LIFESTYLE, FITNESS AND HEALTH PROMOTION INITIATIVE OF THE UNIVERSITY OF ILORIN, NIGERIA: AN EDUCATIONAL MEDIA INTERVENTION.
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http://dx.doi.org/10.4314/ejesm.v6i3.7

Received 11th December 2012; accepted 4th April 2013

Abstract
This study examined the health promotion initiative introduced by the Management of the University of Ilorin, Nigeria. In an attempt to ensure stress free academic society that would boost staff productivity and longevity, the university invested heavily on a number of lifestyle, fitness and health promotion initiatives. Descriptive research design of the survey type was adopted for this study. Staff and registered students of the University for 2010/2011 and 2011/2012 academic sessions were sampled. A total of one thousand randomly selected academic, non-academic staff and students from the twelve faculties with the exception of postgraduate students of the university participated in the study. A structured questionnaire validated and pilot tested with reliability co-efficient of 63r was used for data collection. The data collected were subjected to descriptive and inferential statistics of chi-square and Analysis of variance at 0.05 alpha level of significance. The two postulated hypotheses for the study were rejected. The result indicated a significant hyperthy and underutilization of multi-million naira fitness equipment procured for staff and students; it also revealed low turn-out at the monthly Unilorin walk a-fitness programme for staff and students of the university. The monthly health talk organized by the health education group on causes, signs and symptoms of hypertension, diabetes and other diseases also suffered from the same low turn-out of staff and students of the university among others. The authors suggested a conducive academic environment that will enable the staff to have time to take care of their health, Unilorin walk should be organized on faculty/departmental basis as a university-wide programme will not bring the desire result. More publicity should be carried out so as to boost staff and students attendance at the monthly health talk.

Key words: Lifestyle; Health Promotion; Physical Fitness; Hypo-kinetics Diseases; Physical inactivity

Introduction
Lifestyle is defined as sum total of individuals’ ways of life. Individual lifestyle constitute what he/she eat, drinks smoke physical activity or in activity, participation in unprotected sexual behaviour and drug habit. The above mentioned indices are called lifestyle factors. The effect of this lifestyle factors are responsible degenerative and chronic diseases that afflict human being in recent times. Such degenerative diseases are hypertension, diabetics, cancer, stroke and liver diseases including the spread of HIV/AIDS. Lifestyles are patterns of behavioral choices made from the alternative that are available to people according to their socio-economic circumstances and to the ease with which they are able to choose certain ones over others. Lifestyles are the “behavior of choice” which affect ones fitness and health status.

Physical fitness is having sound strength and endurances which promotes a healthy mind. Fitness was commonly defined as the capacity to carry out day’s activities without undue fatigue. However, as automation increased leisure time, changes in lifestyles following the industrial revolution rendered the definition insufficient. In current contexts, physical fitness is considered a measure of the body’s ability to function efficiently and effectively in work and leisure activities to be healthy, to resist hypokinetic diseases, and to meet emergency situations (Brandon et al., 2009). Hypokinetics are conditions related to inactivity or low levels of habitual i.e. obesity, excess body weight and diabetes.

Also physical fitness is defined by as a state of well-being with low risk of premature health problems and possessions of reserved energy to
participate in varieties of physical activities (Howley and Franks, 1997; Crespo et al., 1999).

The amount of physical activity needed to maintain a healthy weight, lose weight, promote good health; including prevention of hypokinetic diseases are recommended by various organizations in the United States, to be 30 minutes of moderate physical activity in most of the weeks. This level of activity might include walking, jogging, running, gardening, and yard work or swimming (United State, Department of Health and Human Services, 1996, Pereira, 1997, Evenson et al., 2002).

The prevalence of obesity continues to increase in Nigeria particularly in the University. The factors that appeared to be most responsible are sedentary behaviour patterns and excessive fat in the diet. Sedentary lifestyles is defined in relation to the numbers of hours that individual spend sitting down in a typical day or the number of hours expended walking or in either specific activities (Jose et al., 2003).

Another definition of sedentary lifestyle referred to those individuals who did not practice any physical activity during their leisure time and in addition spent long time sitting down (Fiedman and Thieibar, 1972). Majority of the University staff (Academic and non-academic staff) walk about with pot-belly and hearty hips buttocks occasioned by sedentary behaviour adopted in their work places. The few ones who works in the administrative block (The Senate Building) depend largely on the use of powered – lift to get to their offices located from 1st to 6th floors of the building. A less significant proportion makes use of the staircase provided within.

Motivating individuals to exercise regularly is difficult as demonstrated by members of the university community to participate regularly and turn – out in large numbers for the monthly Unilorin walk-a keep fit initiative of the university administration. The maiden edition of Unilorin walk recorded large turn-out, attendance at the subsequent editions recorded low turn – out. Adherent to fitness programme in a study reported by John and Goodrick, (1995) ranges from 50% to 65% in the first 6 months and then drops to about 43% at the end of one year. Programme factors related to drop – out include inconvenience, exercise intensity, inadequate feedback, poor leadership, length of sessions, lack of time, laziness/tiredness, perception that physical activity is not needed or that one’s daily occupation provide enough activity.

The monthly Unilorin walk-a keep fit programme is scheduled for the first Saturday of every month before on the hours of 7.00 am – 9.00am. This is one of the many health promotion initiatives of the university administration. Health promotion is described as the process of enabling people to increase control over, and to improve their health (Ottawa Charter for Health Promotion, WHO, 1986). Health promotion represents a comprehensive social, and public process, it not only embraces action directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action. The factors which influence health are multiple and interactive. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health especially those that are related to the actions of individuals, such as health behaviour and lifestyles.

Health promotion is a continuous process of enabling people and institutions to increase control over their health. Healthy lifestyle is a people – based approach to health for all, in which the health of the people is the ultimate responsibility of several stakeholders, including Non-governmental organizations.

The first step in the movement toward positive health change in any community is to inform the residents or members about health risks and health status issues that need improvement. Informed residents or community members are in a better position to create and maintain positive change (Shehu, 2005). Greater as awareness of the urgency and protect the environment contributes to an improved health status of the community. Health promotion initiative of the university suffered from low turn – out, poor attendance and non-challant attitude of members of the university community, because they were neither adequately
informed nor motivated towards health promotion initiatives put in place by the university administration.

This study therefore attempted to find out reasons advanced by members of the university community (Academic, Non-Academic and registered students) for failing to maximally utilized various health promotion initiatives (Unilorin walk, attendance at fitness centre, attendance at university-wide health seminars among others) put in place by the university administration to stem down the rising increased in untimely deaths, incapacitations and unset of degenerative and hypokinetic diseases like hypertension, diabetes, cancer, obesity and others occasioned due to adoption of unhealthy lifestyles by members of the university community.

Research Hypotheses

1. Health promotion initiatives of the university of Ilorin does not significantly relate to the physical inactivity lifestyle of the staff and students of the university.

2. Health problems suffered by the staff and students of the university are not significantly related to their lack of utilization of health promotion initiatives put in place by the university administration.

Objectives of the Study

The immediate objectives of this study is to examine the success of various health promotion initiatives of the university of Ilorin in relation to well being of staffs and students of the university and improved productivity. The study therefore examined:

1. The relationship between health promotion initiatives of the university and physical inactivity lifestyle of staff and students of the university.

2. The relationship between health promotion initiative of the university and health problems suffered by the staff and students of the university.

Methods and Materials

Descriptive research design of the survey type was used for this study. The populations for the study are staff and registered students of the university of Ilorin for 2010/2011 and 2011/2012 academic sessions. A total of one thousand randomly selected Academic, Non-academic staff, and registered students from the twelve faculties in the University of Ilorin with the exception of postgraduate students of the university participated in the study.

A researchers’ structured questionnaire validated and pilot tested with a reliability coefficient of 0.63r was used for data collection with aid of trained research assistants selected among the postgraduate students. Fifty respondents each were randomly selected from the new and fairly large faculties of Communication and Information Science, Agricultural Science, Pharmaceutical Science and Veterinary medicine. One hundred respondents each were randomly selected from faculties with large staff and students’ population (Education, Arts, BSS, Sciences, Engineering and Technology, College of Health Sciences and Clinical Sciences). Eighty respondents were selected from the Faculty of Law while the remaining 20 respondents were selected among the Deans, Directors and other Principal of the Officers of the University. In all a total of one thousand research instrument was distributed for the study. The entire instruments were perfectly retrieved.

The data emanated from the study were subjected to descriptive and appropriate inferential statistics of chi-square at 0.05 alpha level of significance. The results of the investigation were presented below.

**H0:** Health promotion initiative of the University of Ilorin does not significantly related to the physical inactivity lifestyle of staff and students of the university. (Table 1)

Table I presents the results of health promotion initiative of the university and physical inactivity lifestyle of staff and students of the university. The table reveals that 788 respondents representing 78.8% agreed that physical activities be performed by staff and students of the university. Majority of the respondents 842 representing 84.2% alluded to the contributing roles of physical activities to the all round development of the body. However, 824 respondents that formed the majority submitted that the location of the Unilorin fitness centre does not encourage its use by the members of the university community and, staff and students of the university were two loaded with works and academic activities to warrant their participation in physical activities. Majority of the respondents
627 representing 62.7% were of the opinion that their daily occupation provide them with enough exercise, therefore regimented activities like Unilorin walk and scheduled visit to the fitness centre are needless.

A critical examination of the table reveals that the calculated chi-square value of 33.07 is greater than the table value of 21.03 with 12 degree of freedom at 0.05 alpha level of significance. Therefore, the null hypothesis is rejected. This means that there is significant relationship between health promotion initiatives of the university and sedentary lifestyle adopted and developed by the member of the university community. Despite the awareness of the importance of physical fitness many prefer to do otherwise.

**Ho**: Health problems suffered by the staff and students of the university does not significantly related to their lack of utilization of health promotion initiatives put in place by the university administration (Table 2)

Table 2 presents the results of significant relationship between the health problems suffered by staff and students of the university and poor utilization of health promotion initiatives put in place by the university administration. Majority of the respondents 568 (56.8%) agreed that enough publicity were given to the health promotion programmes of the university. The table further reveals that majority of respondents 610 (61%) agreed that activities of the health education board of the university are of great interest to the university community. The respondents 869 (86.9%) were very much aware of the health risks posed by hypertension, diabetes and cancer I recent times as shown in the table above.

The table also reveals that staff and students of the university were of the opinion that occupational stress occasioned by excess work of administrative and academic activities is a common feature in the university with 633 respondents (63.3%) in agreement. Majority of the respondents 612 (61.2%) agreed that one major risk of sedentary lifestyle of university workers is obesity. Finally, table 2 reveals that majority of the respondents concurred that recreational opportunities provided by the university administration were not optimally explored by them.

A critical examination of the table shows that the calculated chi-square value of 45.42 is greater than the table value of 24.99 with 15 degree of freedom at 0.05 alpha level of significance. Therefore, the null hypothesis is rejected. This implies that significant relationship exist between the health problems suffered by the members of university community and their poor utilization of health promotion initiative put in place by the university administration.

**Discussion**

The finding that university of Ilorin health promotion initiatives is significantly related to the physical inactivity lifestyle adopted and developed by members of the university community is not unexpected, from the data available at the Unilorin fitness centre for 2010/2011 and 2011/2012 academic sessions a total of 44 staffs; 2010/2011(14), 2011/2012(30) and 150 students; 2010/2011(105), 2011/2012(45) had so far registered at the fitness centre. Out of the 194 registered staff and students during the period under review less than 45% made regular visit to the centre. Also, the monthly unilorin walk – a fitness programme which requires the participants to walk a distance of about 9.17km from the university main gate to the sports field often witnessed gross low turnout. The maiden edition recorded 685 participants out of over 5000 workers and over 25000 students’ population.

Participation at the subsequent edition was not encouraging. Although, the United States Department of Health Services (1996) and David (2002) recommended the amount of physical activities needed to maintain and promotes good health is 30 minutes of moderate physical activity in most days of the week. The level of activity recommended includes walking, jogging, running, gardening and swimming. Majority of the respondents 935 (93.5%) admitted that they were too loaded with works and academic activities to warrant their participation in physical activities. Although the respondents alluded to the contributory roles of participation in physical activities to all round development of their body, they were of the opinions that their daily occupation provide enough activities and that the unilorin physical fitness centre be centrally located. It is cleared that the university community appreciates the significance of the health
promotion initiatives of the university, but they were inhibited due to factors earlier mentioned, hence their adoption of sedentary lifestyle a predictor of many health risks factors.

The study also reveals that significant relationship exist between the health problems suffered by the members of university community and their poor utilization of health promotion initiatives put in place by the University administration. One of the health promotion programme of the university is health talk organized by the health education board of the university. The board since inception organized health seminars to address issues relating to causes and problems as well as management of diseases like hypertension, cancer, diabetes. The maiden edition that focuses on hypertension was the most attended with 349 participants. The second seminar on diabetes recorded 255 participants. The 3rd health seminar that focused on cancer, a deadly disease recorded the lowest turn out of 160 participants. The above finding is corroborated by John and Goodrick, (1995), where it was reported that adherence to health and fitness related programme ranges from 50% to 60% in the first 6 months and then drops to about 43% at the end of one year.

The none adherence to health and fitness related programmes by the majority of the university staff had made them to walk about with pot belly and heavy hips / buttocks occasioned by sedentary behaviors adopted in their work places. Findings from the establishment division of the registry, reveals that the university had lost close to 12 staff due to hypertension, stroke, cancer, diabetes mellitus and other diseases. Yet majority of the staff and students seemed not to show interest in health talks to address issues relating to causes, problems and management of these diseases. Majority of the staff and students of the university (93.5%) were of the opinion that enormous of work and academic activities does not avail them the opportunity of participate in the health promotion initiatives of the university as presented in table 1.

Conclusion

Health is wealth, participation in health related programmes though not compulsory but contribute greatly to all and development of the body and improve productivity. Staff and students of the University of Ilorin should strive to utilize abundant health promotion initiatives or programmes put in place by the university administration.

This will stem down the untimely deaths and incidences of cardiovascular diseases now common in Nigeria.

Recommendations

Based on the findings of the study, the following recommendations were proffer

1. University of Ilorin Walk-a keep fit programme be organized on faculty/department basis as a university-wide programme will not bring the desire result.

2. A de-militarized academics environment that will enable the staff and students to take care of their health is recommended.

3. More publicity should be carried out so as to boost staff and students attendance at the monthly health talk organized to address causes, problem and management of hipokinetics diseases.

4. General studies unit of the university to introduce knowledge of the causes, problem and management of hypokinetics diseases as well as physical fitness programme in its course contact for the students.

5. University should desist in overloading or overworking its workforce in other problem relating to occupational stress.

Acknowledgement

The researchers acknowledged the support and approval given by the University of Ilorin for allowing access to vital University records in the registry and for making it possible to administer the researcher instrument on staff and students of the University. We thanked the postgraduate that served as research assistants for the conduct of this study.

References


### Table I

Chi-Square analysis showing the relationship between health promotion initiative of the university and physical inactivity lifestyle of staff and students of the university of Ilorin.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>Calculated $x^2$ value</th>
<th>DF</th>
<th>Critical value</th>
<th>decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physical activities should be frequently performed by staff and students of the university.</td>
<td>371</td>
<td>417</td>
<td>188</td>
<td>24</td>
<td>33.03</td>
<td>12</td>
<td>21.03</td>
<td>Ho Rejected</td>
</tr>
<tr>
<td>2.</td>
<td>Physical activities contribute to all round development of the people.</td>
<td>520</td>
<td>322</td>
<td>85</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The location of physical fitness centre does not encourage its use by the members of the university community.</td>
<td>435</td>
<td>389</td>
<td>150</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Enormous of work and academic activities does not avail me the opportunity of participating in the health program.</td>
<td>502</td>
<td>433</td>
<td>15</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>A physical activity is not needed because my daily occupation provides enough activity.</td>
<td>247</td>
<td>380</td>
<td>293</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0.05 alpha level of significance.
Table 2 Chi-Square analysis showing significant relationship between the health problems suffered by staff and students of the university and poor utilization of health promotion initiatives put in place by the university administration.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>Calculated x² value</th>
<th>DF</th>
<th>Critical value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Members of the university community were not adequately informed of various health task organized by the Health Education Board</td>
<td>300</td>
<td>268</td>
<td>400</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Topical issues of interest has not be addressed by the health education board</td>
<td>172</td>
<td>218</td>
<td>421</td>
<td>189</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am aware that members of the university community had died of health problems like hypertension, diabetes, cancer, etc.</td>
<td>318</td>
<td>551</td>
<td>101</td>
<td>30</td>
<td>45.42</td>
<td>15</td>
<td>21.99</td>
<td>Rejected</td>
</tr>
<tr>
<td>4.</td>
<td>Occupational stress occasioned by excess work and overloading are common feature in the university.</td>
<td>340</td>
<td>293</td>
<td>208</td>
<td>159</td>
<td></td>
<td></td>
<td></td>
<td>Ho</td>
</tr>
<tr>
<td>5.</td>
<td>One major health risk of sedentary lifestyle among workers of the university is obesity</td>
<td>280</td>
<td>332</td>
<td>173</td>
<td>215</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Recreational opportunities provided by the university were not optimally explored by members of the university community.</td>
<td>389</td>
<td>452</td>
<td>79</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0.05 alpha level of significance.