

RESEARCH ARTICLE

ASSESSMENT OF PHYSICAL ACTIVITY AND WELLNESS LIFESTYLE OF SENIOR PERSONNEL IN LOCAL GOVERNMENTS, EKITI STATE, NIGERIA

*Joseph Afolayan Adegboyega and Ajoke Olukemi Awosusi

Department of Human Kinetics and Health Education, Faculty of Education, Ekiti State University, Ado-Ekiti, Nigeria

Accepted 26th August, 2015; Published Online 30th September, 2015

ABSTRACT

The ability of the Local Government to achieve its goals and objectives depend on the productivity of its workers which may also hinge on the health status and wellness of the personnel. It is against this background that the study assessed the physical activity and wellness lifestyle of senior personnel in Local Governments, Ekiti State, Nigeria. Descriptive Research Design of the survey type was used in conducting the study. Purposive sampling was employed in the selection of 309 senior personnel in the Local Governments. The respondents were stratified by their sex and age. A modified physical activity and wellness lifestyle questionnaire was used for data collection. The validity and reliability of the questionnaire were ascertained. The administration of instrument was done by the researchers with the aid of research assistants. Descriptive statistics were used to answer the research questions while the hypotheses formulated were tested using inferential statistics such as t-test and Analysis of Variance (ANOVA). The finding of the study showed a relatively low level of physical activity participation by the respondents. Also, the study revealed that the respondents were at a greater risks in the areas of chemical dependency and disease prevention. The study revealed that age and salary scale of respondents which were the main effects were statistically significant. However, sex of respondents has no significant influence on wellness lifestyle habits. Based on the findings of the study, it was recommended that senior personnel in the Local Governments should be educated through seminars and workshops on the need to practice desirable health practices. Also, the keep fit exercise organize by Ekiti State Government should be taken more seriously by all the senior personnel in the Local Government in Ekiti State.

Key Words: Physical activity, Lifestyle, Wellness, Health practices, Risk-taking behavior.

INTRODUCTION

Most people are aware of their unhealthy behaviours such as smoking, inactivity, high-fat diets and excessive stress, they seem satisfied with life as long as they are free from symptoms of disease or illness. This category of people does not contemplate change until they suffer a major health problem. Present lifestyle habits, however, dictate the future health and well-being of an individual (Hoeger and Hoeger, 2002). Good health is no longer viewed as simply the absence of illness. The notion of good health has evolved notably in the last few years and continues to change, as scientists learn more about lifestyle factors that bring on illness and affect wellness.

Wellness is the integration of many different components such as physical, emotional, mental, social and spiritual that expands one's potential to live a quality of life and work effectively and also to make a meaningful contribution to society. It reflects how one feels about life as well as one's ability to function effectively. Wellness is more than going for a jog, eating some delicious food, and maybe meditating once in a while. It is about the degree to which a person experiences good health and vitality across all the dimensions of life. For instance, Healthy people 2010 objectives use the number of active days as one indicator of wellness. A well person is satisfied in his/her work, is physically fit, socially involved, spiritually fulfilled, enjoys leisure time and has a positive emotional and mental outlook.

The person is happy, fulfilled and adopt a positive lifestyles that encourage improved self-perceptions. Based on this laudable goals, employers in organisations and establishments that are profit and achievements driven do assess the wellness lifestyle of their employees on a regularly basis. A lifestyle that views health as not merely the absence of illness but the full realization of one's physical and mental potential, as achieved through positive attitudes, fitness training, a diet low in fat and high in fiber, and the avoidance of unhealthy practices like smoking, drug and alcohol abuse and overeating, to mention but only a few. Healthy lifestyle can result in an improved feeling of wellness that is critical to optimal health. It connotes an individuals or community's general ways of living that is often based on the interplay between living conditions in the wide sense and individual patterns of behaviour as determined by social, cultural and economic factors and other personal characteristics (Abanobi, 2005).

It is reasonable to advance that the way in which an individual lives may produce behaviour patterns that are either beneficial or detrimental to their health. For example, brushing the teeth, cleaning the environment and avoiding drug abuse, overeating, sedentary living, engaging in anonymous sex, non-utilization of preventive health services as immunization are behavioural and lifestyle choices that have obvious implications for health and illness states. Documented evidence revealed that unhealthy lifestyles are the principal causes of modern day illnesses such as health disease, cancer and diabetes (WHO, 2000). If health is to be improved, action must be directed at both the individual, environmental and societal factors affecting lifestyles. For instance, three factors affecting lifestyles that are considered to

*Corresponding author: Joseph Afolayan Adegboyega
Department of Human Kinetics and Health Education, Faculty of Education, Ekiti State University, Ado-Ekiti, Nigeria.

be of priority include regular physical activity, eating well and managing stress (Abanobi, 2005). They are behaviours that affect the lives of all people. However, a high level of healthy lifestyle means taking good care of one's physical self, using one's mind constructively, expressing one's emotions effectively, being creatively involved in the workplace and being in touch and concerned about one's physical and psychological environment (Ardel, 1986). There is no doubt that a significant aspect of wellness behaviour has to do with preventive health practices and with activities that promote health such as engaging in physical activity like running, brisk walking, swimming, dancing, playing squash, tennis, golf, jogging and playing ball games.

Epidemiological researches on the role of physical activity in reducing cardiovascular diseases were conducted among the working class (Aadahl *et al.*, 2007). The results show that people in active occupations have lower rates of heart disease than people in sedentary occupations. Regular physical activity helps relieve tension, anxiety, depression and anger. The feeling of good sensation may not immediately follow physical activity but most people also note an improvement in their general well-being over time during the weeks and months as physical activity becomes a part of life. Engaging in moderate daily physical activities which does not require a high level of skills or specialized equipment or facilities has health benefits on physiological responses, overall functional capacity, mental health and quality of life (WHO, 2009). Physical activities reduce cardiovascular risk by lowering of blood pressure, improved glucose tolerance, reduced obesity, reduce risk of developing health diseases and other health benefits (Hales, 2007).

In order to gain health benefits, the World Health Organisation (WHO, 2010) suggested that all healthy adults age 18 – 25 years need moderate-intensity aerobic physical activity for a minimum of 30 minutes on five days each week or a vigorous-intensity aerobic activity for a minimum of 20 minutes for three days each week. However, a combination of moderate and vigorous intensity activity can be performed to achieve the recommendation. Similarly, the American College of Sports Medicine and United States centers for Disease control and prevention (American College of Sports Medicine, 1993) encouraged individuals to accumulate 30 minutes or more of moderate physical activity every day. The authors argued that risk factors such as heredity, blood lipid profile, obesity, smoking, and excess alcohol consumption play a role in the odds for chronic disease or premature death but stated further that there was no single factor which has been shown to influence health more than physical activity.

Empirical evidence (Rebecca, 2012) has shown that females of all ages were less active than their male peers and also, males were generally more physically active than females as females took part in less vigorous play time activity than males. In the same view, previous studies (Adegboyega, 2015) revealed a relatively low level of health behaviour in physical activity for wellness status among his respondents. Similarly, studies (Adegun *et al.*, 2013) have shown that the lifestyle habits of their respondents were poor and unhealthy for wellness status. Also, the health practices of their respondents were extremely low in disease prevention, personal hygiene, chemical avoidance and nutrition.

However, the authors discovered that age and sex of respondents have no significant influence on wellness and lifestyle habits. Studies have revealed that healthful behaviours promote wellness and improve the overall health status of individual (Abanobi, 2005). Despite the benefits most people still do not engage in enough physical activity and practice unhealthy lifestyles (Adegun *et al.*, 2013). This observation seems relevant to some of the senior personnel in the Local Governments in Ekiti State. The researchers are of the opinion that part of the strategies to promote the health of the senior personnel will involve individual commitment to healthy lifestyle. This contention is reinforced by the fact that it is the health, strong and fit person in positions of responsibility that can contribute effectively to the grassroots management at the Local Government level. However, little or no research has been carried out to assess the physical activity and wellness lifestyle of senior personnel in the local Governments in Ekiti State. Because of the absence of sufficient and reliable data on which generalization can be based the presented study was carried out to fill the gap.

Research Objectives

The specific objectives are to

- 1.2.1. Assess the physical activity involvement and wellness lifestyle of senior personnel in Local Governments in Ekiti State, Nigeria;
- 1.2.2. Determine the frequency and duration of physical activity involvement of senior personnel in Local Governments;
- 1.2.3. Ascertain the extent to which demographic factors such as sex, age and salary scale of respondents influence physical activity and wellness lifestyle.

Research Questions

The following research questions are raised to guide the study

- 1.3.1. What is the frequency and duration of physical activity involvement of senior personnel?
- 1.3.2. What is the current status of wellness lifestyle habits of senior personnel in the Local Governments?

Research Hypothesis

The following hypotheses were formulated and tested at $p < 0.05$ level of significance.

- 1.4.1. Gender of respondents will have no significant influence on wellness lifestyle of senior personnel
- 1.4.2. Demographic factors such as sex, age and salary scale of respondent will have no significant influence on wellness lifestyle of senior personnel.

MATERIALS AND METHODS

Research Design

The study adopted a descriptive survey research design because it examined the current status of physical activity involvement and wellness lifestyle habits of senior personnel in the Local Governments without any manipulation of variables.

Population

The population for this study consisted all senior personnel from salary grade level 08 and above. The rationale for sampling this category of personnel was not unconnected with their positions as grass-root personnel at the Local Government level which might have exposed them to unhealthy lifestyle habits in their various places of assignments. There are at present 16 Local Governments in Ekiti state.

Sampling Procedure

A sample of 309 senior personnel were selected by purposive sampling technique after they have indicated their consent and willingness to participate in the study. The respondents were stratified by their sex (either male or female) and by salary scale. A total of 164 male and 145 female respondents participated in the study.

Research Instrument

The researchers used the adapted wellness lifestyle questionnaire developed by previous studies (Hoeger and Hoeger, 2002). The questionnaire items were modified to suit the cultural environment of Nigerian workers. However, the questionnaire items to assess some aspects of behaviour related to physical activity involvement of respondents were developed by the researchers. The instrument consisted of three sections (A, B & C). Section A elicited information on the demographic factors of respondents such as gender, age and salary scale of respondents. Section B was designed to assess the frequency and duration of physical activity involvement of respondents while section C dealt with the assessment of current wellness lifestyle habits of respondents. The wellness lifestyle questionnaire consisted of nine sub-domains which included health related fitness; nutrition; chemical avoidances; stress management; personnel hygiene/health; disease prevention; emotional well-being; personal safety and environmental health/protection. The 36-item questionnaire was assessed on a five point scale (ranging from 5 = always, to 1 = never). Thus, the most desirable health behaviour has 5 points while the least desirable has 1 point. The validity of the instrument was ascertained by experts in the field of Health Education, Medicine and Counselling. A reliability coefficient of 0.85 was obtained through the use of Cronbach Alpha Formula. Therefore, the instrument is considered adequate and appropriate enough to be used for data collection for the study.

Administration of Research Instrument

Copies of the questionnaire were administered by the researchers with the help of three research assistants during seminar sponsored by the Local Government Service Commission at Ikogosi Warm Spring for Senior Personnel in all the 16 Local Governments in Ekiti State. The respondents were volunteered who completed and submitted the consent form before the administration of the instrument. Instructions and explanations were given to the respondents where necessary. It is relevant to add that one of the researchers was the consultant of the seminar and hence had little or no difficulty in interacting and communicating with the senior personnel. The respondents spent not more than thirty minutes on the average to complete the questionnaire. Copies of the questionnaire were completed independently to decrease the possibilities of comparing roles and discussing the questionnaire items.

Data Analysis

The data collection for the study were analysed using descriptive and inferential statistics. The means and standard deviation for the various sub-domains of wellness lifestyle and for each category of respondents were used to answer the research questions while t-test and Two-way Analysis of variance (ANOVA) were used to test the hypotheses at 0.05 level of significance. The statistical analyses were carried out using the procedure of statistical package for the social sciences (SPSS/PS).

RESULTS

Demographic Information

A total of 320 Senior Personnel participated in the study. Close supervision ensured a 100 percent return rate. However, only 309 copies of the questionnaire which were adequately completed and free from inconsistency were used in the analyses. The analysis of the demographic factors revealed that the age of respondents ranged from 30 years to 50 years. Also, 164 (53.1%) of the respondents were male while 145 (46.9%) were females. Table 1 below presents the demographic information of respondents.

Table 1. Demographic Information of Respondents

Source	Frequency	% Percent
Sex		
Male	164	63.1
Female	145	46.9
Total	309	100.0
Age		
Below 30 years	61	19.7
31 – 40 years	121	39.2
41 – 50 years	90	29.1
Above 50 years	37	12.0
Total	309	100.0
Salary Scale		
GL 08 – 10	226	73.1
GL 12 – 14	67	21.3
Above GL 14	16	5.3
Total	309	100.0
Years of Working Experience:		
Less than 5 years	42	13.6
6 – 10 years	126	4.8
11 – 15 years	79	25.6
16 years and above	62	20.1
Total	309	100.0

Research Question 1

What is the frequency and duration of physical activity involvement of senior personnel?

Table 2 below shows the frequency and duration of physical activity involvement of respondents. Table 2 showed that three-quarter of the respondents (24.3%) reported that they participated in physical activity once in a week while 20.1% of the respondents claimed 2 – 3 times of participation in a week.

However, only few of the respondents (17.8%) engaged in physical activity on daily basis. However, nearly three-quarter (23.6%) of the respondents spent about 1 hour per week while 21.0% of the respondents used about half-an-hour per week for physical activity involvement.

Table 2. Percentage of frequency and Duration of physical activity involvement of respondents

Source	Frequency	% Percent
Frequency of Involvement		
Never	27	8.7
Less than once in a month	23	7.4
Once a month	36	11.7
Once a week	75	24.3
2 – 3 times a week	62	20.1
4 – 6 times a week	31	10.1
Everyday	55	17.8
Total	309	100.0
Duration of Involvement		
Never	45	14.6
About half an hour per week	65	21.0
About 1 hour per week	73	23.6
About 2 – 3 times per week	63	20.4
About 4 – 6 times per week	47	15.2
7 hours or more per week	16	5.2
Total	309	100.0

Research Question 2

What is the current Status of wellness lifestyle habits of senior personnel in the Local Government? Table 3 below shows the current status of wellness lifestyle habits of senior personnel.

Table 3. Mean scores and standard Deviation on Wellness lifestyle habits by sex of respondents

Sub-Domain	Male		Female		Total	
	\bar{X}	SD	X	SD	\bar{X}	SD
Health related fitness	11.95	3.51	12.59	3.65	12.25	3.58
Nutrition	13.61	3.62	13.47	3.54	13.78	3.58
Avoiding chemical dependency	10.97	4.70	9.39	4.29	10.23	4.55
Stress management	14.61	3.11	13.32	3.55	14.01	3.38
Personal hygiene/health	14.44	3.79	13.61	3.68	14.05	3.76
Disease prevention	13.39	4.82	11.54	4.05	12.52	4.56
Emotion wellbeing	16.54	3.56	14.78	3.77	15.71	3.76
Personal safety	15.43	3.66	15.76	3.70	15.59	3.67
Environmental health	15.74	3.19	15.72	3.60	15.73	3.32
Total	14.08	3.77	13.38	3.77	13.76	3.80

Table 3 showed that mean scores and standard deviation on wellness lifestyle habits of respondents. Nine different sub-domains of wellness lifestyle habits were measured and there were 4 questionnaire items of each area. Thus, a respondent could have a maximum of score of 20 points in each area of the sub-domains measured. In order to determine the current wellness lifestyle habits of respondents in the present study, the rating for each specific wellness category as reported in literature (Hoeger and Hoeger, (2002) was adopted. A respondent with excellent healthy lifestyle got a score of ≥ 17 , while a good healthy lifestyle obtained a score between 13 – 16 points. Also, a respondent whose score is ≤ 12 is at health risks and needs to take necessary active steps. Based on the category of rating, respondents in this study obtained a total mean score of 13.76. This result indicates that the wellness lifestyle of respondents was fair but needs improvement. The mean scores vary by sex of respondents and for each area of sub-domains measured. The male respondents obtained a total mean score of 14.08 higher than the mean score of 13.38 as obtained by the female respondents.

However, male and female scored very low and were taking serious and unnecessary health risks with their health in the areas of health related fitness (male, $\bar{X} = 11.95$; female, $x =$

12.59) and chemical dependency (male, $\bar{X} = 10.97$; female, $\bar{X} = 9.39$).

Hypotheses Testing

Hypothesis 1

Gender of respondents will have no significant influence on wellness lifestyle of Senior Personnel.

Table 4 below shows the results of t-test analysis on the influence of gender of respondents on wellness lifestyle.

Table 4. T-test analysis on wellness lifestyle by sex of respondents

Source	N	\bar{X}	SD	df	t	p
Male	164	126.68	18.96			
Female	145	120.68	19.87	307	2.71	0.62
Total	309					

Table 4 showed that there was a difference in the mean scores of male and female respondents. However, the t-test analysis showed that there was no significant difference between male and female respondents with respect to wellness lifestyle habits. Thus, hypothesis 1 was not rejected.

Hypothesis 2

Demographic factors such as sex, age and salary scale of respondents will have no significant influence on wellness lifestyle of senior personnel.

In order to test if the differences observed in the scores with reference to all the sub-domains in Table 3 were statistically significant, various two-way analyses of variance were computed. The results of the analysis are presented on Tables 5 and 6. The results of the two-way ANOVA on wellness lifestyle with respect to sex and age of respondents are presented on Table 5.

Table 5. Summary of Two-Way ANOVA on wellness lifestyle by sex and age of respondents

Source	Ss	df	Ms	F	Sig.
Sex (A)	2305.04	1	768.35	2.12	0.098
Age (B)	2713.77	3	2713.77	7.48	0.007*
Sex X Age (A x B)	3931.41	3	1310.47	3.61	0.014*
Error Term S/AB	109201.79	301	362.80		

* P <0.05

Table 5 showed that the main effect of age of respondents (Factor B) was statistically significant. Also, the sex by age (A x B) interaction effect was statistically significant. Scheffe post-hoc analysis revealed that respondents below 30 years of

age engaged in healthy behaviour higher than the other age groups. However, the main effect of sex of respondents was not statistically significant. Therefore, hypothesis 1 was rejected with respect to age of respondents. The results of the ANOVA of wellness lifestyle with respect to sex and salary level of respondents are presented on Table 6. The effect of salary scale (Factor B) of respondents was statistically significant. Scheffe post-hoc analysis revealed that respondents of salary grade level between 12 – 14 practiced healthy behaviour higher than other grade levels. The sex of respondents (Factor A) and the interaction effect of sex by salary grade level (A x B) were not statistically significant. Thus, hypothesis 2 was rejected with respect to the salary grade level of respondents.

Table 6. Summary of Two-way ANOVA on wellness lifestyle by sex and salary grade level of respondents

Source	Ss	Df	Ms	F	Sig.
Sex (A)	1040.02	1	1040.02	2.86	0.092
Salary (B)	4967.71	2	2483.85	6.84	0.001*
Sex x Salary Scale (A x B)	82.44	2	41.22	.11	0.893
Error Term S/AB	119911.97	303	363.08		

* P <0.05

DISCUSSION

The present study assessed the physical activity and wellness lifestyle of senior personnel in the Local Governments in Ekiti State, Nigeria. In this study it was observed that majority of the respondents indicated that they were involved in physical activity but only a few of them did so in line with the recommendations of previous studies (Centres for Disease Control and Prevention, 2001; WHO, 2010) (WHO, 2010) and (Adegun *et al.*, 2013) who recommended 30 minutes or more of moderate – intensity physical activity all days of the week or vigorous intensity aerobic activity for a minimum of 20 minutes for 3 days each week. These suggestions seem to be an important public health benchmark for achieving physical health. Results of this study demonstrated that the health behaviour of respondents in physical activity and health related fitness was relatively low. This finding agreed with the previous studies (Adegun *et al.*, 2013) who reported a low level of physical activity among their respondents.

The frequency and duration of physical activity involvement by the respondents was considered sedentary on the suggestions of Hancox, Milne and Poulton (2004). These authors reported that 150 minutes per week of moderate physical activity was inadequate for physical health status. The low level of physical activity and health related involvement among the respondents is dangerous and at health risks. The respondents may be taking serious and unnecessary risks with their health. The findings of this study showed that the mean scores for both male and female respondents in each of the sub-domains measured were adequate in the areas of nutrition, stress management, personnel hygiene/health, emotional wellbeing, personal safety and environmental health. This observation suggests that the health practices of respondents in these areas are adequate but may need improvement to achieve better health. However, the findings revealed that the respondents in this study may be compromising their health and were taking serious and unnecessary health risks with respect to their health behaviour in health related fitness, chemical dependency and disease prevention. There is no doubt that the state of health of an individual is determined by behaviours that include regular physical activity, avoiding chemical dependency and disease prevention.

Another key finding in this study showed that factors such as age and salary scale of respondents were statistically significant. This implies that age and salary scale of respondents have influence on the wellness lifestyle habits. This findings conflict with the previous studies (Adegun, Adegboyega and Peter-Ajayi, 2003) who found no significant influence of age on wellness lifestyle health practices among their respondents. These findings suggest that the issue of age difference is relevant when planning wellness programme.

Conclusion and recommendation

The finding of this study clearly showed that respondents were

apathy to physical activity and health related fitness and might have not been aware of the health consequences of living a sedentary lifestyle. It is evident from this study that the respondents were at a greater risks in the areas of chemical dependency and disease prevention and most likely need to equip themselves with desirable health knowledge for effective living. Also, the study showed that age and salary grade level of respondents have influence on wellness lifestyle habits. The study concluded that male and female respondents did not differ significantly from each other in all the sub-domains measured. On the basis of the findings, it is therefore recommended that senior personnel in the Local Governments should be educated through seminars and workshops on the need to practice desirable health habits. Also, the monthly keep fit exercise organized by Ekiti State Government should be taken more seriously by all the senior personnel in the Local Governments in Ekiti State.

REFERENCES

- Aadahl, M., Kjaer, M. and Jorgensen, T. 2007. “ Influence of time spent on TV viewing and vigorous intensity physical activity on cardiovascular”. *European Journal of Cardiovascular, Preventive Rehabilitation*, 14 (5), 660 – 665.
- Abanobi, O. C. 2005. Health: Wellness and illness states, Owerri, Abana Hearth Publications: 2005.
- Adegboyega, J. A. 2015. Physical activity and exercise behaviour of senior academic and administrative staff of tertiary institutions in Ondo State, Nigeria. *International Journal of Education and Research*, 3(2), 189 – 201.
- Adegun, J. A., Adegboyega, J. A. and Peter-Ajayi, O. M. 2013. “Assessment of wellness and lifestyle habits students in tertiary institutions in Ekiti State, Nigeria”. *Research Journal in Organisational Psychology & Educational Studies*, 2(4), 139-149.
- American College of Sports Medicine Position stand on physical activity, physical fitness, and hypertension. *Medicine and Science and Sport and Exercise*, 10: i – x. 1993
- Ardel, A. 1986. Understanding human nature. New York: Fawcett publications.

- Centres for Disease Control and Prevention. Increasing physical activity: 2001. A report on recommendations of the task force on community preventive services. Retrieved from <http://www.edc.gov/mmwr/preview-162343CDU3>,
- Hales, D. 2007. An invitation to health 12th ed. USA, Thomson Wadsworth. 2007
- Hancox, R. J., Milne, B. J, and Poulton, R. 2004. Association between child and adolescent television viewing and adult health: a longitudinal birth cohort study. *Lancet*, 364 (9430), 257 – 262.
- Hoeger, W. K. and Hoeger, S. A. 2002. Principles and lab for fitness and wellness 6th ed. USA, Thomson Wadsworth.
- Rebecca, J. Donatelle. 2012. Access to Health. International.Pearson Educational CA94111. International Publisher.
- United States Centres for Disease Control and Prevention, 1993. Summary statement: Workshop on physical activity and public health. *Sports Medicine Bulletin*, 28:7
- WHO, 2000. Prevention and control of non communicable disease. WHA53.17. Geneva, Switzerland.World.Health Organisation.
- WHO, 2009. Global health risk mortality and burden of disease attributable to selected major risks. Geneva, Switzerland. Global health risks report.
- WHO, 2010. Global recommendations on physical activity for health. NLM classification: QT255. Geneva, Switzerland.
