

## **Status of Recreation Facilities in Health Promoting Tertiary Institutions in Akwa Ibom State- Nigeria**

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**Abstract:** *One of the values of regular recreation participation is that it helps to prevent illness by contributing to healthful living and happy living in a community. Recreational facilities in schools become the vehicle for promoting optimal health and wellbeing through regular participation in active leisure time pursuit that can be transferred to lifelong skill. In Akwa Ibom State most public pre-tertiary institutions have some recreational facilities. This study examined the status of recreation facilities in health promoting tertiary institution in the state. Observation checklist was used to survey the status of recreation facilities in the 12 tertiary health promoting institutions. Results indicate that 2 (17%) schools have full blown facilities while 10 (83%) had skeletal or none, it was discovered that even schools that have facilities they were grossly underutilized by would be and health promoting professionals. It was recommended among others that the provision of recreation facilities in health promoting tertiary institutions requires uncommon transformation. Also health promoters in these institutions should live more by practice than in theory by engaging and encouraging regular active recreation pursuit to promote health and wellbeing in their respective school community. Life time recreational sports should be included in the curriculum of Health professionals.*

**Keywords:** *Recreation facilities, Health Promoting Schools, Lifelong Skill, Community health*

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### **1. INTRODUCTION**

Individuals who are concerned over the effectiveness of health care professionals do not lose sight of activities in health promoting institutions. Graduates from such institutions provide services to individual with clinical, physical, social, emotional, and mental challenges which impact their ability to engage in meaningful activities of which leisure experiences is paramount. Health care providers ought to have sufficient knowledge to the extent of determining leisure needs and together develop and evaluate goals to support each individual to maximize independence, create optimal health and achieve quality of life. In addition, health care providers should be able to integrate people with health challenges into community by teaching them how to use community resources and participate in recreation and leisure activities that will improve memory and cognitive functioning, enhance new learning, improve coping and reasoning skills, greater independence and quality of life, increased self esteem, self concept and adjustment to disability if any, reduction of stress, depression and anxiety and promote a positive attitude, improve basic motor functioning and reduced risk of fall, increased skill acquisition, increased self confidence and community integration and knowledge to choose healthy leisure activities. Elegebeleye(2005) noted that recreational facilities in schools provide several leeway for students to let off steam and become less stressed up. Being stressed up, either as a result of improper goal setting technique or perceived injustice in the public place has always precipitated a feeling of frustration in this category of youth, a development that more likely than not is capable of predisposing them to take recourse to violence.

The values and benefits of recreation for health professionals are numerous. Jade(2012) documented 10 values and benefits that work out best and should encourage professional to take recreational activities from time to time.

*Helps relaxation:* Recreational activities help the health professional to relax and give soothing effects to nerves. It helps to release tension and maintain equilibrium. It is one of the best relaxation techniques to help one get back to work in full form. *Reduces stress:* The health professional often feels stressed, sometimes late hour shifts may take the best out of one's leisure. Recreational activities are best for everyone who make the time for it. *Impacts your health:* recreation activities have a very good impact on your health. It is an excellent medicine for ailment which cannot be cured by any other manner. It is a natural way to stay fit and healthy in life. *Social benefits:* it helps you meet like-minded people and develop a favourable rapport. People who share common interest make a joyful group that help each other to promote themselves. Importance of recreation gets reflected in the status you build for yourself. *Refresh the senses:* feeling dumb? Recreation is the important and best activity to refresh the senses and prepare you for the next battle. It rejuvenates your senses and makes you feel light again. *Refills the energy:* Recreational activities are best mechanism to refill your energy and make you feel alive again. It is best way to charge you up when you feel exhausted and drained out. *Quality of life:* recreation activities build self esteem and confidence. It helps you enhance the quality of life by building a positive self image. *Effective time utilization:* when your body is at best of its form both in terms of health and energy, recreational activities help you utilize your time effectively. The effort you put in a certain task is way below what you could have possibly put without any recreational activity. *Sharpen skills:* the value and benefit of recreational activities is best seen in the form of skills that gets developed and sharpened over the period of time. You not only are inclined to learn more things but are also motivated to be at your best. *New avenues:* it has happened to people and it can help you too. People who enjoy it to the best of its form have developed a career in one form or the other.

Corroborating the above in statistical terms Brown (2013) reported that a total of 2673 interviews with college students were completed across 16 campuses during February 2002. The study found that participation in recreational sports programmes and activities is a key determinant of college satisfaction, success, recruitment and retention. Survey students further believed that participating in recreation sports reduces stress, improve self confidence, builds character and makes them feel like they are part of the college community. These students report that their involvement with these activities improves interaction with diverse sets of people, teaches team building skills and heightens their leadership skills. Moreover, the research showed that 75 percent of all college students participate in recreational sports programme.

According to Atare and Sanubi (2009) recreation cannot be done in isolation without facilities, so if we want recreation to shape the attitude and behaviour, facilities in schools become a necessity. Ekanem (1995) noted among other things adequate facilities have the following advantages of promoting interest in sports and recreation; make training interesting and easy; motivate participants and clientele and enhance efficiency in skills and understanding of techniques. The facilities should be able to serve children, youth, adults and forensic. Services may be held on units, on grounds, and in the community. Activity involvement may include social and cultural skills, physical skills, intellectual skills, crafts, skills, outdoor/camping skills and leisure education skills. In more specific terms Onyewadume and Nwaogu (2006) in a survey of recreational facilities in Southern Botswana schools listed recreational facilities required in a school setting like schools for training health professionals to include soccer pitches, swimming pools, badminton, handball, tennis court, basketball court, archery, table tennis, indoor gymnasium, bowling and goal ball. They also recommended that adequate provision in quantity and diversity of recreational facilities would lead to freedom from dependence on friends and individuals would be better able to live an independent and healthy lifestyle devoid of incessant ill health.

## **2. STATEMENT OF THE PROBLEM**

Akwa Ibom State has witnessed rapid transformation in the few past years that has Christian 'the state of uncommon transformation'. One of the values of regular recreation participation is that it helps to prevent illness by contributing to healthful living and happy living in a community. Recreational facilities in schools become the vehicle for promoting optimal health and wellbeing through regular participation in active leisure time pursuit that can be transferred to lifelong skill. In Akwa Ibom State most public pre-tertiary institutions have some recreational facilities.

Personal observation has shown gross inadequacy in the quantity and quality of recreation facilities in most health promoting tertiary institutions. It is pertinent to note, however, that the problem may have got to this alarming rate due to non availability of Physical and health educators, lack of governmental and non-governmental support, and non inclusion of life time sports in the curriculum in most health promoting institutions.

This study was therefore designed to find out the status of recreation facilities in health promoting tertiary institution in Akwa Ibom State to know whether they are available and adequate. It also afforded the researchers the opportunity of finding out the attitude of Health Instructors in these institutions towards recreation participation. These enabled suggestions and recommendations to be made on the issue of provision of recreational facilities in Health promoting tertiary institutions in Akwa Ibom state.

### **3. METHODS AND PROCEDURE**

#### **3.1 Research Design**

The study was a survey research design that made use of the descriptive research method. The descriptive method according to Thomas and Nelson (2001), is the study of status, or a state of the art study. This is the most commonly achieved through the survey method of which the various observation techniques are an integral part.

#### **3.2 Sample and Sampling Procedure**

A total of twelve (12) health promoting tertiary institutions with various training courses for health care providers were used. These schools were chosen because they are the only public tertiary health promoting institutions in the state. The names of the schools were as follows:

1. School of Nursing, Anua
2. School of Nursing, Ikot Ekene
3. School of Nursing, Eket
4. School of Psychiatric Nursing, Eket
5. University of Uyo, Uyo
6. University of Uyo Teaching Hospital
7. College of Education, Afaha Nsit
8. School of Health Technology, Etinan
9. School of midwifery, Oron
10. School of Midwifery, Etinan
11. School of Midwifery, Urua Akpan
12. School of Midwifery, Anua

#### **3.3 Data Collection Procedure**

The researchers used observation checklist to note the number and types of recreational facilities available. It is important to note that emphasis was not placed on the quality of the facilities but on availability which will provoke utilization. The checklist contained the following recreational sports; Soccer pitch, Volleyball courts, Tennis court, Basketball, Badminton, Squash, Table Tennis, Swimming pool, Handball Court, Multipurpose gymnasium.

#### **3.4 Data Analyses**

Simple percentages and tests for significance of proportions were used to analyze data collected in this study. The inferential test of significance was computed at .05 alpha level. Indicating that, a Z score lower than .5 is considered inadequate and not significantly provided for by Akwa Ibom state Government. SPSS version 17.0 was used for computation.

#### 4. RESULTS

Table 1 shows the simple percentages, frequencies and standard deviation of the 10 recreational facilities listed. Soccer and volleyball ranked as the most frequent facility provided followed by table tennis and basketball. The table also revealed that recreational sports that could be performed throughout life is the least provided. Tennis, squash, and swimming pool fall under this category. The worst hit was Badminton which is a lifetime recreation sports was not provided at all in any of the 12 institutions sampled. This result pose a serious challenge to health care providers who are trained in these institutions as they may graduate without having a feel of what lifetime recreational sports is and will not be able to use what they do not have to assist others who may require non medical attention. It also implies that health instructors in these tertiary institutions do not avail themselves to active recreation sports participation otherwise they would have made room for improvisation as the focus of this study was centered not on quality (standard) but on quantity.

**Table 1.** Percentage of health promoting schools with recreational sport facilities

Recreational facilities	Institutions sampled	Number with facilities	Percentage with facilities	Standard deviation
Soccer	12	05	41.6	.67420
Volleyball	12	05	41.6	.67420
Tennis	12	01	8.3	.86663
Table tennis	12	03	25.0	.79396
Badminton	12	00	0.00	.00000
Handball	12	02	16.7	.38925
Squash	12	01	8.3	.28868
Basketball	12	03	25.0	.45227
Swimming pool	12	01	8.3	.28868
Gymnasium	12	01	8.3	.28868

Table 2 shows the test of significance of proportions compared on the available facilities. The proportion of soccer, volleyball, tennis, table tennis, handball squash and basketball in the selected schools were tested and found to be significantly different from those of the expected proportion .05. Therefore, the provision of these particular recreational facilities was significantly inadequate. The table also shows that Badminton could not be computed because of the complete absence in the entire 12 health promoting tertiary institutions in Akwa Ibom State.

**Table 2.** Analysis of test of significance on the proportion of each of the facilities

Recreational facilities	Institutions sampled	Test value	< test value	>= test value	No. of runs	Z	Asymp. sign	Remark
Soccer	12	.500	7	5	6	-.208	.835	**
Volleyball	12	.500	7	5	6	-.208	.835	**
Tennis	12	.250	11	1	2	-.894	.371	**
Table tennis	12	.4167	9	3	6	.000	1.000	**
Badminton	12	.000	0	12	1	-	-	-
Handball	12	.1667	10	2	4	.000	1.000	**
Squash	12	.0833	11	1	2	-.894	.371	**
Basketball	12	.2500	9	3	4	-.836	.403	**
Swimming pool	12	.0833	11	1	2	-.894	.371	**
Gymnasium	12	.0833	11	1	2	-.894	.371	**

\*\* Not adequate

#### 5. DISCUSSION

The study revealed that there is significant inadequate recreational facilities in Health promoting tertiary institutions in Akwa Ibom State. Nine of the facilities were inadequate while one was not available at all. Of the 12 sampled schools, only 2 had some quantity of recreational facilities

while the other 10 had skeletal or none. The implication of this according to Onyewadume and Nwaogu (2006) are numerous for the teaching, learning, acquisition, internalization and utilizing recreational skills for future participation in recreational activities by individuals trained in those institutions. Many health personnel not exposed to recreational sports due to the absence of facilities in their training schools may end up developing a negative attitude towards recreational sports and this will have a long and short term implication for their health.

It also means that graduates from health promoting tertiary institutions will not be able enjoy the benefits of utilizing recreational facilities as identified by Ekanem (2005) and Brown (2013). It is not surprising then to observe graduates from these institutions exhibit lack of functional stress management technique in their day to day routine, low self esteem and lack of self confidence, unsatisfactory time utilization skill and poor social interaction.

It also suggests that government and non governmental authorities in Akwa Ibom State have not paid sufficient attention to the status of recreational facilities in tertiary health promoting institutions, calling to question the extent of the term Uncommon transformation. Since recreational facilities in schools also serve the community in which the school is located, absence would mean doom also to the community. All stands to reap the benefits of requisite recreational skill for healthcare providers.

Moreover, in a setting where there is chronic shortage of recreational facilities, the students are denied the opportunity of making choice in regards to which activity to participate in or not. The ability to make choices from available options enhances decision making skill and test the ability, strength and skill for every prospective health care giver.

## **6. CONCLUSION AND RECOMMENDATIONS**

From the foregoing, it is obvious that there is chronic shortage of recreational facilities in tertiary health promoting institutions, an anomaly that equally affects host communities and the state at large.

Based on the findings of this study, the researchers wish to recommend to well spirited individuals, government and non-governmental agencies to pay attention to recreational facilities in health promoting institutions as they urgently need uncommon transformation. Lifetime sports should be an integral part of the curriculum of health care professionals. Game Master or sports coordinator should be employed in these institutions to provide leadership and direction for lifelong sporting activities. Finally, health instructors should develop a routine of lifelong sporting activities so as to encourage others to follow suit.

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