non-profit structures, many of which rely on public support in order to favor the access of all citizens to sport, the so-called sport for all.

According to careful analysis, particularly in the regional/local context, there are contradictions between the costs of some sports activities and the limited access of certain categories of population as beneficiaries[27]. We can confirm that sport and physical culture have a significant impact on the quality of human capital, the structure of consumption and demand, consumer behavior, external economic relations, tourism, and other indicators of the economic system. Therefore, sport is a unique type of business that is specific to a number of characteristics, such as: as a commodity, sport can provide a valuable show, where performance athletes are trained, different components of sports infrastructure, sports attribute, etc. In addition, sport creates economic values by creating jobs (organization, maintenance, construction, etc.) on the one hand, and on the other hand, through its effects and benefits on citizens' health and, ultimately, their capacity and work..; a high degree of unpredictability of sports results and, therefore, risks associated with an investment in sports; longer duration of the "life cycle" of the sports infrastructure, athletes and coaches, which can be used as an object in which to invest for sale and profit[28].

Numerous factors contribute to a high level of participation in state and public organizations' sporting activities, such as the state-private partnership. It is well known that obtaining a standard facility and equipment in the field of sport requires investment in its development for at least five to seven years, a significant amount of capital, including financial, material, and labor costs; and the need to maintain an extensive infrastructure to

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ensure the practice of physical culture and sport, including sports equipment and special means of transportation. Despite the belief that many sports activities must be funded by the state, there is now an issue with the effective utilization of the financial money allotted for sports within this context. As a result, sport and physical culture have a significant economic role in a number of key ways[24].

First and foremost, sports health development techniques are an alternative to vices, which have a strong negative impact on the economy, and help to reduce financial losses in practically every aspect of the business's essential operations. Second, physical activity positively affects people's working age and is a significant contributor to the population's increased life expectancy. Thirdly, sports and physical culture are important elements of excellent worker training, which is why they are a factor in guaranteeing economic prosperity. Fourth, exercise, sports, and sporting activities Today, tourism is a significant area of extensive entrepreneurial activity that, on the one hand, ensures that many people are employed in the sports industry and tourism complex, and on the other hand, that these sectors complete the budget from tax receipts, allowing the state to effectively solve the population's social problems[26].

2.1.8. Determinants of Recreation Sports Participation

Personal Factors and Recreational sports participation

As the ones who usually start their children's involvement in sports and provide them with both functional and emotional support throughout their youth sports careers, parents play a significant role in this participation. Parent involvement is a multifaceted construct that includes both pressure behaviors and support from parents, and the latter has been linked to adaptive outcomes like children's enthusiasm and enjoyment, autonomy, and

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self-perception of their own sport skills. Parents are also responsible for introducing their children to physical or sporting activities and they guarantee transportation, access, and emotional and financial support.

All these aspects, as well as parents' physical activity and the importance or interest they show in getting their children physically active, are the issues which determine their attitudes and positive or negative behaviour towards their children's sport practice[28].Peer relationships are one of the most significant aspects of adolescence, according to scholars for decades. Peers have been credited with helping to improve adolescent health and well-being and blamed for some of the more problematic aspects of adolescent functioning. Children look to their friends for the following positive aspects: companionship, pleasant play association, self-esteem enhancement, help and guidance, loyalty, things in common, and emotional support[29].

Parent Support and Pressure

Parental social support in the physical activities (PA) setting refer to actions or remarks that enable PA outcomes which are valuable to the kid. Parental support covers several kinds including instrumental assistance (e.g., giving opportunity and resources, attending practices and contests) and emotional support (e.g., expressing praise and encouragement and criticism). Parental support is favorably associated with teenage PA, according to empirical reviews that look at correlates of PA behavior. However, the influence of perceived parental support on young people's PA engagement may be moderated by the gender of the parent and the kid. Adolescent PA was shown to be more significantly correlated with perceptions of support from parents of the same gender. Thus,

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mothers appear to exert a greater influence over daughters' PA levels while boys are more strongly impacted by paternal behaviours[30].

Depending on the kind of PA, the importance of parental support may also vary. Perceived parental support for PA is more strongly associated with adolescents who participate in organized PA than with those who do not, according to the few research on the topic of young people's PA engagement. It is unclear, therefore, how parental support affects the various patterns of PA engagement among male and female adolescents. By putting pressure on participation and critiquing performance, parents can also have a detrimental impact on their children's PA experiences. In the context of PA, parental pressure is characterized as a pattern of regulating and directing behaviors by parents intended to elicit key responses and results from their athletes. Careful observation of the PA, unsolicited technical training, and the expression of dissatisfaction are examples of pressure. Negative effects for young PA, including increased anxiety, decreased self-esteem, and dropout, have been associated with parental pressure.

Depending on the activity, different parental pressure levels may be perceived. Participation in individual sports provoked more parental pressure than team sports, according to qualitative study, because the outcome depends on individual achievement rather than group performance. Further study is needed to examine if perceived parental pressure is differentially connected with male and female adolescents' PA involvement patterns. Support, acceptance, and mockery from peers Because team sports, organized physical activities, and unstructured play are usually done with friends and classmates, peers also have a big influence on adolescents' PA behaviors. Peer support in the PA context comprises instrumental support (such as sharing materials/resources, partaking in

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PA together) and emotional and motivational support (e.g., providing encouragement or praise for PA).

There is a positive correlation between adolescents' PA and peer support, such as encouragement and friend participation in physical activity. Additionally, peer influence on teenage participation in PA and sports may be moderated by gender. The importance of friends in influencing teenage girls' involvement in PA has been emphasized by earlier studies. But little research has looked at whether friend support affects teenage engagement in distinct patterns of PA differently. Feelings of victimization or acceptance from the larger peer group can also affect the PA behaviors of adolescents. Victimization is the experience of being the object of aggressive behavior, such as teasing, from peers, whereas acceptance is the feeling of belonging and being liked. Higher perceptions of peer acceptance are associated with team sport participation among boys and girls[31]. In contrast, negative interpersonal interactions such as teasing directed at one's appearance or athletic ability can deter participation in PA as young people are likely to avoid PA contexts that may incite victimisation.

The Social Environment and Sports Participation

Juvenile aggression is a complex multifactorial phenomenon with risk factors in the individual, family, social, and community/society domains. In recent years, youth policymakers have become interested in the use of sports in aggression prevention programs because sports-based interventions are seen as low-cost and non-stigmatizing programs that positively influence youth development. As a result of the rapid changes in society, adolescents are becoming more and more challenged in balancing development and social adaptation, and as a result, juvenile aggression is becoming a serious social

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problem. Also, sports participation and the development of adolescents are the main research topics in sociology and psychology because they are strongly related to socialization in schools. Sport is a fundamental social component of politics, economy, and culture. Additionally, physical activity as sports in a similar vein is now growing as an important factor in the prevention of health and psychological problems oneself[32].

Sports' educational value in reducing adolescent delinquency is therefore becoming more and more significant, and both their positive and negative effects have been well researched. According to Feldman and Matjasko, one of the most well-liked extracurricular activity is athletics. As a social and educational issue, the problem of socialization through sports is likely to surface. Nevertheless, little is known regarding the connection between playing sports and young aggressiveness, even though sports play a big influence in adolescents' growth in the classroom.

Sports may be a useful tool for teenagers to participate in school in a good way and fulfill the role of social control, according to the majority of previous studies on the subject. In this regard, Mutz and Baur stated that playing sports might help shield teenagers from self-harm and aggressiveness[32]. It implies that participation in well-planned sports enhances not only academic knowledge and sociability but also physical, personal, and cultural development, all of which are necessary for social adaptation. The sustainable social environment theory is another theory that focuses on the social domain of juvenile aggression and has addressed relationships with teachers and friends. The more attached students are to their teachers and friends, the better they adapt to school. Positive relationships with teachers and friends have an impact on adolescents' overall behavior,

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including cognitive and emotional aspects. As a result, it is expected that relationships with teachers and friends are a significant factor in juvenile aggression[32].

2.1.9. Variables that Influence Recreational Sports Participation

In order to learn more about recreation—a topic that is important in practically every country—certain variables that keep college students from engaging in leisure activities that have an impact on the same have been studied. There were 471 students in the population of this cross-sectional epidemiological research. In order to reach every member of the identified population, we made contact with 407 students (86.4%). "Facilities" 3.04 (±0.7), "Time" 8.46 (±2.02), and "Lack of Information" 8.64 (±2.46) are the top three factors that prevent students from participating in recreational activities. When we looked at the average points that students received from the scale's sub-dimensions, we found that, in every sub-dimension, the average points of female participants are higher, the average points of the "17-20" age group are higher in the "lack of friends" sub-dimension, the average points of the Medical Documentation and Sekretaryship program are higher in the "psychology of individual" sub-dimension, and the average points of participants who have never played sports before are higher in the "Lack of Interest" submeasure. Women who took part in the study were found to be prevented from engaging in leisure activities by a number of limitations. This problem implies that such a circumstance might be a gender indicator.

Activities can be organized to increase the participation of female students in recreational activities at the university[33]. Recreational activity participation can be influenced by a number of issues, most notably societal gender disparity. In terms of participating in recreational activities, females faced more limitations than males on all

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sub-dimensions (psychology of the individual, lack of information, facilities, lack of friends, time, and lack of interest) when the average values of the attitudes displayed by students toward sub-dimension by their gender were reviewed. In every sub-dimension, women faced limitations[34]. These findings are in line with the findings of the study's research on university students, which found that age influences participation in recreational activities and that students between the ages of 17 and 20 are prevented from engaging in recreational activities because they lack friends. We believe that this situation may stem from the fact that females are subjected to social gender inequality because of pressure.

Findings are supported by a research by Has on 411 health sector workers in Osmaniye province between 2015 and 2016. The study found that the average points of those between the ages of 18 and 22 were higher in the absence of friends sub-dimension than those between the ages of 23 and 27 and 28 and 32. Younger university students who are introduced to a new environment and place a higher value on friendships in relation to engaging in recreational activities may have contributed to the development of the study's findings. Age is not a significant factor in leisure activity participation, according to studies.

Theoretical Framework

2.2.1. Beckarian Approach (1965-1974)

The Beckerian Approach (1965, 1974): The Income-Leisure Trade-Off Model of Labour Supply, which employs the household as its unit of analysis, has provided an effective explanation of sport participation. The household production theory refers to a number of economic choices, such as going to the movies or going out to supper, which

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are produced and consumed by individuals by allocating resources, such as time and income, to them. The relative intensity of these contributions is fundamentally important for such choices, and sports participation falls into the same category. People also decide to invest in their own personal capital and skills by allocating time and other goods. Furthermore, the demand for sport can be impacted by the traits of other people. The economical time-allocation (economic behavior) theory of Becker established the basis to a broad theoretical model of sports participation. The decision to participate in sports is also dependent on monetary and time limits. This hypothesis has been applied well in earlier studies and was expanded to incorporate a number of demographic and social factors[38].

2.2.2 Green's Model of Sport Development

The Socio-Technical System Theory by Fred (1960) and Green's (2005) Model of Sport Development established a sport development model to examine factors related to sport participation. The model consists of three stages: recruitment, retention, and transition. Its goal is to understand the factors that are critical to the development of sport, specifically the combination of factors that impact participation rates and individuals' commitment to sport. Several motivations and opportunities exist in each stage of the model that directly influence an individual's decision to continue or stop participating in sport.

Fred (1960) developed the socio-technical system theory to explain how workplace interactions between employees and physical facilities affect an organization. The notion focuses on the intricate organizational work structure that acknowledges the relationship between employees and technology in the workplace. It also describes the interplay

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between human behavior and the intricate architecture of society. To put it another way, the idea maintains that interactions between people and the physical resources of an organization determine their behavior there. The socio-technical system theory, is founded on two main principles, namely[35];

1. The interaction of social and technical factors which determines the success of an organization such pattern of interaction consist of cause-and-effect relationship and other complex and unpredictable pattern of relationship. The presence of both social and technical element will definitely lead to an interaction between these two elements which will influence the performance of the organization

2. Optimization of each aspect (i.e. the social and technical aspect of the workplace) is capable of increasing both the quality of performance and also relationship that could impede the quality of staff performance.

No matter how complex the facilities or infrastructures available in an organization are, they must be manipulated by the workers (lecturers and students) in the organization (universities) that make up the human element of the organization.

This is made possible by the interaction between the infrastructure of the organization and the human element. Therefore, whenever there is a need for a change toward development in the organization, in order to ensure the smooth drive and interaction between the two factors, there must be a corresponding development of the technical/human element of the organization. This theory is relevant to this study as it deemphasizes the attention accorded to one of the two aspects (lecturers/students and facilities) of the school system. Therefore, the theory's tenets emphasize that there should be an interaction between lecturers/students and school facilities for the purpose of

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improving lecturer performance for quality service delivery and students' academic performance; school facilities are equally important for implementation of work approach that will enhance lecturers' and students' performance and the overall efficiency of the university. The effectiveness of the school in actualizing set objectivities is not solely dependent on the lecturers; the interaction between the lecturers and the school's facilities is essential, especially for the improved performance of lecturers and students[32].

The theoretical framework points out that the impact of school facilities on students' performance is significant in all educational institutions, but particularly in universities, where they facilitate efficient staffing, planning, directing, organizing, and controlling. The primary goal of school facilities is to make it pleasant for both lecturers and students to learn and teach so that they may perform effectively. In order to provide the general public with accurate and useful products, students, faculty, and non-academic personnel run the school's facilities. In additions, it answers the increasing needs of schools as it allows staff and students to have access to all relevant school facilities which enables them to take active role within and outside community and hence increase their performance academically[37].

2. 3. Review of Empirical Studies

2.3.1. Personal Factors and Recreational Sports Participation among Health Care Professionals

Physical Activity Profile of Medical Practitioners: A Preliminary Cross-sectional Study in Kano, Northwest Nigeria A modified physical activity assessment instrument was used in this cross-sectional study of 178 medical professionals who were selected among those who attended a one-day continuing medical education presentation. Insufficient

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physical activity (PA) is a known risk factor for non-communicable diseases, and medical professionals' PA needs to be evaluated because it affects their health and because they play a significant role in health promotion. The study assessed the number of moderate and vigorous PAs completed, whether those PAs were sufficient, whether they planned to increase their PA and felt confident doing so, and the factors involved in completing enough PA. The chi-square test and logistic regression analysis were used to determine the relationship between factors and sufficient PA and predictors of sufficient PA, respectively. The respondents' average age was 37.5 9.5 years, and 133 of them were men (74.7%). They participated in moderate-intensity activities for a median (interquartile range [IQR]) of 65.0 (22.5-165.0) minutes per week, and for a median (IQR) of 400.0 (120.0-1140.0) metabolic equivalent minutes per week.

The majority of respondents (119, 66.8%) reported engaging in PA over the previous five to six months or intending to increase their PA within the following six months. The majority (155, 87.1%) were rather confident in raising their PA levels. There was no statistically significant correlation between the respondents' sociodemographic characteristics and sufficient PA; however, moderate-intensity housekeeping (odds ratio [OR] = 2.39, 95% CI [CI] = 1.15-4.96, P = 0.02) and aerobic exercise (OR = 11.57, 95% CI = 1.29-103.63, P = 0.03) increased the odds of achieving sufficient PA. Few people had PA, and both aerobic activity and moderately strenuous chores were indicators of adequate PA. Most respondents said they would like to be physically active in the future, but it takes the right treatments to increase their PA levels[36].

It is evident from this research and the literature analysis that recreation patterns were established decades ago and that leisure time was generally spent engaging in

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recreational activities in Asian countries. Recreation is a leisure activity that helps to renew both the body and the mind. Recreational activities are essential for a child's healthy physical and social development. They have been shown to cluster under categories such as active-passive, closed-open, or mental-physical recreation activity patterns. The purpose of this study is to identify historic leisure patterns in Asian countries and to identify the most popular of these patterns.

This research is a qualitative observation as it focuses on characteristics rather than measures or statistics and since recognizing prior leisure activities is its major purpose. Every idea was generated by a review of the literature, which also contained secondary data and information. collecting information from recent papers, books, magazine articles, textbooks, and other academic material by applying the literary analysis approach. It was concluded from this review of the literature that countries with a long history have much more leisure options than those with a short history[37].

An additional study was carried out on the anthropometric indices and patterns of physical activity among public health physicians in Lagos State, Nigeria. Despite the fact that maintaining good health requires both diet and exercise, studies have revealed that healthcare workers are not very active. This study looked at doctors' physical activity patterns and how they related to body mass indices and waist-hip ratios. Using a modified International Physical Activity Questionnaire (IPAQ), 405 medical doctors employed by Lagos State's public health system were selected for this cross-sectional descriptive study using a multistage sampling procedure.

Anthropometric measures were taken in order to compute the body mass index (BMI) and waist-hip ratio (WHR). Data were processed using Epi-info 2007 version

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7.0.9.7. To investigate the relationship, a chi-square test was conducted with a p-value of 0.05. The respondents had a mean age of 35.3 + 5.3 years, were primarily male (65.8%), and had postgraduate training (61.7%). More than 80% of physicians stated that they worked 8 hours or less a week, and 51.4% stated that their most common work-related exercises were aerobics, stair climbing, walking, or jogging. 4.5% reported not engaging in any moderate physical activity daily, 71.4% were in the risk category for both WHR and BMI, and around two-thirds (68.2%) reported walking for more than ten minutes daily (P 0.0001).

The majority of respondents reported being inactive physically, and higher levels of exercise were linked to decreased BMI and WHR.Doctors should schedule additional days of moderate physical activity as advised[38].

A research looked examined the knowledge, attitudes, and involvement of male and female nurses from Cross River State in leisure activities. A sample of 320 nurses was utilized for the survey. distributing a questionnaire consisting of fifteen items. When the patients arrived at the hospitals, the authorities consented. The sport's item management was employed by the researchers. The t-test was used for independent analysis of the data, with a significance level of 0.05. The results demonstrated that the calculated t-values for involvement (7.04), attitude (11.88), and knowledge (11.19) all surpassed the cutoff t-values of 1.96 for each.

It indicates that there were notable differences in the knowledge, attitude, and involvement of Cross River State Nurses in leisure activities.Even though they are told that leisure improves their health and fitness, the majority of nurses exercise when they feel their health is in danger[43].

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2.3.2. Social Factors and Recreational Sports Participationamong Health Care Professionals

Physical education (PE) instruction and the development of pupils' athletic skills depend on sports facilities and equipment. This study's main objective was to investigate and assess the availability and state of sporting products and facilities at elementary schools in KatimaMulilo, Namibia's Zambezi Region. For this study, an observational approach was adopted, and physical education instructors were monitored while they used the sports equipment that was given in the schools during their PE courses. Ten primary school teachers from ten different schools made up the target audience. Two surveys were sent in order to collect data about the equipment and facilities that are available. SPSS statistical software was used to examine the data. With 35% of students participating in sports codes, athletics was the most popular activity, followed by soccer (25%), netball (with 20% of players in the annual regional and national events), and volleyball (10%), which had the fourth-highest participation rate of any sport. For the bottom four sports codes, boxing (5%), rugby (3%), gymnastics (1%), and cricket (1%), all of the schools' sports facilities were found to be in poor condition, leading this study to conclude that all of the elementary schools it examined either had no sports equipment or had it, but it was in poor condition.

Therefore, it is crucial to acquire the necessary equipment and facilities in order to effectively teach and study physical education and sports[39]. According to a Nyandarua County study that examined facilities and equipment, 72.1% of respondents believed that soccer fields were adequate, 44.5% believed that netball courts were adequate, 57.9% believed that handball courts were only partially adequate, 93.8% believed that basketball courts were either nonexistent or of poor quality, and 83.3% believed that rugby fields were

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inadequate and of low quality. Participants in the Mombasa research reported that the lack of gyms and swimming pools affected the curriculum. This study examined the impact of recreational and sports facilities on students' academic achievement in Rivers State universities. Two research questions were developed, along with two hypotheses, at a significance level of 0.05.

The research design of the study was descriptive, and the population of 103,981 respondents consisted of students (98783) and lecturers (5198). The study's sample size was 797, collected through multistage sampling techniques (students: 399; lecturers: 398). The study's data collection tool was a self-made questionnaire called "Impact of Sporting and Recreational Facilities on Students' Academic Performance Questionnaire (ISRFSAPQ)," which is a modified four-point rating scale with answer categories of Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE). The tool was subjected to face and content validity testing.

The reliability of the instrument was determined by assessing its stability using the test-retest method. Pearson Product Moment Correlation (PPMC) revealed a dependability coefficient of 0.86. The mean and standard deviation were used to answer and assess research questions, while the z-test was employed to statistically examine hypotheses. It was discovered that recreational and sports facilities at Rivers State institutions had a Very High Extent (VHE) and a High Extent (HE) positive impact on students' academic performance and mental health. Among other things, the study's findings recommended that government and university officials modernize instructional facilities right once to meet the demands of modern higher education.

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Universities should get financial assistance from businesses and government agencies to build suitable leisure and sporting facilities, such as common rooms, gardens, seesaws, swings, and playgrounds that would improve students' performance[40]. The purpose of this study is to evaluate the degree of customer service provided by Universiti Kebangsaan Malaysia's (UKM) sports facilities during the COVID-19 pandemic. The sample consisted of 83 students enrolled in UKM's Faculty of Education's Bachelor of Sports and Recreation Education program. Respondents ranged in age from one to four. This study employs survey and deliberate sampling methods and is quantitative in nature. This study's instrument for assessing service quality was adapted from previous research. Four questions about operating services, three about food and beverage services, three about program and event services, three about safety, and three more about consuming services were all included in the questionnaire for this project.

Statistical analysis, both descriptive and inferential, was used to test the study hypotheses. The dependent T-test findings were used to address research issues about student satisfaction during the Covid-19 pandemic and the quality of sporting services. The findings indicate that when it comes to student satisfaction and the usage of sports facilities, there are significant gender differences in four areas: operating services, food and beverage services, security services, and consumption services. On the other hand, there were no statistically significant differences between the sexes in the quality of the program and event services or the degree of student satisfaction. The study's findings demonstrate that UKM's sports facilities and services remain of a high standard even during the Covid-19 pandemic[41].

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Evaluating the strategies employed by the Kwekwe municipal council to oversee sports facilities and equipment was the main objective of this study. Important needs under discussion included the use of infrastructure, space, and standard equipment that are based on international standards and regulations implemented in all areas of sports federations. Eighty people were chosen at random to participate in this descriptive survey. Methods that integrated qualitative and quantitative techniques were applied. Formal interviews and survey questionnaires were among the data collection techniques. Cronbach's alpha test was performed to measure the reliability of the study; = 0.87 SPSS v20.0 was utilized for the statistical analysis, with a p-value of 0.05. The research indicated that the equipment and facilities aren't being effectively maintained.

The mobile before and after equipment is harmed since there aren't enough storage facilities for it. The study found that inadequate management of sports facilities and equipment, inconsistent inspections, and poor maintenance of the facilities and equipment before competitions put athletes at risk for infections and injuries[42]. Therefore, this study assessed the accessibility and use of sporting facilities for staff at the Federal College of Education in Kano, Nigeria, in order to improve their fitness and health. The survey study approach was chosen because it allowed for the assessment of common circumstances without the need for variable manipulation. It is crucial to begin developing motor abilities, fitness knowledge, and attitudes early in life in order to establish "menssana in corporesano," or a sound mind in a healthy body.

The Federal College of Education, Kano's complete academic and non-academic workforce [N=1580; M=985, F=595] comprised the population. Ten percent [10%=158] of the six [6] Schools of Secondary Education were sampled using stratified and simple

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random sampling procedures. For representativeness, thirty percent [30%; F=47] of the sample were females. A self-made questionnaire on "Assessment of Availability and Utilization of Sporting Facilities [AAUSF] for Fitness and Health Improvements" was used, verified, and distributed to the sampled individuals who used the various College sporting facilities. The hypotheses were evaluated using descriptive [%] and inferential [Chi square] statistics in SPSS V.26 [IBM] analysis, with significance set at 0.05. The acquired data revealed that participants of all ages frequently used the athletic facilities, although younger participants [35 years; 101] and male participants [94; 59.49%] are credited with more frequent usage, which is why the significance [p>0.05] and the stated null hypothesis was rejected.

However, there was no statistically significant difference [p0.05] in the utilization of facilities according to job status, hence the null hypothesis was accepted[43]. Facility management includes planning, managing, coordinating, and evaluating a facility's daily operations, which includes hiring and firing facility employees, marketing the facility, publicizing facility events, and maintaining the facility. Most sports facilities are managed by a personal manager or personal director, and directors are ultimately in charge of facility administration and planning; many of the director's duties will be political in nature because the director is often appointed or chosen by the city, and negotiating important contracts related to the facility, often involving events scheduled for the venue, will be another duty[44].

Sport facility operations work to maintain and care for public, commercial, and nonprofit facilities used for sport, recreation, and leisure in order to ensure the safe and secure production and delivery of goods and services to customers as well as their

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enjoyment and utility. The manager in charge of operations is responsible for overseeing the other managers on the team, including those in charge of marketing, facilities planning, customer service, maintenance services, operations, and sales. The government or the sports authority are in charge of the operations, and both have more resources to improve managerial tasks and are free from government intervention.

The use of technology in managing sports facilities is utilized to increase facility value and serves as a platform for efficient operations or procedures that provide for a seamless interaction between people and location[45]. The study examined the effects of safety equipment and sporting facilities on teen athletes in the Ikere local government region of Ekiti State. The researchers found that the absence of safety equipment has led to the discontinuation of many sports events in secondary schools and that students in many secondary schools have a limited selection of sporting activities in which they can compete. These trends, they said, could be a threat to students' academic success, their future development, and the advancement of the entire nation.

For the study, the researchers adopted a survey design for a descriptive type of research. A self-structured, closed-ended questionnaire designed by the researchers functioned as the study's research tool. The study's sample size consisted of three hundred (300) respondents. The study's respondents were selected using a straightforward random selection process. To ensure the validity of the instrument's face and content, draft copies were sent to experts for evaluation. The instrument's reliability was verified using the split half approach, yielding a coefficient of 0.99. At the 0.05 level of significance, the hypotheses were examined using the inferential statistics of Chi-square (x2). The study's findings lead the researchers to the conclusion that having access to sports facilities

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promotes young people to engage in physical exercise. Teenage participation in organized sports does not increase when sporting facilities are accessible. The availability of safety gear increases the number of adolescents participating in competitive sports. Therefore, they argued that in order to encourage student participation in athletics, the government and sports administration should provide basic sporting facilities. in order to more strongly encourage students to play sports than it did in the past. Both qualitative and quantitative facilities should be made available by the Nigerian sports authority in order to boost student participation in competitive sports.

Before, during, and following any sporting event, sports organizers should always put safety equipment and preventative measures in place[46]. The study was conducted at the Senior High School (SHS) in the Tano North and South Districts of the Brong-Ahafo region of Ghana to assess the state of the sports facilities and their impact on sports development. Using a census study, all 13 PE instructors at the six SHS included in the study were selected, and the study design was a descriptive survey with questionnaires, interviews, and observation as tools. The relationship between the availability of sports facilities and athletic performance was determined using chi-square (x2) analysis with a significance level of 0.05.

The findings of the study refute the theory that there is no significant relationship between athletic skill and the accessibility of facilities. According to the poll, both teachers and students concurred that the current state of sports facilities is poor and that their availability significantly affects athletic performance. It was revealed that the various schools' sports facilities were insufficient for the PE subject requirement. The majority of the facilities feature walkways and passageways because people utilize them to get to their

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destinations, celebrate, and engage in other activities. Overall, the study found that Tano North and South's sports facilities were insufficient and had a big impact on athletes' performance[47].

Among the buildings designed especially for athletic events are athletic fields, sports complexes, stadiums, basketball courts, volleyball courts, netball courts, lawn tennis courts, gymnastics buildings, and boxing arenas. Track hurdles, netballs, whistles, bars, boxing gloves, chin protectors, and cricket bails are examples of disposable athletic equipment. Every institution should have enough facilities and equipment to assist students' athletic development, according to study. However, establishing sports standards based on the facilities and equipment needed for student training is initially quite difficult.

In any institution, students' involvement in sports is greatly influenced by the availability of suitable and sufficient sports facilities. Sports equipment has been the most important advancement in promoting successful participation in athletic activities. Due to the availability of sporting equipment and facilities, schools may provide a variety of program alternatives, including extracurricular activities related to sports. To be competitive in today's sports, which improve and stimulate speed, time, and perception, athletes need to be familiar with the newest or most sophisticated sports facilities and equipment. It has been demonstrated that the availability of sports facilities motivates teachers and students to play sports more frequently in the workplace and in the classroom. However, students who lack proper sports facilities and equipment suffer from weight gain, obesity, living alone, antisocial behavior, low self-esteem, poor concentration in class, poor sportsmanship, a lack of teamwork, poor academic performance, and an increased risk of

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diseases like cancer, heart disease, respiratory diseases, mental and physical health issues, drug abuse, and violence[48].

The impact of recreational and sporting facilities on students' academic achievement at Rivers State institutions was examined in this study. Two research questions and two hypotheses were developed at a significance level of 0.05. The research design used in this study was descriptive. 797 respondents (797 instructors and 399 students) were included in the study using multistage sampling techniques. It was found that the dependability coefficient was 0.86 using Pearson Product Moment Correlation (PPMC). Research questions were answered and analyzed using mean and standard deviation, while hypotheses were statistically analyzed using z-test.

Recreational and athletic facilities in Rivers State universities were found to improve students' mental health and academic performance to a Very High Extent (VHE) and a High Extent (HE). Based on the study's findings, others recommended that university administration and government promptly improve educational facilities to meet the demands of modern university education [49]. In addition, another study was conducted to evaluate the level of customer service provided by University Kebangsaan Malaysia's (UKM) sports facilities during the Covid-19 pandemic. The sample consisted of 83 students enrolled in the Bachelor of Sports and Recreation Education program at UKM's Faculty of Education, with respondents ranging in age from one to four. The study is quantitative and employs survey and purposeful sampling techniques, and the tool used to evaluate service quality was adapted from previous studies. The questionnaire questions included four items related to operational services, three items related to food and beverage

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services, three items related to program and event services, three items related to safety services, and three additional items about consumption services.

The study's hypotheses were tested using both descriptive and inferential statistical analysis, and the dependent T-test results addressed research concerns regarding the quality of athletic services and student happiness during the Covid-19 epidemic. The results indicate that there are significant gender differences in four areas, including operational, food and beverage, security, and consuming services, when it comes to the use of sports facilities and student happiness. However, a different component of the program and event services revealed no statistically significant gender differences in the degree of student satisfaction or the quality of the services.The results of this study show that despite the Covid-19 epidemic period, UKM's sports facilities and services continue to be of a high caliber[50].

Peers and parents have a significant impact on teenagers' physical activity (PA). Few studies have examined whether the mechanisms by which significant others influence the physical activity of male and female adolescents vary depending on the specific patterns of PA engagement. The purpose of this study was to determine whether different PA patterns among teenage girls (groups that included organised dance; team sport; individual sport; walk/run/outdoor games; non-participation) and boys (groups that included individual sport; team sport; mixed type; non-participation) were related to parental and peer support, pressure, acceptance, and teasing. Nine hundred and ninety-five adolescents (M age = 13.72 years, SD = 1.25), from eight secondary schools in Ireland, filled out a diary detailing the frequency, context, length, and intensity of their PA participation as well as measures of peer acceptability, parental pressure, and support (mother, father, and

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peers). Women's team sport (OR = 1.09, p = 0.42) and individual sport (OR = 1.24, p <.001) were substantially correlated with mothers' support, according to multinomial logistic regression, whereas male PA involvement was not (p >.05). Male individual sport (OR = 1.09, p =.023), team sport (OR = 1.15, p <.001), and mixed type (OR = 1.16, p <.001) PA behaviour were all associated with father support, underscoring the importance of same-gender parental support. The relevance of peers for girls' engagement in high and low levels of organised and non-organized PA is shown by the fact that all female PA classes reported stronger perceived friend support than non-participants (OR = 1.23–1.45, p <.001). In terms of peer acceptability, peer pressure, and teasing, gender disparities were also evident across PA patterns. The findings underscore the importance of considering gender and pattern of PA participation when examining social influences on youth PA and identify target processes for intervention efforts[51].

This study investigated at how restrictions affect participation in three different types of campus recreation: fitness centres, drop-in sports, and intramural sports. It also looked at how restrictions differ by citizenship and gender. A survey was utilised to collect information from 344 undergraduate students at a large university in Ontario, Canada. Analysis was done using logistic regression and Mann-Whitney U. Intramurals were associated with a lack of awareness about how to participate, fitness facilities with a fear of working out in public, and drop-in sports with a lack of participants. The 10 limitations of the study revealed no gender differences. Due to the perception that the recreational amenities were inaccessible, international students felt more restricted than domestic students. Practice-related implications are examined[52].

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Humans can benefit greatly from health-enhancing physical activity (HEPA). Even among students pursuing careers in healthcare, physical activity levels are dropping in many nations. Investigating clinical students' perceptions of HEPA practice facilitators and barriers in a Nigerian university context was the goal of this study. A cross-sectional survey of 217 clinical students and an exploratory qualitative study with 21 clinical students from a Nigerian university comprised the study's mixed method design. Exercise Barriers Scale and Physical Activity Facilitators. The perceived obstacles and facilitators of HEPA were evaluated using questionnaires using Likert scale response options. The information gathered from the cross-sectional study was compiled using descriptive statistics. The exploratory qualitative study was analyzed using content thematic analysis. The participants' mean (± standard deviation) age was 22 ± 2 years, and the facilitators of HEPA were fitness and health benefits, the opportunity to interact with others, the availability of a conducive environment for exercising, the availability of time for physical activity and social support, and the exhausting and fatiguing nature of exercise, the lack of convenient schedule at exercise facilities, the lack of available places for exercise, lack of motivation, and study overload.

HEPA barriers and facilitators among college clinical students are easily remedied. The administration of the university may promote student involvement in HEPA by establishing a supportive climate and providing recreational opportunities[53].

Obesity is a chronic complex disease characterized by excessive fat deposits that can negatively impact health. It can be caused by a variety of factors, including genetic variations, a subgroup of etiological factors (e.g., medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome), and an imbalance between

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diet (energy intake) and physical activity (energy expended), as well as multifactorial diseases due to the obesogenic environment (e.g., media influence, etc.), psycho-social factors (social support systems, cultural/environmental influence, etc.), and other factors. This study aims to determine the incidence of obesity and the contributing variables among medical staff at David Umahi Federal University Teaching Hospital in Uburu, Ebonyi state, Southeast Nigeria. An accurate assessment of the obesity prevalence among healthcare professionals would help provide the data required to persuade the nation's officials to act quickly and significantly to combat the rising obesity rate, particularly in the healthcare sector. The David Umahi Federal University Teaching Hospital in Uburu, Ohaozara Local Government Area, Ebonyi State, Southeast Nigeria, served as the study's site from May to June 2024. The Finnish diabetes risk score (FINDRISC) was used in the questionnaire's formulation. It included basic comprehension questions on anthropometric measurements, age, gender, and exposure to high blood pressure medications, among other things.

A stadiometer was used to measure height and a portable weighing scale to determine weight. Both had their hat and shoes taken off. Weight (kg) divided by height (m2) squared was used to determine the BMI. In general, 17.6% (38), 38.9%, (84) healthy weight, (BMI 18.5 - 24.9), 43.5% (94), and overweight (BMI 25 - 30) had a low prevalence of obesity (>30 kg/m2). According to the study, individuals were more likely to be overweight or obese if they had a family history of diabetes, and a higher BMI was substantially associated with this relationship ($p = 0.00030$). Likewise, the majority of people with a personal history of diabetes fell into the obese group ($p = 0.00038$). Since obese people were more likely to have greater waist measurements, waist circumference also shown a substantial correlation with BMI ($p = 9.2 \times 10{-}8$). On the other hand, no

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significant correlations between BMI and high blood pressure, age, gender, or exercise habits were discovered by the investigation. In this study, the sociodemographic factors that contributed to obesity were exposure to exercise, age <45, and gender. Because workplaces that encourage physical activity while working would lower the prevalence of obesity at postsecondary institutions, these variables should be the main target of interventions like health education and workplace design[54].

This descriptive study used naturalistic inquiry and an intersectionality theoretical lens to understand women's access to cervical cancer screening (CCS) and its potential intersection with socially constructed categories that could have influenced these women's experiences. Ten (10) Nigerian-immigrant women who met the designated eligibility criteria were recruited for interviews using purposive sampling and snowballing. The purpose of this research study was to gain a thorough understanding of the experiences of women eligible for CCS in Nigeria in order to provide facts that could inform policies and interventions that will improve the utilization of CCS services among Nigerian women.A method of inductive theme analysis was used to examine the data. The study's conclusions identify broad elements that best describe individuals' experiences gaining access to CCS programs in Nigeria. To develop best practices for the development of CCS initiatives, more study is required[55].

What are the particular qualities that tend to condition the approach and manner in which Nigerian governance and politics are being investigated and analyzed? Is there any encompassing analytical framework through which these wide distinctive qualities may be appropriately and fully investigated and evaluated in a manner that in turn delivers educated perspective and opinion on Nigerian body politics? The essay investigates the

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structure and nature of politics in Nigeria using cultural pluralism as an analytical framework. It is placed against the purpose of offering extensive and exhaustive examination of cultural pluralism as a theoretical framework of disquisition; and deciding as well its suitability to the study and analysis of politics in Nigeria.Descriptive analysis of the concepts found in cultural pluralism as a theoretical formulation and additional analysis of the concepts' suitability and sufficiency in enhancing a comprehensive study and analysis of the unique aspects of Nigerian politics form the basis of the qualitative methodology. It comes to the conclusion that the framework is outdated and insufficient in its current state[56].

The study examined how secondary school students in the Ijero-Ekiti local government area of Ekiti State, Nigeria, participated in sports in relation to sports facilities and equipment. The study was designed as a descriptive survey. Every student enrolled in public secondary schools in the Ijero Local Government Area of Ekiti State, Nigeria, was the study's target demographic. Fifty (50) pupils were chosen at random from each of the five (5) secondary schools in the State's Ijero Local Government Area using a simple random selection approach. The study collected samples from 250 students, of whom 185 were male and 65 were female.Four null hypotheses were examined at the significance level of 0.05. A well-structured, closed-ended questionnaire that the researcher created served as the research tool for this investigation. The validity and reliability mechanisms were applied to the instrument. A dependability coefficient of 0.89 was attained. With the assistance of two (2) qualified research assistants, the students completed the questionnaires, which were promptly gathered. A statistical analysis using Chi-square (X2) was performed on the acquired data. According to the study's findings, secondary school

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pupils in Nigeria's Ijero Local Government Area in Ekiti State would be influenced by their involvement in sports in terms of their educational goals. Conclusions and suitable recommendations were drawn from the data[57].

Finding possible socioeconomic status (SES) influence mechanisms (mediators) on walking as a mode of transportation is crucial because the expected competing forces of influence may make it difficult to identify intervention strategies that work for various SES groups. The relationship between walking for transportation and SES at the individual and local levels was investigated in this study, along with perceived social and physical environmental mediators. Six months apart, two postal questionnaires were used to gather information on walking for transportation and its presumed environmental, social, and individual correlates. 2194 people (aged 20–65) who spoke English and resided in 154 Adelaide, Australia, Census Collection Districts (CCDs) made up the sample. Data on self-reported household income, household size, and educational attainment were used to calculate SES at the individual level.For each chosen CCD, census data on median household income and household size were used to calculate area-level SES.

Associations between SES, possible mediators, weekly total minutes, and frequency of walking for transportation were investigated using bootstrap generalized linear models. Mediating effects were evaluated using the product-of-coefficient test. The relationships between SES and walking frequency linked to transportation were mostly explained by individual, social-environmental, and physical environmental variables. Through opposing common and different paths, educational achievement and income at the person and area levels independently contributed to the explanation of the frequency of walking for transportation.The correlation between educational attainment and the

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frequency of walking for transportation was most strongly mediated by leisure-time physical activity, but the strongest mediators of the relationship between the frequency of walking for transportation and income at the individual and local levels were the number of motorized vehicles and the perceived levels of environmental aesthetics and greenery. Through the facilitation of walking for transportation, environmental interventions that increase residential density, reduce physical barriers to walking and traffic load, create greener and more aesthetically pleasing environments in more disadvantaged areas, and develop social support networks may help to reduce SES inequalities in physical activity participation[58].

Increasing adolescents' physical activity (PA) level appears to be a promising approach to mitigating the prevalence and burden of these health challenges, but there is still a lack of evidence, particularly regarding the potential role of sport participation. The overall objective of this thesis was to study the relationship between adolescent PA, including different types of sport participation, and musculoskeletal pain and mental health problems. Additionally, to evaluate the potential impact of adolescent PA, and co-existing musculoskeletal pain and mental health issues, on obesity in young adulthood. The Health Survey of Nord-Trøndelag (the HUNT study), a sizable population-based cohort study conducted in Norway, provided the data. Low back pain (LBP) and neck and shoulder pain (NSP) were linked to lower likelihood of moderate physical activity.

Sports involvement and musculoskeletal pain were associated in different ways depending on the sport played and the location of the pain. Particularly for older adolescents (≥16 years old), a high level of PA was positively correlated with mental health. According to the findings, playing team sports may be especially good for mental

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health. Higher odds of obesity in young adulthood were associated with both lower PA levels and musculoskeletal discomfort during adolescence. Therefore, preventing and treating musculoskeletal discomfort may be crucial to preventing obesity. The results of this study demonstrate the advantages of physical activity for mental and musculoskeletal health, as well as a decreased risk of obesity in the future. This emphasizes the necessity of increasing physical activity and preventing the high rate of adolescent sports dropout[59].

Participating in recreational sports is a significant approach to raise one's standard of living. Although many Chinese cities have recreational sports facilities, it is still unclear from the literature how urban dwellers could know about or utilize these resources to participate in recreational sports. This study evaluated the links between perceived leisure restrictions and active engagement in recreational sports among metropolitan inhabitants. We gathered data samples from 2901 Chinese city dwellers in order to determine their perceived limitations and how those limitations affected their engagement in active leisure sports using structural equation models. The study identified five perceived barriers to active recreational sport participation: intrapersonal, interpersonal, environmental condition, facility-service management, and leisure opportunity constraints. Of these, the four most significant barriers limiting the active recreational sport participation of urban residents were leisure opportunity, intrapersonal, facility-service management, and interpersonal constraints. Theoretical and practical implications to support the active recreational sport participation of Chinese urban residents were examined[60].

The purpose of this study was to examine the perceived facilitators and barriers to the practice of health-enhancing physical activity (HEPA) among clinical students in a Nigerian university setting. Utilizing a mixed method design, the study included an

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exploratory qualitative study involving 21 clinical students of a Nigerian university and a cross-sectional survey of 217 clinical students. The perceived facilitators and barriers of HEPA were assessed using the Exercise Barriers Scale and the Facilitators of Physical Activity Questionnaire with Likert scale response options, respectively.Data from the cross-sectional study were summarized using descriptive statistics. Utilizing content thematic analysis, the exploratory qualitative study was examined. Of the participants, 106 (48.15%) were male and 111 (51.8%) were female. The participants' average age (±standard deviation) was 22±2 years. Fitness and health advantages, social interaction opportunities, a favorable setting for working out, time for physical activity, and social support are the factors that encourage HEPA among members. The participants identified several obstacles to HEPA, including the exhausting and exhausting nature of exercise, the inconvenient schedule at fitness centers, the scarcity of exercise spaces, a lack of enthusiasm, and study stress.Among college clinical students, HEPA enablers and barriers are easily fixed. By providing a supportive environment and recreational opportunities, university administration may promote students' involvement in HEPA[61].

One of the most significant determinants of health disparities and a significant predictor of community health is the socioeconomic circumstances in which individuals live. Health policies are therefore designed to acknowledge the interconnectedness of these socioeconomic circumstances and community health. The purpose of this essay is to conceptualize recreational facilities and leisure activities as legitimate social determinants of health variables that may really improve community health. Exploring the physical, health, and tourism scientific literature yields pertinent insights on how physical activities, social interactions, and environmental variables affect communal health indices.

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Additionally, applications are carried out with ramifications for Nigerian communities. Two significant factors that are pertinent to the social determinants of health framework are leisure activities and recreation facilities. This study acknowledges that participation in enjoyable activities, enjoyment, and entertainment improves health equity in communities. It creates the vital connection between community health and recreational opportunities, built environments, and leisure activities. It highlights that infrastructure spending is a long-term strategy for improving community health and resolving health disparities. The case for Nigerian communities is compelling[62].

Despite the numerous benefits of leisure time physical activity (LTPA), it is concerning that the habit of engaging in LTPA on a regular basis is uncommon among Nigerians, particularly among adolescents, who exhibit a wide range of sedentary lifestyle behaviors as a result of technological and economic advancement. The current study looked at the sociodemographic and psychological factors of LTPA in Nigerian adolescents. A cross-sectional study was carried out, and a multistage sample strategy was used to recruit 1200 teenagers (59.7% male, 40.3% female; ages 10-19 years) from twelve secondary schools in Southwest States, Nigeria. Data were collected using the Physical Activity Self-

Efficacy for Adolescents (PASE), The Physical Activity and Leisure Motivation Scale (PALMS), Activity Questionnaire for Adults and Adolescents (AQuAA), and Self-developed Socio-demographic Questionnaire. The data were analyzed using frequency count, percentages, and Multiple Regression. The study found that socio-demographic ($F(8, 1191)= 4.980$; $p<.05$; $R2=.28$) and psychological variables ($F(2, 1197)= 31014.342$, $p<.05$; $R2=.99$) accounted for 28% and 99% of the variation, respectively. According to the data, teenagers in Nigeria's Southwest states do not satisfy the World Health

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Organization's physical activity standards. Both socio-demographic and psychological variables strongly influenced LTPA, and these aspects might be considered when developing treatments to raise LTPA levels throughout adolescence in Nigeria[63].

Physical exercise is critical for avoiding noncommunicable illnesses. The purpose of this study was to present current knowledge on the epidemiology of inadequate physical activity in Nigeria in order to raise awareness and trigger appropriate policy and public health responses. A comprehensive review of community-based research on physical inactivity was done. We developed a meta-regression epidemiology model to estimate the age-adjusted prevalence and number of physically inactive people in Nigeria between 1995 and 2020. Our selection criteria were satisfied by fifteen research, which included 13,814 participants.

In Nigeria, the combined crude prevalence of physically inactive people was 52.0% (95% CI: 33.7–70.4), with a greater prevalence among women (55.8%; 95% CI: 29.4–82.3) than among males (49.3%; 95% CI: 24.7–73.9). In all settings, the percentage of physically inactive people was considerably greater in urban areas (56.8%, 35.3–78.4) than in rural areas (18.9%, 11.9–49.8). Between 1995 and 2020, there were 48.6 million physically inactive people in the 20–79 age group, a 240% rise over the previous 25 years, up from 14.4 million in 1995. To improve physical activity levels in Nigeria, a thorough and strong approach that tackles sociocultural and contextual concerns, town planning, occupational policies, awareness and information, and more is essential[64].

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2.3.3 Demographic Factors and Recreational Sports Participation among Health Care Professionals

Numerous demographic characteristics are shown to correlate with a physical activity proxy indicator. Particularly, being female, older, married, having a restricting condition, working full-time, having a lower level of education, having a kid under the age of 18, living in a poorer socioeconomic location, and being married are all linked to a decreased chance of engaging in higher dosage situations. Those with degrees are more likely to be active and to be active at higher levels of schooling. The association between all-cause mortality and participation in different physical activity domains has been the subject of several studies. Most of these do not examine the actual domain of physical activity or the demographic connections, maybe with the exception of age and gender. A systematic review and meta-analysis of general population studies examining participation in different domains of physical activity found that PA is more strongly associated with all-cause mortality for women than for men, and for sport and leisure activities than for occupational and transportation-related activities.

The authors come to the conclusion that these variations may result from variations in the level of involvement[65]. Age and sex were shown to be the two main factors influencing physical activity in a recent Spanish study. Men were generally more active and less active than women, whereas women were more moderately active. A research of demographic characteristics impacting participation in sport (and recreation) also found that gender, age, occupation, and education level were significant variables in both Spain and England. Nonetheless, there were differences in demographics, such as the higher percentage of sports participation in England (48% compared to 37% in Spain). The gender

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difference in engagement was much less in England than in Spain, even if the age and educational impacts were more noticeable in England and Spain, respectively (11% vs. 16%)[66].

Teenagers' physical activity (PA) is greatly influenced by their parents and classmates. Few studies have examined whether the mechanisms by which significant others influence the physical activity of male and female adolescents vary depending on the specific patterns of PA engagement. Adolescent girls (groups including organized dance; team sport; individual sport; walk/run/outdoor games; non-participation) and boys (groups including individual sport; team sport; mixed adolescents' physical activity (PA) is significantly influenced by their parents and classmates). This study investigated whether parent and peer support, pressure, acceptance, and teasing were associated with distinct PA patterns among these two groups. Few studies, however, have examined the ways in which distinct patterns of PA involvement effect male and female adolescents differently in terms of the mechanisms by which they are influenced.

This study aimed to examine the PA patterns of teenage females (groups including organized dance, team sport, individual sport, walk/run/outdoor games, and non-participation) and boys (groups including individual sport, team sport, mixed type, and non-participation). The type of behavior is non-participation. Additionally, 995 students (M age = 13.72 years, SD = 1.25), from eight secondary schools in Ireland, completed a diary that detailed the frequency, context, duration, and intensity of each PA encounter. Additionally, these adolescents answered questions about peer acceptability, parental pressure, taunting, and support from peers and parents. Multinomial logistic regression revealed that mothers' support was significantly associated with female team sport (OR =

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1.09, p = 0.42) and individual sport (OR = 1.24, p.001), but not with male PA engagement (p >.05).

Male individual sport (OR = 1.09, p =.023), team sport (OR = 1.15, p =.001), and mixed type (OR = 1.16, p.001) PA behavior were all associated with father support, highlighting the significance of support from parents of the same gender. As demonstrated by the fact that all female PA courses reported more felt friend support as nonparticipants (OR = 1.23-1.45, p.001), peers are crucial for girls' participation in both high and low levels of structured and disorganized PA. Gender differences were seen in the PA patterns for teasing, peer pressure, and acceptance. Key avenues for intervention are shown by the findings, which also emphasize the significance of gender and pattern of PA participation in assessing sociocultural determinants on teenage PA[60,51].

The impact of sports participation on adolescent development is still up for debate at the theoretical and empirical levels of sociology and psychology, but this study used empirical research to focus on the causal links among sports participation, social and environmental variables, and juvenile violence. Sports are regarded as one of the most important extracurricular activities for adolescents because they teach the fundamental social norms of rules and discipline. This study used data from the Korean Children & Youth Panel Survey (KCYPS), which used a multi-stage stratified cluster sampling approach to survey 2378 teens from 98 South Korean schools. Multiple regression, exploratory factor analysis, reliability analysis, correlation analysis, and path analysis were all carried out on the data using SPSS version 23.0 for Windows.

The following are the results: First, relationships with friends and instructors, as well as long-term social contextual factors, were statistically significantly impacted by

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sports activity. Additionally, it was demonstrated that a good social environment has a statistically significant impact on juvenile animosity toward others and toward oneself. Additionally, playing athletics had an indirect impact on young people's animosity toward oneself and others. Thus, by creating a stable social environment, sports engagement affects young people's aggression. In particular, playing more sports might improve relationships and friendships with teachers, which would reduce animosity toward others and oneself[67, 52].

Athletes' participation in sports has been demonstrated to be influenced by their families in both public and private sector universities. The study's four main assumptions were tested using the multiple (categorize) regression and independent sample t-test features of SPSS 25 versions. Male and female athletes as well as sport officials were the focus of both governmental and private institutions in KP, Pakistan. Using proportional random selection procedures, 702 male and female athletes and sport officers were selected as a sample from both types of institutions, and 573 of the 702 randomly selected individuals completed a self-made, closed-ended, structured-cum questionnaire.

The self-created questionnaire was created using the reliability, validity, and pilot testing criteria. The collected data were evaluated using the independent sample t-test and categorical regression. The results of the study demonstrated that family has a significant influence on whether or not university athletes in KP, Pakistan's public and private universities, engage in athletics. It was suggested that the players' families encourage their participation in athletic activities, since this might increase the athletes' level of performance and involvement at the institution[53],[68].

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Parents' negative attitudes toward their children, their high expectations for their academic performance, their financial and domestic issues, their ignorance of the benefits of sports, the number of children in the home, the cost of sporting goods, and their worries about an unfortunate accident or injury during play all prevent their children from participating in sports, according to the findings. According to additional research, respondents from both public and private sector organizations generally agree that families play a significant influence in encouraging college athletes in Pakistan's KP region to play sports. Additionally, it has been observed that the respondents' views—both male and female—are consistent, namely that family has an impact on university athletes' participation in sports in Pakistan's KP province [68].

There is a lack of knowledge in Aotearoa New Zealand (NZ) about the special advantages of sports engagement beyond those connected to involvement in other physical activities among teenagers. This study's aim was to investigate, while controlling for demographic factors and other forms of physical recreation, the relationship between teenagers' wellbeing and involvement in organized sports. Age, gender, ethnicity, deprivation, and (dis)ability status, as well as organized sport, leisure physical activity, and wellbeing, were evaluated in cohorts of New Zealand teenagers (11–17 years old) between 2017 and 2019. After adjusting for demographics, more physical activity (OR = 2.49, 95% CI = 1.97-3.13), meeting physical activity guidelines (OR = 1.63, 95% CI = 1.47-1.81), and each additional hour of recreational physical activity (OR = 1.03, 95% CI = 1.02-1.04) were all associated with better wellbeing. Following demographic and total recreational physical activity participation adjustments, participation in any organized sport (OR = 1.66, 95% CI = 1.49-1.86) and each extra hour of an organized sport (OR = 1.09, 95% CI = 1.07-

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1.11) was likewise linked to improved wellbeing. Sport appears to give special extra advantages for wellbeing, even while engaging in leisure physical exercise seems to be good for it. Positive experiences of organized sport participation may offer additional wellbeing value above and beyond other recreational physical activity types in young people who are active[54].

A study was conducted on Effectiveness of Recreational Activities among the Doctors Community of District Dera Ismail Khan KPK Pakistan. Among the community of doctors in District Dera Ismail Khan, an interrogative research was primarily done to learn how much time was spent participating in leisure activities. This study's objectives were to increase doctors' awareness of the advantages of engaging in leisure activities in daily life and to focus their attention on doing so. In this regard, a systematic, previously validated questionnaire was created, which included study goals as well as demographic and socioeconomic data. The District Dera Ismail Khan community of doctors was the target demographic. To determine the amount of recreational activity involvement among the doctors' community in District Dera Ismail Khan, the statistical method percentile was used. It was determined that recreational activities greatly contribute to the social life of the medical community by enabling professionals to utilize their free time productively[69].

Another study was conducted on mental health of doctors in a tertiary hospital in Nigeria. A socio-demographic survey and the twelve-item General Health Questionnaire (GHQ-12) were used in a cross-sectional survey of doctors working at the University of Ilorin Teaching Hospital in Ilorin, Nigeria, with a cut-off point of 3 used to indicate the possibility of a psychiatric disorder (GHQ-12 positive). Using SPSS, a non-parametric analysis and regression test of the variables linked to psychiatric morbidity were conducted.

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The 0.05 p-value was chosen as the significant level. The questionnaire was completed by 241 doctors, or 68.9% of the medical community. 14.9% of the clinicians who used the GHQ-12 had a point prevalence of mental illness.

The following factors were substantially related with mental morbidity: marital status, lack of social interaction, and feeling that one's workload is "heavy" (p-value 0.05). At the University of Ilorin Teaching Hospital, physicians had a greater frequency of mental illness than did the general community. It is necessary to take steps like providing leisure facilities inside the hospital and encouraging physicians to participate in social activities to decrease the detrimental effects of marriage and the perceived hard workload on doctors' mental health[70].

Level of physical activity of health professionals in a district hospital in KwaZulu-Natal, South Africa was examined. In order to reduce the rising burden of illnesses linked to physical inactivity, health practitioners have a responsibility to play in promoting physical exercise. It is crucial to assess the degree of physical activity among medical personnel caring for patients with various lifestyle-related diseases. The goal of the current study was to evaluate the degree of physical activity among medical staff at KwaZulu-Natal province's Escort Hospital. Over the course of three consecutive weeks in 2012, 109 health professionals participated in a cross-sectional survey.

Data was gathered using the Global Physical Activity Questionnaire (GPAQ) and other pertinent information, including socio-demographic traits. To ascertain the correlations between variables, data were analyzed using both descriptive and inferential statistics. Using the metabolic equivalent of task (MET)-minutes per week indicators, an analytical guide was utilized to estimate the degree of physical activity in relation to the

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GPAQ criteria advised by the World Health Organization. Overall, 31% of individuals engaged in high levels of physical activity (3000 MET-minutes/week or more), 29% engaged in moderate levels (600 MET-minutes/week or more), and 40% engaged in low levels (600 MET-minutes/week or less). Despite the fact that black women generally reported low levels of physical activity, it was discovered that age was substantially correlated with that level ($p = 0.000$, $r = 0.637$). To encourage healthy living, health practitioners need to participate in an intervention that encourages physical activity[66].

Engaging in physical exercise is crucial for treating type 2 diabetes and lowering the morbidity and death rates linked to the disease. Noncompliance with physical exercise is influenced by a variety of variables, including social, personal, environmental, and economic ones. Nutrition, medication adherence, and behavioral modification have been the main topics of diabetes research in Botswana. Patients with type 2 diabetes have unknown amounts of physical activity and related variables. Assessing physical activity levels (PALs) and parameters related to physical activity in individuals with type 2 diabetes mellitus was the goal of this study. SETTING: In Gaborone, Botswana, a public clinic served as the study's site in 2017.

A public clinic in Gaborone, Botswana, served as the site of an observational cross-sectional study. Type 2 diabetes mellitus patients' PALs and physical activity-related characteristics were evaluated using a questionnaire given during an interview. Excel was used to record the data, which was then exported to SPSS version 25 for analysis. The association between participants' characteristics and their regular exercise participation was investigated using the chi-square test, Fischer's exact test, and Pearson's moment correlation. THE OUTCOME Most research participants (54.7%) had poor PALs. Based

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on the data, there was a non-significant negative connection between PAL and age (r=-0.085) and between PAL and sitting time (r=-0.098). RESULTS: The majority of people with type 2 diabetes had low PALs. In order to encourage physical activity and hence avoid the problems linked to physical inactivity, health-promoting activities are required[71].

The significance of sport infrastructure has been emphasized by sport policies that seek to increase club and general involvement. Prior studies have mostly examined the impact of personal characteristics (age, money, etc.) on involvement in sports. Despite the fact that a small number of studies have examined how sport facilities affect participation in sports, there are several methodological issues with how sport infrastructure was incorporated into the study design. Subjective metrics of infrastructure are frequently used, which produces skewed findings. For instance, inactive persons tend to have a lower impression of the real availability of amenities. In actuality, it's critical to incorporate the existing sport infrastructure into statistical models and assess it objectively utilizing a quantitative technique.

Thus, the aim of this research is to use geo-coded data in a multi-level design to examine how infrastructure and individual factors affect participation in sports generally and in sports clubs. Munich, Germany, served as the site of the collection of both primary (person level) and secondary (infrastructure level) data. Secondary data about Munich's sport infrastructure was gathered through a telephone poll of the city's residents (n = 11,175). Gauss–Krueger coordinates were used to geocode both datasets, which were then included into multi-level analyses. The multi-level models demonstrate that swimming pools are especially important for general sport participation and sport grounds for club

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involvement. Issues and consequences for a more comprehensive modeling of sports participation that include infrastructural factors are examined[72].

Fewer international athletic events, aside from the FIFA men's World Cup, have the capacity to capture the full attention of world leaders and populations. It is perhaps the most important athletic event in the world. Thus, the theme for the FIFA World Cup Qatar 2022 is "Healthy 2022 World Cup - Creating Legacy for Sport and Health," with the aim of making it the most prosperous, safest, and healthiest athletic event in recent human history. The purpose of the event is to ignite a worldwide dialogue on the twin illness epidemic now sweeping the globe. Covid-19, which spreads quickly, and non-communicable diseases (NCDs), which are subtle and gradually getting worse.

Additionally, the event organizers hope to utilize the platform to successfully prevent and manage the progression and spread of these diseases by offering and implementing health promotion measures. They also hope to inspire the majority of football fans worldwide to adopt sustainable and healthy lifestyle changes. An event that is a success could serve as a template and legacy for other athletic or social gatherings. But in order to effectively alter bad behaviors and encourage safe and healthy lives, the FIFA World Cup Qatar 2022 has to include a few essential elements. Such a project requires methodical, thorough, and evidence-based planning and implementation. This overview quickly covered the effects of COVID-19 and noncommunicable diseases (NCDs) throughout the world, the significance of preventing these illnesses during the FIFA World Cup in Qatar in 2022, and, ultimately, some methods that should help the event meet its goals[73].

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In the current era, vaccination is without a doubt one of the most crucial preventative strategies; epidemics are regarded as one of the most destructive events in human civilizations. The goal The thesis showed how non-linear responses in vaccine uptake are caused by the interaction of disease risk, vaccination efficacy, and cost. Cross-sectional descriptive research was the study design, and the respondents were given a closed-ended, pretested questionnaire. Utilizing the Cochrane formula for sample size calculation, the target population was used to determine the sample size, which was 375. 50.67% of moms and caregivers didn't know if there was still a connection between the MMR vaccine and autism, however 61.87% of parents and guardians strongly believed that politicians should be role models who support immunization[74].

Most parents and guardians (55.47% + 29.87%) strongly agree or agree that media coverage of immunization campaigns motivates them to vaccinate their kids. 22.40% of respondents agree and 32.80% strongly agree that media stories concerning illness epidemics are exaggerated. In conclusion, the degree of education has a significant impact on people's attitudes and level of knowledge regarding vaccination and epidemics. The current state of Nigeria's economy has an impact on vaccination uptake due to income and vaccine costs. More promotion of the media is necessary to ensure that all children receive the recommended vaccinations, since it plays a crucial role in vaccination campaigns, awareness-raising, and intervention. Influencing parents' and guardians' vaccine uptake is a significant responsibility of physicians and public health nurses[74].

In recent years, research on physical activity (PA) has broadened to include environmental factors that either increase or decrease people's possibilities for physical exercise. Reviewing and critically analysing the research regarding parks and recreation as

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aspects of the built environment and its connection to PA was the aim of this study. Fifty papers that documented an empirical association between parks or recreation factors and PA variables were extracted from four main databases. While proximity to parks or recreational areas was usually linked to higher PA, mixed relationships with PA were seen for various park or recreation setting types. This literature has flaws, and there are many of untapped possibilities for future study on parks, leisure, and active living[75] .

Physiotherapists are essential in helping individuals with mental illnesses, but little is known about their attitudes, knowledge, and perceptions regarding mental health in general and South Africa in particular. In order to better develop an undergraduate physiotherapy curriculum in South Africa, the project aims to map the global evidence on mental health education for physiotherapists, including their knowledge, attitudes, and perspectives. The participants were physiotherapists and physiotherapy students, and the search was centered on the South African and international settings. The scoping review was directed by the systematic approach that Arksey and O'Malleys presented. Five electronic databases were employed in the web search. The search approach was aided by a knowledgeable librarian. We looked for primary research publications in English that examined the knowledge, attitudes, and perspectives of physiotherapists or physiotherapy students about mental health. 15 of the 226 published articles that the search method retrieved were included in the study[76].

The findings showed that physiotherapists and physiotherapy students throughout the world knew very little about mental health. An intervention involving mental health training was found to improve attitudes. Lack of information was linked to negative impressions. The impact of education on mental health in physiotherapy on attitudes and

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views was not well documented. Because mental health illnesses are so common, physiotherapists wanted to learn more about mental health. The results of this analysis indicate that in order to offer high-quality physiotherapy management for individuals with mental diseases, it is imperative that mental health material be incorporated into physiotherapists' undergraduate programs due to the rising prevalence of mental illness worldwide[76].

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2.4. Conceptual Model

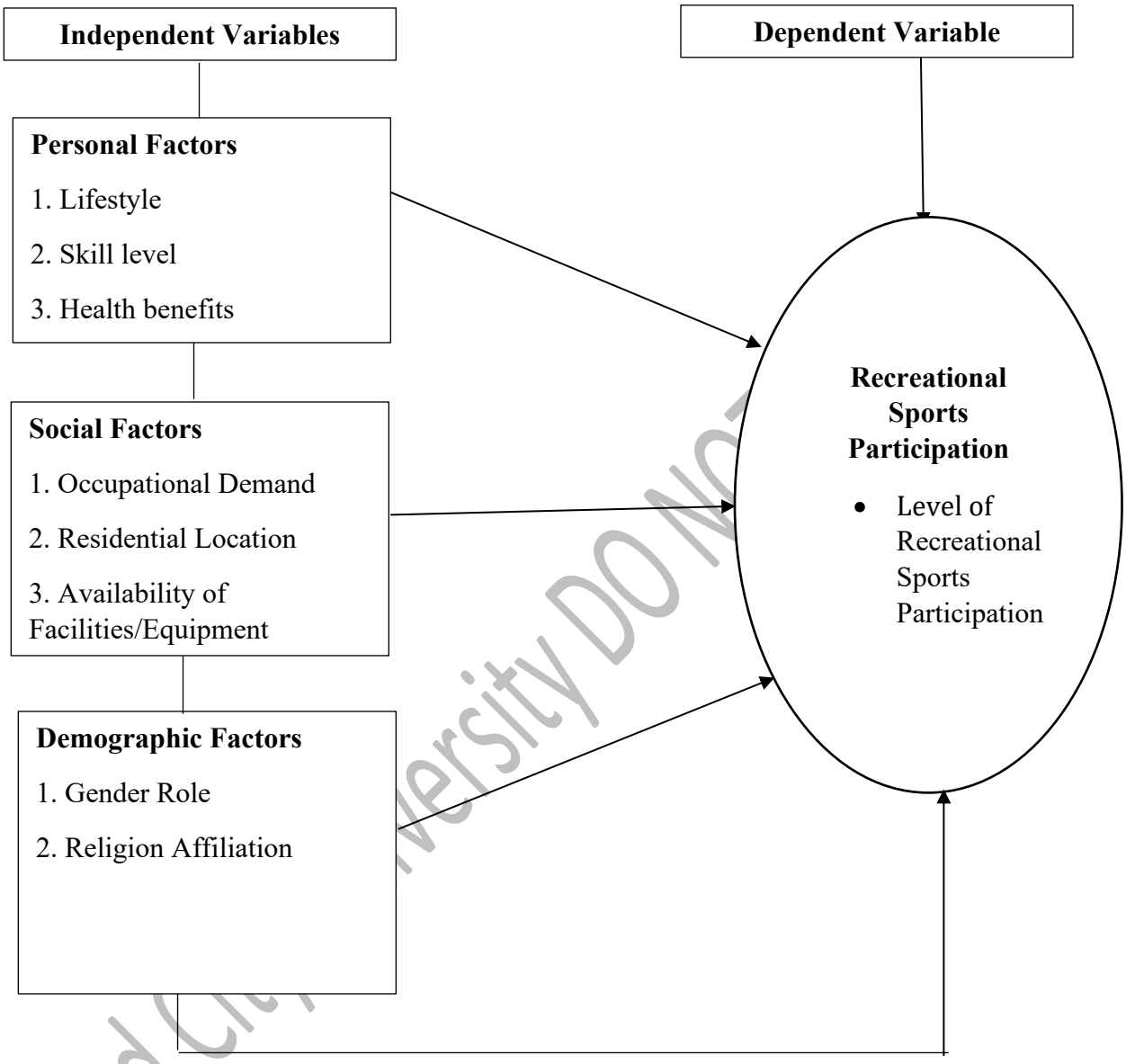


Fig. 2.1: A Conceptual Model Showing Interaction of Independent Variables with Recreational Sports Participation
Source: Researcher, 2025

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2.5. Summary of Gaps in Literature Reviewed

Sports and Recreational activities aid in improving people's physical and mental health. This is why sports and leisure facilities are provided at every territorial institution in addition to the classrooms, libraries, offices, and laboratories where students and lecturers can go to partake in sporting activities or rest to relieve the burden of academic work[1]. The instructional program of every university education includes extracurricular activities like sports and relaxation. Recreational facilities have been defined as type of the instructional material and other infrastructural facilities such as building tools, equipment and other teaching-learning aids that are necessary for the students to learn at leisure hours.

All over the world, recreational sports and physical activities are highly beneficial activities done for personal and group enjoyment at leisure time. Recently, there is an increase in the number of health problems and preventable deaths in Nigeria. However, one would expect that the health care sector is a no go area for health problems and ailments. Professionals in the Health Care delivery system now contend with several of these challenges on a daily basis to providing solutions to these problems among the people. In recent time, the advent of COVID-19 Pandemic health problem placed on the Health Care Professionals a more burdensome responsibility in health care service delivery to the Nigerian citizens. Health Care Professionals now have to do multiple shifts and stay for longer hours at work.

Consequently, there is the rising rate of labour migration of health care professionals to the western world in search of greener pastures, leading to a serious shortage of manpower in the health sector in Nigeria. Young health Care professionals are leaving for overseas in the middle of their training which has medium and long term effects

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on the health sector. “Over 9,000 medical doctors of Nigerian origin left the shores of the country in search of greener pastures in the United Kingdom, United States of America and Canada in two years, the Nigerian Medical Association, (NMA) stated. The emigration of the medical experts which the NMA said happened between 2016 and 2018 negatively impacted the nation’s health care system that only 4.7% of specialists were left to take care of Nigerians’ health issues”.

Additionally, the post COVID-19 era aggravated the already worsened situation. The medical field has witnessed a scaling rise in the number of health care professionals emigrating to the West. The Health Care system is overstressed; there are reports of professionals slumping at workplaces and pocket cases of suicide among Doctors. A larger proportion of Health Care Professionals live sedentary life which is detrimental to healthy living. Among the health care professionals, there were reports of suicide cases; this may be due to work pressure and stress. Quite often, health care professionals usually advice that individuals to partake in recreational sports and physical activity as a therapy for the alleviation of health problems and very importantly for healthy living but recreational sports participation among the Health Care Professionals is low. More so, over the last two decades, the prevalence of obesity has increased substantially in all parts of the world.

It was estimated that approximately two billion citizens are overweight and more than half a billion of the population are obese[67]. Eleven percent (11%) of men and 15% of women above the age of eighteen are overweight as a result of physical inactivity and poor diet. Moreover, many studies have also proven that taking part in physical activities can help individuals to live an active lifestyle and save health care costs. However, there are many factors which can determine workers’ active participation in recreational sports and

physical activities and other types of activities done at the leisure time. Though, the factors which determine workers participation in recreation activities and sports varies from personal, social and demographic factors which includes, lifestyles, skill level, health benefits, occupational demand, residential location, availability of facilities and equipment, age, gender, marital status, religion, among others.

Nevertheless, research on workers' attitude towards leisure and recreation activities is beginning to get more attention globally, because of the increasing health challenges and scaling health care costs. However, whether Health Care Professionals in Federal Medical Centers have positive attitude towards recreational sports and physical activity participation or they are as well hindered by the aforementioned factors is a question that this study will answer? Therefore, this study will investigate, "Personal and socio-demographic factors for recreational sports participation among health care professionals in Federal Medical Centers in South-western Nigeria".

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Chapter Three

Methodology

This chapter presents the research methodology that was used for the study. Thus, the methods and procedures were discussed as follows: research design, population of the study, sample and sampling techniques, description of the research instrument, validity of research instrument, reliability of the research instrument, data collection, data analysis and ethical approval

3.1. Research Design

For this study, a descriptive survey research design was employed. The researcher argues that this approach is justified since it focuses on describing events, documenting, analyzing, and interpreting data pertaining to pre-existing issues. The descriptive survey research design is a design in which a group of people or items is studied by collecting and analyzing data from only few people or items consisting to be the representative of the entire group[1]. Therefore, information was collected on influence of personal and socio-demographic factors on recreational sports participation among health care professionals in Federal Medical Centres in South-Western Nigeria.

3.2. Population of the Study

The population for this study comprise 1513 health care professionals in the three health in Federal Medical Centres in South-western States in Nigeria which are Federal Medical Centre, Ebute Meta, Lagos State, Federal Medical Centre, Abeokuta, Ogun State, Federal Medical Centre, and Federal Medical Centre, Owo, Ondo State. It focused on the health care professionals which include; doctors, nurses and allied health care

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professionals. Three Federal Medical Centers were sampled because those are the existing Federal Medical Centers in South-western as of the time the field survey.

3.3. Sample and Sampling Techniques

The sample size consist of sixty percent (60%) respondents selected from each Federal Medical Centres in South-western States in Nigeria. The choice of sixty percent (60%) sample size from each Federal Medical Centre in the South-western States of Nigeria is justified on methodological and practical grounds. In descriptive and correlational research, sampling more than half of the population improves representativeness, lowers sampling error, and offers strong generalisability [2]. Multistage sampling procedure, comprising census, simple random, proportionate and purposive sampling techniques was used to select the respondents. The sampling techniques are explained as follows:

Stage One: Census sampling technique was used to select three (3) states in the South-western Nigeria where Federal Medical Centers are situated. This was because as of the time of the field survey between the year 2023 and June 2024, there were only existing three FMCs in South-western, Nigeria Region.

Stage Two: Purposive sampling technique was used to select health care professionals in South-western, Nigeria.

Stage Three: Proportionate sampling technique was used to determine (60%) respondents that was drawn from each of the three selected Federal Medical Centers. This is to ensure that equal percentage of respondents is selected from each of the chosen Federal Medical Centers.

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Stage Four: Simple random sampling technique was used to give each of the respondents in each of the centres an equal and independent chance of being included in the sample. The respondents were selected randomly from each of the centres based on the predetermined number respondents.

Table 3.1: Table Showing of Sample Size of Respondents

S/n	Medical Facility	Number of Health Care Professionals Selected per medical centre	60% No Selected	Retrieved
1.	Federal Medical Centre, Ebute meta, Lagos State	750	450	
2.	Federal Medical Centre, Abeokuta, Ogun State	320	192	
3.	Federal Medical Centre, Owo, Ondo State	443	266	
Total		**1513**	**908**	**723**

Source: Field Survey, 2025

3.4 . Description of the Research Instrument

A self-developed questionnaire was used as instrument for data collection in this study. This questionnaire is made up of six sections, namely; Sections A, B, C, D and E.

1. Personal, Socio-Demographic Factors and Recreational Sports Participation Questionnaire

The questionnaire is made up of Personal Factors Scale (PFS), Social Factors Scale (SFS), Demographic Factors Scale (DFS), and Recreational Sports Participation Scale (RSPS). The questionnaire is constructed in four sections. Section A dealt with demographic information of the respondents, sections B, C, D and E was used to elicit information in line with the variables of interest to this study.

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Section A: Demographic Characteristics: This was used to obtain information on demographic characteristics of the respondents.

Section B: Personal Factors Scale (PFS): This scale was used to elicit information on lifestyle, skill level and health benefits. Each response were scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Section C: Social Factors Scale (SFS): This scale was used to elicit information on occupational demand, residential location and availability of facility and equipment. Each response were scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Section D: Demographic Factors Scale (DFS): This scale was used to elicit information on gender, age, marital status and religion. Each response were scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Section E: Recreational Sports Participation Scale (RSPS): This scale was used to elicit information on recreational sports participation and level of participation. Each response were scored on a 4-point modified Likert format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

3.5. Validity of the Instrument

The degree to which a research instrument measures what it is intended to assess is taken into account when evaluating its validity. A questionnaire draft was shown to the researcher's supervisor and other lecturers at the Department of Kinesiology, Sports Science, and Health Education at Lead City University, Ibadan, for face, construct, content,

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and criterion validity in order to ensure the instrument's validity. Before the instruments were administered, the necessary adjustments were made to enhance the questionnaire's quality.

3.6. Reliability of the Instrument

A research instrument's reliability is a measure of how free from bias (error free) it is, which guarantees consistent measurement over time and across the various items in the instrument (the observed scores). Forty self-structured questionnaires were distributed to medical professionals at University College Hospital (UCH) who are not part of the study population but share the same characteristics with the study population. The questionnaires were compiled and subjected to the Cronbach Alpha technique to determine the internal consistency of the instruments on each scale, and the results showed an internal consistency of 0.81.

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3.7. Data Collection

The researcher obtain a letter of introduction from the Head of Department of Kinesiology, Sports Science and Health Education, Faculty of Education, Lead City University, Ibadan for proper identification. Furthermore, eight (8) research assistants was recruited, trained and engaged in the course of carrying out the study. Then, questionnaires were administered with the help of the trained research assistants.

3.8. Data Analysis

The filled copies of questionnaire were collected, coded and analyzed using descriptive and inferential statistics. The descriptive statistics of frequency counts and percentages was used to analyze the socio-demographic characteristics of the respondents

and the research questions. Inferential statistics of Pearson product moment correlation (PPMC) and multiple regression were used to test the stated hypotheses at 0.05 alpha level.

3.9 Ethical Approval

An ethical approval for the study was obtained from the Ethical Review Committee of all the Federal Medical Centers. The respondents also were acquainted with the benefits of the research. Consent of the respondents was sought in writing, while respondents were on voluntary basis. Finally, any information acquired from the respondents were treated with uttermost confidentiality.

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Chapter Four

Results and Discussion of Findings

This chapter reveals results and discussion of findings based on the analysed data. The results and discussion of findings are presented based on demographic characteristics of the respondents, research question and hypotheses as follows:

4.1 Demographic Data Analysis

The following are the socio-demographic characteristics of the respondents.

Table 4.1.1: Distribution of the Respondents by Sex

Sex	Frequency	Percent
Male	382	52.8
Female	341	47.2
Total	723	100.0

Source: Field Survey, 2025

Table 4.1.1 reveals that over half of the respondents (52.8%) were male, while female were below half (47.2%) of the entire sample size.

Table 4.1.2: Distribution of the Respondents by Age

Age	Frequency	Percent
30 years and below	261	36.1
31-40 years	357	49.4
41-50 years	52	7.2
51 years and above	53	7.3
Total	723	100.0

Source: Field Survey, 2025

Table 4.1.2 reveals that almost half of the respondents (49.4%) were in the age range of 31-40 years, over one quarter (36.1%) were 30 years and below, few (7.3%) were 51 years and above, while few (7.2%) were in the age range of 41-50 years.

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Table 4.1.3: Distribution of the Respondents by Educational Qualification

Educational Qualification	Frequency	Percent
PhD	26	3.6
Master Degree	224	31.0
First Degree	433	59.9
Others	40	5.5
Total	723	100.0

Source: Field Survey, 2025

Table. 4.1.3 reveals that over half of the respondents (59.9%) had First Degree, many of the respondents (31.0%) obtained Master Degree, few (5.5%) had other qualifications, while few (3.6%) also had Ph.D.

Table 4.1.4: Distribution of the Respondents by Occupation

Occupation	Frequency	Percent
Physiotherapists	66	9.1
Nurses	164	22.7
Medical Laboratory Professional	122	16.9
Dentists	11	1.5
Medical Doctors	137	18.9
Nutritionist & Dietician	24	3.3
Public Health Officers	17	2.4
Pharmacists	73	10.1
Dental Technicians	26	3.6
Medical Record Officers	83	11.5
Total	723	100.0

Source: Field Survey, 2025

Table 4.1.4 reveals that many of the respondents (22.7%) were nurses, a significant number of the respondents (18.9%) were medical doctors, a considerable number (16.9%) were medical laboratory professionals, and some respondents were medical record officers (11.5%), few (10.1%) were pharmacists; while few respondents (1.5%) were dentists.

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Table 4.1.5: Distribution of the Respondents by Religion

Religion	Frequency	Percent
Christianity	420	58.1
Islam	303	41.9
Traditional	0	0.0
Others	0	0.0
Total	723	100.0

Source: Field Survey, 2025

Table 4.1.5 reveals that over half of the respondents (58.1%) were Christians, while less than half (41.9%) were Muslims.

Table 4.1.6: Distribution of the Respondents by Marital Status

Marital Status	Frequency	Percent
Single	333	46.1
Married	382	52.8
Divorced	2	0.3
Widow	5	0.7
Widower	1	0.1
Total	723	100.0

Source: Field Survey, 2025

Table 4.1.6 reveals that over half of the respondents (52.8%) were married, less than half (46.1%) were single, few (7.0%) were widows, few (0.3%) were divorced, while a respondent (0.1%) was a widower.

4.2 Presentation of Data

4.2.1 Research Question

The following research question was answered:

Research Question One: What is the level of recreational sports participation among health care professionals in Federal Medical Centres in South-western Nigeria?

Table 4.2.1: Descriptive Analysis on Level of Recreational Sports Participation

S/n	Statement	O	RE	RA	N	Mean	Std. Dev.

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1	Participation in recreational sports is never part of my daily routine.	464 (64.2%)	159 (22.0%)	100 (13.8%)	0 (0.0%)	1.63	1.03
2	I reduce my involvement in moderate-intensity aerobic activities like dancing and brisk walking	476 (65.8%)	107 (14.8%)	140 (19.4%)	0 (0.0%)	1.73	1.17
3	Skipping and participation in a game like volleyball are not part of my recreational activities	510 (70.5%)	213 (29.5%)	0 (0.0%)	0 (0.0%)	1.29	0.46
4	I don't involve in 20 minutes or more of vigorous-intensity physical activity that makes me sweat or puff and pant (e.g, heavy lifting or jogging)	441 (61.0%)	143 (19.8%)	139 (19.2%)	0 (0.0%)	1.58	0.79
5	I just don't think about recreational sports, I always forget to participate.	710 (98.2%)	13 (1.8%)	0 (0.0%)	0 (0.0%)	1.02	0.13
6	I'm tired after work; I have no enough energy to participate in recreational sports.	321 (44.4%)	163 (22.5%)	153 (21.2%)	86 (11.9%)	2.01	1.06
7	I participate in recreational sports twice a week because of job demands	170 (23.5%)	367 (50.8%)	186 (25.7%)	0 (0.0%)	2.28	1.09
8	Availability of ball games facilities in my environment did not translate to participation in football/handball/ volleyball or basketball	225 (31.1%)	172 (23.8%)	100 (13.8%)	226 (31.3%)	2.45	1.22
9	I just don't feel like participating in recreational sports due to lack of interest.	283 (39.1%)	340 (47.0%)	100 (13.8%)	0 (0.0%)	1.89	0.97

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10	Despite the provision of indoor games facilities in my house I am not inspired to participate in sporting activities	327 (45.2%)	356 (49.2%)	0 (0.0%)	40 (5.5%)	1.66	0.75
11	Specific facility of my choice of recreational sport is always over crowded/inadequate hence I keep off	245 (33.9%)	379 (52.4%)	99 (13.7%)	0 (0.0%)	1.80	0.66
12	I don't do some forms of physical exertion and voluntary movements that burn calories	329 (45.5%)	354 (49.0%)	40 (5.5%)	0 (0.0%)	1.60	0.59
13	I dislike physical exercise in the public, I feel uncomfortable using the gymnasium with others and therefore I do not exercise.	430 (59.5%)	293 (40.5%)	0 (0.0%)	0 (0.0%)	1.41	0.49
14	For many health reasons, fitness training class and gym exercises are not part of my schedule	393 (54.4%)	330 (45.6%)	0 (0.0%)	0 (0.0%)	1.46	0.50
						Weighted mean=1.70	

Decision rule: 1.00-1.49=Very low, 1.50-2.49=Low, 2.50–3.49=High, 3.50-4.00=Very high
Key: Often (O), Regularly (RE), Rarely (RA), Never (N)
Source: Field Survey, 2025

Table 4.2.1, reveals that 64.2% of the respondents indicated often on the fact that participation in recreational sports was never part of their daily routine, 22.0% mentioned regularly, while 13.8% stated rarely. Moreover, 65.8% of the respondents indicated that they reduce their involvement in moderate-intensity aerobic activities like dancing and brisk walking, 14.8% mentioned regularly, while 19.4% stated rarely. Furthermore, 70.5% of the respondents indicated that skipping and participation in a game like volleyball are

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not part of their recreational activities, while 29.5% mentioned regularly. In addition, 61.0% of the respondents indicated often on the fact that they don't involve in 20 minutes or more of vigorous-intensity physical activity that makes them sweat or puff and pant like heavy lifting or jogging, 19.8% mentioned regularly, while 19.2% stated rarely. Likewise, 98.2% of the respondents indicated that they just don't think about recreational sports, they always forget to participate, while 1.8% mentioned regularly. Likewise, 44.4% of the respondents indicated that are tired after work so; they have no enough energy to participate in recreational sports, 22.5% mentioned regularly, 21.2% stated rarely, while 11.9% mentioned never. Similarly, 23.5% of the respondents indicated that participation in recreational sports twice a week because of job demands, 50.8% mentioned regularly, while 25.7% mentioned rarely.

Table 4.2.1 further reveals that 31.1% of the respondents indicated that availability of ball games facilities in their environment did not translate to participation in football/handball/ volleyball or basketball, 23.8% mentioned regularly, 13.8% mentioned rarely, while 31.3% stated never. Besides, 39.1% of the respondents indicated that they just don't feel like participating in recreational sports due to lack of interest, 47.0% mentioned regularly, while 13.8% mentioned rarely. Also, 45.2% of the respondents indicated that despite provision of indoor games facilities in their houses, they were not inspired to participate in sporting activities, 49.2% mentioned regularly, while 5.5% mentioned never.

Moreover, 33.9% of the respondents indicated that specific facility of their choice of recreational sport is always over crowded/inadequate hence they keep off, 52.4% mentioned regularly, while 13.7% mentioned rarely. Additionally, 45.5% of the respondents indicated that they don't do some forms of physical exertion and voluntary

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movements that burn calories, 49.0% mentioned regularly, while 5.5% mentioned rarely. Furthermore, 59.5% of the respondents indicated that they dislike physical exercise in the public, they feel uncomfortable using the gymnasium with others and therefore they do not exercise, while 40.5% mentioned regularly. Also, 54.4% of the respondents indicated that for many health reasons, fitness training class and gym exercises are not part of their schedule, while 45.6% mentioned regularly. It was further revealed that, on the average, the respondents' responses on recreational sports participation had a weighted mean of 1.70 indicating it was low. This implies that the level of recreational sports participation was low among health care professionals in Federal Medical Centres in South-western Nigeria.

4.2.2 Hypotheses

The following hypotheses were tested at 0.05 level of significance:

Ho1: There is no significant joint prediction of personal factors (lifestyle, skill level and health benefits) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.2: Summary of Regression Analysis of Joint Prediction of Personal Factors on Recreational Sports Participation

R=0.783
R^2=0.613
Adj. R^2=0.611
Std. Error=3.31412

Model	Sum of Squares	df	Mean Square	F	Sig. (*p* value)	Remark
Regression	12497.705	3	4165.902	379.292	0.000	Significant
Residual	7897.044	719	10.983			
Total	20394.750	722				

Source: Field Survey, 2025

As shown in table 4.2.2, it was found that the linear combination of personal factors of lifestyle, skill level and health benefits was tested significant on recreational sports

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participation among health care professionals of Federal Medical Centres in South-western Nigeria ($F_{(3,719)}$=379.292, p<0.05). The result yielded a coefficient of multiple regression of 0.783 and multiple R-square of 0.613. The result also revealed that adjusted R^2=0.611; indicating that about 61.1% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

Ho2: There is no significant relative prediction of lifestyle, skill level and health benefit on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.3: Summary of Regression Analysis of Relative Prediction of Personal Factors on Recreational Sports Participation

	Unstandardized Coefficients		Standardized Coefficients			
Model	B	Std. Error	Beta	t	Sig.	Remark
(Constant)	36.289	0.423		85.734	0.000	
Lifestyle	-1.596	0.054	-0.854	-29.303	0.000	Significant
Skill level	0.304	0.071	0.169	4.301	0.000	Significant
Health benefit	-0.026	0.092	-0.012	-0.278	0.781	Not Significant

Source: Field Survey, 2025

Table 4.2.3 shows lifestyle, skill level and health benefit, the unstandardized regression weight (ß), the standardized error of estimate (SEß), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in this table, lifestyle (β=-0.854, p<0.05) and skill level (β=0.169, p<0.05) were independently tested significant on recreational sports participation among health care professionals of Federal Medical

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Centres in South-western Nigeria, while health benefit (β=-0.012, p>0.05) did not. This means that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. The null hypothesis which stated that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria was therefore rejected.

Ho3: There is no significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.4: Summary of Regression Analysis of Joint Prediction of Social Factors on Recreational Sports Participation

R=0.751
R^2=0.564
Adj. R^2=0.563
Std. Error=3.51512

Model	Sum of Squares	df	Mean Square	F	Sig. (*p* value)	Remark
Regression	11510.750	3	3836.917	310.529	0.000	Significant
Residual	8884.000	719	12.356			
Total	20394.750	722				

Source: Field Survey, 2025

As revealed in table 4.2.4, it was found that the linear combination of social factors of occupational demand, residential location and availability of facilities/equipment was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria ($F_{(3,719)}$=310.529, p<0.05). The result yielded a coefficient of multiple regression of 0.751 and multiple R-square of 0.564. The

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result also revealed that adjusted R^2=0.563; indicating that about 56.3% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

H_O4: There is no significant relative prediction of occupational demand, residential location and availability of facilities/equipment on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.5: Summary of Regression Analysis of Relative Prediction of Social Factors on Recreational Sports Participation

	Unstandardized Coefficients		Standardized Coefficients			
Model	B	Std. Error	Beta	t	Sig.	Remark
(Constant)	31.092	0.903		34.440	0.000	
Occupational demand	-0.587	0.060	-0.247	-9.770	0.000	Significant
Residential location	-1.670	0.063	-0.713	-26.701	0.000	Significant
Availability of facilities/equipment	1.664	0.085	0.530	19.602	0.000	Significant

Source: Field Survey, 2025

Table 4.2.5 shows occupational demand, residential location and availability of facilities/equipment, the unstandardized regression weight (ß), the standardized error of estimate (SEß), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table, occupational demand (β=-0.247, $p<0.05$), residential location (β=-0.713, $p<0.05$) and availability of facilities/equipment (β=0.530, $p<0.05$)were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means

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that there was a significant relative prediction of occupational demand, residential location and availability of facilities / equipment on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

Ho5: There is no significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.6: Summary of Regression Analysis of Joint Prediction of Demographic Factors on Recreational Sports Participation

R=0.595
R^2=0.355
Adj. R^2=0.353
Std. Error=4.27592

Model	Sum of Squares	Df	Mean Square	F	Sig. (*p* value)	Remark
Regression	7230.646	2	3615.323	197.737	0.000	Significant
Residual	13164.104	720	18.283			
Total	20394.750	722				

Source: Field Survey, 2025

As indicated in table 4.2.6, it was found that the linear combination of demographic factors of gender role and religious affiliation was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria ($F_{(2,720)}$=197.737, p<0.05). The result yielded a coefficient of multiple regression of 0.595 and multiple R-square of 0.355. The result also revealed that adjusted R^2=0.353; indicating that about 35.3% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care

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professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

Ho6: There is no significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4.2.7: Summary of Regression Analysis of Relative Prediction of Demographic Factors on Recreational Sports Participation

	Unstandardized Coefficients		Standardized Coefficients			
Model	B	Std. Error	Beta	t	Sig.	Remark
(Constant)	19.215	0.881		21.813	0.000	
Gender role	-0.707	0.093	-0.228	-7.600	0.000	Significant
Religious affiliation	1.789	0.096	0.560	18.687	0.000	Significant

Source: Field Survey, 2025

Table 4.2.7 shows gender role and religious affiliation, the unstandardized regression weight (ß), the standardized error of estimate (SEß), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table, gender role (β=-0.228, $p<0.05$) and religious affiliation (β= 0.560, $p<0.05$) were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means that there was a significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

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4.3. Discussion of Findings

The findings of this study on socio-demographic characteristics of the respondents revealed that, over half of the respondents were male, while female were below half of the entire sample size. It was further established that, almost half of the respondents were in the age range of 31-40 years, over one quarter were over 30 years, few were 51 years and above, while few were in the age range of 41-50 years. The finding on socio-demographic characteristics of this study also revealed that, over half of the respondents had First Degree, many of the respondents obtained Master Degree, few had other qualifications, while few also had Ph.D.

The finding of this study on socio-demographic characteristics further revealed that, many of the respondents were nurses, a significant number of the respondents were medical doctor, a considerable number were medical laboratory professional, some respondents were medical record officers and pharmacists; while few respondents were dentists. The result of this study also revealed that over half of the respondents were Christians, while less than half were Muslims. Moreover, it was revealed that over half of the respondents were married, less than half were single, few were widows, few were divorced, while a respondent was a widower.

The level of recreational sports participation was low among health care providers in Federal Medical Centres in South-western Nigeria. This implies that a significant portion of respondents reported a lack of interest in recreational sports. This was authenticated through the weighted mean which indicated that it was low level. It was also established that the responses of most respondents on the fact that participation in recreational sports was never part of their daily routine. Moreover, most of the respondents indicated that they

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reduced their involvement in moderate-intensity aerobic activities like dancing and brisk walking. Furthermore, majority of the respondents indicated that skipping and participation in a game like volleyball are not part of their recreational activities. In addition, most of the respondents indicated often on the fact that don't involve in 20 minutes or more of vigorous-intensity physical activity that makes them sweat or puff and pant like heavy lifting or jogging.

Likewise, majority of the respondents indicated that they just don't think about recreational sports, they always forget to participate. Similarly, many of the respondents indicated that they are tired after work so; they have no enough energy to participate in recreational sports. Similarly, significant number of the respondents indicated that they participate in recreational sports twice a week because of job demands. Some of the respondents indicated that availability of ball games facilities in their environment did not translate to participation in football/handball/ volleyball or basketball. Some of the respondents indicated that they just don't feel like participating in recreational sports due to lack of interest. Also, many of the respondents indicated that despite to provision of indoor games facilities in my house am not inspired to participate in sporting activities. Moreover, many of the respondents indicated that specific facility of their choice of recreational sport is always over crowded/inadequate hence they keep off. Additionally, many of the respondents indicated that they don't do some forms of physical exertion and voluntary movements that burn calories. Moreover, most of the respondents indicated that they dislike physical exercise in the public, they feel uncomfortable using the gymnasium with others and therefore they do not exercise.

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Also, some of the respondents indicated that for many health reasons, fitness training class and gym exercises are not part of their schedule. This finding of this study on low level of recreational sports participation among health care providers aligns with a previous study which identified personal interest and motivation as critical determinants of leisure-time physical activity among Nigerian adolescents[1]. Although this study focused on a younger demographic, the implications regarding motivation are pertinent across age groups. The data likewise reveals that some of the respondents feel too tired after work to engage in recreational sports. This finding is consistent with research indicating that occupational demands and resultant fatigue significantly hinder participation in recreational activities among working adults[2].

Socio-economic status plays a crucial role in sports participation. A review indicates that individuals from lower socioeconomic backgrounds often have reduced access to recreational facilities and opportunities, impacting their participation rates[3]. While the current data does not provide explicit socio-economic details, the general trend suggests that economic factors may influence participation. A good number of respondents indicated that overcrowded or inadequate facilities deter them from engaging in recreational sports. A study emphasizes that the availability and quality of recreational facilities are significant determinants of community health and individual participation in physical activities[1]. Discomfort with public exercise settings was reported by the respondents. This psychological barrier is highlighted in research which discusses how personal perceptions and societal norms can influence physical activity behaviors[4,5]. The low participation in recreational sports among healthcare professionals is influenced by a combination of personal interest, occupational fatigue, socioeconomic status,

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environmental constraints, and psychological barriers. Addressing these factors requires a multifaceted approach, including workplace wellness programs, improved access to quality recreational facilities, and initiatives aimed at enhancing motivation and reducing psychological barriers to participation.

A previous study highlighted that physical exertion was a major barrier to exercise participation among Nigerian adults, emphasizing the need for lifestyle modifications to enhance physical activity levels[6]. The proficiency or confidence in one's ability to engage in specific sports can influence participation rates. While direct studies on healthcare professionals are limited, another research identified barriers to effective teaching of physical education among secondary school teachers, suggesting that skill level and confidence are pivotal in promoting physical activity[7]. Understanding and valuing the health benefits associated with physical activity can motivate individuals to participate in recreational sports. A study emphasized the role of healthcare professionals in promoting physical activity, highlighting that their personal engagement can influence their advocacy for exercise among patients[8].

The finding of this study in hypothesis one revealed that the linear combination of personal factors of lifestyle, skill level and health benefit was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The result further established that about 61.1% of variance was accounted for by the independent variables. The indication of this finding was that, there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome established that the

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combination of personal factors of lifestyle, skill level and health benefit had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally in recreational sports participation. The outcome of this study on joint prediction of personal factors involving health benefit was in line with the outcome of a previous study which established prevention of health is associated with sports participation[1].

While personal factors are significant, socio-demographic variables also play a crucial role. Research discussed the implications of leisure activities and recreation facilities on community health, indicating that environmental and social factors can either facilitate or hinder recreational sports participation[9]. The findings align with existing literature, emphasizing that personal factors such as lifestyle, skill level, and perceived health benefits significantly predict recreational sports participation among healthcare professionals. Addressing these factors through targeted interventions, education, and supportive environments can enhance engagement in physical activities within this group.

High occupational demands often lead to reduced leisure time, negatively impacting participation in recreational sports. Healthcare professionals frequently face long working hours and high-stress environments, which can limit their capacity for physical activity. This aligns with findings that perceived constraints, such as time limitations due to work commitments, significantly hinder active recreational sport participation among urban residents[10]. The proximity of one's residence to recreational facilities significantly influences sports participation. Studies have shown that individuals living closer to sports facilities are more likely to engage in physical activities. For instance, research indicates that the availability and usability of sports facilities are strong

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predictors of sustainable sports development, highlighting the importance of accessible recreational infrastructure[11].

The presence and accessibility of sports facilities and equipment are crucial for encouraging recreational sports participation. A study analyzing the impact of sport infrastructure on participation found that the availability of facilities like swimming pools and sports fields significantly determines engagement in sports activities [12]. Additionally, the provision of well-maintained and accessible sports facilities has been linked to increased physical activity levels among community members[13]. The significant joint influence of occupational demand, residential location and availability of facilities/equipment on recreational sports participation among healthcare professionals highlights the need for targeted interventions. Addressing these social factors by promoting work-life balance, strategic urban planning to improve access to recreational facilities, and ensuring the availability of necessary sports infrastructure can enhance physical activity engagement within this population.

The outcomes of hypothesis two revealed that lifestyle and skill level were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. This means that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. These outcomes denoted that lifestyle and skill level independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate in recreational sports participation; while health benefit that the respondents

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could derive did not have significant effect on their participation. The outcome of this study on relative prediction of health benefits was in congruence with the outcome of a previous study which established prevention of health is connected with sports participation[1]. This suggests that individuals with demanding lifestyles or lower skill levels are less likely to engage in recreational sports. These results align with existing literature. For instance, a study found that socioeconomic factors, including lifestyle and skill level, significantly influence sports participation patterns[14].

Similarly, a research highlighted that personal attributes such as skill proficiency are crucial determinants of physical activity engagement among Nigerian adolescents[15]. Furthermore, a study emphasized the role of individual lifestyle choices in determining participation in leisure-time physical activities[16]. These studies collectively underscore the importance of personal factors in influencing recreational sports participation. Regarding social factors, the study revealed that occupational demand, residential location, and availability of facilities/equipment significantly predict recreational sports participation. This implies that high occupational demands and unfavorable residential locations negatively impact participation, whereas better availability of facilities promotes engagement. This finding is supported by another study, which reported that the availability and proximity of sports facilities are positively associated with participation rates[17].

Additionally, study indicated that occupational commitments and residential environments significantly influence physical activity levels among Nigerians[18]. Furthermore, a study found that individuals residing in areas with limited recreational facilities are less likely to engage in sports activities[19]. These studies highlighted the critical

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role of social determinants in recreational sports participation. Both personal factors (lifestyle and skill level) and social factors (occupational demand, residential location, and availability of facilities/equipment) play significant roles in determining recreational sports participation among healthcare professionals in Southwestern Nigeria. Addressing these factors through targeted interventions could enhance participation rates and promote better health outcomes.

The finding of this study in hypothesis three revealed that the linear combination of social factors of occupational demand, residential location and availability of facilities/equipment was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The finding also establishes that about 56.3% of variance was accounted for by the independent variables. The finding implied that there was a significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome of this on joint prediction of social factors established that the combination of social factors of occupational demand, residential location and availability of facilities/equipment had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally in recreational sports participation. The outcome of this study on joint prediction of social factors was in line with the finding of a previous study which established that social environment had influence on sports participation[2].

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The study's findings indicated that both personal and socio-demographic factors significantly influence recreational sports participation among healthcare professionals in Federal Medical Centres in Southwestern Nigeria. Specifically, personal factors such as lifestyle and skill level were significant predictors, whereas perceived health benefits were not. Additionally, socio-demographic factors, including occupational demand, residential location, and availability of facilities/equipment, also played a crucial role in determining participation levels. These results align with existing literature. For instance, a study found that individual lifestyle choices and skill proficiency are critical determinants of sports participation[20]. Similarly, another study highlighted that occupational commitments and residential environments significantly influenced physical activity engagement among Nigerian adults[15]. Furthermore, a study emphasized that the availability and accessibility of recreational facilities are positively associated with increased participation in physical activities[21]. Addressing both personal and socio-demographic barriers is essential to enhance recreational sports participation among healthcare professionals. Implementing workplace wellness programs, improving access to recreational facilities, and promoting skill development initiatives could be effective strategies to encourage active lifestyles within this demographic.

In hypothesis four, the finding of this study revealed that occupational demand, residential location and availability of facilities / equipment were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means that there was a significant relative prediction of occupational demand, residential location and availability of facilities / equipment on recreational sports participation among health care professionals of Federal

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Medical Centres in South-western Nigeria. It implied that occupational demand, residential location and availability of facilities / equipment independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria not to participate optimally in recreational sports participation. The outcome of this study on relative prediction of social factor of residential location was in line with the finding of previous study which established that living environment has influence on sports participation[2].

The findings indicated that demographic factors, specifically gender role and religious affiliation, significantly influence recreational sports participation among healthcare professionals in Federal Medical Centres in Southwestern Nigeria. The regression analysis revealed that these variables accounted for 35.3% of the variance in participation levels. This suggests that social and cultural expectations tied to gender and religion play a considerable role in shaping individuals' engagement in recreational sports. These results align with previous studies. For instance, a study found that gender norms often limit women's participation in sports, particularly in regions where cultural expectations discourage female engagement in physical activities[17]. Similarly, research emphasized that religious affiliation influences physical activity participation, as certain religious doctrines and beliefs either encourage or restrict engagement in specific recreational activities[22].

Furthermore, in their study on healthcare workers' lifestyle behaviours, a study highlighted that professional responsibilities and socio-cultural expectations create additional barriers to sports participation, particularly among female healthcare professionals[23]. This finding corroborates the results of the present study, reinforcing the

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notion that gender roles significantly impact recreational sports involvement. Moreover, a study demonstrated that religious institutions play a dual role in either promoting or restricting sports participation[24]. For example, some religious groups actively incorporate physical fitness programs into their activities, whereas others impose restrictions that limit engagement in recreational sports. Finally, a study explored the intersection of demographic factors and sports participation, concluding that the interplay between gender, religion, and societal expectations is crucial in determining individuals' likelihood of engaging in recreational sports[25]. It was suggested that policy interventions targeting gender inclusivity and cultural awareness could help mitigate these barriers. In conclusion, demographic factors such as gender role and religious affiliation significantly influence healthcare professionals' participation in recreational sports. Addressing these barriers through targeted policies, workplace initiatives, and community programs could foster a more inclusive and active environment for all professionals.

The finding of hypothesis five of this study revealed that the linear combination of demographic factors of gender role and religious affiliation was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The result also revealed that about 35.3% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome of this on joint prediction of social factors established that the combination of demographic factors of gender role and religious affiliation had significant contribution to in ability of the health care professionals of

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Federal Medical Centres in South-western Nigeria to participate optimally participate in sports. The outcome of this study on joint prediction of demographic factors involving gender was in line with the finding of a previous study which established that gender inequality had effect on individuals' participation in recreational activities[3].

The finding of hypothesis six revealed that gender role and religious affiliation were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means that there was a significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. It implied that gender role and religious affiliation independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria not to participate optimally in recreational sports participation. The outcome of this study on relative prediction of gender was in line with the finding of a previous study which established that gender had impact on physical activity[4]. These results align with previous studies. For instance, a study found that gender norms often limit women's participation in sports, particularly in regions where cultural expectations discourage female engagement in physical activities[8].

Similarly, a study emphasized that religious affiliation influences physical activity participation, as certain religious doctrines and beliefs either encourage or restrict engagement in specific recreational activities[12]. Furthermore, a previous on healthcare workers' lifestyle behaviors, they highlighted that professional responsibilities and socio-cultural expectations create additional barriers to sports participation, particularly among female healthcare professionals[9]. This finding corroborates the results of the present

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study, reinforcing the notion that gender roles significantly impact recreational sports involvement. Moreover, a study demonstrated that religious institutions play a dual role in either promoting or restricting sports participation[22]. For example, some religious groups actively incorporate physical fitness programs into their activities, whereas others impose restrictions that limit engagement in recreational sports.

Additionally, a study explored the intersection of demographic factors and sports participation, concluding that the interplay between gender, religion, and societal expectations is crucial in determining individuals' likelihood of engaging in recreational sports[24]. It was suggested that policy interventions targeting gender inclusivity and cultural awareness could help mitigate these barriers. In conclusion, demographic factors such as gender role and religious affiliation significantly influence healthcare professionals' participation in recreational sports. Addressing these barriers through targeted policies, workplace initiatives, and community programs could foster a more inclusive and active environment for all professionals.

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Chapter Five

Conclusion

This chapter presents the conclusion of the study. It comprises of summary of findings, conclusion, recommendations, contributions to knowledge and suggested areas for further research.

5.1 Summary of Findings

This study investigated personal and socio-demographic factors as predictors of recreational sports participation among health care professionals in Federal Medical Centres in South-western Nigeria. Recreational sports participation was examined the dependent variable; while personal, social and demographic factors were investigated. In personal factors, lifestyle, skill level and health benefit were jointly and relatively tested on recreational sports participation among the respondents. In addition, social factors of occupational demand, residential location and availability of facilities/equipment were jointly and relatively examined on recreational sports participation among the health care professionals in Federal Medical Centres in South-western Nigeria. Similarly, demographic factors of gender role and religious affiliation were jointly and relatively tested on recreational sports participation among the health care professionals in the study area. Consequently, a research question was raised and answered, while six hypotheses were tested.

The relevant literature was reviewed under various sub-headings. The review of related literature covered the conceptual review, theoretical model and review of empirical studies. In addition, the conceptual model was outlined; while summary of the reviewed literature was carried out. The conceptual review in this study focused on overview of

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recreation and sports, history of recreation and sports, play, recreation leisure and work, recreational sports participation and sports facility development, the benefits of recreational sports participation, motivation and participation of recreation, determinants of recreation sports participation as well as variables that influence recreational sports participation.

Regarding the theoretical review and framework; Beckarian Approach and Green's Model of Sport Development were used to guide the constructs that were used as dependent and independent variables. The review of empirical studies was carried out on personal factors and recreational sports participation, social factors and recreational sports participation and demographic factors and recreational sports participation. The conceptual model was also done through the diagrammatic representation which links each of the independent to dependent variables. The reviewed literature was summarized to establish the gaps in such previous studies.

The descriptive survey research design was used for this study. Population for this study comprised health care professionals in Federal Medical Centres in South-western Nigeria. The sample size used for this study was seven hundred and twenty three respondents which were made up of health care professionals in Federal Medical Centres in South-western Nigeria. Self-developed questionnaire was used as instrument for collection of data analysis. Content and construct validity were carried out; while the validation was done through the guidance of the researcher's supervisor and other specialists in the field of sports administration.

The reliability of the instrument was done through pilot research with the use of forty (40) health care professionals at the University College Hospital, Ibadan; who were

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not part of the original study. The data was subjected to Cronbach's alpha reliability test to confirm internal consistency of the items; which yielded a reliability value of 0.81. For method of data collection, the researcher gathered information through the use of questionnaire. The descriptive statistics of frequency counts and percentage were used to analyze the demographic characteristics of the respondents. Frequency counts and percentage, mean and standard deviation were used to analyze research questions one. Inferential Statistics of multiple regression was used to test hypotheses 1-6 at 0.05 level of significance.

The result of this study on socio-demographic characteristics revealed that over half of the respondents were male, while female was below half of the sample size. It was further established that almost half of the respondents in the age range of 31-40 years, over one quarter were 30 years and below, few were 51 years and above, while few were in the age range of 41-50 years. The finding on socio-demographic characteristics of this study also revealed that over half of the respondents had First Degree, many of the respondents obtained Master Degree, few had other qualifications, while few also had Ph.D. The finding of this study further revealed that many of the respondents were nurses, a significant number of the respondents were medical doctor, a considerable number were medical laboratory professional, some respondents were medical record officers and pharmacists; while few respondents were dentists. The result of this study also revealed that over half of the respondents were Christians, while less than half were Muslims. Moreover, it was revealed that over half of the respondents were married, less than half were single, few were widows, few were divorced, while a respondent was a widower.

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The finding of this study revealed that the level of recreational sports participation was low among health care professionals in Federal Medical Centres in South-western Nigeria. The result of hypothesis one revealed that the linear combination of personal factors of lifestyle, skill level and health benefit was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The indication of this finding was that, there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome established that the combination of personal factors of lifestyle, skill level and health benefit had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally in recreational sports participation.

The result of hypothesis two established that lifestyle and skill level were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. This means that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. These outcomes denoted that lifestyle and skill level independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate in recreational sports participation; while health benefit that the respondents could derive did not have significant effect on their participation.

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The finding of hypothesis three revealed that the linear combination of social factors of occupational demand, residential location and availability of facilities/equipment was tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. The finding implied that there was a significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome of this on joint prediction of social factors established that the combination of social factors of occupational demand, residential location and availability of facilities/equipment had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally in recreational sports participation.

The finding of hypothesis four, revealed that occupational demand, residential location and availability of facilities / equipment were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means that there was a significant relative prediction of occupational demand, residential location and availability of facilities / equipment on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. It implied that occupational demand, residential location and availability of facilities / equipment independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria not to participate optimally in recreational sports participation.

The outcome of hypothesis five revealed that the linear combination of demographic factors of gender role and religious affiliation was tested significant on

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recreational sports participation among health care professional of Federal Medical Centres in South-western Nigeria. This means that, there was a significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome of this on joint prediction of social factors established that the combination of demographic factors of gender role and religious affiliation had significant contribution to in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally participate in sports.

The outcome of hypothesis six revealed that gender role and religious affiliation were independently tested significant on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This means that there was a significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. It implied that gender role and religious affiliation independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria not to participate optimally in recreational sports participation.

5.2 Conclusion

It was concluded in this study that the level of recreational sports participation was low among health care professionals in Federal Medical Centres in South-western Nigeria. Conclusion was made that there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. It was established

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that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not.

This study affirmed that there was a significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. Conclusion was made that there was a significant relative prediction of occupational demand, residential location and availability of facilities / equipment on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

It was confirmed that there was a significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria. This study affirmed that there was a significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

5.3 Recommendations

Based on the findings of this study, the following recommendations were made:

1. The management of Federal Medical Centres in South-western Nigeria, should intensify efforts to organize an effective health education programme on recreational sports participation specifically for health care professionals. This is to ensure that the low level of recreational sports participation of the health care professionals is improved upon.

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2. Periodic sensitization programme should be designed and implemented by the management of Federal Medical Centres in South-western Nigeria; for health care professionals on influence of personal factors of lifestyle, skill level and health benefit on recreational sports participation. This is to ensure that the health care professionals are fully aware of the impact of lifestyle, skill level and health benefit on how recreational sports participation.
3. The authorities of Federal Medical Centres in South-western Nigeria, should create enabling environment for health care professionals to ensure that occupational demand is reduced; while facilities and equipment are made available for recreational sports participation. This is to ensure that occupational demand is reduced for them to participate actively in recreational sports. This is also to ensure that facilities and equipment are available to influence the participation of health care professionals in recreational sports.
4. Specific efforts should be made by the authorities of Federal Medical Centres in South-western Nigeria on influence of gender role and religious affiliation on recreational sports participation among health care professionals.

5.4 Contributions to Knowledge

This study contributed to knowledge in the following ways:

1. This study affirmed that the level of recreational sports participation was low among health care professionals in Federal Medical Centres in South-western Nigeria.
2. This study established that there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports participation

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among health care professionals of Federal Medical Centres in South-western Nigeria.

3. It was established that there was a significant relative prediction of lifestyle and skill level on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not.
4. This study confirmed that there was a significant joint prediction of social factors (occupational demand, residential location and availability of facilities/equipment) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.
5. This study affirmed that there was a significant relative prediction of occupational demand, residential location and availability of facilities / equipmenton recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.
6. It was confirmed that there was a significant joint prediction of demographic factors (gender role and religious affiliation) on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.
7. This study affirmed that there was a significant relative prediction of gender role and religious affiliation on recreational sports participation among health care professionals of Federal Medical Centres in South-western Nigeria.

5.5 Suggested Areas for Further Research

The following suggestions were made for further research based on the findings of the study.

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1. Comparable study on recreational sports participation can be replicated among health care professionals in Federal Medical Centres in other geo-political zones across Nigeria. These include South-south, South-east, North-east, North-west and North-central.
2. A similar study can recreational sports participation can be replicated among health care professionals in state owned hospitals across South-western Nigeria and perhaps across all the other geo-political zones in the country.
3. Robust intervention studies should be designed and properly implemented on recreational sports participation among health care professionals with a state or a particular geo-political zone in Nigeria, specifically in South-western Nigeria.
4. Other independent variables other than personal factors (lifestyle, skill level and health benefit), social factors (occupational demand, residential location and availability of facilities/equipment) and demographic factors (gender role and religious affiliation) used in this study can equally be examined on recreational sports participation among health care professionals.

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Appendix I

Department of Kinesiology, Sports Science and Health Education, Faculty of Education, Lead City University, Ibadan,
Oyo State, Nigeria

Questionnaire

Dear Respondent,

I am a postgraduate student of the Department of Kinesiology, Sports Science and Health Education, Faculty of Education, Lead City University, Ibadan, Oyo State, Nigeria. I am carrying out a survey on the topic "Personal and socio-demographic factors for Recreational Sports Participation among Health Care professionals in Federal Medical Centres in South –Western Nigeria". Your responses to the items in the questionnaire shall be highly appreciated and treated confidentially. Kindly complete each item as applicable to you.

Thank you for your anticipated cooperation.

Yours Sincerely,

O. O.Saseyi (Researcher)

Section A: Demographic Information

Instruction: Please tick (✓) in the column as it applies to you in each of the following items

1. **Sex:** Male ( ) Female ( )
2. **Age:** 30 years and below ( ) 31-40 years ( ) 41-50 years ( ) 51 Years above ( )
3. **Educational/Professional Qualification:** Ph.D. ( ) Master Degree ( ) First Degree Others (specify)…….....
4. **Specialty: …….**
5. **Status:** Senior Staff ( ) Junior Staff ( )
6. **Religion:** Christianity ( ) Islam ( ) Traditional ( ), Others ( )
7. **Marital Status:** Single ( ) Married ( ) Divorced ( )
   Widow ( ) Widower ( )

Section B: Personal Factors Scale (PFS)

Please indicate the following items by placing a mark (✓) in the appropriate box using the following keys: **Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)**

S/N	Items	SA	A	D	SD
1	I often relax to watch cable T.V. after work rather than participate in recreational sports such as Football, Chess, and Jogging.				
2	I consume alcoholic drinks and pepper soup for relaxation after work instead of participation in recreational sports.				
3	I am not certain about my health conditions therefore I cannot risk participation in recreational sports.				
4	I enjoy a more private life than participating in recreational sports				
	Items	**SA**	**A**	**D**	**SD**
5	I believe I am unskilled at recreational sports activity of my choice; hence I don't participate in it.				
6	At first attempt of participation in recreational sports, I felt incompetent, hence I am discouraged.				
7	I believe I can't do well in recreational sports activities compared to other participants; hence I do not participate in it.				
8	I presume participation in recreational sports not to be pleasant due to my incompetence, therefore I don't engage in it				
	Items				
9	Due to certain health benefits, I may be motivated to participate in recreational sports				
10	I am not aware of the health benefits of sports and recreation so I don't participate in it				
11	I am not willing to participate in recreational sports because it is not tasking to me and can waste time				
12	Participation in sports and recreation cannot determine my wellness condition				

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Section C: Social Factors Scale SFS

Please indicate the following items by placing a mark (✓) in the appropriate box using the following keys: **Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)**

S/n	Items	SA	A	D	SD
1	At times my work extends beyond closing hours (doing over time); hence I do not have enough leisure time to participate in recreational sports.				
2	At times I spend my leisure time in the office in other to protect my job so I don't participate in it				
3	Sometimes I am too tired to participate in recreational sports after the day's work.				
4	Occupational demands are burdensome so it does not allow for participation in recreational sports				
S/n	**Items**	**SA**	**A**	**D**	**SD**
5	I often find it difficult to participate in recreational sports of my choice whenever it rains.				
6	Proximity of recreational sports facilities in my location discourages me from participation.				
7	At times, location where the recreational sports is situated often affects my participation in recreation.				
8	Safety and security of the environment do not encourage me to participate in recreational sports				
	Items	**SA**	**A**	**D**	**SD**
9	There are no modern sports facilities in my environment to encourage me to participate in sports and recreation				
10	The cost of sports equipment is high therefore I cannot afford them				
11	Available sports facilities are in a poor condition, so I do not participate in recreational sports				
12	Sports facilities are mostly occupied, so I am not encouraged to participate in sports and recreation				

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Section D: Demographic Factors Determinants Scale (DFDS)

Please indicate the following items by placing a mark (✓) in the appropriate box using the following keys:**Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD)**

S/n	Items	SA	A	D	SD
1	I find it intimidating to engage in recreational sports with opposite sex.				
2	My spouse detests mixing with opposite sex in the public, so it affects my participation in recreational sports.				
3	Participation in recreational sport is believed to be exclusively meant for a particular sex (male).				
4	Women are not as strong as men, therefore, they cannot not participate in recreational sports				
	Items				
5	I am advancing in age therefore; I don't participate in recreational sports.				
6	I am more interested in less vigorous and moderate intensity recreational sports due to my age.				
7	Sometimes, I experience fatigue due to my age during participation in recreational sports, hence I am not always interested				
8	Nature of recreational sports involve physical exertion, therefore, I hardly involve in them due to my age.				
	Items	**SA**	**A**	**D**	**SD**
9	My status as a married person often affects my decision to participate in recreational sports negatively.				
10	Marital demands are burdensome, so I don't participate in recreational sports				
11	My spouse feels I am too out of shape to begin participation in recreational sports.				
12	It is too complex for me to mix domestic/family and paid job programmes with participation in recreational sports.				
	Statement	**SA**	**A**	**D**	**SD**
13	My religion determines my choice of participation in recreational sports.				
14	I believe that participation in recreational sports inhibits individual's spiritual value, thus affects my participation negatively.				
15	Religion and recreational sports are incompatible, therefore I don't involve in it.				
16	Participation in recreational sports increases exposure of some body parts, which is against my religion.				

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Section E: Recreational Sports Participation Level Scale (RSPS)

Instruction: Please tick (✓) in the appropriate column as the questions is applicable to you.

Often (O) Every day
Regularly (RE) Twice/three times in a week
Rarely (RA) At least twice in a month
Never (N) Not at all

S/N	Items	O	RE	RA	N
1	Participation in recreational sports is never part of my daily routine.				
2	I reduce my involvement in moderate-intensity aerobic activities like dancing and brisk walking				
3	Skipping and participation in a game like volleyball are not part of my recreational activities				
4	I don't involve in 20 minutes or more of vigorous-intensity physical activity that makes me sweat or puff and pant (e.g, heavy lifting or jogging)				
5	I just don't think about recreational sports, I always forget to participate.				
6	I'm tired after work; I have no enough energy to participate in recreational sports.				
7	I participate in recreational sports twice a week because of job demands				
8	Availability of ball games facilities in my environment did not translate to participation in football/handball/ volleyball or basketball				
9	I just don't feel like participating in recreational sports due to lack of interest.				
10	Despite to provision of indoor games facilities in my house am not inspired to participate in sporting activities				
11	Specific facility of my choice of recreational sport is always over crowded/inadequate hence I keep off				
12	I don't do some forms of physical exertion and voluntary movements that burn calories				
13	I dislike physical exercise in the public, I feel uncomfortable using the gymnasium with others and therefore I do not exercise.				
14	For many health reasons, fitness training class and gym exercises are not part of my schedule				

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Section F: Types of Sports/Recreation Participation Scale (TSRPS)

Please tick (✓) **YES or NO** for the types of sports and recreation you do

S/n	Items	YES	NO
1.	Football		
2.	Basketball		
3.	Volleyball		
4.	Handball		
5.	Tennis		
6.	Badminton		
7.	Table Tennis		
8.	Squash racket games		
9.	Field events (Long jump, high jump, Triple jump)		
10.	Cycling		
11.	Hockey		
12.	Wrestling		
13.	Athletics race (hurdles, relay race)		
14.	Karate		
15.	Gym fitness & body building		
16.	Swimming		
17.	Taekwondo		
18.	Gymnastics		
19.	Judo		
20.	Cricket		
21.	Golf		
22.	Jogging		
23.	Rope skipping		
24.	Brisk walk		
25.	Scrabble		
26.	Draught		
27.	Darts		
28.	Cards		
29.	Ayo		
30.	Aerobic dance		

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Appendix II

Ethical Approval



FEDERAL MEDICAL CENTRE
Olabisi Onabanjo Way, Idi-Aba, Abeokuta, Ogun State, Nigeria
08033765192, 08095948005-7, 08095947660
E-mail: md_officefmcabk@yahoo.com
Website: www.fmcabeokuta.net

PROF. ABDUS-SAMIU A. MUSA-OLOMU
Medical Director
MBBS, FWACS FICS, Msc., PhD

DR. ADEKUNLE S. ADEDIRAN
Head of Clinical Services
MBBS (Ib.) MWACP, MRCPCH FMCPaed, FIPNA

MR. A. O. VAUGHAN
Director of Administration & Secretary to the Board of Management
B.Ed (Eng) Cert. Health Planning & Mgt. MPA, AHAN

FMCA/470/ 22 JUL 2024 22nd July, 2024

NAME OF PRINCIPAL INVESTIGATOR: OLAITAN OLAOLUWA SASEYI

TITLE OF STUDY: PERSONAL AND SOCIO-DEMOGRAPHIC FACTORS OF RECREATIONAL SPORTS PARTICIPATION AMONG HEALTHCARE PROVIDERS IN FEDERAL MEDICAL CENTRES IN SOUTH-WESTERN NIGERIA

RESEARCH LOCATION: FEDERAL MEDICAL CENTRE, ABEOKUTA

PROTOCOL NUMBER: FMCA/470/HREC/01/7024/18
NREC ASSIGNED NUMBER NHREC/08/10-2015
FEDERAL WIDE ASSURANCE: IUS/IRBG NO: FWA/Q0018660/05/28/2017
DATEOF RECEIPT OF VALID APPLICATION: 05/01/2024

NOTIFICATION OF EXECUTIVE APPROVAL OF PROTOCOL

This is to inform you that the Federal Medical Centre, Abeokuta Health Research Ethics Committee (HREC) has decided to give Executive approval to your Research proposal, after necessary reviews and corrections, under the regulations guiding experiments in human subjects.

This approval is for a Period of one year from 22nd May, 2024 to 21st May 2025. If there is delay in starting this research, please inform the HREC so that dates of approval can be adjusted accordingly. Note that no activity related to this research may be conducted outside these dates. No changes are permitted in the research without prior approval by HREC.

All forms and questionnaires used in this study must carry the HREC assigned number and the duration of EREC Approval.

For Excellence in Service

You are to note further that the National Code of Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations in this codes. Please ensure that any adverse effect from your study is promptly reported to the HREC Federal Medical Centre, Abeokuta.

You are expected to submit progress reports to this Committee every three (3) months from the date of approval. The HREC reserves the right to conduct compliance visits on your research sites without previous notification.

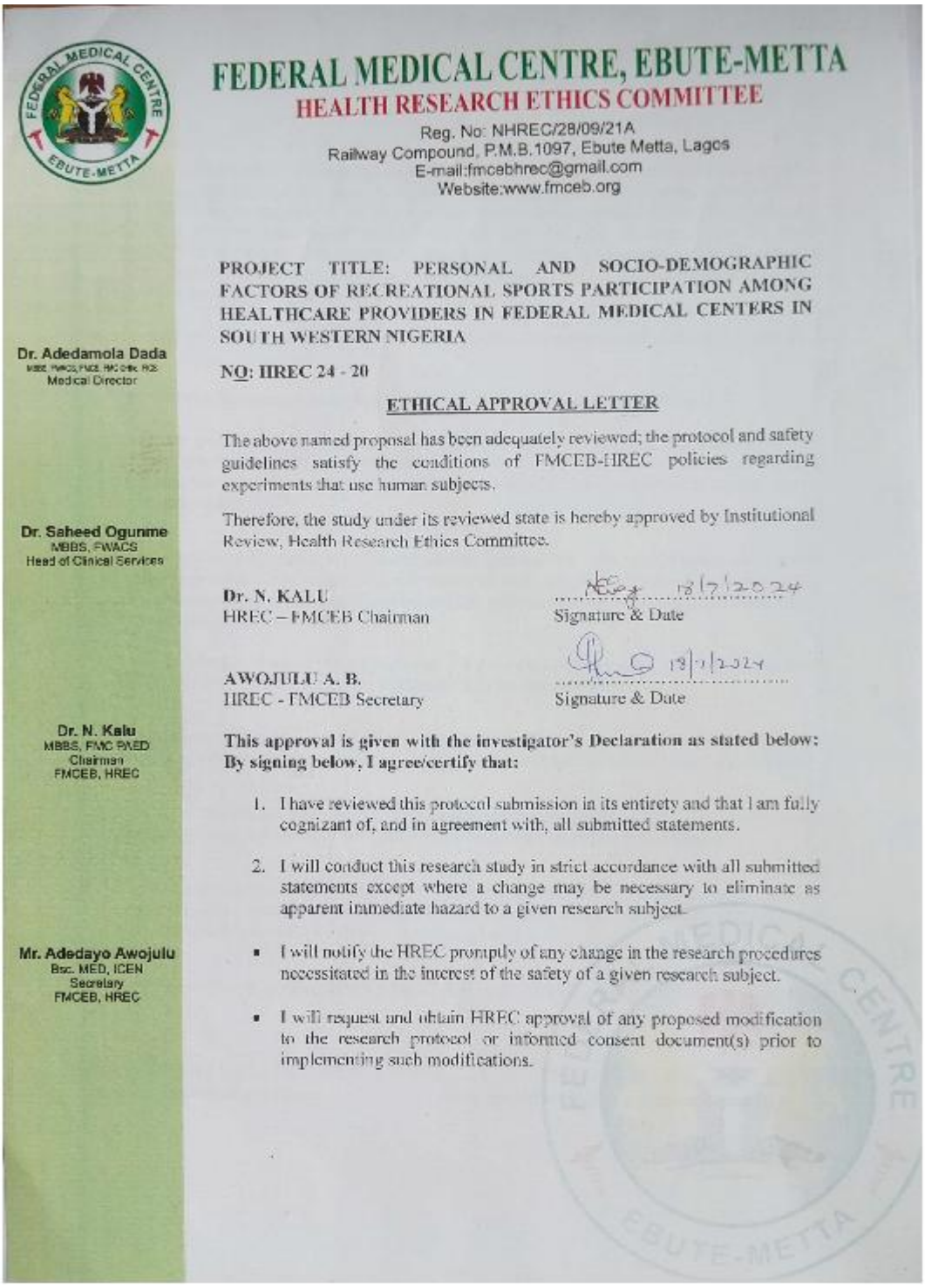
Thank you

22 JUL 2024 APPROVED

Dr. A.S. Adediran
Chairman, Health Research Ethics Committee

Correspondence to the Office of the Medical Director

Fig. 3.1: Ethical Approval from Federal Medical Center, Abeokuta, Ogun State
Source: Field work, 2024



FEDERAL MEDICAL CENTRE, EBUTE-METTA

HEALTH RESEARCH ETHICS COMMITTEE

Reg. No: NHREC/28/09/21A
Railway Compound, P.M.B.1097, Ebute Metta, Lagos
E-mail:fmcebhrec@gmail.com
Website:www.fmceb.org

Dr. Adedamola Dada
Medical Director

Dr. Saheed Ogunme
MBBS, FWACS
Head of Clinical Services

Dr. N. Kalu
MBBS, FMC PAED
Chairman
FMCEB, HREC

Mr. Adedayo Awojulu
Bsc. MED, ICEN
Secretary
FMCEB, HREC

PROJECT TITLE: PERSONAL AND SOCIO-DEMOGRAPHIC FACTORS OF RECREATIONAL SPORTS PARTICIPATION AMONG HEALTHCARE PROVIDERS IN FEDERAL MEDICAL CENTERS IN SOUTH WESTERN NIGERIA

NO: HREC 24 - 20

ETHICAL APPROVAL LETTER

The above named proposal has been adequately reviewed; the protocol and safety guidelines satisfy the conditions of FMCEB-HREC policies regarding experiments that use human subjects.

Therefore, the study under its reviewed state is hereby approved by Institutional Review, Health Research Ethics Committee.

Dr. N. KALU
HREC – FMCEB Chairman
18/7/2024
Signature & Date

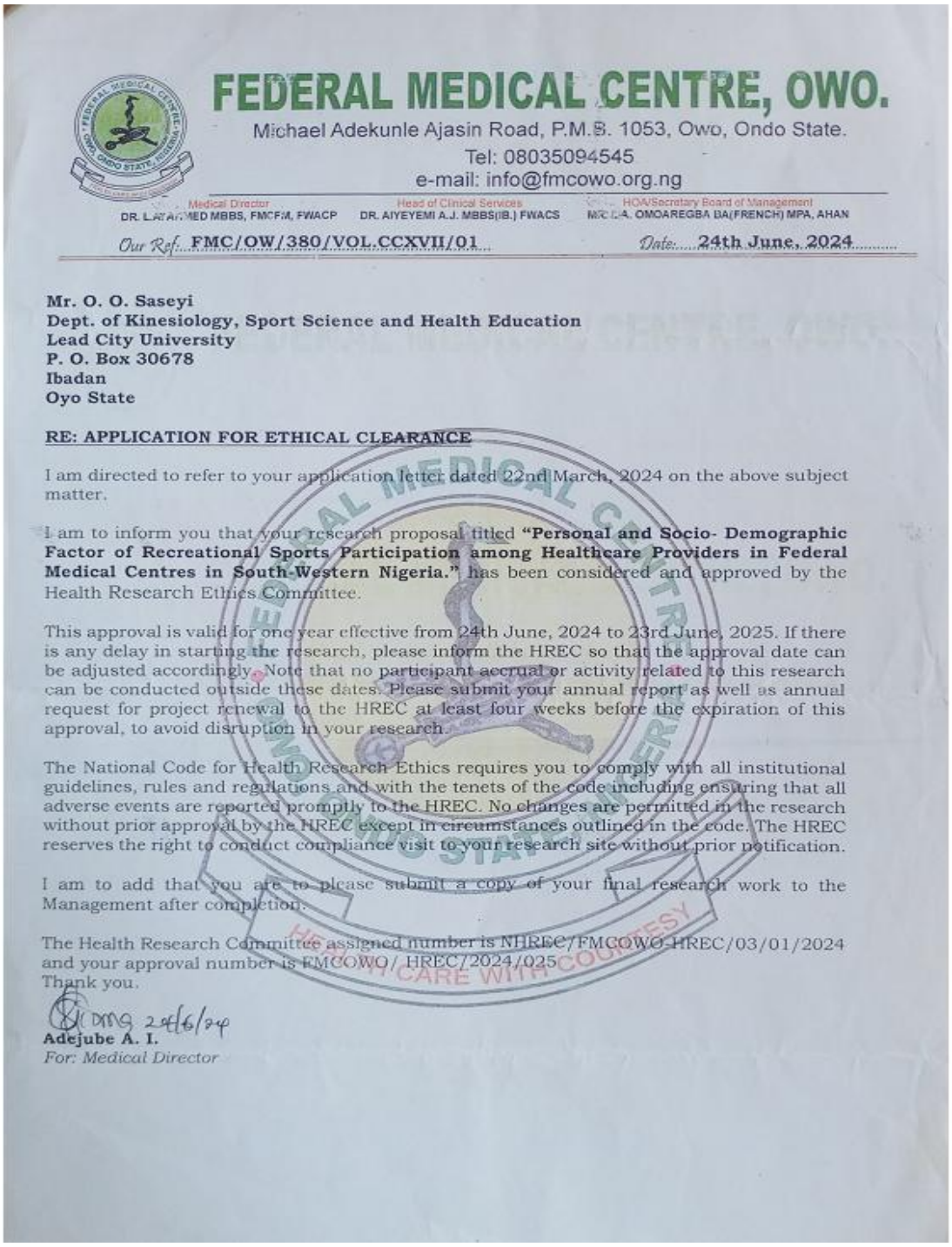
AWOJULU A. B.
HREC - FMCEB Secretary
18/7/2024
Signature & Date

This approval is given with the investigator's Declaration as stated below: By signing below, I agree/certify that:

1. I have reviewed this protocol submission in its entirety and that I am fully cognizant of, and in agreement with, all submitted statements.
2. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate as apparent immediate hazard to a given research subject.

- I will notify the HREC promptly of any change in the research procedures necessitated in the interest of the safety of a given research subject.
- I will request and obtain HREC approval of any proposed modification to the research protocol or informed consent document(s) prior to implementing such modifications.

Fig. 3.2: Ethical Approval from Federal Medical Center, Ebute-meta, Lagos State
Source: Field work, 2024



FEDERAL MEDICAL CENTRE, OWO.

Michael Adekunle Ajasin Road, P.M.B. 1053, Owo, Ondo State.
Tel: 08035094545
e-mail: info@fmcowo.org.ng

Medical Director: DR. L.A.[illegible] MED MBBS, FMCFM, FWACP
Head of Clinical Services: DR. AIYEYEMI A.J. MBBS(IB.) FWACS
HOA/Secretary Board of Management: MR. L.A. OMOAREGBA BA(FRENCH) MPA, AHAN

Our Ref: FMC/OW/380/VOL.CCXVII/01 Date: 24th June, 2024

Mr. O. O. Saseyi
Dept. of Kinesiology, Sport Science and Health Education
Lead City University
P. O. Box 30678
Ibadan
Oyo State

RE: APPLICATION FOR ETHICAL CLEARANCE

I am directed to refer to your application letter dated 22nd March, 2024 on the above subject matter.

I am to inform you that your research proposal titled **"Personal and Socio- Demographic Factor of Recreational Sports Participation among Healthcare Providers in Federal Medical Centres in South-Western Nigeria."** has been considered and approved by the Health Research Ethics Committee.

This approval is valid for one year effective from 24th June, 2024 to 23rd June, 2025. If there is any delay in starting the research, please inform the HREC so that the approval date can be adjusted accordingly. Note that no participant accrual or activity related to this research can be conducted outside these dates. Please submit your annual report as well as annual request for project renewal to the HREC at least four weeks before the expiration of this approval, to avoid disruption in your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the code including ensuring that all adverse events are reported promptly to the HREC. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the code. The HREC reserves the right to conduct compliance visit to your research site without prior notification.

I am to add that you are to please submit a copy of your final research work to the Management after completion.

The Health Research Committee assigned number is NHREC/FMCOWO-HREC/03/01/2024 and your approval number is FMCOWO/ HREC/2024/025
Thank you.

24/6/24
Adejube A. I.
For: Medical Director

Fig. 3.3: Ethical Approval from Federal Medical Center, Owo. Ondo State
Source: Field work, 2024

Appendix III

Picture of the researcher at FMC Ebute-meta, Lagos State, Nigeria

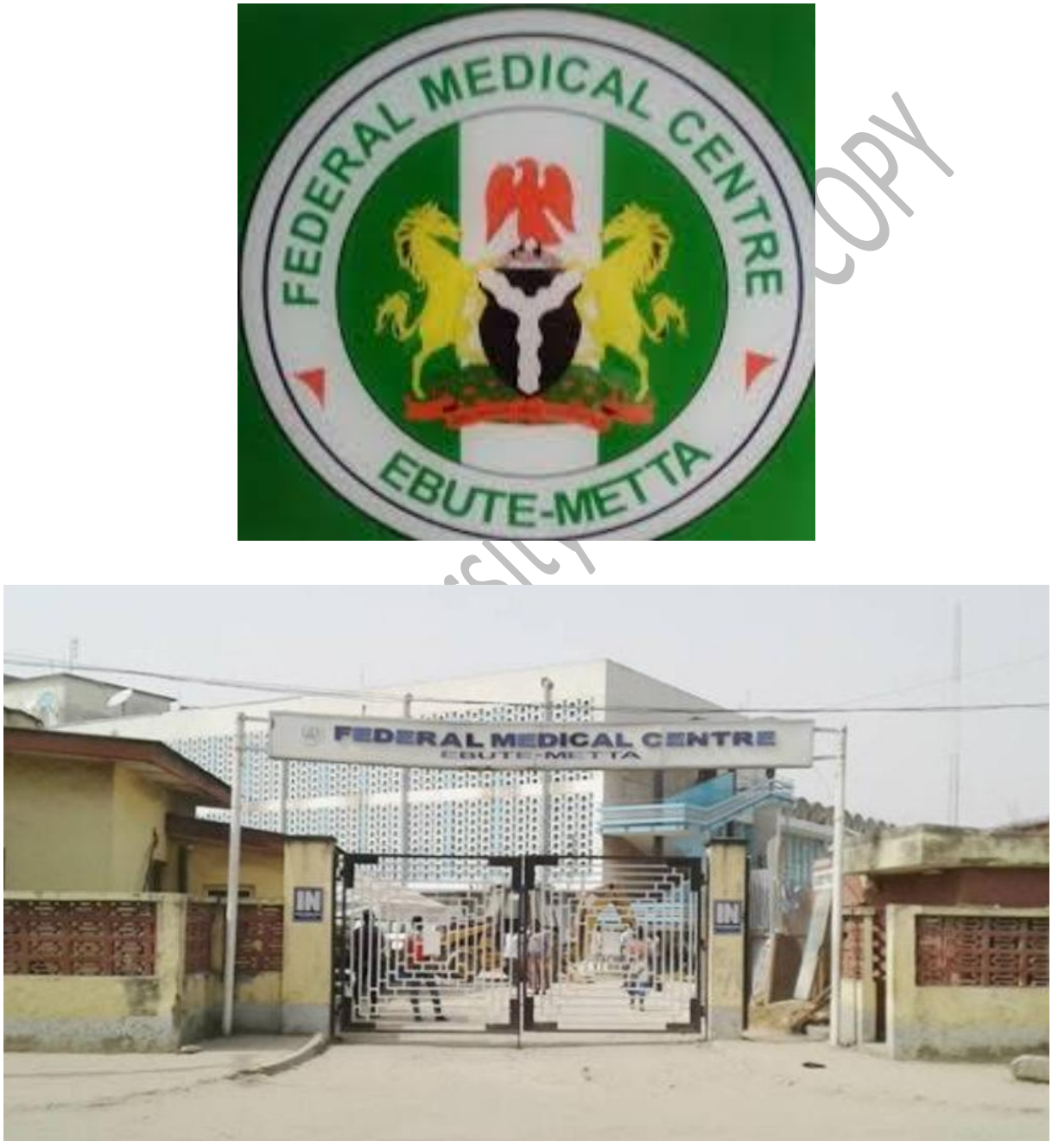


Fig. 3.4: The entrance of Federal Medical Center, Ebute-meta, Lagos State
Source: Field work, 2024



3.5: Researcher with the heads of nursing unit at FMC Ebute-meta, Lagos State.
Source: Field work, 2024



3.6: Researcher with the head of pharmacy and other respondents' in pharmacy unite at FMC Ebute-meta, Lagos State.

Source: Field work, 2024



3.7: The Researcher at the Entrance gate. FMC Ebute-meta, Lagos State

Source: Field work, 2024

Picture of the researcher at FMC Abeokuta, Ogun State, Nigeria



3.8: Researcher with the head Nurses at FMC Abeokuta, Ogun State

Source: Field work, 2024



3.9: Researcher and the head of physiotherapy unit, at FMC Abeokuta, Ogun State
Source: Field Work, 2024



3.10: Researcher at the front of physiotherapy unit, at FMC Abeokuta, Ogun State
Source: Field Work, 2024



3.11: Picture of the researcher at the exit gate of FMC Abeokuta, Ogun State, Nigeria
Source: Field Work, 2024



3.12: Entrance gate of FMC Owo, Ondo State, Nigeria
Source: Field Work, 2024



3.13: Picture of the researcher at the entrance gate of FMC Owo, Ondo State, Nigeria
Source: Field Work, 2024



3.14: Researcher at the exit gate of FMC Owo, Ondo State, Nigeria
Source: Field Work, 2024

Bio-data

A. **Personal Data**

1. Full Names:	Olaoluwa Olaitan SASEYI
Email and Phone no:	sas.olaitan@gmail.com. 08036663709, 08052474468
2. Date of Birth:	June 10, 1968., Osun State
3. Nationality:	Nigerian
4. Name and Address of Next of Kin:	Rachael Omoleye, No 2, Ifelajulo , Tanmo Street, Egbeda, Ibadan, Oyo State.

B. Educational Background

Institution Attended	**Qualification Obtained**	**Date**
i. University of Ibadan, Nigeria		2003 – 2005
ii. University of Ibadan, Nigeria		1991-1996
iii. Atakumosa High School, Osu, Osun State		1989
iv. Ife-Oluwa Primary School, Osu, Osun State	S	1985

C. Working Experience with Date

1. Dean, School of Sciences, Michael Otedola College of primary education, Noforija, Epe, Lagos State. (Legacy College)
   2019 to 2023
2. Head of Department, Physical and Health Education, Micheal Otedola College of Primary Education, Noforija, Epe, Lagos state. (Legacy College)
   2017 to 2019
3. Staff Adviser NAPHER-SD MOCPED Chapter. (Legacy College) 2005 to 2010
4. General Secretary, Department of Physical and Health Education, MOCPED, Epe. 2003-2007

D. Award and Fellowship (if any)

1. Letter of commendation as a resource person for the workshop on skill improvement for public primary school in Lagos State.

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2. Commendation letter by the Michael Otedola College of Primary Education, for the service rendered as Head of department of Physical and Health Education from August 03, 2017 to february 05, 2019.

3. Commendation Letter by the College Management on successful admission drive for the year 2017.

4. Certificate of Merit Nigeria Colleges of Education Games 2004.
5. Letter of Honour, Osun State Sport Council as member of committee that organized Osun Osogbo Athletics Competition (one of the events that was organized to commemorate Osun Osogbo 2012).

E. Memberships of Academic Professional Bodies

1. Member, Science Teachers Association of Nigeria
2. Member, Nigerian Association of Physical, Health Education and Recreation
    a. Education Sports and Dance.
3. Member, Teachers Registration Council of Nigeria
4. Member, National Association of Health Educators
5. Centre for International Research and Social Development
6. Health Promotion research association of Nigeria
7. School health educators and professional association in Nigeria

8. International society for development and sustainability

F. Publications

1. Saseyi, O.O., Abdullahi, K.O (2020) A comparative study of textbook readability and students comprehension levels in post primary school health education. International journal on social sciences and humanities (**ISSN 2246-7502**) pp97-101

2. Saseyi, O.O.,Oniororo, S.O. (2018). An investigation of school pupils' involvement in recreational activities in Ibadan North East Local Government of Oyo State. *Journal of Sports Psychology Association of Nigeria (JOSPAN)* vol 8, **ISSN: 1115-4101**

3. Saseyi, O.O., Omolade, A.O (2016) Sports Involvement and Parental influence among selected Colleges of Education Female Athletes. International journal of Innovative Research in Education, Technology and Social Strategies. 2(1) (ISSN 2465-7298)pp 28-31

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4. Saseyi, O.O., Osifeko, O.R (2016). Impediments to female sports management and participation: The experience in the selected Nigeria South West Colleges of Education. International journal of social, behavioural, educational, economic, business and industrial engineering. 10(1) **ISSN 1307-6892**.pp 202-205

5. Saseyi, O.O., (2016) Effectiveness of perceived motivational Strategies as impetus for the Development of Youth Soccer. *Social Science Journal of Policy Review and Development Strategies.* 2(1)**(ISSN) 2488-9636** pp 68-72

6. Saseyi, O.O., Adesanya A.J, Omolade, A.O & Osifeko, O.R (2015) Motives for participation in organised sports training by students of Michael Otedola College of Primary Education, Notorija-Epe. *National Journal of Sciences and Education Studies(NJSES) MOCPED*. 7(6), **(ISSN 1118-745X)**pp93-102.

7. Saseyi, O.O, Adesanya, A.J, Omolade, A.O &Osifeko, O.R (2013).Psychological Implications of Global Terrorism to Sport Performance in Nigeria. *MOCPED International Journal of Educational Studies.2,*(1&2)**(ISSN: 2251-0621)** pp 306-312

8. Abdul, A.A, Ayanlaja, O.A, Saseyi, O.O., Adefuye, M.A, Adesanya, A.J, and Osifeko, O.R (2013) Exercise and Physical Fitness; Implication For Health and Longevity In Religious Forum Academia (REFA), *The National Journal of Contemporary Issues*. 12 (1&2),**(ISSN 1596-2822)** pp 161-167

9. Aiyejuyo L & Saseyi, O.O. (2013) Perceived Institutional Support & Value Creativity for Female Participation in Sports amongst College of Education in South-West Nigeria. *Journal of Science and Movement Education.*7,**(ISSN: 111-709-742).** pp 223-232
10. Saseyi, O.O., Omolade, A.O. &Adesanya A.J. (2012) Perception of Secondary Schools Soccer Players on selected Stressors as Motivating Factors of Injuries in Soccer. *Journal of Vocational Educational (MOJOVED,).*1,(1)**(ISSN 118-471X)**pp 64-68

11. Saseyi, O.O., Adesanya A.J. & Osifeko, O.R. (2012).Goal Setting For Achieving Optimum Performance:A veritable tool for Preparing Athletes Toward Sports Competition. *Journal of Sport Psychology Association of Nigeria (SPAN).*8. **(ISSN 1115-4101)** pp32-40

G. Major Conferences/Workshops Attended with Date

1. Saseyi, O.O (2023). Influence pf modern technology and information communication on the teaching of physical education in Post Primary Schools. A paper presented Association for Physical, Health Education, Recreation, Sports and Dance (NAPHER-SD) held on (25th-28th July 2023) at lead city University Ibadan, Nigeria

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2. Saseyi, O.O., Ajala A.O. (2020) The impacts of premenstrual symptoms on the female adults' performance during exercise. A paper presented at 7th national conference of School of science, Federal college of education Okene, Kogi state, held between 25th and 28th of January 2020.

3. Saseyi, O.O. (2019). Barriers to sport Participation as a means of achieving Sustainable Development in Michael Otedola college of Primary education (MOCPED) Noforija, Epe Lagos State. Nigeria. A paper presented at the 7th world Congress on Poverty and Sustainable Socio-Economic Development in the Third World held on March 15-17, 2019 at University of Cape Coast, Ghana.

4. Saseyi, O.O. (2018). Planning, implementation and control: selected variables in effective teaching of health education. A paper presented at a 3-day workshop for health information officers held at Osun State School of Health Technology Ilesa, Osun State between 16th-18th July, 2018.

5. Saseyi, O.O. (2017). Towards an improved and effective planning of primary school intramural sports programme in Atakumosa West Local Government Area of Osun State. A paper presented at the Annual National Conference of School of Sciences, Osun State College of Education, Ilesa, Osun State.

6. Saseyi, O.O (2016) An investigation into the influence of Technology on students Achievement in physical Education. A paper Presented at the 21st Annual National Conference of Nigerian Association of Health Educators (NAHE) held at Michael Otedola College of Primary Education, Epe, between 8th – 11th 2016.

7. Saseyi, O.O (2015) The Relative Effects of Home Environmental on the Health of Junior Secondary Schools students of Epe Local Government, Lagos State. A paper presented at the Annual National Conference of Nigerian Association of Sports Science and Medicine (NASSM) held at Obafemi Awolowo University, Ile-Ife 22nd -26th September, 2015.

8. Saseyi, O.O. Yusuf B.O (2015) Enhancing the health status of Nigeria youths through Participation in Physical activities. A paper presented at the 4th International Council of Health, Physical Education Recreation, Sports and Dance (ICHPER-SD) Africa Regional Conference held at the University of Ghana 15th – 18th October, 2015

9. Aiyejuyo,L, Saseyi, O.O (2013) Nutritional evaluation of some sea foods and its effects on expectant mothers and babies. A paper presented at the 5th National Conference of Colleges of Education (COEASU) South West Zone

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held at Michael Otedola College of Primary Education, Noforija, Epe, Lagos State held between 25th -29th November, 2013

10. Saseyi, O.O (2012) Impact of school Amenities on the physical Education' Teachers' work performance in oyo state. A paper presented at the Annual Conference of School of Arts and Social Sciences held at Michael Otedola College of Primary Education Noforija, Epe between 4th – 7th July, 2012.

11. Adegoke, S.A, Saseyi, O.O (2008) Effect of Parent influence on the Students performance in physical activities. A paper presented at the Annual National Conference of School of Sciences, Osun State College of Education Ilesa, Osun State held between 21-24 October, 2008.

H. Referees

1. **Professor Otemuyiwa O. I**
   Department of Chemistry
   Obafemi Awolowo University, Ile- Ife,
   Osun State.
   07035545877

2. **Dr. Esther M. Oladejo**
   Head, Department of Kinesiology, Sports Science
   and Health Education,
   Lead City, University of Ibadan,
   Oyo State.
   08025959694

3. **Barrister Dosu Babatunde**
   Commissioner for Local Government and Chieftaincy Matter.
   Osun State.

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…… ……

Signature **Date**

The University Compliance Certification

This is to certify that this Thesis written by Olaitan Olaoluwa, SASEYI with matriculation number LCU/PG/0002643 in the Department of Kinesiology, Sports Science and Education, Faculty of Education, Lead City University, Ibadan is in full compliance with the approved University format and style.

_____ _____

Signature **Date**

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