



**DRUG USE AND  
EXERCISE  
INVOLVEMENT ON THE  
HEALTH STATUS OF  
SENIOR SECONDARY SCHOOL  
TEACHERS IN OYO STATE NIGERIA.**

**ARIYO, AYODELE OLUWAKAYODE (PH.D)**

*\*Department of Physical and Health Education,  
School of Science, Adeyemi College of Education,  
Ondo, Nigeria.*

**Abstract**

**T**he study focused on drug use and exercise involvement on the health status of senior secondary school teachers in Oyo state Nigeria. In view of the above objective, the study determined to ascertain the extent to which senior secondary school teachers are involved in exercise and find out how the demographic factors such as sex, age, academic qualification and years of service affect exercise involvement of secondary school teachers in Oyo state Nigeria. Descriptive survey research design was adopted. The research data was collected through a self-developed structured and validated questionnaire. Seven hundred and thirty two (732) sampled participants were used in describing the population on the relevant variables of interest. The simple random sampling technique with replacement was used to select

seven (7) local government areas out of eleven (11) local governments in Ibadan Oyo State. A total of fourteen (14) senior

**KEYWORDS:**

*Exercise, physical activity, physical fitness, low blood pressure, high blood pressure.*

secondary schools were selected using the stratified random sampling technique. That implied that two (2) schools emerged from the selected local government areas using the simple random sampling techniques, while purposive sampling was employed to select a total of seven hundred and thirty two (732) respondents who participated in the study.

The simple frequency count and percentages were used to describe the findings while inferential statistics of t-test was used to test the significance of each hypothesis at 0.05 alpha level. Three hypotheses were formulated, of which hypothesis one was significant ( $p < 0.05$ ) while hypothesis two and three were not significant ( $p > 0.05$ ). In conclusion there was a positive impact of drug use and exercise involvement on health status of senior secondary school teachers in Oyo state. Based on the findings, recommendations that could enhance involvement in exercise for health benefits are recommended.

## Introduction

Reading is to the mind what exercise is to the body and to enjoy the glow of good health one must be involved in exercise. Exercise therefore, is any [bodily](#) activity that enhances or maintains [physical fitness](#) and overall [health](#) and wellness. It is performed for various reasons, including increasing growth and development, preventing [aging](#), strengthening [muscles](#) and the [cardiovascular system](#), honing [athletic](#) skills, [weight loss](#) or maintenance, improving health and also for enjoyment (Huddson, 2012). Many individuals choose to [exercise outdoors](#) where they can congregate in groups, socialise, and enhance [well-being](#). Even with [risk factors for heart disease](#) such as [high blood pressure](#), [diabetes](#) or [high cholesterol](#), people who enjoy regular physical activity have lower death rates than people who have no risk factors but who are not physically active. What is more, people with heart disease who are physically fit live longer and have fewer [heart attacks](#) than heart patients who are not physically fit. In agreement to the finding of Huddson, (2012), Ogunmola, (2018) affirms that the facts remains that regular physical activity benefits people who have heart disease as well as those who do not. Regular exercise helps [lower blood pressure](#), decrease [Low Density Lipoprotein LDL called the bad cholesterol](#) in the blood, [improve blood sugar](#), [reduce feelings of stress](#), [controls body weight](#)., improve quality of sleep and reduce the time it takes to fall asleep, improve memory and reduce the risk of dementia and depression and make one feel good about oneself (Marcuss, 2015). In the submission of Abdullahi (2016), any type of physical activity is good if it

makes the muscles work more than usual. The heart is a muscle and benefits from a workout just like other muscles in the body. Physical activities that involve steady, rhythmic movement of the legs and arms are called "aerobic" exercises and are especially good for the heart. Examples include brisk walking, running, swimming, bicycling and dancing. Regular aerobic exercise conditions the heart to pump blood to the whole body. Nicholson, (2014) suggests that adults with chronic conditions or disabilities should get regular physical activity according to their abilities and should avoid inactivity. Work up to at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity or 75 minutes (1 hour and 15 minutes) of vigorous-intensity activity (or an equivalent combination) each week. Preferably, activity should be spread throughout the week. Even greater benefits can be achieved at up to 300 minutes (5 hours) of moderate-intensity aerobic activity or 150 minutes (2 hours and 30 minutes) of vigorous-intensity activity each week. Exercises for other muscles that keep muscles in good working order includes [stretching](#) and [strengthening](#) activities. It include strength training in the exercise routine at least twice a week. Muscles lose strength and flexibility as one gets older. Common tasks become more difficult, such as bending over to tie shoes, opening a jar, lifting a bag of groceries or even getting out of a chair. Abanobi, (2000) explains that when the muscles are not in good shape, one is more likely to lose balance and fall. Strengthening exercises can also help boost metabolism, so it is advised that one gets more benefit out of aerobic activities and lose weight faster.

Drug use is the use of a [psychoactive drug](#) to induce an [altered state of consciousness](#) for pleasure, by modifying the perceptions, feelings, and emotions of the user. When a psychoactive drug enters the user's body, it induces an [intoxicating effect](#). Generally, recreational drugs are in three categories which are [depressants](#) that is, drugs that induce a feeling of relaxation and calm, [stimulants](#) which are also drugs that induce a sense of energy and alertness and [hallucinogens](#) drugs that induce perceptual distortions such as [hallucination](#). Many people also use prescribed and illegal [opioids](#) along with [opiates](#) and [benzodiazepines](#). In popular practice,

recreational drug use generally is a tolerated social behaviour, rather than perceived as the serious medical condition of [self-medication](#). However, heavy use of some drugs is socially stigmatized. Recreational drugs include [alcohol](#) as found in [beer](#), [wine](#), and [distilled spirits](#), [cannabis](#) and [nicotine](#), that is [tobacco](#), [caffeine](#) in the likes of [coffee](#), [tea](#), and [soft drinks](#). [Prescription drugs](#); and the [controlled substances](#) listed as illegal drugs in the [Single Convention on Narcotic Drugs](#) (1961) and the [Convention on Psychotropic Substances](#) (1971) of the United Nations. What controlled substances are considered illegal drugs varies by country, but usually includes [methamphetamine](#), [heroin](#), [cocaine](#), [LSD](#), [psilocybin mushrooms](#), [MDMA](#) and [club drugs](#). In 2015, it was estimated that about 5% of people aged 15 to 65 had used [illegal drugs](#) at least once. Drug use can have a wide range of short and long term, direct and indirect effects. From the findings of WHO (2017) these effects often depend on the specific drug or drugs used, how they are taken, how much is taken, the health of the consumer and other factors. Short term effects can range from changes in appetite, wakefulness, heart rate, blood pressure, and or mood to heart attack, stroke, psychosis, overdose, and even death. These health effects may occur after just one use. Longer term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuit work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, ability to control stress level, decision making and ability to learn and remember. These changes make it much more difficult, having negative effects on life and inability to quit. It can affect nutrition, sleep, decision making and impulsivity, risk for trauma, violence, injury, and communicable diseases. Drug use can also affect the health of babies born to women who use drugs while pregnant.

The health benefits of regular exercise involvement cannot be overemphasized, it **helps in weight control, reduce heart disease, and help the body manage blood sugar and insulin levels**. It can also help the individual to quit smoking, improve mental health and mood. Keeps the

thinking, learning and judgment skills sharp as ageing sets in, strengthen bones and muscles, reduce risks of some type of cancer like colon, breast, uterine and lung cancer. It as well reduces risk of falls, improve sleep, improve sexual health, and increase chances of living longer. (WHO, 2018)

### **Research Objectives**

The specific objectives are to:

1. Investigate drug use and exercise involvement on the health status of senior secondary school teachers.
2. Ascertain the extent to which senior secondary school teachers are involved in exercise.
3. Find out how the demographic factors such as sex, age, academic qualification and years of service affect exercise involvement of secondary school teachers.

### **Research Questions**

The following research question was raised to guide the study

1. What impact will drug use and exercise involvement have on the health status of senior secondary school teachers?

### **Research Hypothesis**

The following research hypothesis were formulated and tested at  $p < 0.05$  level of significance

1. There is no significant differences in the use of drug in the exercise and physical activities involvement of senior secondary school teachers in Oyo State, Nigeria.
2. There is no significant difference in the health status and exercise involvement of senior secondary school teachers in Oyo State, Nigeria.
3. There is no significant differences in the use of equipment and exercise involvement on health status of senior secondary school teachers in Oyo State, Nigeria.
4. There is no significant differences in the dietary practices with exercise and physical activities involvement of senior secondary school teachers in Oyo state, Nigeria

## **Methodology**

The study adopted a descriptive survey research design because it was an investigation in which self-reported data were collected from sampled participants in describing the population on the relevant variables of interest. The simple random sampling technique with replacement was used to select seven (7) local government areas out of eleven (11) local governments in Ibadan Oyo State. A total of fourteen (14) senior secondary schools were selected using the stratified random sampling technique. That implied that two (2) schools emerged from the selected local government areas using the simple random sampling techniques, while purposive sampling was employed to select a total of seven hundred and thirty two (732) respondents who participated in the study.

## **Sample Procedure**

Using the multistage sampling technique, a sample of 732 respondents was selected from senior secondary school teachers in Ibadan, Oyo state, Nigeria. The respondents were stratified by sex of male and female, age, academic qualification and years of service. A total of 390 (52%) male and 342 (48%) female respondents participated in the study.

## **Research Instrument**

A self-designed questionnaire drug use and exercise involvement on the health status of senior secondary school teachers in Oyo state Nigeria (DUEIHSSST) was used to elicit information from the respondents. The instrument consisted of two sections identified as sections A and B.

Section A: contained information on demographic characteristics of the respondents such as sex, age, academic qualification and years of service. The respondents are expected to tick from the options as applicable to them. In section B, the items were designed to ask specific questions directed towards the views of respondents with respect to drug use and exercise involvement on the health status. The seven item questionnaire in this section were assessed on a three point rating scale (ranging from 3 most of the time to 1 never at all). The validity of the instrument was

ascertained by experts in the field of Physical and Health Education, Medicine and Counseling. A reliable coefficient of 0.84 was obtained through the use of Pearson Product Moment Correlation (PPMC) analysis. 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 through the corporation of school principal who called for a staff meeting in order for every teacher to participate in filling the questionnaire. The respondents independently spent not more than thirty minutes on the average to carefully and accurately complete the questionnaire as it decrease the possibilities of sharing opinion and discussing the questionnaire items before submission was done individually.

### **Data Analysis:**

Descriptive and inferential statistics were used to process the data collected. The general questions were analyzed using the descriptive statistics of frequency counts, percentages and standard deviation, while the hypotheses formulated were tested using t-test 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 732 respondents participated in the study. Close supervision ensured a 100% return rate. All the questionnaire were adequately completed and free from inconsistency.

#### **Descriptive Analysis**

The analysis of the demographic variables is presented in table 1

**Table 1:** Demographic Information of Respondents

S/N	Demographic Variables	Categories	Frequency	Percentage
i.	Sex	Male	390	52%
		Female	342	48%
		Total	732	100%

ii.	Age	Below 25	90	12%
		25-30	85	12%
		31-35	89	12%
		36-40	85	12%
		41-45	93	13%
		46-50	88	12%
		51-55	75	10%
		56-60	61	8%
		61-65	40	5%
		66 and above	26	4%
		<b>Total</b>	<b>732</b>	<b>100%</b>
iii.	Academic Qualification	NCE	130	18%
		BSC/B.Ed	308	42%
		M.Ed/M.Sc	209	28%
		Ph.D	85	12%
		<b>Total</b>	<b>732</b>	<b>100%</b>
iv.	Years of working experience	Less than 5 years	160	22%
		6-10 years	80	11%
		11-15 years	74	10%
		16-20 years	184	25%
		21-25 years	120	16%
		26-30 years	65	9%
		30 years and above	49	7%
		<b>Total</b>	<b>732</b>	<b>100%</b>

Table 1 shows the demographic characteristics of the respondents. The result shows that male respondents were the majority with 390 (52%). Distribution according to age revealed that respondents between the ages of 41-45 were more than the other groups with 93 (13%), while age range of 66 and above were minimal 26 (4%). The highest no of respondents with respect to academic qualification were holders of B.Ed/B.Sc with 308 (42%). Categories of teachers with 16-20 years working experience had the highest frequency of 184 and (25%). While teachers with 30 years and above years of experience had the least frequency of 49 and (7%).

**Research Questions 1.** What impact will exercise involvement have on the health status of senior secondary school teachers?

Table 2: Below shows the percentage analysis on the impact of exercise involvement on the health status of senior secondary school teachers.

S/N	ITEMS	Most of the time		Some of the time		Never at all	
		No	%	No	%	No	%
1.	You enjoy your involvement in exercise. Do you agree?	227	31	246	33.6	259	35.3
2.	Do you agree that exercise improve your moods and stress level	324	44.2	250	34.1	158	21.5
3.	Do you exercise using equipment	280	38.2	225	30.7	227	31
4.	Do you exercise for a minimum of 30mins in a day	309	42.2	234	31.9	189	25.8
5.	Do you agree that exercise reshape your body	270	36.8	188	25.6	274	37.4
6.	Do you agree that you gain strength and stamina from exercising	267	36.4	306	41.8	159	21.7
7.	Do you agree that you feel sick whenever you exercise and hence use a drug	328	44.8	297	40.5	107	14.6
8.	Do you agree that exercise increases your energy level	412	56.2	199	27.1	121	16.5
9.	Do you agree that you are fit because you exercise	376	51.3	212	28.9	144	19.6
10.	Do you agree that exercise improve your overall health	405	55.3	190	25.9	137	18.7

Table 2 show the views of secondary school teachers with respect to the impact exercise involvement on their health status. The result shows that out of the ten areas identified, six areas shows that respondents indicated

that involvement in exercise had health benefits. While 286 (56.9%) of the respondents agree that exercise improves their moods and stress level, 267 (53.0%) respondents agreed that they gain strength and stamina from exercising. A total of 412 (89.1%) respondents agree that exercise in their energy level while 376 (74.8%) agree that they are fit because of their involvement in exercise. A total of 405 (80.5%) submits that their overall health improves as a result of their involvement in exercise. It therefore implies that exercise involvement has health benefits.

### **Hypotheses Testing**

#### **Hypothesis 1**

There is no significant differences in the use of Drug in the Exercise and Physical Activities Involvement of Senior Secondary School Teachers in Oyo State, Nigeria.

Table 3: t-test showing use of drug in exercise and physical activities involvement of senior secondary school teachers in Oyo state, Nigeria.

<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Df</b>	<b>t-cal</b>	<b>t-table</b>
<b>Academic staff</b>	395	8.41	2.11	731	0.666	1.960
<b>Administrative staff</b>	337	8.29	2.08			

P > 0.05

Table 3 reveals that t-cal (0.666) is less than t table (1.960) at 0.05 level of significance. The null hypothesis is accepted. Therefore, there is no significant difference in the use of drugs in the exercise and physical activity involvement of senior secondary school teachers in Oyo State, Nigeria.

#### **Hypothesis 2**

There is no significant difference in the health status and exercise involvement of senior secondary school teachers in Oyo state, Nigeria.

Table 4: t-test Analysis showing exercise involvement on health status of senior secondary school teachers in Oyo state, Nigeria.

Group	N	Mean	SD	Df	t-cal	t-table
Academic staff	394	11.11	2.40	731	2.886	1.960
Administrative staff	337	10.51	2.21			

$P < 0.05$

Table 4 shows that t-cal (2.886) is greater than t-table (1.960) at 0.05 level of significance. The null hypothesis is rejected. Therefore, there is significant difference in the exercise involvement of senior secondary school teachers in Oyo State, Nigeria.

### Hypothesis 3

There is no significant differences in the use of equipment and exercise involvement on health status of senior secondary school teachers in Oyo state, Nigeria.

Table 5: t-test showing use of equipment and exercise involvement on health status of senior secondary school teachers in Oyo state, Nigeria.

Group	N	Mean	SD	Df	t-cal	t-table
Academic staff	395	2.63	0.94	731	0.208	1.960
Administrative staff	337	2.63	0.90			

$P > 0.05$

Table 5 shows t-cal (0.208) is less than t-table (1.960) at 0.05 level of significance. The null hypothesis is accepted therefore, there is no significant difference in the use of equipment and exercise involvement senior secondary school teachers in Oyo State, Nigeria.

### Hypothesis 4:

There is no significant differences in the dietary practices with exercise and physical activities involvement of senior secondary school teachers in Oyo state, Nigeria.

Table 6: t-test showing dietary practices with exercise and physical activities involvement of senior secondary school teachers in Oyo state, Nigeria

Group	N	Mean	SD	Df	t-cal	t-table
Academic staff	395	2.84	0.82	731	1.634	1.960
Administrative staff	337	2.72	0.85			

$P > 0.05$

Table 6 shows that t-cal (1.634) is less than t-table (1.960) at 0.05 level of significance. The null hypothesis is accepted. Therefore, there is no significant differences in the dietary practices with exercise and physical activity involvement of senior secondary teachers in Oyo state Nigeria.

### Discussion

The study presented the impact of exercise involvement on the health status of senior secondary school teachers in Oyo state Nigeria. The findings of this study corroborated other findings of previous studies. Majority of the respondents' showed involvement in exercise and agreed to the health impact. The findings agreed with the previous studies of Abdullahi (2016), who reported that individual who participate in one or two exercise programmes looks healthier than those who leave a sedentary life. However, Abanobi (2000) explained that inadequate knowledge of exercise involvement may result in serious injury and cause health hazards to naive participants. The result shows that physical activity is the single best predictor of senior secondary school teachers' involvement in exercise on health status. The study showed a composite relationship between senior secondary school teachers' demographic characteristics and the impact of exercise involvement on the health status.

### Conclusion and Recommendation

The findings of this study clearly showed the impact of exercise involvement on the health status of senior secondary school teachers in Oyo state Nigeria. The study also concluded that exercise plays a significant role in enhancing [physical fitness](#) and overall [health](#) and wellness of individual

involved in exercising. The study also revealed shows that physical activity is the single best predictor of senior secondary school teachers' involvement in exercise on health status. On the bases of this findings, it is therefore recommended that qualified Physical and Health educators be employed in schools. Physical and Health Education as a subject be included in the curriculum at all levels of education to enable students know the health impacts of involving in exercise.

Regular physical activities and exercise be organised for both civil and public servants at all grade level as that will enhance physical fitness and keep them healthy, thereby boosting productivity.

### **References**

- Abanobi, O.O. (2000). The place of leisure time, physical activity and morality in facing the challenges of workplace demands. *Journal of the American Medical Association* 189 (7):355-365 PubMed.pMI3685975.
- Abdullahi, S.S. (2016). Physical activity and recreation, a panacea to restiveness. *International Council for Health, physical Education, Recreation Sports and Dance* 41 (4): 43-50.
- Huddson, V. (2012). Physical activity and cardiovascular disease: evidence for a dose response. *Journal of Medical Science, Sports and Exercise*.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1402378/2001;33:S472-83>. Retrieved March, 2019.
- Marcuss, C.L. (2015). The effect of combined exercise training in adolescents who are overweight or obese with intellectual disability: The role of training frequency. *Journal of Strength and Conditioning Research*. 25(8):1.  
[https://www.researchgate.net/publication/306118434\\_Benefits\\_needed\\_and\\_importance\\_of](https://www.researchgate.net/publication/306118434_Benefits_needed_and_importance_of_daily_exercise) daily exercise. Retrieved 10<sup>th</sup> January, 2019.
- Nicholson, T.Y. (2014). Strength training increases insulin-mediated glucose uptake, GLUT4 content, and insulin signaling in skeletal muscle in patients with type 2 diabetes.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1402378/2004;53:294-305>. Retrieved 21<sup>st</sup> February, 2019.

Ogunmola, O.D. (2018). Training for muscle power in older adults: effects on functional abilities, Nigerian Journal of Applied Physiology, vol. 28, no. 2, pp. 178–189, 2003.

World Health Organisation (2018). The development of the World Health Organization Quality of Life assessment instrument (WHOQOL). In: Orley J, Kuyken W, editors. Quality of Life Assessment: International Perspectives 41–57.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3644992/who>.

Retrieved 21<sup>st</sup> February, 2019.