HEALTH-RELATED LIFESTLES OF CLIENTS OF KENYATTA UNIVERSITY HEALTH AND RECREATION CENTRE

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ABSTRACT

The World Health Organization and the International Federation of Sports Medicine recommend that daily physical activity should be accepted as a major aspect of a healthy lifestyles. However, a healthy lifestyle involve more than just being active. This study therefore set out to establish the lifestyle patterns of the fitness clients of the Kenyatta University Health and Recreation Centre.

A total of 81 members were given questionnaires to fill and return. Out of the 81 only 55 that were satisfactorily completed were used. The questionnaire- sought information pertaining to the clients gender, demographic details, lifestyles, exercise habits, diet, smoking and drinking. Data was treated with percentages and Chi-Square Goodness - of- Fit as necessary. The results arranged in twelve tables led to conclusions that the lifestyles of the clients in the fitness programs at the Kenyatta University Health and Recreation Center were varied. This is an indication that it is appropriate to design programs that are individualized so as to meet the unique interests and needs of the participants.

KEY WORDS: *Lifestyle, diet, exercise, recreation, Chi Square Goodness – of-Fit.*

NTRODUCTION

Health is related to the Physical, mental, emotional, social and spiritual aspects of peoples' lives. It is therefore viewed not only as the absence of sickness or disease but as the well being of the Physical, mental, emotional, social and spiritual aspects of peoples' lives. According to Nieman (1998) as quoted by Jackson et al. (1999), good health might also be defined as the presence of sufficient energy and vitality to accomplish daily tasks and active recreational pursuits without undue fatigue.

The pursuit for good health is an issue of great concern for every individual and Nation. This is because there are many threats to peoples' health and lives in the modern world than ever before. Outstanding predisposing factors that threaten peoples' health include inactivity, poor nutrition and addiction to undesirable habits such as smoking, drug-taking and alcoholism. Choosing a lifestyle that accommodates these habits is extremely hazardous to health. Industrial emissions also pose a great danger to health. Overpopulation and urbanization have also contributed considerably to the socio-economic problems faced by many people especially in the developing World.

The World Health Organization and the International Federation of Sports Medicine recommend that Physical activity should be accepted as a major aspect of a healthy Lifestyle. This is because Physical activity not only enhances the Physical fitness levels of the Physical active people but also reduces the risk of suffering such health conditions as high blood pressure, coronary heart diseases, hyperlipidimia, asthma, diabetes and osteoporosis (Payne & Hahn, 2000; Sharkey, 1997). Physical activity is also important for

Physiotherapeutic, rehabilitative and controls purpose for these sicknesses and diseases (Bruess & Richardson, 1989; Edlin & Golanly 1988).

It must be noted, however, that a healthy lifestyle involves more that just being active. Physical activity must also be blended with good dietary habits. Abstinence from risky lifestyle such as cigarette smoking, drug taking and alcoholism has been emphasized as a safe conduit towards enhancing health and improving peoples' quality of life.

The present study set out to establish the lifestyle patterns of the clients of the Kenyatta University Health and Recreation Center. The Center, established in November 2000, caters for the fitness, health and creation needs of the members of the University Community and neighborhood. The main activities of the centre include floor and step aerobics, weight training with equipment, stationary cycling and running using machines, swimming, pool games, darts and sauna. In addition to these activities, the centre's technical personnel offer health advice and education to the clients.

A total of 81 members who registered at the centre on an annual basis were targeted in the study. A questionnaire seeking information on the client's gender, demographic details, lifestyles pertaining to exercise habits, diet, Cigarette smoking and alcohol consumption was administered to the subjects. out of the 81 clients, 55 (67.9%) satisfactorily filled the questionnaires and returned them. The study was exploratory in nature.

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FINDINGS OF THE STUDY

Gender, Age and Occupation

The number of subjects who took part in the activities of the Kenyatta University Health and Recreation Centre according to their gender is presented in Table 1 below:

Table 1: Number of Clients

Sex	No. of clients	Percentage
Male	25	44.4%
Female	30	55.60%
Total	55	100%

It was noted that there were more females (55.6 %) members at the centre than males (44.4 %). The age categories of the clients of the Health and Recreation centre are shown in Table 2 (below).

Table 2: Age of Clients

Age category	No. of clients	Percentage
15-20 yrs	6	10.9%
21-30 yrs	44	80%
31-40 yrs	3	5.5%
41-50 yrs	2	3.6%
51 and above	0	0%
Total	55	100%

A large number of the clients (80%) were those aged between 21 and 30 years, and the least were those falling in the age categories and 41-50 (3.6%) as well as those above 51 years (0%). The occupations of the participants in the activities of the Health and recreation centre are shown in table 3 below:

Table 3: Occupation of clients

Occupation	Number of Client (preferences)	Percentage
Student	47	85.4%
Teacher/ Lecturer	3	5.5%
Office Worker	3	5.5%
Businessman/ Woman	1	1.8%
Other	1	1.8%
Totals	55	100%

There were more students at the centre than any other groups of people. The proportion of teachers/lecturers was equal to the office workers (5.5 %). No single manual or house worker was enrolled at the fitness centre.

SMOKING HABITS

H_{01}- The smoking habits of the clients shall not be significantly different.

The data on the clients who had been smoking cigarettes is presented in table 4 below.

Table 4 -Those who smoked cigarettes.

Response	No. of Clients	Percentage
Yes	19	35.5%
No	36	65.5%

$X^2 = 5.26 > X^2\ \alpha_{0.05}, df = 3.84$

A majority of respondents 36 (65.5%) had never smoked cigarettes compared to 19 (35.5%) who indicated otherwise. The Chi-Square Goodness-Fit computation indicated that the smoking habits of the clients differed significantly. It is therefore, asserted that there were more non-smokers than smokers among the clients. However, out of the 19 (100%) who used to smoke, 16 (84.2%) had stopped smoking, leaving only 3 (15.8%) who still smoke. Those who still smoke indicated that they had been smoking for an average of 5.5 years. The smokers also indicated that they smoked an average of 6 cigarettes per day. Out of the 3 who still smoke, 2 (66.7%) responded that their of- participation in exercise programmes increased their appetite for smoking and 1 (33.3%) indicated that participation in exercise had no effect on his or her smoking habit.

A majority of the clients of the Health and Recreation centre who had quit smoking cited personal decision and commitment as their main reason for quitting the habit. 17.6 % of the respondents on this same issue indicated their reason for quitting the habit as prohibition at their homes and places of work. Other factors such as ill health, per pressure, counselling, physicians recommendation and pressure of work were not indicated as reasons for quitting smoking.

Drinking Habits

Table 5 below indicates the drinking habits of the clients

H_{O2} – The drinking habits of the clients shall not be significantly different

H_{O3} – The frequency of drinking of the clients shall not be significantly different.

Table 5: Drinking Habits

Drinking habit	No. of Clients	Percentage
Those who drink	25	45.5%
Those who do not	30	54.5%

$X^2 = 0.40 < \alpha_{0.05}, df = 3.84$

A majority of the clients 30 (54.5 %) never consumed alcoholic beverages while 25 (45.5 %) did. However the Chi Square computation showed that there was no significant difference in the number of people who drunk alcoholic beverages and those who did not. A majority, 19 (76%) of those who drank alcohol indicated that they took alcohol for an average of once a week, and a minority 1 (4 %) did so three times a week (see responses in Table 6). However, this difference in frequency did not differ significantly among the clients who took alcohol (Chi Square Score).

Table 6. Drinking frequency

No. of times	No. of responses	Percentage
Once	19	76%
Twice	3	12%
Thrice	1	4%
Four times	0	0%
Five times	0	0%
Six times	0	0%
Daily	0	0%
Rarely	2	8%
Totals	25	100%

$X^2 = 8.82 < \alpha_{0.05}, df = 14.07$

The responses with regard to the meals that the clients took regularly are presented in table 7 below.

Table 7 Regular Meals Taken.

Meal	Responses	Percentage
Breakfast	34	33.3%
mid morning snack	2	2%
Lunch	22	21.6%
mid- afternoon	4	3.9%
Dinner	36	35.3%
After-dinner snack	4	3.9%
Totals	102	100%

$X^2 = 160.24 > \alpha_{0.05}, df = 11.07$

It is evident from the responses that dinner and breakfast are the meals that are taken regularly by the clients. Midmorning and mid-afternoon meals are least consumed. From the computation of Chi Square Goodness -of - Fit test, it can be asserted that there was a significant difference in the timing of meals of the clients.

The majority of responses with regard to diet emphasized use of carbohydrates (49.5 %), while the least used were fats (see Table 8) although the group of food least consumed by the clients was fat, the largest numbers of the clients, 34 (61.8%), indicated that they always ate fried food except 1 (1.8 %) of them. The Chi Square Goodness of Fit test computation revealed that the nutritional content of the meals taken by the clients differed significantly.

Table 8: Food Nutritional Content

Group of food	Responses prefer-ences)	Percentage
Proteins	19	18.8%
Carbohydrates	50	49.5%
Fat	9	8.9%
Vitamins	13	12.9%
Water	10	9.9%
Totals	101	100%

$X^2 = 114.09 > \alpha_{0.05}, df = 9.49$

A large proportion of the respondents indicated that they took moderate proportions of food in a single meal, and none took extra large quantities (Table 9). The Chi Square Score indicated significant difference in the qualities of food taken by the clients.

Table 9 Quantities of Food Taken

Size of food	Responses	Percentage
Small	5	8.9%
Moderate	37	66.1%
Large	12	21.4%
Extra large	0	0%
Not sure	2	3.6%
Totals	56	100%

$X^2 = 55.06 > \alpha_{0.05}, df = 9.49$

The responses on the average number of glasses of water the respondents took before and during exercise workouts are shown in Table 10

Table 10: Quantities of Water Taken

Before exercise			During exercise		
No. of glasses	Responses	Percentage	No. of glasses	responses	percentage
1-2	16	29.1	1-2	33	60%
3	9	16.4	3	7	12.7%
4	9	16.4	4	6	10.9%
5	16	29.1	5	4	7.3%
More than 5	5	9.1	More than 5	5	9.1%
Totals	55			55	
$X^2=52.93 > \alpha_{0.05}, df=9.49$			$X^2=71.68 > \alpha_{0.05}, df=9.49$		

The largest number 17 (30.9 %) of the clients of the Kenyatta University Health and Recreation Center exercised three times in a week. A proportion of 21.8 % exercised either four or five times a week, 16.4% more than five times and the least 9.1 % twice a week. The Chi- Square Goodness of Fit computation revealed a significant difference in the number of times that the clients exercise in a week.

As regards the duration of each workout session, most of the subjects 18 (32.7%) indicate that they exercised for more than one hour. 17 (30.9%) exercised for exactly for a duration lasting 10-30 minutes; 7 (12.7%) for 45-60 minutes; and 6 (10.9%) for 30-45 minutes.

It is evident from the responses that a majority of the subjects drink an average of between 1 to 2 glasses of water in a day and the same quantity also during exercise. The lowest number of them, 5 (9.1%), take more than five glasses of water in a day. From the Chi Square Goodness of Fit Test score it was evident that there was significant difference in the amount of water taken by the clients before and during exercise.

The subject with the highest body weight of the 55 subjects was 62.1 kg. 15 (27.3%) considered themselves to be overweight, 38 (69.1%) indicated they were not and 2 (3.6 %) were not sure whether they were overweight or not.

Out of the 55 responses received on whether or not the clients of the centre used any weight-loss methods, a large proportion of them, 28 (47.5 %) indicated they never used any such methods but 17 (28.8 %) used exercise, 3 (5.1%) used diet control and 11 (18.6 %) used a combination of diet control and exercise. In a nutshell, most of the clients 52.5 % applied weight-loss measures compared to those who did not. 47.5% the subjects who used dietary control to cut down on their weight gave various explanations of how they went about it.

Among the dietary control procedures they cited included: skipping some meals; taking lots of fruits and vegetables in meals; reducing consumption of Carbohydrates and drinking large quantities of water.

Exercise Habits

H_{08} – The number of times that the clients exercised in a week shall not differ significantly.

The data on the number of times that the clients exercise in a week is shown in table 11 below.

Table 11: No of times that clients exercise in a week

No. of times	No. of clients	Percentage
Once a week	0	0%
Twice	5	9.1%
Thrice	17	30.9%
Four times	12	21.8%
Five times	12	21.8%
More than five times	9	16.4%
Total	55	100%

$X^2 = 52.35 > \alpha_{0.05}, df = 9.49$

A majority of the reasons indicated for the respondents involvement in exercise program were varied. A large proportion of the responses, (38.8%) showed keeping fit as the main reason. 18.4 %. responded in favour of shaping up the body as reason for exercising; 13.3 % indicated increasing in muscle mass; 10.2 % indicated that they exercised to reduce in weight; 8.2% were in favour of socialization and fun as their reason for exercising; 3.1% exercised to prepare for competitive sport and only 2% exercised for physiotherapeutic reasons for exercising that were mentioned ncluded: relaxation; escape frombad situations; academic purposes; acquisition of knowledge and skills; and increase in mobility. Out of all the physical activities offered at the Health and Recreation Centre the one preferred most by the clients was floor and step aerobics and the one least liked was judo. The Chi Square Goodness of fit result shows a significant difference in the exercise preference of the clients of the Centre. The responses on this item are presented in Table 12 below.

Table 12: Activities of the clients

H_{O8} – The activity preference of clients shall not differ

Preferred activity	Responses	Percentage
Floor and step aerobics	27	30.3%
Stationary cycling on bikes	14	15.7%
Stationary running (on treadmills)	17	19.1%
Weight training	23	25.8%
Judo	1	1.1%
Others (swimming and sauna)	7	7.9%
Total	89	100%

$X^2 = 129.28 > \alpha_{0.05}, df = 11.07$

Conclusion

From the findings, several conclusions were drawn:

i) The lifestyles of the clients of the fitness program at the Kenyatta University Health and Recreation Centre were fairly varied. This is an indicator that it is necessary to design program that are individualized so as to meet the unique interests and needs of the concerned participants.

ii) There was need to assist the few clients who were still hooked to smoking and alcoholism by educating them more on the dangers of the hab its and leading them towards gradual abstinence.

iii) Since the clients preferences for fitness activities were varied, it is important to increase their choices of activities by further diversifying of the fitness program.

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