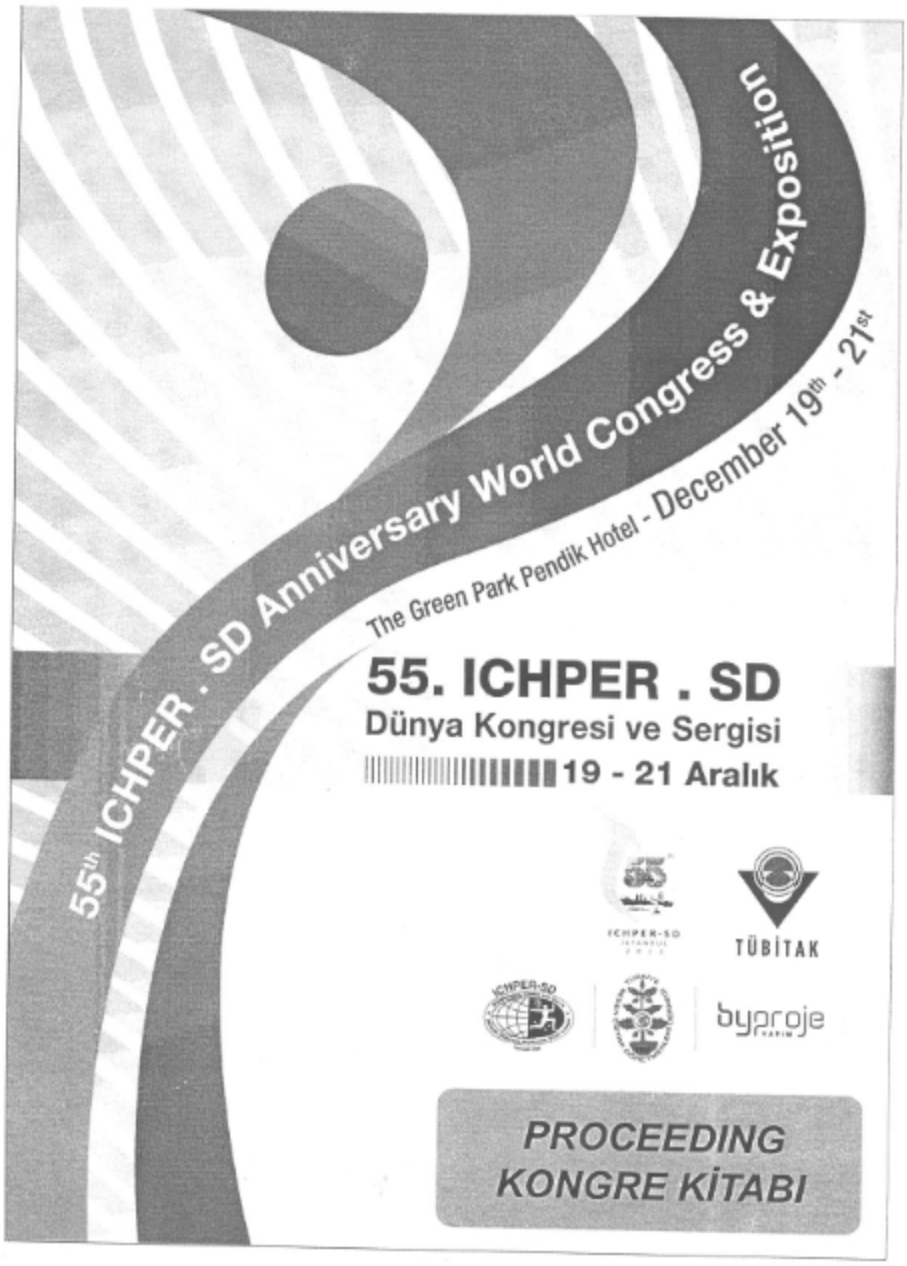
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AN ASSESSMENT OF THE FITNESS CENTRES IN THE LAGOS METROPOLIS OF SOUTHWEST NIGERIA: IMPLICATION FOR SPORTS DEVELOPMENT IN NIGERIA

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ABSTRACT

Physical inactivity is a leading public health issue in recent time, not only in the advanced nations of the world, but also in developing countries, including Nigeria. This calls for all forms of motivation and awareness for individuals to lead active lifestyle. Fitness centres and clubs play major roles in this respect. This study was carried out to evaluate the fitness centres in the Lagos metropolis of South-West Nigeria. Eighty one (81) respondents (Male- 56, Female- 25) who are staff of 28 fitness clubs and centres participated in this study. They responded to a self:developed and validated instrument (r-value =0.79) that sought information on departments, facilities and equipment available at the centres. It also sought related demographic information of the participants, and fitness/wellness assessment procedure for clients. The data collected were analysed using frequency counts, simple percentage and pictorial analytical tool of component bar chart. Findings showed that many of the centres were not adequately equipped to meet an expected standard of a fitness centre. Most of the staff lacked the professional qualifications and adequate knowledge to operate in such centres. This reflected in poor fitness and wellness assessment practices revealed in this study.

Key words: Physical fitness, Wellness, Fitness Centres, Assessment Introduction

The Nigeria economy is mainly an oil-driven one (crude oil exploration) which comes mainly from the Niger-Delta (South-south) region of the nation. However, many of the industries are mostly located in Lagos metropolis in South-West Nigeria, which used to be the nation's capital before it was relocated to Abuja in the middle belt region of Nigeria. The majority of the fitness centres are located in Lagos, with many of them cited in five star hotels and high blow areas like lkoyi and lkeja environs. Popoola (2000) opined that since independence successive governments in Nigeria have made provision of qualitative medical and health services as their priority area. The government has made it a matter of policy to allocate at least 5 percent of its budget to the health sector in every fiscal year. The author also observed that a humane approach to health care involves the considerate and courteous treatment of patients, good communication and information giving, and a health-promoting environment, in short, quality health care.

Aibueku & Ogbouma (2011) noted that the desire to lose weight, keep fit, and live a healthy, disease-free lives in order to function maximally in our increasingly tasking environment is gradually becoming one of the decisive factors that shape the day to day activities of individuals in contemporary societies. In response to the need to satisfy these desires, there has cropped up, series of services ranging from medical services, through health and wellness-related services to traditional services.

The fitness boom arising during the last half of the 20th century has created an explosive growth in the health fitness industry. For decades, participation in physical activity, membership in health clubs, and expansion of fitness facilities increased exponentially (Grantham, Patton, York & Winick, 1998).

According to Sanya (2009), in Nigeria, there is unfortunately a dangerous political "keep fit" programme whereby governments at the various levels bring out their staff once a week or once a month to jog for a pre-determined distance or time with full press coverage. This political keep fit programme has produced casualties, who suffered heart attack, hemiplegic stroke,

elevated blood pressure and severe musculoskeletal stress after a sudden bout of exercise session they are unaccustomed to.

Sanya (2009) also observed that an individual can promote his health and keep physically fit in many ways; clients can engage in sporting activities like swimming, badminton, tennis, etc.; on the other hand the client can register in a gymnasium and participate in aerobics and other exercises which build cardio-respiratory endurance. Unfortunately, gymnasia and sporting facilities are not affordable and are inaccessible to more than 70% of Nigerians.

The patronage enjoyed by fitness centres is currently on an unprecedented increase as evidence have shown that in recent times, there have been a dramatic increase in and greater public awareness of the benefits of physical activity to human and societal developments (Aibueke & Ogbouma, 2011). The health fitness industry can be divided into four distinct segments, described as commercial, corporate, clinical, and community settings. Although each setting is distinct, there are many similarities in operational functions and management concepts (Grantham, Patton, York & Winick, 1998).

Five levels of fitness centres have been identified in the literature in relation to the facilities used for such fitness centres. They are, unsupervised exercise room such as those in hotels; single exercise leader; fitness centre for general membership; fitness centre offering special programmes for clinical populations; and medically supervised clinical exercise programmes (Aibueku & Ogbouma, 2011). Therefore this study seeks to assess the fitness centres in the Lagos metropolis of South West, and its implication to sports development in Nigeria.

Research Questions

Three basic research questions underpin this study. These are:

1. What are the names of departments, facilities and equipment in operations within the fitness centres in the Lagos metropolis of South West of Nigeria?

2. What fitness and testing equipment are utilized in the fitness centres in the Lagos metropolis of South West of Nigeria?

3. What fitness and medical testing or assessment procedures are employed within the fitness centres in the Lagos metropolis of South West of Nigeria?

RESEARCH METHODS

Sample

This research is based on data gathered from 81 respondents who are employees from 28 fitness centres located within the Lagos Metropolis of South West Nigeria. The chief officer in charge of each of these fitness centres constituted the respondents for the study.

Procedure

The fitness centres used in this study and the participants were selected using the purposive sampling technique. This was found appropriate for the study due to the metropolitan nature of Lagos. Paschal, Wamukoya & Mwangi (2013) in a very recent study used the purposive sampling technique to select 58 health and fitness centres countrywide in Uganda. The study targeted clients to gymnasia, aerobics clubs, aqua-based activities and specific sports.

Research instruments

The main research instruments used to generate data for the study were a validated, self-developed, structured questionnaire (r-value=0.79). The questionnaire was made up of three sections, 1, 2, 3 and 4. The first section labelled 1 contained item designed to elicit demographic information from the respondents. The second, third and fourth sections (2, 3 and 4) contained 24items designed with response option viz: yes and No. The checklist was designed to reflect

the department and facility type, fitness and testing equipment and fitness and medical testing/assessment procedures employed.

Statistical Analysis

Data obtained were analysed using descriptive statistics of frequency counts, simple percentage and pictorial analytical tool of component bar chart with the application of statistical package for the social sciences (SPSS)

Research Question 1: What are the names of departments, facilities and equipment in operations within the fitness centres in the Lagos Metropolis?

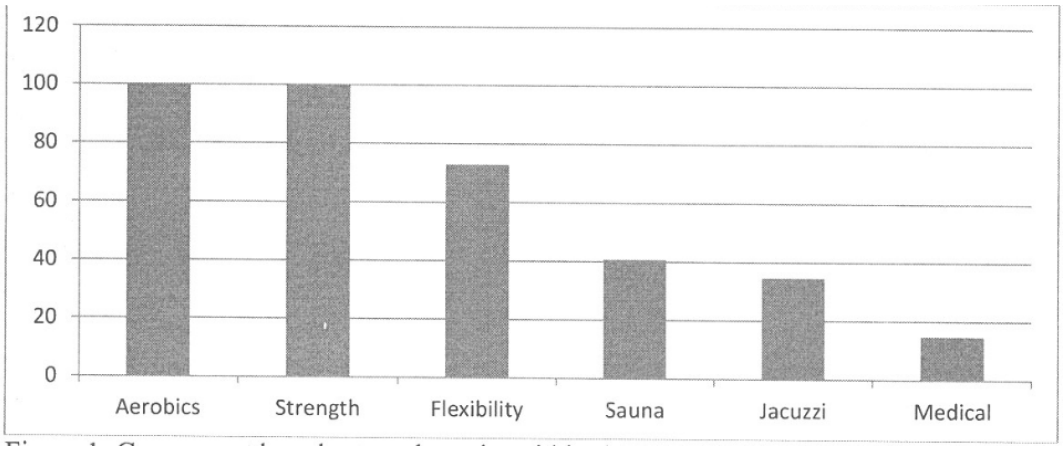

Figure 1: Component bar chart on the units within the organization

Figure 1 shows the availability of units within the organization of respondents. Responses indicate that all the fitness clubs/centres have cardio/ aerobics unit and strength training unit, while 73% indicate availability of flexibility unit. 40.7% and 34.6% indicate availability of sauna and Jacuzzi respectively while Medical and health assessment were only 14. 8%. These responses were further corroborated by on-the-spot assessment of the facilities in the centres by the researchers.

Research question 2: What fitness and testing equipment are utilized in the fitness centres in the Lagos Metropolis?

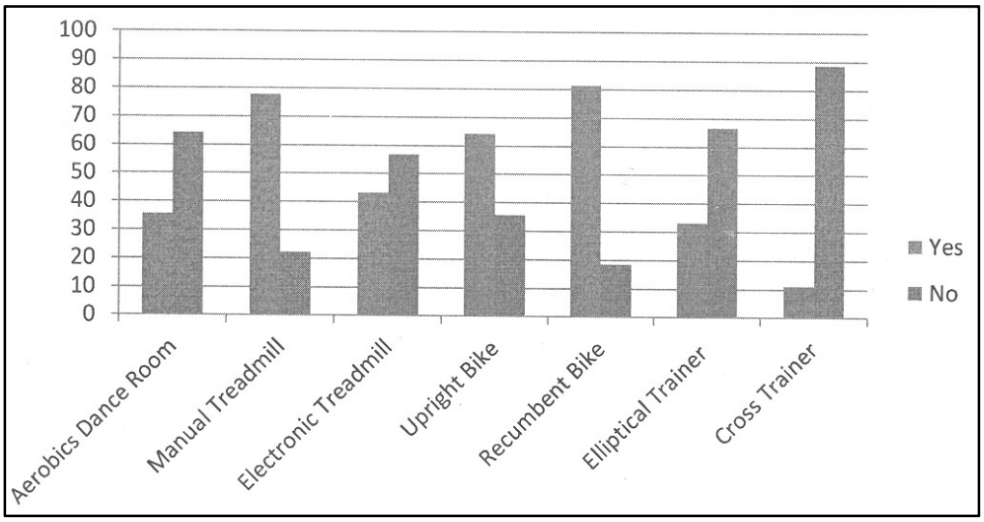

Figure 2: Component bar chart on availability of fitness and testing equipment

Figure 2 addresses the availability of fitness and testing equipment in the clubs and centres of participants of this study. Only 35.8% respondents indicated that their centre have aerobics dance room; while 77.8% and 43.2% indicated for manual and electronic treadmill respectively. 64.2% and 81.5% responses shows that the fitness centres have upright and recumbent bicycle ergometres respectively. 33.3% responses shows that the surveyed centres have elliptical trainer, and only 11.1% of the 81 responses shows that the centres have cross trainer. These responses were further corroborated by on-the-spot assessment of the facilities and inventory taken in the centres by the researchers.

Table 1: Frequency and percentage distributions on sufficiency of fitness and testing equipment

Equipment	<2 [%]	2-4 [%]	5 & + [%]	Total
Aerobics Dance Room	9 [100]	0	0	09 [100]
Manual Treadmill	6 [26.1]	11 [47.8]	6 [26.1]	23 [100]
Electronic Treadmill	7 [46.7]	5 [33.3]	3 [20]	15 [100]
Upright Bike	9 [37.5]	9 [37.5]	6 [25]	24 [100]
Recumbent Bike	17 [65.4]	6 [23.1]	3 [11.5]	26 [100]
Elliptical Trainer	11 [100]	0	0	11 [100]
Cross Trainer	03 [100]	0	0	03 [100]

Result presented in table 1 shows that not all the 28 centres surveyed in this study have fitness and testing equipment. Only 9 have aerobic dance room, and 3 with cross trainer. Of the 26 centres that have recumbent bike, 65% of them have less than 2; and of the 15 centres with electronic treadmill, 47% have less than 2.

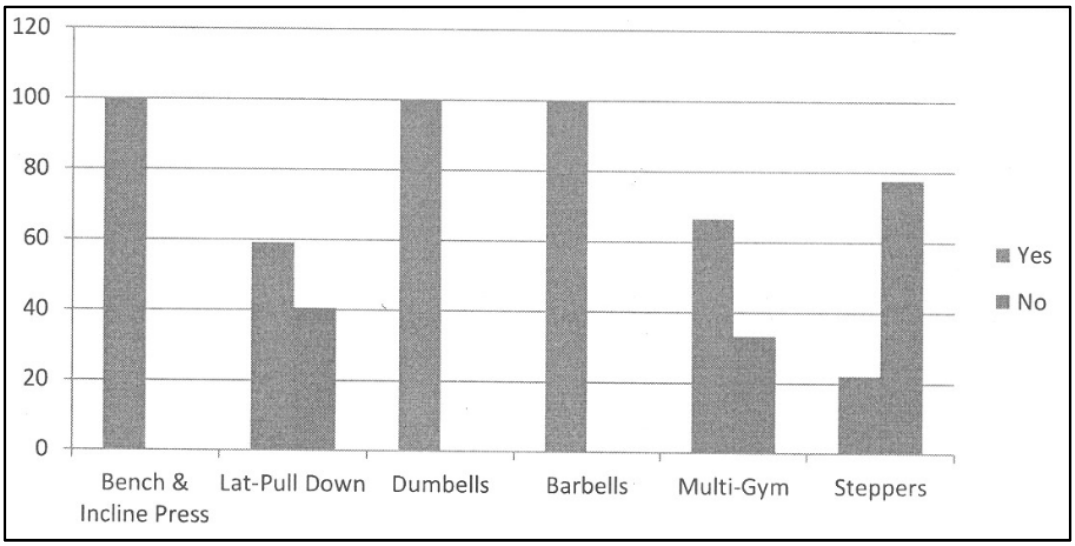

Figure 3: Component bar chart on availability of strength training equipment

Figure 3 shows those responses on availability of strength training equipment in the centre. 100% of the total 81 responses show that bench and incline press; dumbbells and barbells are available in all the fitness centres. 66.7% shows that multigym machines are available and 59.3% shows that lat-pull down machines are available. Only 22.2% responses indicated that steppers are available in the centres.

Table 2: Frequency and percentage distributions on sufficiency of strength training equipment

Equipment	<2 [%]	2-4 [%]	5 & + [%]	Total
Bench & Inc. Press	2 [7.1]	19 [67.9]	7 [25]	28 [100]
Lat-Pull Down	13 [61.9]	7 [33.3]	1 [4.8]	21 [100]
Dumbbells	0	3 [10.7]	25 [89.3]	28 [100]
Barbells	0	15[53.6]	13 [46.4]	28 [100]
Multi-Gym	17 [68]	7 [28]	1 [4]	25 [100]
Steppers	06 [75]	2 [25]	0	08 [100]

Result presented in table 2 shows that bench and incline press, dumbbells and barbells were available in all the 28 centres of this study. Multi-gym were available in 25 of the 28 centres, of which 68% have less than 2 in the centres. Only 8 centres have steppers; and of the 21 with lat-pull, 61.9% have less than 2.

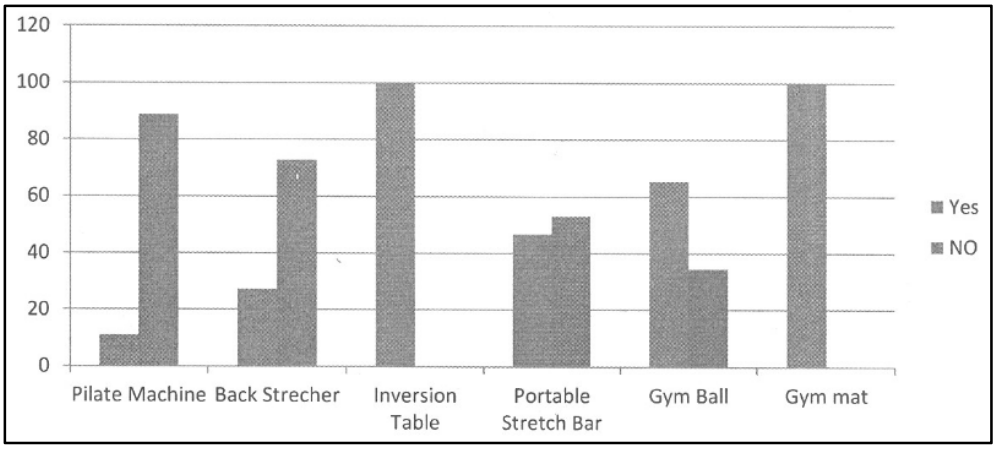

Figure 4: Component bar chart on availability of flexibility equipment

Figure 4 describes responses on availability of flexibility training equipment. The figure shows that 100% of the responses indicated availability of inversion table and gym mat in the centres, while 11.1% showed availability of Pilate machine. 27.2% and 46.9% responses indicated availability of back stretcher and portable stretch bar respectively.

Table 3: Frequency and percentage distributions on sufficiency of flexibility equipment

Equipment	<2 [%]	2-4 [%]	5 & + [%]	Total
Pilate Machine	3 [75]	1 [25]	0	04 [100]
Back Stretcher	8 [61.5]	4 [30.8]	1 [7.7]	13 [100]
Inversion Table	2 [7.1]	19 [67.9]	7 [25]	28 [100]
Port. Stretch Bar	4 [23.5]	11 [64.7]	2 [11.8]	17 [100]
Gym Ball	16 [72.7]	6 [27.3]	0	22 [100]
Gym mat	0	11 [39.3]	17 [60.7]	28 [100]

Result presented in table 3 shows that inversion table and gym mat were available in all the centres, but only 4 have Pilate machine. Of the 13 with back stretcher, 61.5% have less than 2, and 23.5% of the 17 with portable stretch bar have less than 2 bars.

Research question 3: What fitness and medical assessment procedures are employed within the centres in the Lagos Metropolis

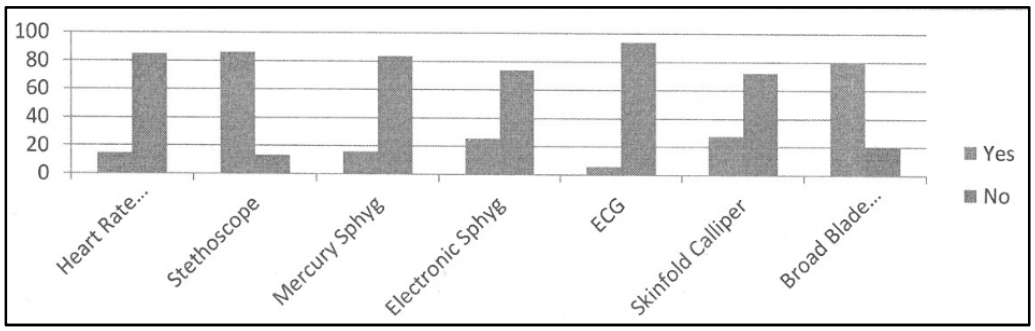

Figure 5: Component bar chart on availability of health and fitness equipment

Figure 5 describes the availability of health and medical equipment in the fitness centres. Result showed that only 14.8% responses indicated that heart rate monitors are available in the centres, while 16.1% and 25.9% shows availability of mercury and electronic sphygmomanometer respectively. Only 6.2% indicated availability of ECG machine.

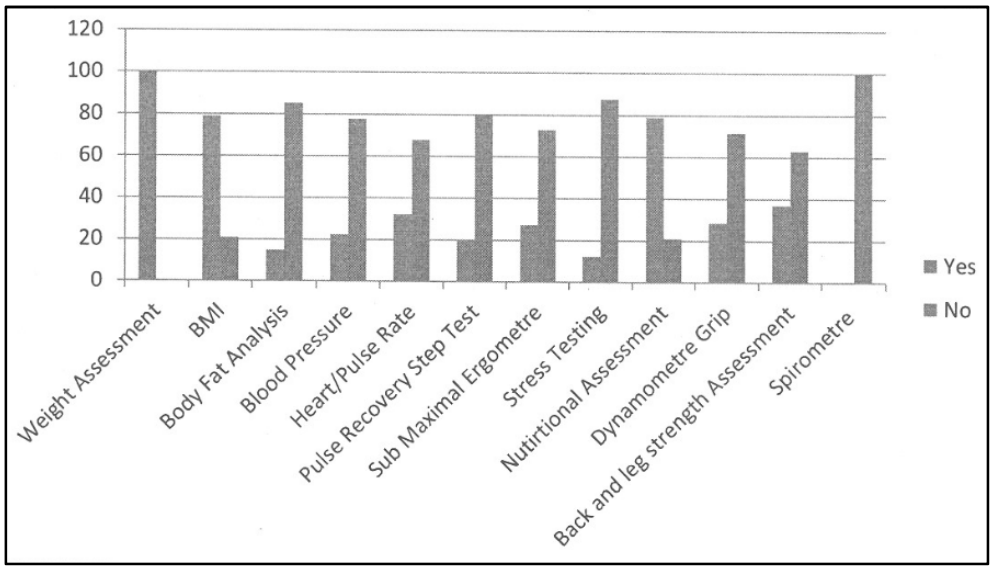

Figure 6: Component bar chart on fitness and medical assessment procedure employed

Figure 6 presents results on fitness and medical assessment procedure employed by the centre on clients. The figure shows that 100% assess clients using weight assessment, but 100% do not have spirometer for lung functions assessment. 79% Of the responses shows that BMI assessment is carried out in the centres, while 14.8%, 22.2% and 19.8% were for body fat analysis, blood pressure and heart/pulse rate analysis respectively. 79% responses shows that nutritional counselling and assessment were carried out in the centres, and 37% shows that strength assessment were also carried out.

Discussion

This study has demonstrated that the majority of fitness centres in the Lagos metropolis concentrated mostly on aerobics and strength training. Sanya (2009) opined that a gymnasium which has only one exercise package for everybody with a general tempo, intensity and type, and duration of exercise for all comers is not safe for health promotion. A good gymnasium should have about three of your exercise classes such that a client can enter the programme at his self-selected intensity and progress gradually to more intense levels. In the same vein, Grantham, Patton, York & Winic (1998) observed that health fitness centres that are product oriented define their mission in terms of delivering products and services. Within these organizations, every deliverable aspect of the organization is viewed as a separate product. Aerobics classes, locker room services, tennis courts, swimming and spa services amongst others are evaluated in terms of delivering the best product to members.

The study further revealed what fitness equipment is utilized in the fitness centres in the Lagos metropolis of South West Nigeria. As we can see in Figure 2 and Table 1 a good number of the fitness centres assessed have the latest equipments for their customers use. Balady, Chaitman, Driscoll, Foster, Froelicher & Gordon et al (1998) submitted that persons seekinghealth/fitness facilities should select one that meets professional and industry standards. Facilities should be

clear and spacious enough to ensure the comfort and safety of programme participants. Moreover, exercise equipment and facilities should be well-maintained. According to Lagrosen & Lagrosen (2007) most fitness centres are relatively small organizations, which should provide more opportunities for real leadership. However, the influence of organizational consciousness must also be taken into account. Nevertheless, the AHA, the IHRSA, and the ACSM recommend that all health or fitness facilities have written emergency policies and procedures that are reviewed and practiced regularly (Peterson & Tharrett, 1997; International Health, Racquet and Sports club Association [IHRSA]/American sports Data, 1997).

Again, this study also examined the fitness medical testing or assessment procedures that are employed within the fitness centres in the Lagos metropolis. Fig. 5 indicates that a very few number of the fitness centres assessed, carry out any meaningful assessment on their members. Grantham, Patton, York & Winic (1998) opined that commercial organization in the US are increasingly forming joint ventures with hospitals and other health care providers seeking venues for cost-effective delivery sites for preventive managed care. In the case of Nigeria, Sanya (2009) noted that when an individual registers in a gymnasium for health promotion, there should be an initial assessment on the first attendance. The assessment should include measurement of weight, height, blood pressure (BP), heart rate (HR) and exercise tolerance test. This initial assessment should be used to assign the client to an appropriate exercise programme. The assessment from a gymnasium can be the basis for a client being advised to see a medical doctor for screening.

The goal of an effective screening programme should be to identify patients at risk for significant cardiac events during strenuous exercise as non-invasively and cost effectively as possible. Currently, there is no accepted standardised approach to screening (Soni & Deanfield, 1997). Financial and technical limitations restrict the implementation of comprehensive screening in most countries, especially in a developing country like Nigeria where basic infrastructure like power supply is a major challenge. It is essential to acknowledge that emergency equipment alone does not save lives: training and preparedness by a state professional staff who can readily handle emergencies is paramount (Balady et al, 1998).

Well-trained health/fitness facility staff members are essential to maintain strong links in the chain of survival for their clients (Balady, Chaitman, Foster, Froelicher, Gordon & Van Camp, 2002). Lack of adequate screening and evaluation services may be as a result of paucity of well trained and qualified officials in the fitness centers. Lagrosen & Lagrosen (2007) re-emphasised that this 'human aspect' is important in fitness centres, which entail significant interaction between staff members and customers. According to Adelman, Ahuvia & Goodwin (1994), services that are consumed in the leisure time of consumers often involve social support, which means that the communication of the service provider's staff improves the customers' self-esteem, creates a sense of social connection or reduce uncertainty.

The implication of the current discussion for sports development is that the expansion of the fitness industry in Nigeria is an avenue that could lead to the improvement in the participation of our youths in other sports enterprise, apart from football (soccer). The average Nigerian is obsessed with football, which is unarguably the number one sport in Nigeria. The Nigerian government spends billions of Naira in the promotion of the game of football to the detriment of other sports, recreation and leisure pursuits. Aibueku & Ogbouma (2011) observed that in Nigeria today, sports development initiative is in a bottom- of- the-bucket condition, policy attention, political ill-will, financial misappropriations and unending crises have seriouslyeroded the foundations of the sports and leisure sub sector. This has resulted in a situation where charlatans and quacks flourish at the expense of the health of individuals and the nation

Moreover, Aibueku & Ogbouma (2011) also noted that the poor state of the country's sports sector resulting from all manners of political aberration coupled with poor policy formulation and implementation process have created a fertile ground for the prosperity of every kind of fitness and sports anomalies, including the existence and operation of substandard fitness centres. Needless to say that this has far reaching negative implication on the populace and

the nation in general.

Conclusion and Recommendations

It is concluded in this study that many of the fitness centres studied in the Lagos metropolis of Southwest Nigeria are not adequately equipped to meet an expected standard of a fitness centre compared to what is obtained in America and Western Europe. Many of the staffers lacked the professional qualifications and adequate knowledge to operate in such an environment. Furthermore, the commonest programme in most fitness establishments in the Lagos metropolis are that of weight control and general fitness programmes like aerobics and strength training, which are considered inadequate. Health and fitness assessment procedures like nutritional counselling and stress testing were mostly non-existent. This reflected in poor fitness and wellness assessment practices revealed in this study. Therefore, it is recommended that:

i) Government at all levels should provide a conducive and safe environment for every individual in Nigeria to be able to exercise regularly for the attainment and maintenance of optimum physical fitness.

ii) Enabling facilities for health promotion through physical fitness should be available, accessible and affordable for all, irrespective of age, gender, educational attainment and socio-economic status.

iii) There should be constant monitoring of all fitness and sports outfit to ensure that there is compliant with set rules and regulations, and that service delivery does not deviate from set norms.

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