

EXERCISE READINESS ASSESSMENT OF FEMALE UNDERGRADUATE STUDENTS OF LASU, LAGOS NIGERIA FEMI ADEOGUN [PH.D.] & TONY DANSU

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ABSTRACT

One of the sports millennium development goals is to increase access for women and girls to physical education and provide women with healthy lifestyle. However, the myriads of physical activity/sports benefits would be elusive if one does not engage in physical activity/sports. The study therefore examined the exercise readiness status of . female undergraduates. A total of 1000 female undergraduates from Lagos State University, served as Participants for the study. A standardized exercise readiness questionnaire (ERQ) was the main instrument for data collection. Each participant was evaluated in four categories; namely, mastery (self-control), attitude (mental disposition), health/wellness benefits and commitment (persistence). The descriptive statistics of simple percentage was used in presenting results. The study revealed that a high percentage (89%) of the respondents have the desire to exercise with a good chance of succeeding in exercise programme. The study therefore concludes that several factors including; motivation, persistent, self-control and attitude consistently predict success in engaging in physical activities.

INTRODUCTION

The millennium development goal as well as current goal of Healthy people 2010 demands improved health, fitness and quality of life through exercise and regular physical activity (Padden, 2002). Research evidences have identified quite a number of benefits of exercise, and have demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health-enhancing exercise (Adeogun, Setonji and Dansu, 2003; Okuneye, 2002; Padden, 2002; & U.S. Department of Health and Human Services – DHHS, 2002).

According to Padden (2002), exercise is instrumental in the prevention of coronary heart disease, diabetes, osteoporosis and some forms of cancer. Regular exercise also. builds muscle strength and endurance and increases flexibility, all of which are necessary for the prevention of injuries and disabilities (Adeogun, Setonji & Dansu, 2003; & Padden, 2002). To corroborate this, Okuneye (2002) mentioned that individuals who make regular exercise part of their lifestyle experience delay or reduction in occurrence of disease and disability associated with old age, cardiovascular functions, obesity and diabetes.

Exercise also has some psychological benefits. These according to Padden (2002) include positive change in mood; relief from tension, depression and anxiety; and increased ability to cope with stress of daily activities. These psychological benefits bring positive change in self-perception and well-being, and improvement of self-confidence and awareness.

Despite the well-known benefits of exercise, many people still lead a relatively sedentary lifestyle and are not active enough to achieve these health benefits (DHHS, 2002). Of a greater concern is the gender disparity in level of involvement in exercise. In the surgeon General's report on physical activity and health, greater percentage of. women (18 years and above) than their male counterparts does not engage in exercise (Padden, 2002). Older women (60 years and above) have also been reported in another study to be generally less physically active than older man of same ages (DHHS, 2002).

A study indicates that most women participate less in exercise, and the most commonly cited reasons for not exercising were personal barriers, enablers and motivators, lack of time, lack of willpower, and being too tired or lacking energy (healthy Memphis, 2006). In another ethnically diverse survey of 3,000 women, only nine percent (9%) exercise regularly; and eighty-nine

percent (89%) of participants in the survey indicated that they choose not to exercise because they do not see people around them who are active in exercise. In addition, almost a third of those surveyed blamed the terrain of their neighborhood (Vanden, Rzewnicki Van, 1997).

For the fact that physical inactivity is a risk factor to many diseases and health problems, making exercise integral part of daily life is very crucial. This study investigated exercise readiness of selected fern undergraduate students of Lagos State University Ojo, Lagos, Nigeria.

METHODOLOGY

Participants

The population for the study comprised of all female undergraduates of Lagos State University, Ojo Campus. One thousand (1000) female participants were sampled for the study using the purposive sampling technique.

Instrument

The main instrument for data collection was The Standardized Exercise Readiness Questionnaire (ERQ) designed by Hoeger and Hoeger, (1999). Each participant was evaluated in four categories: mastery (self-control), attitude, health and commitment. Attitude examines your mental disposition toward exercise; mastery indicates that you can be in control of your exercise programme. Health provides evidence of thewellness benefits of exercise, while commitment shows dedication and resolution to carry out the exercise programme. Scores in each category (mastery, attitude, health and commitment) can vary from 4 to 16. The higher you score in any category — mastery, for example — the more important that reason is for you to exercise. A score of 12 and above in each category is a strong indicator that, that factor is important to you, and 8 and below is low. If you score 12 or more points in each category, your chances of initiating and adhering to an exercise programme are good. Failure to score at least

12 points in three categories means ones chances of succeeding at exercise may be slim. (See Appendix 1).

Statistical analysis

The descriptive statistics of simple percentage was used in presenting the results.

RESULTS AND DISCUSSION

VARIABLES	PARTICIPANTS		
	NO	%	
MASTERY			
<8	80	8	
>12	920	92	
ATTITUDE			
<8	150	15	
>12	850	85	
HEALTH			
<8	60	6	
>12	940	94	
COMMITMENT			
<8	100	10	
>12	900	90	

Table 1: Evaluation of respondents in the four categories

Table 2: Respondents chances of succeeding at exercise.

Chance	No	%
Good	890	89
Slim	110	11

The results obtained in table 1 revealed that 92% of the participants scored above 12 points in mastery (self-control) which indicates that they could be in control of their exercise programme while 8% scored below 8 points.

On attitude (mental disposition) the result on table 1 shows that 15% of the participants have high mental disposition toward exercise while 15% do not have a good attitude (negative) toward exercise. The table also revealed that 94% of the participants appreciate the health benefits of exercise, which eventually is a good reason for willing to exercise while only 6% of the participants did not appreciate the wellness benefits of exercise.

On commitment, which shows dedication and resolution to carry out exercise programme, the result shows that 90% of the participants show dedication and resolution to carry out the exercise programme. However, 10% showed no dedication and resolution to carry out exercise programme.

The results on table II show that 89% of the participants have a good chance of succeeding in exercise programme while 11% have a slim chance of succeeding in exercise programme.

This study is in line with Okuneye (2002), who opined that people's interest in exercise is more vicarious than participatory; people only appreciate benefits of exercise rather than getting involved. However, exercise is an individual phenomenon and its benefits are individually derived. Therefore, it is not enough to be enthusiastic about somebody else exercising, without being involved.

Healthy Memphis (2006), however reported that most women participate less in exercise, and the most commonly cited reason for not exercising were personal barriers, enablers and motivators, lack of time, lack of willpower, and being too tired or lacking energy. The most commonly cited factors that would get female participants to exercise more include, more time, greater willpower or self-motivator and support from friends.

In an ethnically diverse survey of 3,000 women, only 9 percent exercised regularly (Vanden, Rzewnicki & Van, 1997). 89 percent of those surveyed indicated that they choose not to exercise because they do not see people around them who are active in fitness or sports; and almost a third of those surveyed blame the terrain of. their neighborhood. Some of the women claimed they neglect exercise because they are too busy helping others, or do not have enough energy to work out.

According to Padden (2002), the Surgeon General's Report on physical activity and health showed that greater percentage of women (18years and above) than their male counterparts do not engage in exercise.

Studies have shown that habitual physical activity enhances both physiological and psychological health (Padden, 2002; Thompson % Wenger, 2003; DHHS, 2002). The psychological benefits of exercise include positive changes in mood; relief from tension, depression, and anxiety; and increased ability to cope with daily activities. These psychological benefits bring positive changes in self-perception and wellbeing, and improvement of self-confidence and awareness.

Along the same line of thinking, Okuneye (2002) and Powers and Dodd (2003), maintained that individuals who make regular exercise part of their life style experience delay or reduction in the occurrence of disease and disability associated with old age, cardiovascular functions, obesity, diabetes, hypertension, and osteoporosis.

Regular physical activity, fitness and exercise are critically important for the health and wellbeing of people of all ages (U.S. Department of Health and Human Services – DHHS,

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2002). Researches have however demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health — enhancing exercise.

As a form of motivation, DHHS (2002) encourages that exercise need not be strenuous to be beneficial, women of all ages benefit from moderate physical activity, such as 30 minutes of walking five or more times per week. And in addition, exercise does not need to be sustained for long periods of time in order to provide health benefits; repeated shorter bursts of moderate intensity activity also yield health benefits.

CONCLUSION AND RECOMMENDATION

The study concludes that a high percentage (89%) of the respondents have the desire to exercise and with a good chance of succeeding in exercise programme. The study also concludes that regular exercise greatly improves quality of life in individuals and enhances living a more fulfilling life; exercise must therefore be performed regularly throughout one's lifetime to achieve the benefits of physical fitness, wellness, and disease prevention. Beginning a lifetime exercise programmes requires a strong personal commitment to physical fitness and application of the principles of behaviour modification to change from a sedentary lifestyle to an active lifestyle is desirable.

Since the demands of the modern complex society make it increasingly necessary for citizens, regardless of the sex, to have good capacity for physical endurance and because physical inactivity is a risk factor for many diseases and conditions, making exercise an integral part of daily life is crucial. The study therefore recommends that regular participation in moderate physical activity should be an essential component of a healthy life.

If the first step in beginning a successful exercise programme is the desire to be physically fit and stay healthy, the second then should be establishing both short-term and long-term fitness goals. Though exercise should be fun, the study recommends that the individual should choose exercise activities that they enjoy; in addition, exercise programme should be individualized.

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REFERENCES

- Adeogun, J.O. Setonji, N.A. & Dansu, A. (2003). Physical fitness: A significant factor in individual'shealth protection. In Ogunsina (Ed.) Matters Arising in Health Education. Lagos: The Rehoboth Links. 103-117.
- Healthy Memphis (2006) A study on African-Americanwomen in the Southeastern U.S. (online). www.healthymenphis.org/documents/physical-activity-aascaroline.pdf. 24/04/06.
- Hoeger W.W.K. and Hoeger S.A. (1999): Fitness and wellness. Englewood Co: Morton Publishing.
- Okuneye, R.O. (2002). Regular exercise and individual's health. Nigeria Journal of physical, Health Education and recreation. 2:5-10.
- Padden, D.L. (2002) The role of the advanced practicenurse in the promotion of exercise and physical activity (online). www.medscape.com/viewarticle/ 421475.24/04/06.
- Powers S.K. and Dodd S.L. (2003): Total fitness and wellness (3rd Ed). San Francisco: Benjamin Cummings.
- Powers S.K. and Hwley E.T. (1999). Exercise physiology: London. Brown and Benchmark Publishers.
- Thompson, P.D. & Wenger, N.K. (2003) Exercise and Physical activity in the prevention and treatment of atherosclerotic cardiovascular disease (online). www.google.com.24 /04/06.
- U.S. Department of Health and Human Services (DHHS,2002). Physical activity: Fundamental to preventing disease) online).www.aspe.hhs.gov/health/reports/physicalactivity/index.ghtml.24/04/06.
- Vanden, A.Y., Rzewnicki, R & Van, M.V. (1997) Reasons for not exercising and exercise intension: A study ofmiddle-aged sedentary adults (online). www.healthsurfing.com/health.24 /04/06.