ANALYSIS OF FITNESS TRENDS AMONG URBAN DWELLERS IN KAMPALA. THE CASE OF SELECTED HEALTH CLUBS AND FITNESS STUDIOS

BY

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DECLARATION

I, **SOITA W. PASCHAL**, hereby solemnly declare to the University Senate that, this thesis is my own original work and it has not been submitted in whole or part for a Master's Degree or any other academic award in any University or Institution of Higher learning.

Signature.....  17.12.2014

SOITA W. PASCHAL

SUPERVISORS' APPROVAL

We confirm that the work reported in this thesis, entitled: ***Analysis of Leisure and Fitness Trends Among Members in Kampala Health and Fitness Clubs*** was carried out by the candidate PASCHAL *WANZALLA SOITA* under our supervision and is now ready for submission to the University Senate with our approval.

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DEDICATION

This thesis is affectionately dedicated to my wife, Mrs. Tabitha Soita, our children Dora Namalwa, Dorcas Soita, Paul Wandera and to my ever loving Mayi, Mrs. Clementina Nalyaka as well, that *read to serve humanity*.

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ABSTRACT

Physical fitness is important in its general contribution to one's health. For effectiveness, programme delivery has to be handled professionally and ethically to meet specific minimum standards. These include safety, state-of-the-art equipment and trained practitioners. When well harnessed, some of societal health problems traditionally associated with hypokinetic conditions and sedentary work practices may be prevented, reduced or even eliminated.

This study therefore assessed the extent to which personnel, facilities and programmes within health clubs in Kampala City meet the minimum professional standards as required.

To elicit the data, a number of research tools were employed, including Questionnaires, Observation and Interviews with consumers and providers of products and services. A random sample of 144 (23% of the target population) subjects was selected from 12 purposively selected health clubs out of 35 considered for the study. The data collected was mainly subjected to qualitative treatment although at some point Chi-square, χ^2, was used to establish if there existed correlation between age and gender with participation.

The major findings of the study included:

- Fitness as a fast-growing industry in Kampala but embroiled with weaknesses in membership admission, low practitioner education levels and to a large extent obsolete equipment they use.

- No official Umbrella body to govern and monitor this sector.
- There being awareness, great interest and demand for fitness products and services have increased. As a consequence, this has provided a channel for socialization, investment and health.

In its recommendation, the study calls for:

- Development of a statutory body to govern fitness, to provide accreditation, grade fitness facilities and registration of all fitness professionals.
- Urgent attention towards quality and improved service delivery and also addressing the weaknesses identified in membership admission procedures, could tentatively be by Public Health Sector of the Ministry of Health or/and National Council of Sports.
- Diversification of programmes, and the URA- the tax body, should consider tax waivers for these clubs regarding income tax and on imported equipment as well. The rationale here is these centres supplement the Ministry of Health's illness prevention strategies and campaigns.

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LIST OF ACRONYMS

ACCP	American College of Chest Physicians
ACSM	American College of Sports Medicine
AMTA	American Massage Therapy Association
ASEP	American Society of Exercise Physiologists
CBO	Community Based Organization
FDA	Food and Drug Administration
HIPC	Highly Indebted Poor Countries
IDEA	International Dance and Exercise Association
JAMA	Journal of American Massage Association
NCS	National Council of Sports
NGO	Non-governmental Organization
SPSS	Statistical Package for Social Sciences (version 12.x)
URA	Uganda Revenue Authority.

CHAPTER ONE
INTRODUCTION

1.1: Background to the Study

Kampala City ha experienced rapid growth in Health and Fitness clubs since mid 1990s. Precisely twelve were officially registered in 1994 and up to about forty in 2001 (The Monitor Directory, 2001· Yellow Pages Directory, 1994). There is evidence through anecdotal sources that there are changes in lifestyles, leisure and exercise patterns among th urban and affluent people in Kampala. What could then be the cause of this phenomenon and the mushrooming of these firms/facilities?

he trend has seemingly arisen from several factors. First people are now a are about the need for living active lifestyles, as the primary factor in maintaining personal health (Health People, 2000). econd, economic and political reforms, as well as securit and tability that have produced major prosperity and improvements in the economy could have accelerated this. The size of the economy has more than doubled in real terms. The r al output per capita has increased by about 50% since the mid 1980s, from US $3.6 billion in 1986/87 to U $6 billion in 1999/2000, after a long period of declining li ing tandard (Katsouris 2000; Mu eveni 2001). Third, the above observation could al o be due to the experiences of the urban wealthy, through their wide contacts and exposure to new lifestyles. This can be attested by the powerful compan interaction and ostentatious life tyles they often display at the high-class clubs like Kabira Garden City and Mo a Courts in Kampala (Obbo, 2004). Fourth there is tremendous influence on the ma ses through the regularly televised leisure and fitness programmes, e pecially on aerobic and body conditioning broadcast by stations like Wa amuno Broadcasting ervices (WBS) www.Africanew .com). Finally, most of the urban areas earlier gazetted for recreation and phy ical activitie have been overly commercialized with other infrastructure and acti ities. Observations include the golf-course greens on which Garden City Super Market tand , the former Police playing fields – Nsambya and Kibuli – on which Muk ano Industrie is located, playing courts for Kampala City Council at Lugogo on which Shoprite developed a mega supermarket, are all gone, leading to the

development of indoor fitness and recreation as a new alternative for those who can afford (www.AllAfrica.com/uganda/leisure).

According to other anecdotal sources within Kampala, there seems to exist greater free time, a remarkable rise in disposable income, interest in active leisure and greater growing concern about healthy lifestyles. This is exemplified by the enormous gate collections at leisure and sport events, the un-ending weekly competitions, ranging from goat races to body building contents just to mention but a few (Obbo,1998). As a result, a very interesting yet worrying phenomenon in the leisure and fitness industry has emerged. There is the mushrooming and rapid growth of the pay-as-you-play facilities, which include outlets in sport recreation, back-street fitness clubs, swimming pools, tennis, squash, and other sports clubs.

These are the facilities and programmes, which were examined in this study. They were studied with the view of assessing the extent to which the facilities within Kampala City meet the required minimum professional standard in terms of their personnel, equipment and programmes.

1.2: Statement of the Problem

The clientele at various health clubs including in Kampala are charged a fee, for the services and participation expecting high standards of service delivery with acceptable conditions required for safe and ethical practice. Yet according (ASEP, 2004) professional standards are explicit on these. Such delivery must include comprehensive protection, competence in service delivery, adherence to code of conduct, respect and protection of customer privacy, rights and dignity.

Within the clubs in Kampala, there has arisen a big question about the programmes they offer, the type of personnel for instruction, and the technology they use. There appears to be well-founded fear and concern therefore that if these providers go on uncontrolled and unmonitored, they will probably create new medical and social problems within this industry instead of improving the quality of life through the benefits of well-organized

health and fitness programmes. These emerging centres in Kampala may not be well grounded on professional, technical and ethical standards required of a modern industry. The motives for profit may override all other considerations. Yet as known in exercise science and sport medicine, physical activity has emerged as an important risk factor for many chronic and hypokinetic diseases. This study therefore sought to assess and highlight the extent to which these facilities and programmes meet the professional standards required.

1.3: The Conceptual Framework

This study was based on the ideas and experiences expresses in the American College of Sports Medicine (ACSM) common model of 1998. In this model, it is stated that individuals join a fitness facility, for the purpose of attaining wellness, cessation of negative habits such as drug abuse (alcoholism and smoking) and promiscuity, as well as for stress management. This model advocates that leisure and fitness participation among people has health benefits for both the participants and community at large.

The model shows the benefits that accrue from participating in health programmes indicating that first, the health and fitness needs/demands include leading an active lifestyle, keeping safe, looking for conditions of long term vitality and good food health.

Second, that through health and fitness centres where programmes are ran these fitness needs may be fulfilled. The programmes may include leisure and recreation, therapy and treatment, physical fitness and health tips. The outcomes of these processes as the model further shows are expected health benefits such as stress and depression management, dieting and weight management, developing a physically fit body and may stop negative habits. For the centre owners there is a possibility of good business.

Finally, the model indicates that the vehicle for delivery of all these services is high quality and dependable human resources, safe and reliable plant including diverse products and services together with customer friendly policies.

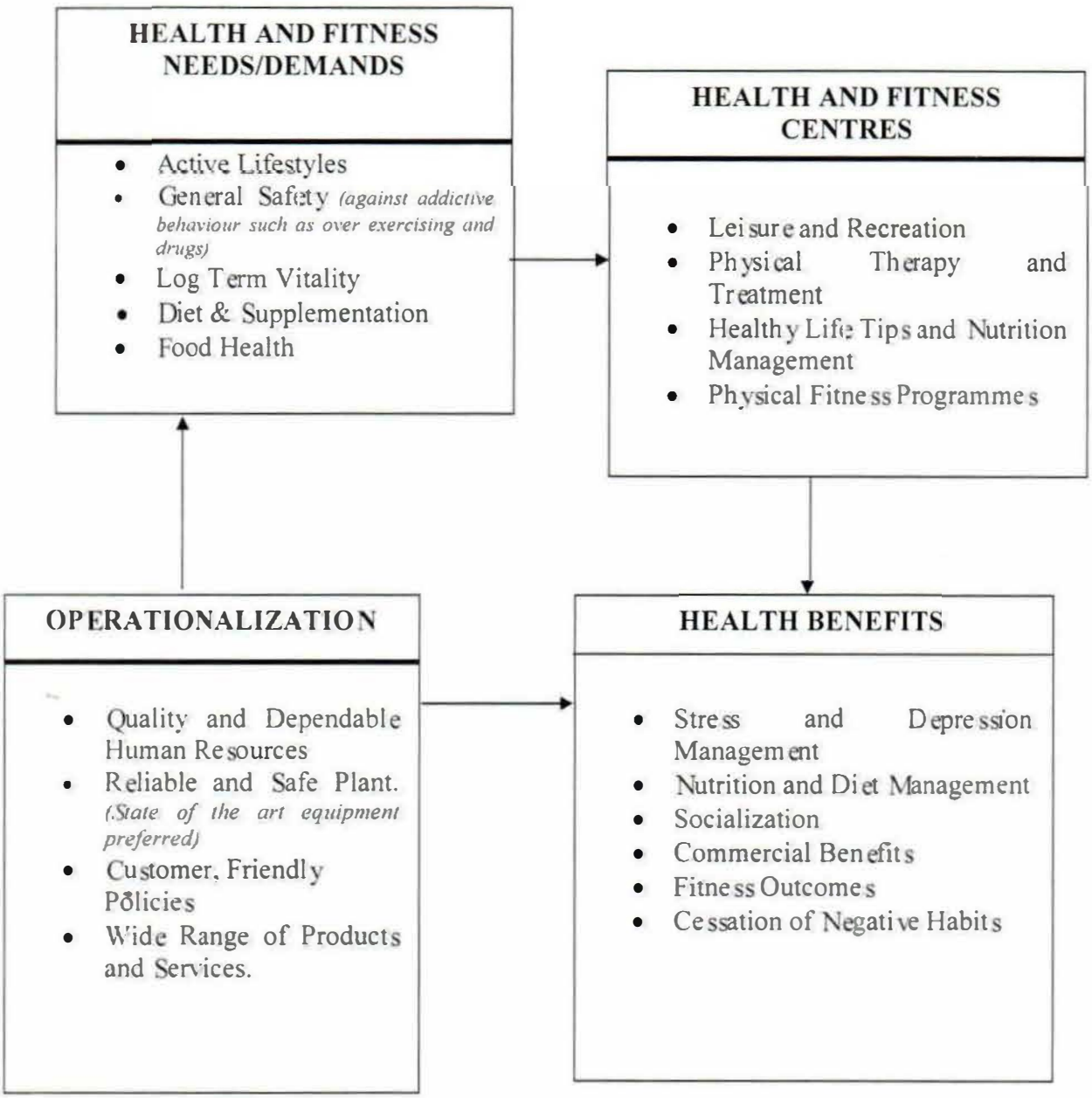

Figure 1: The Conceptual Framework.

Source: ACSM (1998) with researcher's modification.

1.4: Research Questions

In the context of the objectives in 1.5 and in line with the conceptual framework outlined, the following questions were used to guide the researcher:

- Do these clubs have adequate and suitable facilities/equipment for effective client participation?

- Are the personnel trained and ethically skilled to take on the challenges of diverse customer needs and job demands?

- What is the composition of clients in terms of age, sex, and socio-economic status?

- What programmes are offered, charges and procedure for evaluating clients?

- How is the government or local authority involved in these health clubs operations?

- Is there a relationship between participation and age, gender, or the socio-economic status of participants?

1.5: Objectives of the Study

In line with the conceptual framework outlined in 1.3, the objectives of this study were:

1. To assess to what extent the current practices in health clubs within Kampala, conform to professional standards.
2. To identify and document if there existed a relationship between participation and age, gender or the socio-economic status of participants.
3. To highlight the possibility of commercial potential for sustainable investment in this industry in Uganda.
4. To evaluate the roles that fitness can play as a driver for change in key areas such as health, social inclusion and engagement among urbanites.
5. To assess the extent to which the health clubs conform to the existing government regulations.

1.6: Significance of the Study.

This study was important in that being a pioneer study of its kind, it brought out information and issues about service delivery and the extent of compliance to the standard professional practices in the health clubs in Kampala. It explains the extent to which health clubs contribute to health, commercial and urban development. Second, the findings of this study have brought out research information/data about the underlying causes of the current explosion and mushrooming interests in this industry. This information is definitely significant to the public health policy makers, and health related institutions in terms of monitoring the impact of the adopted policy and programmes.

Finally, in the context of the above, from the findings, prescriptions and recommendations made, the following may be direct beneficiaries:

1) Consumers of the services like the exercise, therapeutic and nutrition customers in terms of locating proficient clubs where correct technical advice and workouts may be obtained.

2) Providers of the services in terms of appropriate equipment, suitable kits' design and general market potential since a lot of information on the technology used in their programmes and the customer trends is documented.

3) Others may include tertiary institutions such as Kyambogo University in terms of Curriculum broadening at the Sports Science department who may establish related programmes for trainers following this research. The Home Economics department could pick on the nutritional component and food density to deal with weight management and healthy dieting since during the study, this significantly appeared an acute clients' health demand.

The community in Uganda through the Community Based Organizations (CBOs) and Non-Governmental Organizations (NGOS) could benefit by using the elements (play, sporting and games) on social inclusion and engagement of the youth. This is because

the youth are today potential victims of drug abuse and crime. Following this research, appropriate programmes for the youths may be established to help them spend their leisure time there, make guided friendships and hence serve as catharsis in their lives as well as counselling centres.

1.7: Limitations

A couple of handicaps were certainly experienced in the course of this study. First, due to unpublished works about leisure and fitness trends in Uganda, the researcher depended mainly on studies and literature in other settings other than local sources, different in all including conditions. Secondly, the researcher did not get full co-operation in eliciting data on sensitive entrepreneur facts. These included income tax filing, profit margins, trainers' levels of education, inadequacies in the programme offerings, and records accuracy on plant-related accident rates as well as salary scales for individual service personnel and clients in the health clubs. In some of the health clubs where access was denied, the researcher successfully used non-reactive observation to break through. While for matters on taxation and programmes inadequacies, the researcher worked directly with the URA and clients respectively.

1.8: Delimitations

The study was conducted within the geographical area of Kampala City and was delimited to:

1) Massage parlours, sports clubs, aerobic and the gymnasia or weight training centres, and aqua-based facilities such as swimming pools and Jacuzzi.
2) The research questions and the five objectives mentioned in 1.4 and 1.5 above respectively.
3) Clients with hypokinetic conditions and special populations such as pregnant mothers, the seniors and the disabled.

1.9: Definitions of terms

During this study, the following terms were used in the following context:

Body Pilates

These are simple and yet effective floor exercises that target improvement of posture, lengthen and strengthen muscles while emphasizing abdominals and the lower body. They are done regardless of age or fitness levels.

Ethical Standards

Self-regulation in respecting and protection of privacy, rights and dignity of clients while delivering high quality, competent practice in health and fitness for education, preventive, and rehabilitation services. This must be equitable to all individuals regardless of socio-economic status, age, gender, ethnicity, national origin, religion, disability, diverse values, attitudes, or opinions (ASEP, 2004).

Fitness Products

All categories of exercise equipment and programmes, usually safe, secure and user friendly in fitness programmes and training. They include mult-station gyms, treadmills, exercise bikes, aerobics, and massage, just to name but a few.

Fitness Trends

Workouts and exercise programmes covering mind and body sometimes blended with the traditional Pilate and Yoga to give a holistic approach to physical fitness and wellness. Sometimes, may include functional fitness (muscles and joint strengthening) and partly preventive care with elegant equipment (ASEP, 2004).

Health Benefits of Fitness

These are positive outcomes delivered through programmes at health and fitness centres to individuals who live physically active lifestyles. They include heart health(enlarges and becomes an efficient muscle),strengthened muscles, better circulation, increased flexibility, stronger bones to ward-off osteoporosis, weight management and mental health(stress and anxiety relief). In addition there is cessation of negative habits such as smoking and use of illicit drugs. (ASEP, 2004)

Health Clubs/Wellness Centres/Fitness Studios

These terms are used interchangeably for health centres which are specially equipped to provide opportunities for relaxation, exercise, health tips, education and keep-fit, with or without machines. Most of these are run as commercial entities with some form of membership system.

Leisure Trends

The demand for tastes and behaviour for the products and services from restaurants, pubs, clubs and exercise centres and the extent to which patterns of leisure activity vary across various segments. These may range from electronically delivered activities, such as ultra-modern gaming, television, and compact disc players to health related ones like fitness and sport, to customer specifics such as equipment details and staff qualifications (ASEP, 2004).

Non-reactive Observation

This is also called hidden observation. Without infringing on research ethics, this is an observation skill where a researcher visits a facility and without disclosing the real motives, acts as if s/he wants to become a member. S/he listens carefully to what the staffs say and asks lots of questions that lead to what s/he wants to assess.

Physical Fitness

The capacity for the organic systems of the body to be healthy, functional and efficient so as to resist diseases, to enable a person engage in vigorous tasks and leisure activities and to handle emergencies arising in one's life from time to time.

Standards of Professional Practice

Benchmarks written in the interest of the general public, fitness and the athletic industry to provide information regarding the practice of exercise physiology. These may include professional competence, safety, responsibility, code of conduct and all in terms of respecting and protecting privacy, rights and dignity of clients (ASEP, 2004).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1: Health Concerns Today

The contemporary world is experiencing a growing interest in being healthy and fit. Many governments have recognized the value of physical activity and sport for their nations' health and hence massively support them. As it is well known, benefits of exercise include maintenance of optimum weight and cardiac health, development of a good mental attitude and neuromuscular capacity besides others (Barry et al., 1993)

In the United Kingdom (UK), Germany and elsewhere in Europe, studies have revealed that an estimated 53% of the adult population, are classified as actively taking part in a sport of some sort, regularly at least once in two weeks (Martin and Mason, 1984). In Uganda, evidence from Kampala City Council licensing Board Registrar, 2002 as well as from the National Registrar of Companies, 2002 give a total of recreation, fitness and health entities at about 35 in Kampala. This by all means indicates that this industry is taking root in Uganda and may imply that the lifestyles of Kampala urban people have considerably changed over the past couple of years. However, as time goes on, the traditional health problems like heart disease, cancer, hypertension, diabetes, obesity, and low-back pain, will continue to be important concerns today and in the future owing to the increased sedimentary work conditions, inactivity and un-monitored nutritional and diet habits (Healthy People, 2000).

Nevertheless, some of these health conditions can be prevented and managed successfully. In this approach to health care, the concept of risk factor reduction leads to health promotion, reduction of the likelihood of illness, delayed on set or lessened severity and morbidity (Dale, 2001).

2.2: Wellness and Physical Fitness

Literature on exercise science and sport medicine indicates that through wellness, one fosters a lifestyle that leads to a sense of physical well being. Fitness is achieved when

the organic systems of the body are healthy and function efficiently so as to resist disease and to enable the fit person engage in vigorous activity. This can be done by enhancing the five health related components of fitness namely: cardio-respiratory endurance, muscular strength and muscular endurance, flexibility and percentage body fat. As these are enhanced people avoid illness and tend to perform routine activities better (Andes, 1999). Similarly, Wendo (2004) notes in his article that:

> *"There is no getting around the benefits of consistent exercise. The risk of developing diabetes, hypertension and heart disease go down as your physical activity goes up."* Pg. 17.

Therefore participating in sport and physical programmes is usually a chance to ensure a long, enjoyable and a healthy life. But then the point of interest is that who has to provide the information, pace care and facilities for such active lifestyle and provision of the right programmes and guidance in running them?

Owing to commercialization programmes by Kampala city Council there is mounting pressure on land use around the city, and it is affecting the otherwise previously designated areas for sport and recreational activities. As a result this phenomenon has in one way or the other driven the urbanites to seek alternatives (www.AllAfrica.com/uganda/leisure-kampala). One such option is the rapid growth of health and fitness centres. The commercial health clubs and fitness studios consist of a wide range of centres and locations at which people can relax get health tips and exercise. They are particularly equipped to provide opportunity for exercising and keeping fit. Dale (2001) concedes that some centres use machines some do not and that a wide range of gadgets is usually available from free weights to weight machines, step walking to general aerobics with many of them offering massage services. Some of these are run as private commercial clubs with some form of membership system. In Uganda just as a few of these fall under the real status of health clubs or fitness studio due their informal characteristic outlook and ridiculous organization. Even a good many have been known for basically using the pay-as-you-play approach, with rudimentary staff employed to run the services (Asiimwe, 2003).

2.3: General Products and Services of Health Clubs or Fitness Studios

Ideally, for the majority of the health clubs, in order to use their facilities, one has to pay or even to become a member. Evidence on some of these products and services in Europe and the United States is as a result of several studies. Rittner (1986) and Mrazek, (1989) revealed that nearly all clubs and studios offer reductions for students, families and charge peak and off-peak fees. Also that they offer a wide range of facilities and activities, but central features in most cases were: The gymnasium, exercise classes of different kinds and other body related facilities and services. These studies pointed out that in the gymnasium, two categories of equipment were generally found. These are either provision of some form of resistance training equipment, which promotes improvements in the musculo-skeletal system or aerobic training equipment/activities for exercising the heart and promoting aerobic fitness. That resistance training is usually provided by gravity-based (weight) equipment, which takes the form of either free-weights (traditional dumb-bells and bar-bells) or machines, which support and guide the user's exercise, providing hydraulics, pneumatics or electromagnetism as resistance. Rittner (1986) and Mrazek (1989) further found that the main area of concern in aerobic fitness was circulatory health, so that the emphasis was on equipment that exercises the heart like the ergo-cycle, rowing machines and treadmills.

Another study by Martin and Mason in 1985 revealed that in the UK, 77% of the health clubs included a fully equipped gymnasium. However, in the former West Germany, 99% of the clubs had a fully equipped gymnasium but overall weight training and resistance training to shape the body seemed more in vogue in German than in Britain (Martin and Mason, 1985).

For exercise classes, Martin and Mason (1985), pointed out that each health club or fitness studio offered some kind with instruction from a qualified trainer or teacher. The range of exercises offered was wide, concentrating on activities that build cardio-vascular strength, flexibility and endurance such as aerobics, stretching, keep-fit, jazz

dance, yoga and so on. The same study also indicated that in the UK, the classes tended to offer more of the self-defence skills. Rittner and Mrazek (1989), pointed out that at every centre, in the UK, the basics are some state-of-the-art facilities/equipment. A wide range of services are often offered which generally included, sun beds, and solariums, saunas, whirl pools, lots of frills and Jacuzzi. Further, their studies showed that more than 50% of the clubs in Europe had a snack bar or a bar, a clothing shop that sells sport and leisure products, a beauty salon, cosmetics for sporting and sport magazines. Their study as well as revealed that, the majority of the clubs' new customers had to under-go a fitness assessment before taking part in the activities. In other words, the staff would spend some time with the new clients asking some general questions about previous and present fitness and any health problems.

A similar study, published on site (www.olympic.org) surveyed the products and services of the Olympic Studios for the European Unit Training system in the year 2000. These were found to have unique characteristics namely, special conditioning for kids, rehabilitation classes, pregnant mothers' classes, classes for senior citizens, smoking cessation classes and stress management programmes. One other study done and published on the USA government official site (www.fda.gov/fdac/features/1998/689-html), reported yet a bigger picture, that the fitness and health products included a much bigger boom in business and courses/training. Here the fitness programmes offered included wellness, dance, time management, nutrition and diet, as well as weight management. In addition, this same study pointed out that, the atmosphere at most clubs was friendly and people were encouraged to have good time while doing their work-outs. Those who join for fitness especially the cardio-respiratory fitness are first measured against the ACSM standards while those with the purpose of meeting other people and have fun, request for trial membership, to see whether they liked the environment. Emphasis is on openness before signing in especially to know as much as possible about the centre such as the history of the facility, qualification of instructors, through members, their observation about the services and the facility through a guided tour.

2.4: Aqua and Body Massage on Fitness Health

Water based fitness practices are numerous. Two studies done and published in reputable sport medicine journals on the site (www.hydrowarx.com/products/commercial-pools) and (www.patent.gov.uk/tm/tmj/journals.6508/domestic/230438.html) had important facts as follows: First, that aqua therapy, basically, is the use of water in the treatment of the body. It applies temperature effects and there are now dozens of methods of applying aqua therapy including baths, saunas, douches, wraps, and packs. Second that the recuperative and healing properties are based on the mechanical and/or thermal effects by exploiting the body's reaction to hot and cold stimuli. If one experiences tense muscles and anxiety from stress, a hot shower or bath is in order.

When feeling tired and stressed out, one might want to try taking a warm shower or bath using a number of techniques that are available. These include: cold mitten friction rub, steam inhalation, hot compresses, cold compresses, alternating hot and cold compresses, body wrap, wet sheet pack and salt glow. In all these techniques, the process exploits the body's reaction to hot or cold stimuli or to the protracted application of heat, pressure and so on to the sensation it gives. It is useful to point out however, that in a sauna the heat acts more quickly to eliminate toxins through the skin, and melts away stress. Cold in contrast stimulates and invigorates to increase the body's internal activity to ease tense muscles or stress.

Weil, (2003) at www.saunahazard.com, stressed that all swimming pools and wading pools must be kept clean. The water that is stinking or that provides a breeding place for mosquitoes must be drained and replaced by clean quantity. He further cautioned that for high blood pressure or heart disease people, saunas may be good, but will have check-ups with a physician first and go easy. He also showed a lot of concern about pregnant women taking steam baths or saunas. He further cautioned on usage of hot tubs by pregnant women saying that they could easily faint due to overheating. The most susceptible to this are those with heart disease or who have been using drugs or alcohol.

Finally he cautioned that children should not use saunas without supervision and advised that one should drink plenty of water, to replace the water lost.

On the other hand, massage therapy is one other component of health that is getting embraced by many people world over. Whether seeking relief for a medical condition, searching for a method to help deal with the stress of daily life or wanting to maintain good health, more and more people are turning to therapeutic massage. It is said that massage does not just feel good, it reduces the heart rate, lowers blood pressure, increases blood circulation and lymph flow, relaxes muscles, improves range of motion, and increases endorphins, the body's natural painkillers. Therapeutic massage may enhance medical treatment and helps stressed people feel less anxious and relaxed yet more alert. Sports massage focuses on muscle groups relevant to the particular sport (Weinstein, 1998).

2.5: Nutrition and Weight Management

Various causes have been suggested by authorities like ACSM to explain overweight and obesity. The major ones being inactive, over-eating, emotional problems and psychological disturbances. It is said that the first two factors are related because weight gain occurs if caloric intake exceeds energy expenditure. Inactivity takes greater significance in combination with dietary habits. But then the single factor most frequently held responsible for the development of excess weight and obesity is lack of exercise.

Today some of the health clubs take up classes to deal with nutritional concerns centred on over-nutrition, fat-density, excess caloric intake, functional foods and their ability to assist one in prevention of specific health conditions, as well as dietary supplements and new food technologies such as growth stimulants. (Must et al., 1999).

As a way of wrapping up, it is useful to note that in Uganda cases of obesity and fluctuation in weight management are thought to be associated to increasing high levels of morbidity. In Kampala, the prevalence of junk foods in the flourishing business downtown is an important case to note. In the so called walk-in restaurants, the pork

joints and roasted beef joints commonly referred to as *Nyama Choma* deliver a high percentage of their calories from fat often beyond the recommended standard 25%-30% of the total calories from fat, is complicating matters even more (Otim, 2003).

It may be highly desirable to control weight and body composition at or near optimum levels through exercising, diet modification and a lifestyle support that features activity regularly and wellness. (Dale et al., 2001).

2.6. The Customers: Categories and Participation Reasons

There are no published facts and figures about fitness studio and health clubs goers' categories and reasons for participation in Uganda. Roberts et al., (1988) published indicators on the European leisure, health and fitness participants. The following categories were clearly identified:

1. ***Categories of Club/studio participants*:**

That both public and private sector clubs studios admit as much by social class as by age and gender. Yet fitness or health clubs attracted middle-aged people and women who otherwise did not participate in much sport, and that some centres had a mixture of social classes and age groups amongst their members because of location, level and quality of facilities and additional offers or membership restrictions.

2. ***The reasons for participation*:**

Again, Roberts et al., (1988) also pointed out that there is no single motive that brings people to a health club or fitness studio but the decision is based on a convergence or different reasons, which include:

- Health reasons, where people exercise in order to take care of their health to prevent circulatory weakness and heart disease.

- Fitness reasons, where people exercise on the basis of leading a fitter lifestyle.

- Cosmetic reasons, where people exercise to strengthen and develop muscle bulk, tone-up and build up the body shape.

- Social reasons, where they go to the health club to meet people, have fun, a social break in their day, and to find relief from impending boredom.

Mrazek et al., (1989), pointed out that in Germany, fitness is a dominant reason for participation while social aspects counted most among the British. It was also noted that customers in Europe were particular about a large package of programmes and facilities available. Sex differences had some impact on facility usage especially with regard to exercise classes and the gymnasium. That aerobics, stretching and Jazz-dance were almost exclusively for women. Finally, that even machine usage deferred according to the desired body shaping where the women preferred exercising legs, hips/waist and bottom while the men prefer exercising arms, shoulders and chest muscle (Petry, 1989).

Comparing this to the participation trends in Uganda and as to whether these reasons also hold is just a matter of conjecture. The last, that was published by the local media in Uganda and also observed by the Kampala city security apparatus, was that many young and jobless boys enrolled for fitness classes to develop large muscle bulk – the so called *Kanyamas*, to in turn get jobs as 'Bouncers' – disciplinarians at discotheques, work as guards at sentries for executives and at worst use their absolute strength to commit crimes. These include robberies as they easily over power their victims and grab whatever valuables, rape and so on (Kamali, 2003). Therefore, the degree of specialization and diversification is what is offered appears to correspond to individualized consumer demands whether in Uganda or abroad.

2.7 Risk Management at the Health Clubs

It is clear that human response to regular exercise programmes is practicable and there are benefits associated with engagement in such programmes too. So signing up to a health club or fitness studio membership usually reflects a desire to become healthier. But all who exercise should be made aware that these said benefits are not without concomitant risk of injury. In healthy individuals, exercise can induce injuries that range

from minor aggravations to those that are so painful as to require complete immobilization during recovery (Miller and Allen, 1989).

According to AMTA (2000), exercise has many hazards too. That competitive running or high-impact aerobics, pose a high risk for they often cause a number of injuries in bones and muscle. High-impact exercise can also damage body parts such as the back. This implies therefore that an awareness of the standards, and expectations which the law imposes on the management of fitness facilities, is a powerful tool for minimizing legal risks. The extent to which these undertakings are considered in the health clubs in Kampala is not fully clear, since the database in this area is extremely weak.

The phenomenal growth of participants in sport and fitness suggests a critical look at the level of risk and legal implications. But nothing could be further from reality that there has never been a national public survey of sports injuries in Uganda at least since the emergency of this rapid growth of fitness centres or clubs (Odyek, 2000). In this regard, therefore, the development of sport insurance in Uganda is completely weak. Yet, ASEP (2004), points out that insurance in this area is strongly pronounced and is a pre-condition for admission into gaining membership and even getting involved in the fitness clubs business. It is important to have coverage for employees, volunteers, instructors and the plant or arena in case of injury or death while on duty.

2.8: The Personnel in the Fitness or Health Centres

The science of exercise instruction and sports nutrition is a rapidly expanding field with new career opportunities and exciting career pathways for exercise and fitness instructors and personal trainers. The fitness instructors are expected to develop a critical understanding of the physiological and anatomical aspects of the body. Specialized personnel include exercise programmers, weight trainers, circuit trainers, personal trainers and sports nutritionists. Additionally, Roberts et al., (1988) advises management to engage/hire other specialized personnel like, clinical exercise physiologists, develop a medical board of advisors, cardiologists, and sports medicine physicians.

Summary:

In Uganda, there is no known school, college or institution accredited to run specialized courses for personnel in the area of health clubs other than a short and general course unit at Kyambogo University. At times the Olympic solidarity offers some short courses in athletics and sports but these are in areas far from what fitness clubs carry out. (Kyambogo University, 2001). Finally, in view of what the literature in this section depicts, the fitness industry has enormous health and financial implications virtually to all stakeholders. The researcher, in this study, therefore, felt there was dire need to analyze and deliberately document the structure, practices, needs, the organization of the programmes and the emerging trends within the fitness and health industry, in Uganda using the case study of Kampala City.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

This chapter maps out how the study was done. It covers the research design, area of study, target population, sample size and the sampling techniques. Also other details included are the data collecting tools, data presentation and analysis methods.

3.2: Research Design

This was a descriptive cross-sectional survey, adopted because this study being a social phenomenon lent itself a snapshot of a timeframe. (Holloway, 1997). As opposed to a longitudinal design, cross-sectionals are time efficient to accommodate probable subjects' relocation say change of job or death of seniors during the study. The problem with such loss of subjects is the likely impact on having changes in the sample characteristics. (Thomas and Nelson, 1990). So the key consideration was subject(s) centeredness, by positioning providers of the services, consumers and instructors at the heart of the research process. This did help the researcher generate insights of what was being sought. Due to this, the study entirely took the qualitative approach within whose paradigm selected methods included use of questionnaires, individual interviews, non-reactive participation/observation and document analysis. This research methodology provided the best mechanisms for capturing well the perceptions and current practices in relation to the professional standards, status of participants and the role fitness plays in health.

Insights into stakeholders' values and actions were best probed qualitatively as they were not easy to quantify. Distributions and trends were most suitably measured quantitatively. Numerical data were gathered to describe that and enhance the study but not for rigorous statistical testing. However, a Chi-square test was ran to establish if there existed association between age, gender with participation. All numerical data used were kept simple.

3.3: Target Population

In order to draw valid responses, the study targeted the following populations that participate in fitness and health programmes. First the wealthy affluent city dwellers, the middle class and the ordinary members who did sessions at the gyms, swimming pools, sports clubs aerobic centres and massage parlours. Second, of interest was the inclusion of those with hypokinetic conditions and special populations such as pregnant mothers the seniors and the disabled. All these were drawn from 35 centres in Kampala, with consideration to the average capacity of 605 clients considered (this number fluctuates) in all.

3.4: Sample Size and Sampling Techniques

Two methods of sampling were used. First, was the purposive sampling to select the twelve centres out of the thirty-five in Kampala basing on their characteristics. Accordingl this translated into how they were constituted with the type of services they specialized in distribution and location- and how dispersed they were from each other. This was so because data were to come from the mentioned three categories of club set-ups which form the social divide of Kampala City; thus the Top class (affluent), Middle clas and Ordinary persons. Second, in order to select a sample that would allow each indi idual in the defined population to have an equal and independent chance, simple random sampling was used. The sample size therefore comprised a total of 144 subjects (23% of the population). This included 120 clients (10 from each club with special population inclusive but purposively selected since their distribution was small and irregular), 12 instructors and 12 managers one from each club. In order to avoid preponderance and have this sample representative basing on ervices and programmes at each club the sampling frame was adopted as follows:

Table 1: The Sampling Frame

CATEGORY	Gym	Aqua	Aerobic & Sport Clubs	Sauna/ Jacuzzi/ Spa	Total
Fairway hotel	4	2	2	2	10
BMK Health Club	5	0	5	0	10
Hotel Equatoria	4	2	2	2	10
Grand Imperial Hotel	4	2	3	3	10
Leisure Centre Bugolobi	5	0	5	0	10
Garden City	5	0	5	0	10
Eden Service Park, Bwaise	5	0	5	0	10
Kabira Country Club	4	2	2	2	10
Club 5 (Makerere University	5	0	5	0	10
Speke Apartments	4	2	2	2	10
Bodywise Bugolobi	5	0	5	0	10
Yellow H/C. (Kamwokya)	5	0	5	0	10

It is important to note that from each club, a sample of ten clients was selected. For health clubs that offered only two types of products subjects were split equally to select five for each category for the study.

During the research process, it was found out that Roots Club on Buganda road had unfortunately been razed down by an inferno and the researcher substituted it with Bodywise Club, of a similar level of setting.

3.5: Data Collection Instruments

To increase confidence in the findings and conclusions, a couple of strategies and instruments were employed to source the data. First, two research assistants were recruited and virtually trained by this researcher for a week in skills of handling non-reactive observation and techniques of accessing health clubs with stringent policies. Secondly, to control the process, this researcher kept the central roles of directing and operations particularly during instrument administration.

Prior to beginning the process a letter of introduction was secured from the Kyambogo University Co-ordinator for Postgraduate Students in Sport Science, which was honoured and instrumental in occasioning access to many of the health clubs. For the research tools the following were supplicated as argued by Thomas and elson (1990) that these *are the most common descriptive studies tools"* Pg 314.

The Questionnaires

Three types of questionnaires were administered randomly together with the help of the two research assistants, to pro iders (managers and instructors) and consumers (clients) of the services respectively. The questionnaires comprised of a minimum of 15 items, having open ended and closed questions based on the modified Godin leisure-time exercise questionnaire model (ACSM,1997), and also had attractive bipolar items. The objective here was to solicit authoritative data and experiences from current participants across all age groups gender and socio-economic status as shown in Appendices B, C and D. Additionally, the tools were pegged on addressing the key variables such as education levels of instructors programmes delivery, observance of professional standards and the technology they often used.

Prior to full investigation a pilot study was done at three independent clubs that did not feature in the main study. Piloting was done to appraise and/or standardize the in truments to check items' clarity to subjects and reduce user error. In so doing their validity was ensured as they tested what they were meant to test.

In thi regard, together with the two research supervisors the content was assessed and vetted especially regarding its relevance. Thereafter the feedback was incorporated which included adopting optimum question length, appropriate language use to generate precision or spot-on responses and of course discarded items that seemed irrele ant.

A test-retest method was utilized to troubleshoot and determin the reliability of the instruments. The questionnaires were administered to twelve subjects (3 manager 3 instructors and 6 clients) all selected from three clubs on two different occasions with an

interval of two weeks. After scoring the instruments a comparison was made to establish the extent to which content of the instruments were consistent in eliciting the same responses over time. While 0.5 is an acceptable reliability coefficient for true score variability, using the formula below, the three instruments exceeded standards with coefficients of 0.9541 for managers, 0.9000 for instructors and 0.7104 for clients. Managers' and Instructors' questions all together involved 252 outcomes in categories for facility safety, training trends and quality service delivery. This high correlation was based on people tending to give same answers to 246 items each time the questionnaires were administered. Therefore the 95%, 90% and 71% reflect time score consistency. [Formula: $R_{xx}^{1} = S^2_t / S^2_x$, where x = performance on first test, x^1 = performance on second test, R_{xx}^{1} = correlation coefficient between x and x^1, S^2_t = estimated variance of true scores, S^2_x = calculated variance of observed scores.]

***Structured Interview*:**

The researcher conducted in-depth interviews that covered at least three randomly selected people per centre-two clients, and instructor and/or manager. During the process, all was done carefully to eliminate those interviewees who had answered the questionnaire for the obvious reason of avoiding replication. The interview guide was appropriately adopted for the various personnel in the fitness clubs but focused on the main study variables derived from the conceptual framework and the study objectives discussed in 1.3 and 1.4 above. These included programmes delivery, personnel in the sector, the technology and as they manifest in each club. The interview proceeded as follows:

Introduction of investigator, as from Kyambogo University doing a study on the general practices at that facility or club. The interviewee was told that by interacting with the interviewer, he/she would be uniquely contributing to better understanding, improvement and maintenance of fitness practices to the population. The interview was then asked to respond to the items as indicated in Appendix F, as a recording was being made. Each interview never lasted more than twelve minutes per person. The information was recorded on an audiotape for analysis later. English was commonly used but in a few instances, Luganda and Kiswahili were used to clients who did not comprehend English

well. The researcher, who understood both languages well, later translated the findings into English.

Observation:

This was used during the study to see the instructors' and the participants' behaviour in perspective, not as told by other sources but to match questionnaire data. There was the use of hidden or non-reactive participation by the two trained research assistants under the direction of the researcher. But consideration was objectively given to observing the club personnel and how they conducted their work, equipment and its usage and switch between programmes. Due to time constraints clubs were equally split between the research assistants so that each one observed six clubs at least once. An objective assessment checklist for equipment and personnel was used in this phase as shown in appendix E and F respectively. The importance of this was to assess linkages between what proprietors said as related to what they did.

It is important to mention that all these instruments discussed allowed triangulation generating more validity and consistency to the data. Insights into values, actions and practices were then captured.

3.6: Intervening Variables

In the course of this study, several variables were found that influenced leisure and fitness trends in the health and fitness clubs. Many of these were pointed out in the literature review. They mainly included professional competence, safety measures, code of conduct and self regulation in respecting and protecting of privacy, rights and dignity of clients and/or instructors, just to mention but a few. Similarly, the quality of service delivery so far attained was influenced by many factors such as volume of membership, location, facility size and also the pay-as-you-play vis-à-vis long-term contracts. Also work-outs and programmes responded to critical need of busy clients getting efficient work-outs in a very short period of time with the available equipment such as chairs, steppers and walls to overcome time and access.

These factors were assumed to stay constant and prevailed favourably from one club to another. All these were fundamental and vital, as they together created trends that merited this analysis.

3.7: Data Presentation and Analysis

The data collected were basically a result of the respondents' perceptions into values and actions at the health clubs. They were sorted, synthesized and categorized according to each sub-category or theme such as age, gender, social class (occupation) and sport preference, programme types, popular mode of workouts, personnel levels and so on. Through open coding, variables there-in were compared, contrasted and connections established. These procedures led to patterns and specific conclusions.

Numerical data were established to describe disparity within the club settings. They were kept simple and not for any rigorous statistical testing. All the same simple correlation computation was done to show direct and magnitude of relationship between age and gender with participation. Data presentation was graphical using tables, charts and graphs. Analysis was by constant comparative analysis that implored the grounded theory methods and used the Statistical Package for Social Sciences (SPSS) version 12.x to plot distributions and trends. The researcher, however, kept speculating on the research questions during the study to shape each successive phase as it unfolded by abstraction and integration of what had been seen and heard.

The table below shows a summary how analysis of the data was done. Constant comparative analysis refers to taking one piece of data (one interview, one statement or one theme) and comparing it with others that may be different or similar in order to develop conceptualizations of possible relations between pieces of data. Phenomenological approaches were used where the researcher sought to discover the underlying structures or essence of some experience through intensive individual analysis. (Ray, 1994).

Table 2: Summary of Forms of Analysis Used.

RESEARCH QUESTION	INDEPENDENT VARIABLES	DEPENDENT VARIABLES	FORM OF ANALYSIS
1. Do the clubs have adequate, safe and suitable equipment and facilities for effective participation?	- Suitable equipment - Safe and adequate equipment/facilities.	Effective participation	Coded client responses &generated graphical displays.
2. Do they have personnel ethically trained to meet client needs and challenges of the job?	-Trained and skilled personnel	-Client needs - Challenges of job.	-Constant comparative analysis. -Graphical displays
3. What is the composition of clients in terms of age, gender and socio-economic status?	-Age, gender and socio-economic status.	- Client composition	-Thematic coding -Phenomenological approach.
4. What are the programmes types, charges and client needs?	- Client needs	- Programmes - Charges	-Phenomenological approach -Constant comparative analysis -Graphical displays
5. What is the Government/local authority involvement in the health clubs' operations?	Government/Local authority	Health clubs' operations	Constant comparative analysis -Graphical displays
6. Is there a relationship between age, gender and socio-economical status with participation?	-Age, Gender , Socio-economic status	-Participation	Chi-square, χ^2 and participation behaviour observation

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1: Introduction

This chapter begins with a brief background of the three categories of people that form the social divide in Kampala Health and Fitness Clubs, where this study was done. Then findings are presented along with the researcher's observation/ remark and it then closes with an in-depth discussion pegged on each of the five objectives of the study.

4.2 The Social Divide of the Clubs

Uganda was liberated from military tyranny and civil unrest in January 1986. Since then, the country has moved through the arduous task of rebuilding. The top leadership has put Kampala as one of the priority areas since it is the capital city of Uganda. The past 18years have seen the dramatic transformation of Kampala into a peaceful, lively and respectable city with its active and hospitable people (Museveni, 1997).

As the city gets modernized and industrialized, the social classes are evidently becoming distinct. The obvious strata include:

- The rich and affluent class- Top leadership and Politicians, The Royals, Diplomats and the Chief Executives of multi-national corporations that are based in Kampala.
- The middle class- The young and successful professionals, Civil servants, Business people, and all those on their way climbing the social ladder.
- The ordinary affiliates -The ordinary city dwellers that have their own social set-up especially with regard to leisure and recreation activities. They mainly operate within the lower income city suburbs.

In line with high expectations on fitness service delivery based on international benchmarks, this unit now brings out details of the findings of what goes on in the Health Club Industry in Kampala. The data below were obtained using the

questionnaire to Participants, Instructors and Managers as shown in Appendices B, C and D. A total of 144 questionnaires (23% of the target population) were distributed and precisely 109 clients, 12 instructors and 12 managers returned thus about 93% responded while 11 or 7% for unknown reasons did not return.

4.3: Age and Gender Distributions

On Age and Gender distribution of participants using Question 1, Appendix B the following was depicted.

Table 3: Client Age and Gender Distribution

Age Range	Male %	Female %	Total %
Children (3-10yrs)	4	2	6
Youth/Adolescents (11-18 yrs)	11	6	17
Adults (19+ yrs)	47	30	77
Total	**62**	**38**	**100**

The table above could best be seen graphically as shown in Figure 2.

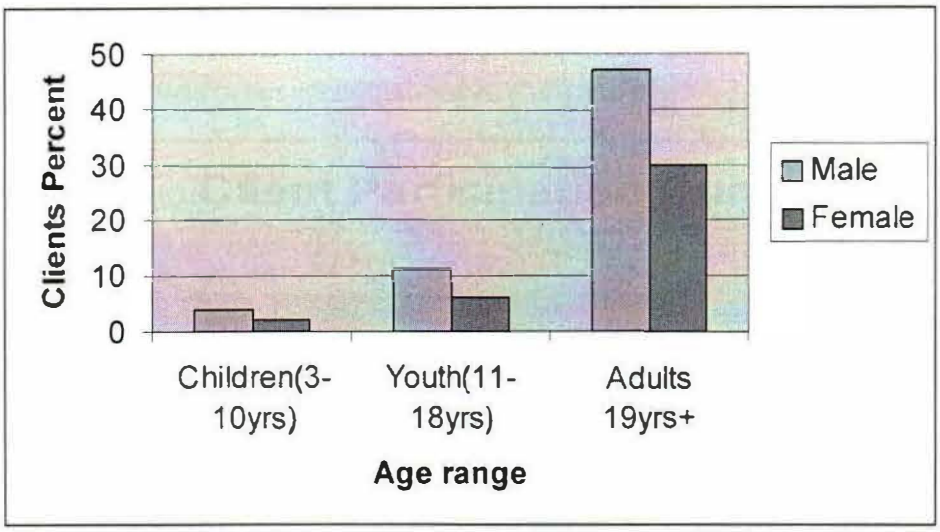

Figure 2: Clients Age and Gender Distributions

Observation

According to this distribution, it is clearly visible the children comprised the smallest percentage 6%, while the adult population comprising of 77% engaged more in fitness programmes than any other age groups. Most reasons given for this trend, as seen in Question 3, Appendix B are to attain a higher health status and live a fitter lifestyle.

4.4: Participation Duration

On the distribution of length of participation in the programmes, as derived from Question 2, Appendix B the figures in percentage were as follows:

Table 4: Client Participation Duration.

Duration	**Male %**	**Female %**	**Total %**
New Members(1-5 months)	20	8	28
Old members (½ yr +)	42	30	72
Total	**62**	**38**	**100**

This trend was best conceptualized as shown in Figure 3.

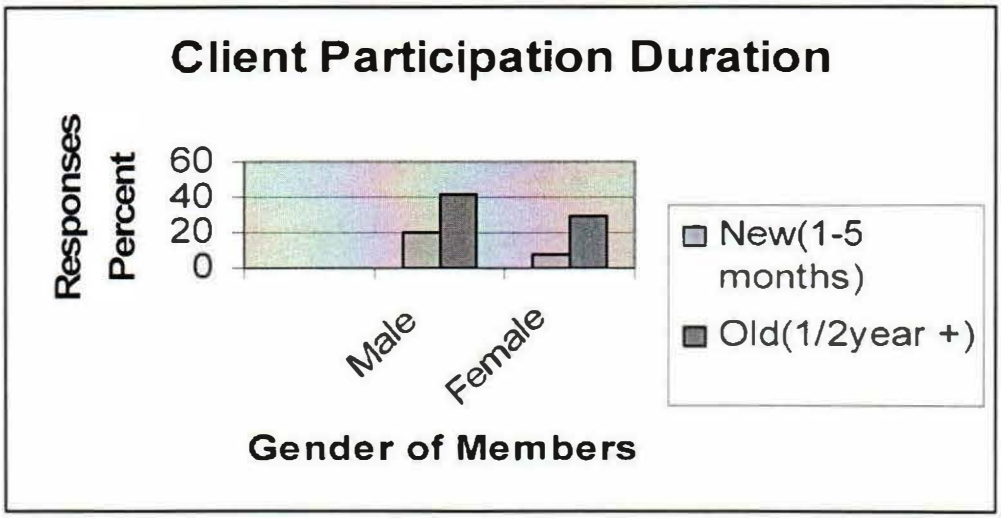

Figure 3: Client Participation Duration

Observation

These figures clearly indicated that within the study sample, the ratio of new to older members is about 1:3 which implies that new membership drive may be important in the clubs. Besides a strategy for high retention rate of the members for stability may be needed.

4.5: Reasons for Participation

On reasons for participation, derived from Question 3 Appendix B which had 4 categories corroborate by responses in Question 10, Appendix C the facts and figures were as shown.

Table 5: Client Participation Reasons

Reasons	Male %	Female %	Total %
Health reasons (exercise for health)	15	13	28
Fitness reasons (exercise for fitter lifestyles)	23	11	34
Cosmetic reasons (toning/ muscle bulk)	15	10	25
Social reasons (meet people/socialize/ drink)	9	5	14

The graphical representation of these data is shown in Figure 4.

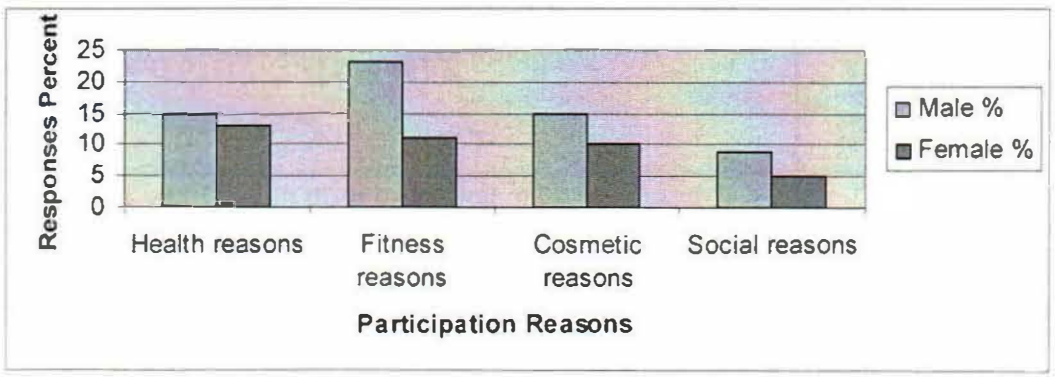

Figure4: Client Participation Reasons

Observation

Managers in Question 4 Appendix D, and Question 10 Appendix C equally corroborated the reasons stated for participation. These reasons indicate that the market is drifting from much of leisure, or simply social reasons, here represented by 14%, towards health and fitness schemes 25% and 34% of the sample respectively. This was also corroborated by data obtained from objective assessment checklist on equipment and programmes (see 4.20). Fitness, health and aerobic facilities have been given prominence and hence there is 'active involvement' in health and leisure rather than 'watching' or just 'being there'.

It is important to mention here that participants who went in to tone or develop muscle bulk had a fairly proportionate percentage, 25% of the distribution, with the ratio of male to female about 3:2 which is quite close. The 7 out every 15 (47%) female youth interviewed during the study participated to lose or control weight whereas 10 out of every 15 (67%) of male youth claimed they wanted to tone up. All these are important trends with an impact on health.

4.6: Procedures of Joining a Club

On procedures of participants' joining the programmes at the clubs, the following results were established. They were derived from Questions 4,5,6,7 Appendix B, and Question 23 of Appendix D.

Table 6: Client Procedure of Joining a Club

INITIATIVE	Yes (%)	No (%)
Physicians certification prior to joining /club screening	19	81
Signed agreement prior to joining	11	89
Saw evidence that facility was insured	14	86
Toured facility and asked questions before joining	84	16

These data graphically are represented in Figure 5.

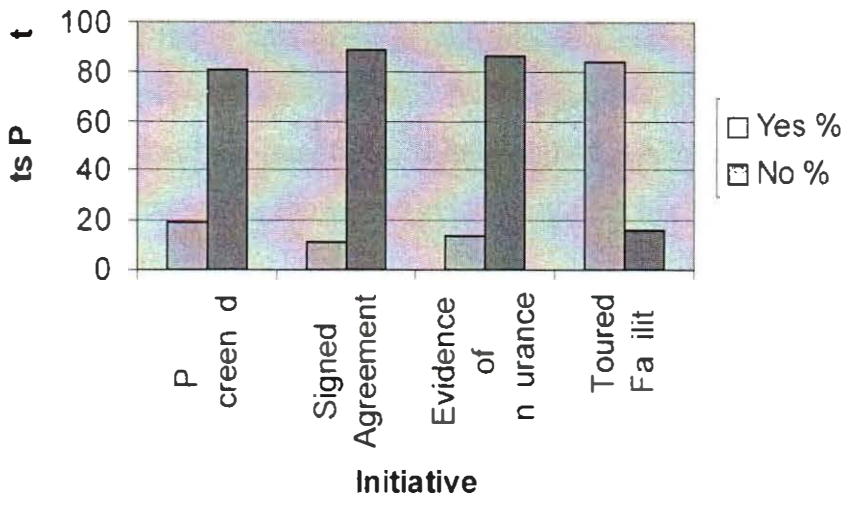

Figure 5: Client Procedure of Joining a Club.

Observation

Signing up for a health club membership reflects a desire to become healthier. These result outright indicate low awareness and adherence to expected standard practice regarding cardiovascular screening and emergency procedures. The study showed that about 81% of the subjects under study indicated that they joined without clearance from a phy ician, and that the club management did not ask for such clearance as well. Also 97 of the 109 or 89% participants said they signed no agreement prior to joining. During the interview with this researcher, in all the 12 fitness centres, only 4 out of 12 (33%) centres insisted on this as a condition before admission.

It is important to mention that 58% of the centres offered some special programs for older adults (see 4.21) all but two failed to conduct pre-entry screening to identify members with signs, symptoms or history or cardiovascular disease. Yet as a pre-caution, AC M (1998) says that patients with cardiac diseases are ten times more likely to suffer an attack during exercise than healthy people and that twenty times an asthmatic to get an attach when swimming. Pre-screening is therefore important and compulsory.

Before joining a club, some of these safety precautions and documentation are important to be known to the clients. In this study, 97 out of 109 or 89% did not sign any form of agreement while 94 out of 109 or 86% of the participants never saw any evidence as to whether the facility was insured prior to joining. By all standards, this can not be accommodated as it is suspect and fraudulent. Similarly from Appendix D, Question 9, 7 out of 12 or 58% of the managers showed no evidence at their health clubs, the need for comprehensive inspection of facilities and equipment. No records were seen by researcher, the in-house inspection that the managers were contented with seemed inadequate.

On the other hand, 92 out of 109 clients or about 84% confirmed that they were given a chance to tour facility and even asked questions to satisfy themselves before joining. This was positive since many sales staffs tend to lure new clients to health clubs without allowing them to try out the equipment and feel the atmosphere of the club.

4.7: Instructors' Personal Profiles and Supervision

On Health Clubs' Personnel and Instructors' profiles and the training process, derived from Appendix B, questions. 8, 9, 10, 11, the following were the results:

Table 7: Instructors' Personal Profiles and Supervision

Category	**Yes** %	**No** %
Saw evidence that Instructors are trained/certified	29	71
Supervisor available: full time during session	76	24
Limitation of time on equipment usage during session	84	16
Centre has existed for at least a year	91	9

These data are graphically displayed in Figure 6.

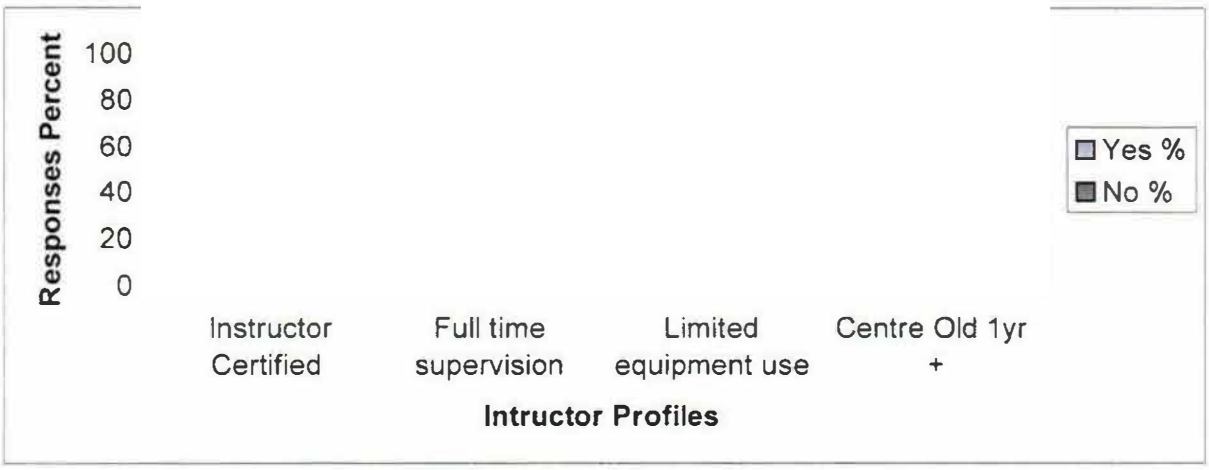

Figure 6: Instructors' Personal Profiles and Supervision

Observation

Most clients did not know the education levels of their instructors in these health clubs. Some did not show interest in this factor, that because their "*employers knew better*" others simply said, "*we simply trust them*".

Evidence from the figures in Figure 6, indicates that 77 out of 109 clients or about 71% did not comply with this requirement by making their profiles known to the clients. This is important in developing confidence in that clients will in turn believe in getting informed technical advice. Although 83 out of 109 or 76% of the participants confirmed that instructors supervised them full time, a proportion of 24% did not have a supervisor all the time during the session. This latter group includes participants who think they are knowledgeable and hence needed no supervisor/instructor at the facility or equipment. Others preferred to work alone especially in swimming pools in open apartments and the Jacuzzi where take off clothing was necessary.

Yet as a precaution, safety must never be compromised. It would be prudent upon each supervisor/instructor to monitor all activities all the time; be available to be helpful to answer clients' questions, show how to do a new exercise or how to use a piece of

equipment thus guide the clients on quantity of exercise so as to create the positive impact that fitness portends.

Lastly, as mentioned earlier, the trend in the fitness industry is going towards 'faster-quicker' workouts and exercise programs to cater for busy people. In this study, 100 out of 109 or 92% of the respondents said there was much wait for equipment. Instructors from Question 13 Appendix C corroborated this. The scenario is not very good because people are always looking for that magic item or pill or whatever that is going to keep them active and give them results but not waiting endlessly before participation. In addition to the state in gyms, further evidence on this factor, was adduced about the tiny size of the swimming pools at some two clubs where each would not accommodate more than three people at ago!

4.8 Hygiene, Incentives and Programmes

The results below were generated from Appendix B, Questions 13, 14,15and 18.

Table 8: Hygiene, Incentives and Programmes

Programme Outcomes	**Yes** **%**	**No** **%**
Clients satisfied with standard of hygiene	80	20
Clients satisfied with charges at club	93	7
Discount/Incentives available	84	16
Programme meets clients' aims/objectives	92	8

The graphical display of this data is shown in Figure 7.

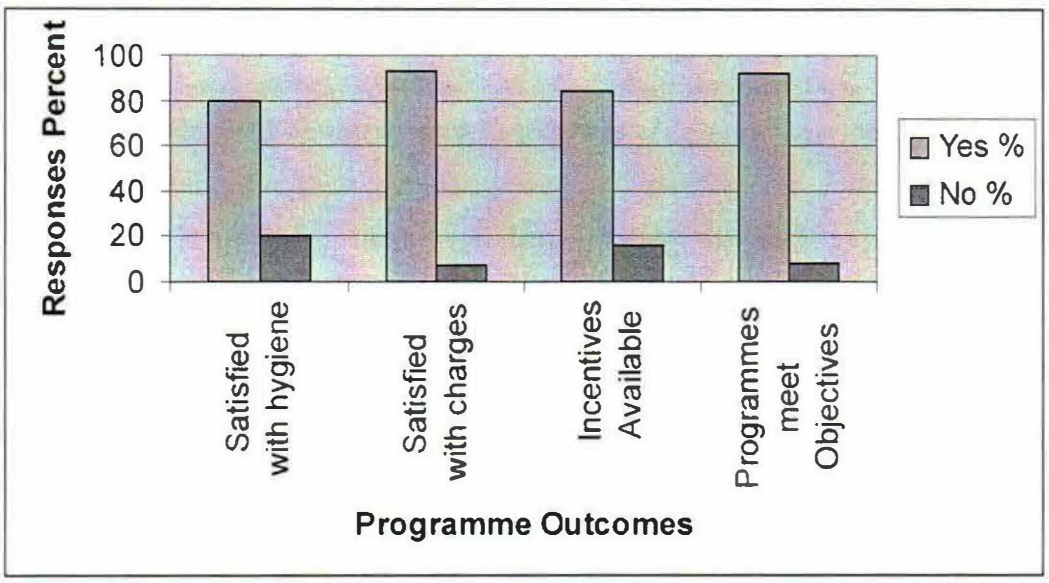

Figure7: Hygiene, Incentives and Programmes

Observation

These results indicate that to a large extent basic hygienic practices are upheld, which is very encouraging. This is with exception of 22 out of 109 (20%) that did not find this satisfactory. Today in this HIV/AIDS era, there are many modes of infectious disease transmission. Keeping the facility spotlessly clean and disinfecting shared equipment is crucial and highly encouraged. It is one sure way of creating client confidence as well.

Most participants accepted the charges as fair – which is why they were able to participate anyway. The cheapest on the pay-as-you-play basis was U.Shs.3000/= ($2) per person. A proportion of 84.4% of the participants got some form of discount or incentives which is a good marketing strategy. Each club had varied forms of incentives ranging from free parking, free water or fruit juice, lockers, linen (towels) and private shower rooms to 30 days free entry for members.

Almost all participants in this study indicated that despite shortfalls in their clubs, the programmes they took part in met their aims and objectives; with exception of a small proportion of about 8.1%. Instructors attributed this failure to inconsistent participation caused by either non-payment or job demands which left such clients with little time.

4.9 Programme Popularity and Preference

On the programmes, their popularity and preferences, the following activities and services were identified to run through the majority of the clubs.

Table 9: Clients' Programmes Popularity and Preference

	Activity or service	Available in 12 clubs	**Participation** $^{M}/_{67}$ x100	$^{F}/_{42}$ x100
1	Aerobics	12	88	95
2	Gymnasium: strength & power training	10	91	21
3	Court games: squash/tennis	5	18	12
4	Cardiovascular conditioning	12	100	100
5	Kick Boxing & Martial Arts	2	18	12
6	Aqua: Swimming	10	42	72
7	Massage/Sauna/Jacuzzi	12	95	79
8	Socializing:Relaxing/Drinks/meet friends	12	94	38

This trend was translated and best conceptualized as shown in Figure 8.

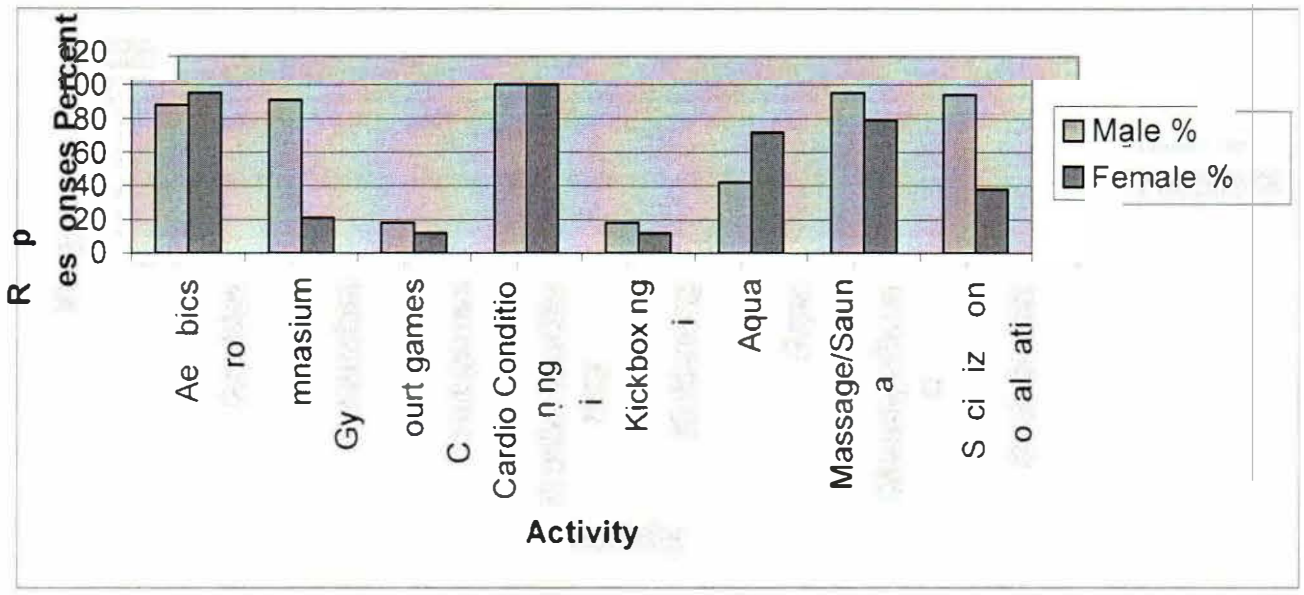

Figure 8: Clients' Programmes, Preference and Popularity.

Observation

Every health club had an aerobics class, patronized by 88% of the males and about 95% of the female according to the study. Equally popular and ery well represented were cardiovascular conditioning activities which had basically treadmills and ergocycles then the ma sage/sauna/Jacuzzi services but the gymnasia were dominated by male who mostly did power work outs. A high proportion of females also preferred swimming as compared to the male. The researcher included Socialization as bars and snack bars/ hops which served drinks and facilitated relaxation because they featured virtually in each health club. Interestingly some two snack bars served herbal tea which clients claimed worked quite well to control stress and blood pressure.

Another important element also seen at the socializing point was the serving of alcoholic drink and playing of less physically energy draining indoor games with the most popular being pool and darts. This trend is important therefore in planning for one is able to tell what services and products are on high demand hence what equipment to ecure in what proportions and how much space.

4.10 Handling of Emergencies

The responses to Question 19 Appendix B, where clients were asked what was done in case of injury while at the facility during work outs are as shown in Table 10.

Table 10: Handling of Accidents and Emergencies

Action Taken	Percentage of Clients
Call own Doctor/Physician	39
Club was responsible	20
Did not know what to do	40

The graphical representation of the data is shown in Figure 9.

Figure 9: Handling of Accidents and Emergencies

Observation

In their explanation, 43 out of 109 respondents or 39% said it was their own responsibility in case of any casualty. This category indicated they had their own Doctors on call or Physicians to refer to. They as well indicated that they had their own insurance arrangements that covered them. While 22 out of 109,or about 20% said they

had arrangements with the clubs to cover the medical bills and/ or the treatment itself. The rest, 44 out of 109(40.4%) said they did not know what to do because they were not yet hurt. This explanation was corroborated in Question 6 Appendix C in that 7 out of 12 or 58% club managers said they gave first aid in case of accident that caused some injury and yet 5 out of 12 or 42% referred their clients to physicians. The researcher in fact verified some of these claims as ten out of the twelve clubs had fully stocked first aid kits.

Miller (1989) argues that clear emergency and medical plans are expected at every health club, as emergencies are part and parcel of the frequent occurrences at any sport or fitness facility.

4.11 The Way Forward

Finally on the way forward, as derived from Appendix B, Questions 17 and 20 and Appendix C Question 14, the following mixed reactions/responses, quoted verbatim were obtained in the direction of:

What clients found discomforting?

- *Our club subjects us to unfair treatment by giving preference to some not others.*
- *Low music quality did not motivate workouts.*
- *Old machines not enjoyable* (emphasis was against those not metered)
- *Fellow clients who have "Lugezi-Gezi" (superiority complex) don't abide by rules and regulations for instance operate machines beyond limits often leading to accidents or breakdowns.*
- *Some Masseurs advanced unethical behaviour to us suggestive of sexual impropriety.*
- *There is inadequate time on some machines, especially the popular ones like the ergo cycles and the treadmills.*
- *Lockers are fewer in some instances so we lost our belongings.*
- *They have to improve hygiene in changing rooms, because some rooms are very dusty and have bad scent.*

- *Ventilation is not sufficient in our club.*
- *Water must flow in pipes all through – taps are dry at times yet the reserve is not sufficient.*
- *Some instructors are seemingly not helpful, we just use them.*
- *Carpets, mats etc are old and sometimes smell due to humidity.*
- *We are supplied with wet linen (towels) at times, which is not good; we fear we may get infections from here.*
- *This is a good place but the pool is badly placed.* (Swimming pool between restaurants and other customers watched on as swimmers did their activity. This was in two centres only)
- *A good place but the swimming pool is too small.* (Also found in two centres. One pool was sandwiched upstairs between a gym and massage rooms, while the other between apartments. Some cultures and genders, especially mature women never appreciate bareness in public. So this kept them uncomfortable).

The other question was in the direction of:

What will management do to improve service delivery?

- *They have to ensure water supply is sufficient and flows more frequently.*
- *The frequent treadmill breakdown has to end; perhaps we need a standby technician.*
- *Let them buy new and adequate state of the art equipment/machines.*
- *Manager has to train/retrain instructors to focus on job not social issues such as status, and warn the girls on improper or unethical relationships in saunas and massage parlour. They disturb us.*
- *We need fair and equal treatment of members irrespective of what we are.*
- *I have told them to replace carpets with floor tiles as carpets tended to smell due to humidity.*
- *I recommended cleaning of machines with Jik* (a disinfectant) *after use before the next user's turn.*
- *Cleaning of shower curtains and rooms should be more often, look at those.*

- *Supply of wet towels must stop, could spray them with a conditioner to smell better.*
- *Exercise mats are too old and worn out, they have to be replaced.*
- *The supervisor has to ensure water supply is sufficient and flows more frequently.*
- *The frequent treadmill breakdown has to end; perhaps need a standby technician.*

4.12 Instructor Age and Gender Distributions

The following section is a presentation of the general picture as specifically generated from questions to instructors and managers as indicated in Questions 1 and 2 Appendix C and Question 1 of Appendix D about the distribution of instructors based on gender, age and available activities in the 12 fitness clubs under study.

Table 11: Instructors' Age and Gender Distribution

		INSTRUCTORS		
	Category of Activity Instructed	**Male %**	**Fem.%**	**Age Range**
1	Aerobics	58	42	Over 19 yrs
2	Gymnasium	92	8	"
3	Cardio-vascular conditioning	75	25	"
4	Kick-Boxing & Martial Arts	17	0	"
5	Court games: squash/tennis	33	50	"
6	Aqua: swimming	25	17	"
7	Massage/spaJacuzzi/steam bath	8	92	"
8	Socialization areas /outlets	83	17	"

The information above was translated graphically as shown in Figure10.

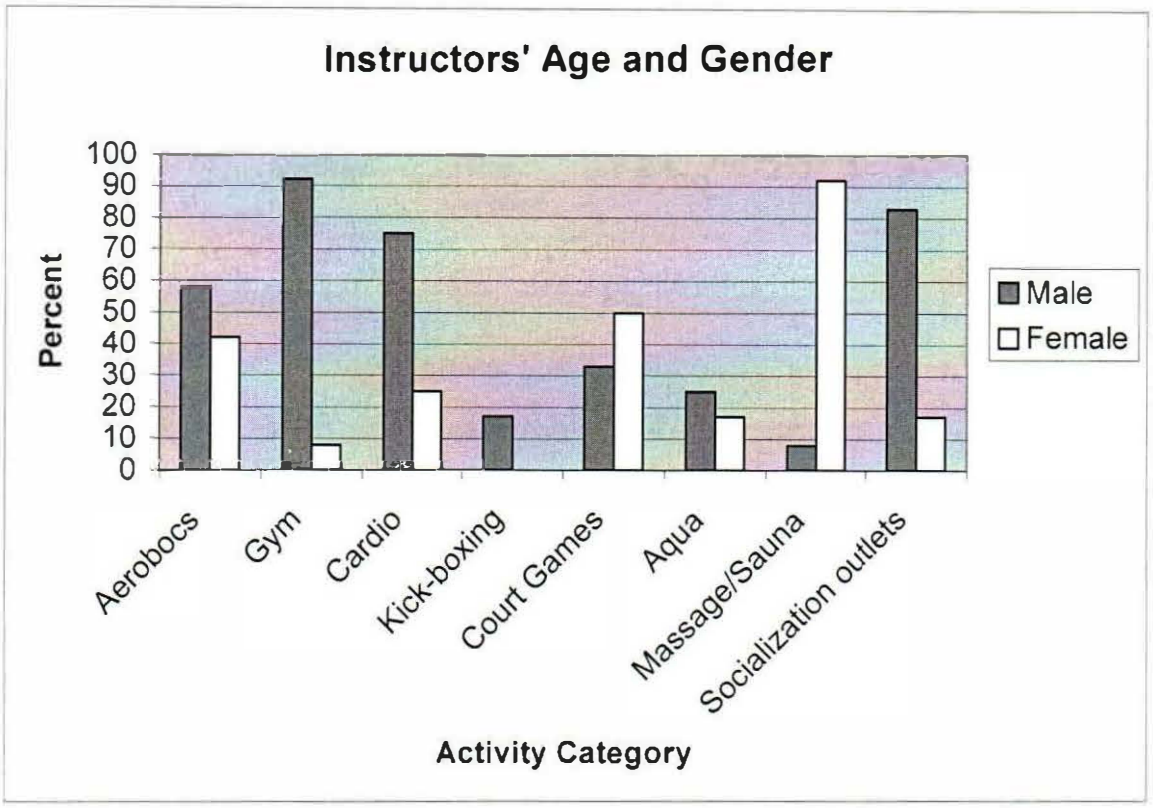

Figure 10: Instructors' Age and Gender Distribution

Observation

These facts and figures in Figure10 indicate that at least eight common categories of activities exist in the clubs that were considered during the study. The disparity in the male to female instructor distribution per activity depended on the popularity of the activity to the customers or how dominated by that particular gender. For example, there were more male instructors in the gyms, cardio and swimming than in the massage parlours owing to this fact. It was noteworthy that all instructors were over 19 years of age; a clear indication that these were adults who could have had some experience. Many managers preferred to hire men in social outlets because the bars closed late and hence more risky returning late for the ladies than the men employees.

4.13 Education Levels and Experiences of Instructors

On education levels and experiences of instructors in the 12 clubs, the following results were obtained as shown in Table 12.

Table 12: Education Levels and Experiences of Instructors

		CERTIFICATION		EXPERIENCE (in years)			
	Activity Category	Certified	Non-Certified	0-1	2 -3	4+	Total
1	Aerobics	1	11	3	4	5	12
2	Gymnasium	3	9	1	8	3	12
3	Cardio conditioning	3	9	2	6	4	12
4	Kick Boxing & Material Arts	0	2	1	1	0	2
5	Court games	2	8	0	9	1	10
6	Aqua: swimming	0	5	1	2	2	5
7	Massage/sauna/Jacuzz	5	7	1	6	5	12
8	Socialization outlets	4	8	7	5	0	12
	Total	18	59	16	41	20	77

The summary of this data converted into percentages and presented graphically is shown in Figures 11 and 12.

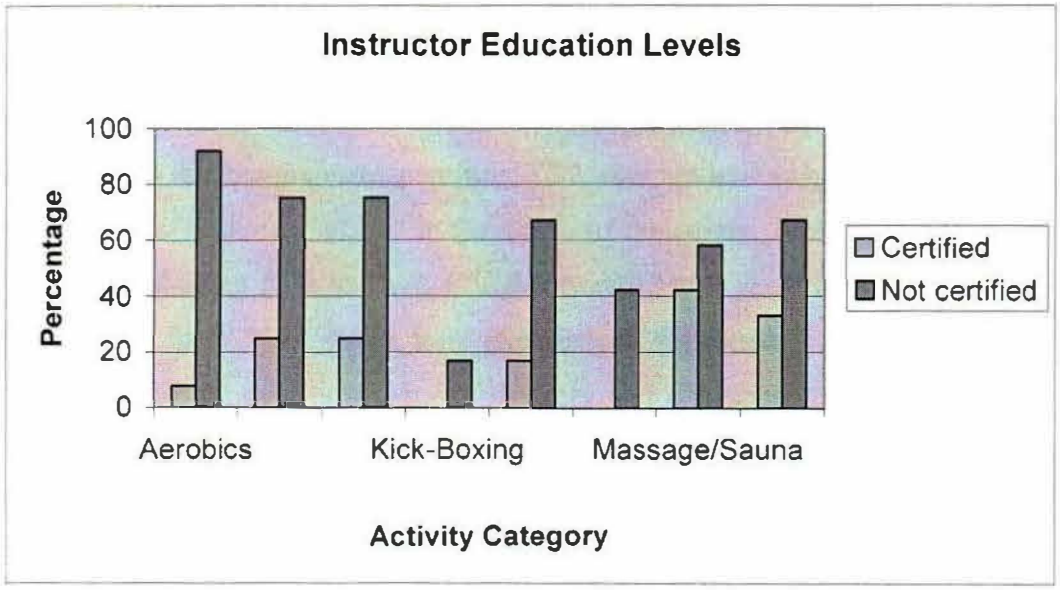

Figure 11: Instructor Education Trends

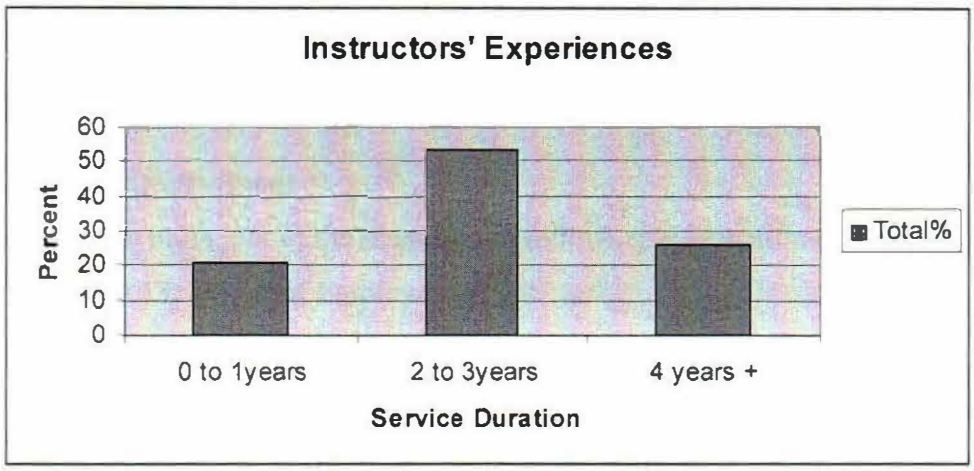

Figure12: Instructors' Experience

Observation

Item 8 in this Table12 was purposely included owing to what was being offered as related to nutrition, a component that is essential in weight management. These were snack shops and/or bars. These results depict the ratio of trained to untrained instructors is about 1:4, yet as stated earlier high levels of training of instructors ensures good technical advice and high quality programmes delivery in the industry. On the other hand, within just 12 clubs it was assuring to find that each category of activity needed an instructor or more. This then has positive implication on employment. The depressing factor then is that the majority, precisely 77% were not trained hence may not necessarily impart correct technical advice in the cause of their duty. From Figure12,a fairly high proportion of about 53% had served for between 2 to 3 years implying that in many of these clubs, there were fewer long experienced instructors, which could have a big implication to the quality of service delivery and consequently on health as a whole. Otherwise the new entrants and the most experienced instructors were almost in equal proportions.

Institutions at which some of the certified instructors went ranged from local Beautician Colleges within Kampala for massage to others in Kenya and USA. Interestingly, however, the majority of them declined to show their credentials to the researcher!

4.14 Terms of Employment

On terms of employment, out of the12 clubs, the following information was obtained.

Table 13: Terms of Employment

Category	**%**
Part-time (temporary)	58
Contract	25
Permanent	17
Total	**100**

This trend was best depicted in Figure 13.

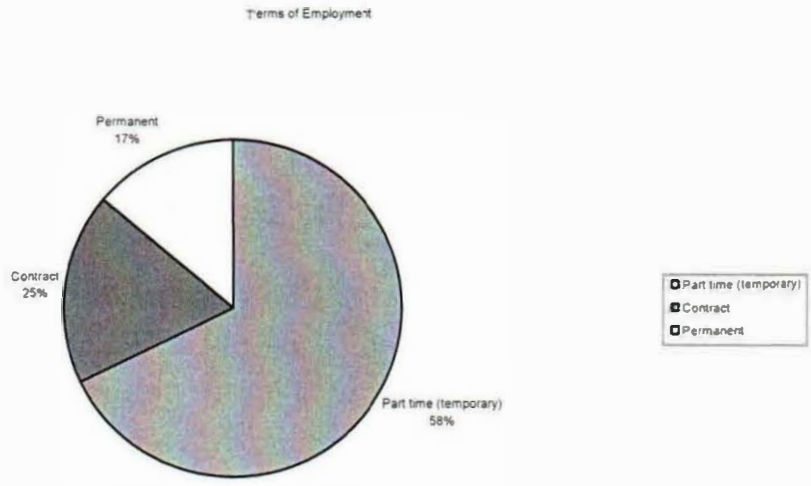

Figure13: Terms of Employment

Observation

The Majority of about 58% were employed on part time (temporary) basis. Employment in the fitness industry requires a lot of confidence building and commitment in terms of

time. To do this, the instruction personnel must be highly motivated. Temporary/part time employment may be a good initiative to get things moving but most often employees are not bound by any obligation other than daily routine. They may leave anytime as a interrupting the service delivery in the health club.

4.15 Sessions Supervised

On sessions each instructor supervised per day, the results were as follows:

Table 14: Sessions Supervised

Session Duration	**Number %**	**Facility Supervised**
One-three session (1-4 hrs)	17	Aerobics, Aqua, Massage/sauna, Court games, Kick boxing
Four-six sessions (4-7 hrs)	66	Gyms and cardio conditioning
Full time (8 hrs +)	17	Social outlets
Total	**100**	

The trend for this distribution was depicted as shown in Figure14.

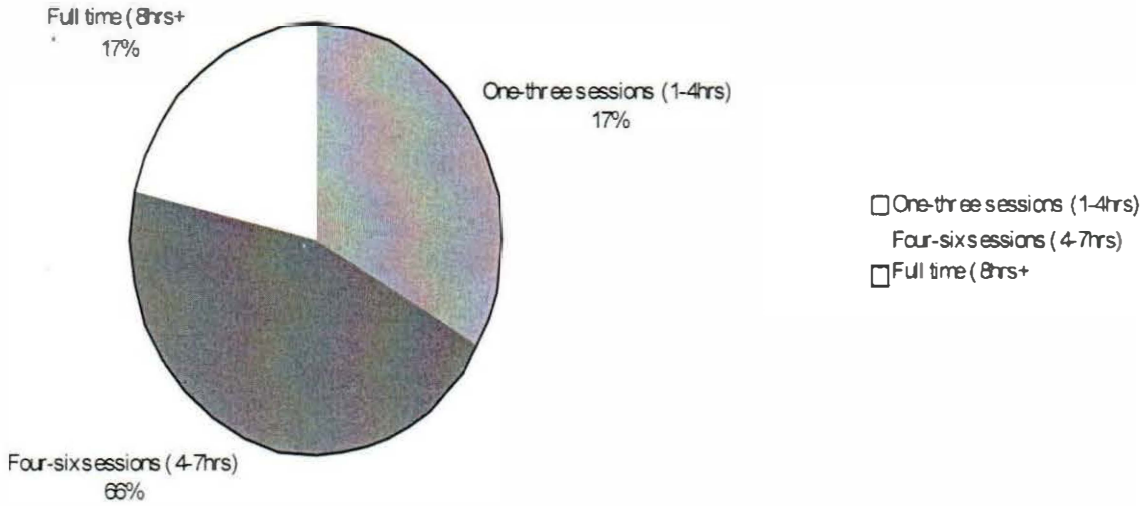

Figure 14: Sessions Supervised.

Observation

The sessions' supervision shown in these findings are perfectly possible and acceptable. Not too much fatigue for each supervisor or instructor is expected so as to interfere with quality and competent supervision. In any case these are normal work durations. Compared to civil servants in Uganda for instance are required to make an in-put of 8 hours per day or manual workers who put in comparatively more hours yet they too sustain. During the study, those instructors who worked for 8 hours and more, were mainly people at the social outlets whose concentration was not as much as those in the gyms or swimming pools. They did not complain about their routines.

4.16 Target Groups / Population.

On target groups of clients, each club had unique settings, therefore this varied, but overall, these were the results clustered in the four categories:

Table 15: Target Groups/ Population

Target Group/ Population	**Number of clubs** **%**
Local population (residents)	33
Middle class	17
Upper class- exclusive	8
Everyone who affords	42
Total	100

The data in Table 15 was best conceptualized as shown in Figure 15.

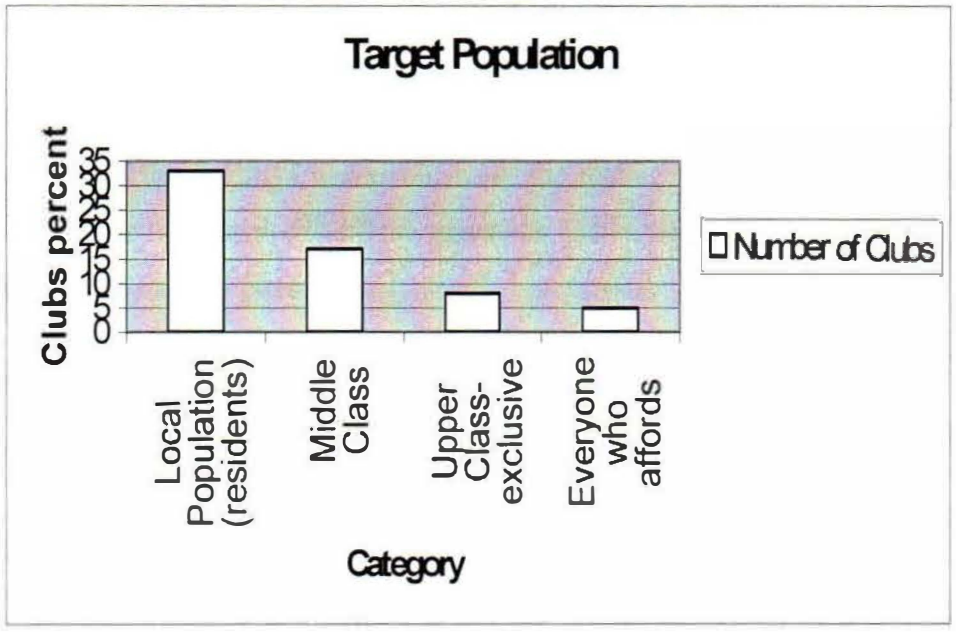

Figure 15: Target Groups / Population

Observation

One club was exclusively a private members club and had very strong restrictions for admission. The other 11 did seem to have relaxed conditions of admission. This latter position was found suitable for access to the general population who needed the products and services in this health clubs.

4.17 Managers and Instructors Way forward

On the way forward, instructors and managers had these to say, quoted verbatim:

- *Additional equipment to suit modern trends in our club(s) could be purchased.*
- *We need to refurbish old and dilapidated equipment and parts of the facilities.*
- *I shall do a lot of research in order to be abreast with new exercise modes and latest advancement in technology.*
- *We shall give more motivation for our working personnel especially the blue-collar staff, more in terms of remuneration and fringe benefits.*

4.18 Facility Safety

This final part of the findings was exclusively the management's responses to specific areas shown in the table as derived from Appendix D in Questions 3, 4, 5, 6, and 7.

Table 16: Facility Safety

Safety Item	Yes	No	Not needed	Total
Provision of fire alarm	6	6	0	12
Facility/bldg 100% sprinkled	2	10	0	12
Smoke detectors	4	8	0	12
Emergency lighting	12	0	0	12
Evacuation plan	2	9		12
Sprinkled sauna	3	9	0	12
Regular Inspection	12	0	0	12

When this data was converted to percentages its graphical representation was as follows.

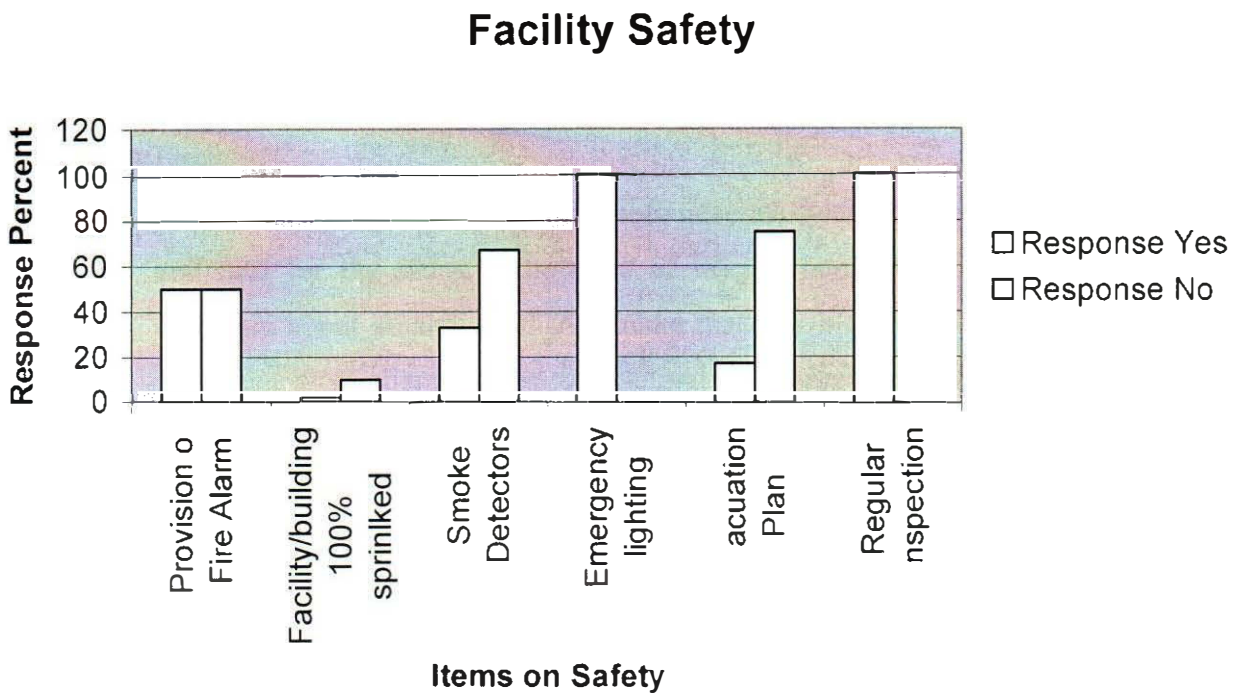

Figure 16: Facility Safety

Observation

Safety is important in any sport and fitness activity. These results show that 50% of the clubs never had a fire alarm, 67% had no smoke detectors at their facility and 75% of the clubs had no evacuation plan in case of emergency. On the other hand, it is good all the 12 clubs had emergency lighting systems and claimed regular inspection. Interestingly, it was an in-house type of inspection where an audit on books and equipment was conducted by their own instructors but not by hired experts. In terms of expectations this is a big oversight. However, even when this researcher insisted on records no evidence of such records was adduced in this case.

4.19 Production and Delivery of High Quality Programmes

On production of high quality services to clients, as derived from Question 13, Appendix D, the managers, quoted verbatim, said:

- *We pay our core staff (instructors) attractive packages.*
- *I give many benefits to my instructors – material and education*
- *We often give limited working hours and off twice a week for the respective staff.*
- *We have developed trust and confidence in these instructors.*

Other Unique Findings

- One club was found to use wood fuel to generate steam for the steam bath and heat for the sauna. The point of interest here is that clients did complain about inhalation of the smoke that was blown into the rooms. This kept most clients uncomfortable and to a large extent the situation irritated them. However, this initiative may be economical but embracing smaller and newer technology would be efficient.
- There was not any single club giving 24-hour service. Most of them opened between 7.30 a.m. to 10.00 p.m. Of course not much on late night workouts can be addressed now. Perhaps a needs-assessment could be necessary in this regard.
- Very few health clubs offered special programs;

Two clubs offered herbal tea in their bars – believed to be good for stress relief and blood pressure control. One club offered aerobics for the pre-natal mothers.

4.20 Ratings of Activities and Equipment in clubs.

The following items are generally a summary of clubs equipment as derived from the non-reactive observatio schedule (Appendix E) objective assessment checklist (Appendix F) and the few documents analysed.

ITEM	AVAILABILITY	REMARKS
Free weights	found in all 12 clubs	Very popular
Treadmills	found in all 12 clubs	Very popular
Stretch machines	found in 9 clubs	Youth favourite
Swimming	found in 5 clubs	Favoured by all ages
Fitness walking	found in 4 clubs	limited due to space
Running/jogging	found in 2 clubs	limited due to space
Stationary cycling (spinning)	found in 1 club	Very expensive
Stationary cycling (upright bike)	found in 12 clubs	Very popular.
Cardio kickboxing	found in 2 clubs	not marketed yet
Stair climbers	found in 1 club	not fully aware
Aerobics	found in 12 clubs	very popular
Courts	found in 4 clubs	well developed

Remarks

This last section depicts the most common equipment and facilities that were seen during the study. The state of disrepair of some of the equipment particularly in the low-income clubs category leaves a lot to be desired. Second, quite a number of these clubs did not have sufficient space to lay their equipment so they ended up scrummed into very unbearable rooms at times smelling sweat. Last, due this state of little room and space, many clubs did not diversify programmes for clients to achieve other goals such as instruction in sport (racquet sports, volleyball, basketball and so on).

It is at this point that important pointers are made regarding setting up a professional health club. Many factors are of course considered but basic, as many authorities in exercise physiology and sport medicine recommend are:

- Trained, friendly and helpful staff.

- Accessible hours – clients have their own schedules ranging from the early bird workout preferences to late night types. Most importantly therefore the facility should be open at least 7days a week.
- The price – this factor is most people's consideration influenced by their taste and budget. In any case whether cheap or dear, the clients should get the most of what they pay for. Care must be taken not to embroil clients in long term contracts if they not interested. Note that a crowded facility results into irritable attitudes and inefficient workouts. Therefore strategy for optimum membership and equipment generates a steady clientele.
- Sanitation – No fitness facility will be 100% perfect but as long as emphasis is placed on proper hygiene practices then it will demonstrate responsibility and concern for the members. Bathrooms, showers, pools, saunas, tanning beds and gym equipment should be cleaned on a regular basis.
- The environment – To set up a facility in an iron dungeon with perpetual cloud of chorus yells and grunts is outright wrong. The building design and facility set up must empress on the first walk through by a new client. They should feel the comfort and enjoy the atmosphere as opposed to dark dingy room, poorly ventilated crammed with pieces of metal, rubber and stench!
- The Equipment – The space must be sufficient with floor surface capable providing safety for the types of activities. As already discussed, the main components of fitness (cardiovascular fitness, muscular strength and endurance, flexibility, balance and spatial awareness) can be achieved using little equipment. These are basic: Steps, Skipping ropes, hand weights, resistance bands, exercise mats, in addition to the standard mult-station gyms (50-200sq.ft),treadmills(30sq.ft), exercise bikes (10sq.ft),rowing machines(20sq.ft) and steppers(10-20 sq.ft).Inclusion of massage, sauna and Jacuzzi services is usually ideal. (ASEP, 2004; Birnberg, 2004; HONcode,2003)

Discussion by Objectives

The following is an exposition of the findings in relation to each of the objectives of the study.

4.21 *Objective 1*

To assess to what extent the current practices in health clubs within Kampala conform to the professional standard practice.

According to the ACSM (2001) directory on Sports Medicine and Exercise Science, activities associated with health fitness, must be of the highest professional standard. Whoever conducts business in this industry is therefore expected to be the vanguard of fitness leadership so that others see that leadership as a role model.

The international code as published by The International Dance and Exercise Association (IDEA), a reputed health and fitness association of clubs of fitness, at www.ideafit.com/pdf/CofE.3PT emphasizes that the public entirely relies on reasonably safe sanitary conditions in these facilities to avoid contagion from infectious diseases. The fitness centres benefit immensely by promoting accepted standards of sanitation to assure the clients and guests of a respect for their health and safety. The code states in part, "*...in the interest of public health, safety and welfare established requirements and guidelines be followed for maintenance of minimum sanitary conditions and infectious control in the centres... for a healthy environment for patrons with interest in improving their health status*"[3]

This study revealed that there was low awareness and adherence to these standards. Many of the health and fitness clubs that provided facilities for hundreds of people in Kampala did not routinely pre-screen new members for potentially life threatening heart and blood vessel diseases; none had emergency procedures. Precisely, 75% of the Clubs failed to conduct the pre-entry screening to identify members with signs, symptoms or a history of cardiovascular disease. According Table 6, on physician certification, 81% of the respondents joined a club without satisfying this requirement or condition.

This is alarming given the fact that the fastest growing groups of health club members as seen in this study are those adults aged 30 years and above. Fitness facilities therefore need to perform adequate and careful evaluation of all individuals, especially the elderly and those with multiple risk factors and signs or symptoms suggestive of cardiovascular,

pulmonary or metabolic disease. Rittner and Mrazek (1986) gave a similar yet stronger exposition on the importance of these procedures. They mentioned that elsewhere including the UK and Germany it was a strong pre-condition before signing-in.

This is important because, patients with cardiac disease are ten times more likely to suffer a cardiac event during exercise than healthy people (ACSM, 1998). At another level, it is very important that health clubs prepare for prompt and appropriate responses to medical emergencies that may occur. This study found out that 60% of the 12 clubs that were surveyed never reviewed their emergency plans, 75% did not have any written emergency policies or procedures and hence there were neither drills nor regular simulation practices. This therefore contradicted the international health and fitness code.

Instructors' Levels of Education

According to Table 12, about 77% of the labour force in the 12 clubs under study were untrained, only 26% of the instructors had a working experience of four or more years. Through interview, 2 club managers or 17% of the clubs stated that none of their fitness staff members had any training in exercise science or a related field. This exposition on education in the fitness sector is for the sake of quality assurance and so increases the industry's credibility to meet the growing demand for fitness experts.

Dale (2001) concurs that unprofessional operations make it difficult for consumers to discern the quality of programmes. Martin and Mason (1985), in the UK and German survey also pointed out that each centre had a qualified trainer or teacher.

Whereas there is a big push to promote fitness as seen from Table 5 within Kampala, this must be handled by ethically and professionally well trained people who must be knowledgeable, friendly and available all the time to help the clients.

This study revealed further that there were some fitness practitioners who did not have adequate knowledge of fitness theories and principles (because they were neither

exercise physiologists nor trainers) in order to deliver the total product effectively. As shown earlier, trained fitness practitioners are inadequate and wanting in these clubs.

Interviews with clients as seen in 4.11 above pointed out at segregative behaviour especially in the exclusive private clubs and those that targeted the middle class. Most complaints were about racial tendencies, preferences or unfair allocation on equipment usage during sessions. This could still be blamed on using untrained personnel with little or no ethical foundation in this particular sector.

Another feature that seemed very irregular was that of membership to a club. The distribution in Table3 shows that 5.5% of the respondents who participated in the study were children aged between 3 to 10 years. The Youth/Adolescents aged 11 to 18 years comprised 17.4% and 77.1% being adults. These figures demonstrate that these clubs embraced all age groups, genders and consequently all sizes and shapes which is a good dimension. But as an acceptable practice the extent of restricting children to say power work outs was not known.

Table 6, still on admission, clarifies how this was done. It shows that 89% of the clients did not sign any form of bond, commitment or agreement prior to joining a club. However, about 84% of the participants confirmed that they got a chance to see facilities before joining which was good. But facts about safety particularly the facility, arena, and equipment or participants insurance policies were not known or told to the clients prior to joining. Even when it came to medication, after say some unfortunate event at the club, 44 of the 93 employees or 47.3% of the clients said they did not know what to do nor who would exactly take up the responsibility. This means that more fitness clubs tended to offer pay-as-you-play pricing rather than long-term contracts.

The trends that each club seems to have adopted may be summarized, in terms of products and services as follows: Workouts and exercise programmes were tailored to respond to critical need for busy Kampala dwellers in terms of time and access. But as

seen in Table 7, where 91 out of the 109 participants or 84% of the clients raised concern on crowding or having a long wait for equipment.

Moreover, Dale (2001) advises that all people responsible for making sales, owners, sales representatives and employees need to be reminded about the advantages and plain fun that a big membership delivers. But provided it was well motivated, performed well and got results instead of waiting irritably and endlessly for one equipment.

As a way of conclusion, it is important to point out that the International Health Sports Club Association emphasizes that fitness instructors, must always be guided by the best interests of the client and practice within the scope of their training, education and knowledge. Every instructor is expected to have the education/training and experience necessary to appropriately handle fitness classes; behave in a positive and constructive manner, use truth, fairness and integrity to guide decisions and relationships. This is in part their code of ethics in the fitness industry. In this study, it was found that there seemed to be no such guidelines written for instructors nor evidence of a regulatory authority. Basically anyone who wants to open a health club or fitness centre in Kampala can do so! Hence, this study therefore is not an attack on the health or fitness industry but the public has to be advised to look for clubs that make a point about health issues. Section 4.11, noted some important issues on the conduct of some of the instructors in a number of clubs in Kampala. Clients expressed discomfort about unfair treatment and some masseurs advanced un-ethical relationships. This could still be squarely blamed on using un-trained manpower! Table 12, shows that 77% of these instructors were neither trained nor had any degree in exercise science or a related field. These practices as observed and critically revealed from the preceding section are a clear indication and signal that all is not well in these fitness and health clubs. As a consequence, it is upheld that: The current practices in the health and fitness centres do not conform to established ethical professional standards of practice.

4.22 *Objective 2*

To identify and document if there existed a relationship between participants and the socio-economic status of participants.

From Table 3, on the age distribution for the 109 clients, 23% were 18 years and below. They indicated to be young, mobile and in transition completing school/college or starting their careers. By virtue of their status and proportion as shown they were a relatively small market in fitness but being young and active, what they did was reflective of their age and environment. They mostly played racquet/tennis games, and trained with weights.

Similarly, half of the remaining 77% were between 20 and 44 years of age. Differing with the lower cadre (the 23% mentioned above), those were found to be newly established professionals that were affluent. They indicated being well educated and gainfully employed. Typical of affluent consumers, these were seen to prefer racquet sports, jogging, aerobics and gymnasia. Many female did go for sauna/massage service. The other half, of the 77.1%, was 45 years and above. From the study, these were mostly urban professionals (mostly couples), top politicians and high profile people within Kampala who included diplomats, corporate executives, politicians and the royal class. For their physically active life, they were observed and seen to play a variety of sports including tennis, golf, did gymnasium activities, swimming and side walking. Massage services were a very prominent feature for this group. It is important to mention that none of the clubs in the study were communally owned, as they are private and in all of them activities and services were paid for.

Using results on participant age and gender distributions Chi-square tests were done to establish association between age and participation; gender and participation. The following hypotheses were to be tested:

HO_1 *There is no relationship between participation and age.*

HO_2 *There is no relationship between gender and participation among instructors.*

Table 17: Chi-square test- Age and Participation.

Age (years)	**Male**		**Female**		**Total**
	Fo	fe	fo	fe	
3 – 10	4	3.7	2	2.3	6
11 – 18	12	11.7	7	7.3	19
1 9+	51	51.6	3.1	32.4	84
Total	**67**		**42**		**109**

Table 17 shows frequencies between age and participation. The calculation gives a computed value of Chi-square of 0.1509 thus $\Sigma(fo\text{-}fe)^2 / fe = 0.1509$

Fe	fo	$(fo\text{-}fe)^2/fe$
3.7	4	0.0243
2.3	2	0.0391
11.7	12	0.0077
7.3	7	0.0123
51.6	51	0.0070
32.4	31	0.0605
109	109	0.1509

The Chi-test at 5% significance level with degree of freedom (df) = 2, gives a tabular value, $\chi_t^2 = 5.99146$ whereas the computed value, $\chi_c^2 = 0.1509$. Statistically, if $\chi_c^2 > \chi_t^2$, it is advisable to reject the null hypothesis. In this case it is the contrary, therefore it is upheld and concluded that there is no relationship between participation and age. So this has a strong bearing on planning and expectations to meet the diverse client needs.

On the other hand using results on gender and participation among instructors the frequencies are as shown in Table 18.

Table 18:Chi-square test on Gender and Participation

Activity	**Male**		**Female**		**Total**
	fo	fe	fo	fe	
Aerobics	7	7.3	5	4.7	12
Gymnasium	11	7.3	1	4.7	12
Cardioconditioning	9	7.3	3	4.7	12
Kick-boxing	2	1.2	0	0.8	2
Court games	4	6.1	6	3.9	10
Aqua	3	3.1	2	1.9	5
Massage/Sauna	1	7.3	11	4.7	12
Social outlets	10	7.3	2	4.7	12
Total	**47**		**30**		**77**

To test if there was a relationship between gender and participation among instructors using$\Sigma(fo\text{-}fe)^2$ / fe a different picture emerged. The null hypothesis was: *There is no relationship between gender and participation among instructors.* In working out, the computed value, $\chi^2_c = 25.4577$. Also testing at 5% significant level, with df=7, the table value, $\chi^2_t = 14.0671$. From the null hypothesis that *There is no relationship between participation and gender*, since $\chi^2_c > \chi^2_t$ the null hypothesis is rejected and conclude that there is a relationship between participation and gender among instructors. This means that admission into the job market is sensitive to gender choices. Perhaps that is the

reason for having a higher concentration of female masseurs in massage and sauna areas and men in the gymnasia. This is a good pointer for practitioners as this could be what clients like in terms of services and personnel.

As a way of conclusion, it is important to raise one pertinent issue that the 12 clubs for the study were stratified for users into 3 categories: First class, (Top rank) Middle class and Ordinary class. Already it goes without saying the social setting justifies the fact that there is some socio-economic element in participation. Evidence adduced through non-reactive participation revealed that in all the 12 clubs participation was in line with the fact that each client class sought their level or type of class worth their status and affordability. It was not possible to find high profile personalities doing their workouts, say, in ordinary city suburb gymnasia. Managers gave many explanations for this ranging from security to high private policy guarantees, high levels of hygiene, easier access for the time-crunched personalities, and programmes variety. (In fact the top two clubs had programmes for seniors of over 55 years.).

Although it was possible for any members from the lower cadre category to pay-as-you-play in the middle class clubs, there was a limitation. About 4 out every 6 clients (67%) interviewed, said, it was "expensive" to fit into that kind of arrangement. Actually, 2 of the clubs were within apartments of 5 star hotels. By implication, to participate in these one had to have been booked in or entred as a guest to a resident of an apartment. But then, the management still insisted on additional fee though subsidized. Moreover the club charges as stated earlier increased with the club social class.

Roberts et al., (1988) in his study on the European leisure and fitness participation, equally concurs that club admissions were as much by social class as they were for gender and age.

To this effect therefore, this objective stands. From all this information and discussion, having stated all these social indicators including the Chi-square test, $\chi 2$, there is a relationship between participation in the health and fitness programmes and the socio-economic status of participants.

4.23 *Objective 3*

To highlight the possibility of commercial potential for sustainable investment in the fitness industry in Uganda.

On an opening note, all the 12 club managers raised two fundamental issues in this study.

(1) That they raised good income but only if the "tax man" could give them some relief.

(2) That health and fitness centres, which were previously the sole domain of "magnificent class", now is visited by lots of different types of people irrespective of their physical shape or condition.

These are absolutely welcome fitness behaviour indicators, which are good for future sustainability of this industry. With increased sedentary jobs, and leisure outlets also increasing, these concerns will continue to require special attention and experience.

Kampala City dwellers seem to be taking responsibility for their own health with fitness seen as an integral component of health, well-being and quality of life. This study revealed that they viewed fitness more holistically adopting a wide range of physical activities as fitness related contributing to their health. Table 9 on programmes variety and popularity depicts all this. The introduction of technology into these activities is

encouraging increased participation. For example, computerized programmes for stationary cycles, life analysis on treadmills and so on together with fitness information and products are becoming more discerning. As a result growing interest and demands are overall raising the public image of fitness.

Precisely 10 managers from the 12 clubs (83%) together with their instructors confirmed that their member retention rates were very high. In fact, figures indicated that only 22% of individuals who start an exercise programme quit within the first 6 months. The researcher corroborated this in part by interviewing two clients who had routinely done workouts at some middle level club since 1998.

The three top clubs as clearly stratified by the Kampala social divide indicated that they had signed in at least a corporation to participate in wellness exercise programme. This is one phenomenon that was not common in Uganda. With the state of the economy and increased embracement of technology, there is a high likelihood of growing epidemic of stress-related diseases among urbanities in the work force which may cost companies millions a year. Kristie,(n.d). at www.acefitness.org says Corporate Wellness programmes expose this element of health to staff. Employers who will continue to offer such programmes may benefit from reduced health care costs, less absenteeism, injury rates lowered and high turnover with improved job performance and productivity.

Since these clubs are now targeting public health other than leisure alone, with urban areas considered large with at least one million people in Kampala, the future is promising for the industry. The study also revealed that different fitness products have flooded the market, created every year to meet the consistent demand, a demand driven by the fact that there is a wide variety of fitness customers within Kampala. These include teens, mid-generation, seniors, all with different tastes in exercise equipment and regimens.

Centres for women only are another growth segment in the market. There are those women who want to get into shape after delivery, and the majority are those who came

of age a few years ago when exercising was just coming in vogue. These are comfortable with fitness because they are at an age where they feel exercise will help them stay active longer. Many fitness managers indicated this. They expected to add prenatal fitness classes and aerobics for seniors since "active relaxation" was on the rise.

Gentle forms of exercise that provide healthy sleep, longevity, reduced stress, increased energy and an overall sense of well being are being sought at these clubs. The adult population, which affords to pay for the services, realizes long-lasting meaningful benefits. For sure Dale (2001) concurs that result-oriented clubs market themselves.

The study also established that exercises have increasingly become a family affair. Given the growing epidemic of childhood obesity or overweight among the city children, there is tremendous encouragement for kids to become more physically active. Fortunately, for the six persons interviewed during this study, four did not only tell their children about benefits of being physically active, but were serving as fitness role models. They were in fact swimming together and some at the gymnasium together.

In these clubs there is an increasing focus on functional fitness therefore demand for smarter equipment has increased. Manufacturers are offering equipment that offer feedback on everything from lactic acid to preparation for major athletic events like marathon. Managers in some clubs indicated that this robust growth in activity in 2004 has exploded to an average of a 2% client rise in at their clubs, as compared to 2002/2003.

Further, Cardiovascular training and strength/power training once the exclusive male reserve of muscle-bound jocks has made large gains among women. Table 9 on this, rates female entry into this category to be about 21%. They were seen to have embraced free weights training, the treadmills and ergo cycles. A few managers interviewed

claimed that the demand for aerobics and kickboxing were also on the increase. So the clientele is assured!

But regardless of the exercise preferences and patterns, the fitness industry knows it is relying on a perennial ally: the growing consensus among fitness enthusiasts, in Kampala. Tacit or otherwise, they just need some motivation, discipline, know-how, and perhaps a little handholding.

otwithstanding the confidentiality agreed upon with the club managers, not to disclose facts and figures on exact income, the following is the average exposition of charges in the middle class clubs as observed during this study. This is being raised to give the reader the feeling that if well harnessed, the fitness industry will sustainably offer employment to trainers, instructors, physiologists and so on. These rates or charges are at the moment were said to fair and affordable and the up-ward client trend supported this phenomenon.

Table 19: Average Charges for Services in Kampala Health Clubs

Category	**Rate.Ush. Per session (gym, aerobics, aq.)**	
Members	5000=	
on-members	10,000=	
Annual Membership	1,360,000(single)	2,340,000= (couple)
Half year	780,000= "	1,360,000= "
Quarter year	490,000= "	875,000= "
30 days	230,000= "	390,000= "

On these figures, the cost for Massage/sauna/ steam bath was specially pegged at 15,000= due to specialized input that it involved. Compared with the average monthly income of a civil servant in Uganda, usually about Ush.400, 000= the above figures can translate into big income. Of course, the Uganda Revenue Authority takes a minimum of the value added tax (VAT) of 17% on such incomes in Uganda.

From these facts and figures, there is perfectly a high likelihood for commercial potential in this industry. The manufacturers will continue to sell their products as the demand is on the rise. The investors, practitioners and associated agencies the re-assurance is solid for they are likely to reap in a big way.

4.24 *Objective 4*

To evaluate the roles fitness can play as driver for change in key areas such as health, social inclusion and engagement among Urbanites.

The realm of fitness offers a particularly compelling example of the need to aggregate information because of its complexity in terms of sub-trends. There are lots of good reasons to exercise. Table 5 gives a summary of some of them as expressed by club participants in this study which included Health reasons (28%), Fit lifestyles (34%), Cosmetic reasons (25%) and Social reasons (14%). So programmes were packaged in such a way that they targeted improving physique, controlling weight, increasing physical fitness and improving one's health by reducing the risk of heart disease, early onset of diabetes and certain forms of cancer.

ACSM (1998) emphasizes that with proper guidelines, benefits of exercise have been proven safe and effective in meeting people's health and fitness goals. To this effect, Table 8, item 4 depicts this trend that about 92% of the sample confirmed exercise met their health and fitness objectives.

So in general, if exercise programs include variety to improve cardio-respiratory endurance, vascular and strength endurance, flexibility and body composition then the health component is taken care of. By implication the quality of life will be better and consequently overall health costs may be lowered.

Item four in table 5 also emphasizes that there is the social dimension at the fitness clubs. This study reveals therefore that people have become aware of the physical and mental

benefits of regular workouts. Mental fitness involved treats, relaxation, and entertainment leading to avoidance of stress. This was seen through clients' frequency and volume to social outlets. They would be seen meeting friends, relaxing over a drink, and hence get engaged. These clubs keep the patrons and clients excited about getting and keeping in shape, which is a welcome detour for impending boredom. In any case, whatever way it is, this study shows that a sound exercise regime is the ideal way to a healthy lifestyle and social engagement.

Must et al, (1999) expositioned at length on health clubs and nutrition health that these were well empowered to disseminate this knowledge. In this study, as mentioned in 4.9 two clubs have gotten started on this. They were found to serve herbal tea and red wine, which seemed very popular to the clients who claimed these, did well in controlling blood pressure levels and stress.

To this effect, therefore, it is worthy concluding that health and fitness programmes are very significant key players in health and social inclusion for urban dwellers who participate in them.

4.25 *Objective 5*

To assess the extent to which the health clubs conform the existing government regulations.

This study revealed that in Uganda there was no single regulatory authority that is charged with the responsibility of monitoring the activities within health clubs and fitness centres. The only external authorities that seemed to have a stake in the industry were:

(a) Kampala City Council for licensing

(b) Ministry of Labour in case of a worker's dispute

The study further established that there was no direct linkage with Public Health Officers, as no single sign of inspection by these authorities was seen. However, it should be pointed out that in only 3 clubs there-in had hired local consultants only to

inspect the fire alarm and up-date fire extinguisher gadgets and contents. The Kampala City Council, however, officially licensed all clubs. Inspection never went beyond what they called "in-house" inspection. This involved employees assessing the condition, up-dating and servicing equipment in fact by their own workers but not by hired experts.

Even then, there was no evidence of medical check up for masseurs who directly had physical contact with clients. As expected of all health and fitness clubs, the international code of conduct and ethics of professional practice also binds them. As indicated, the study showed this is a fast-growing industry but the problem of regularizing a regulatory arm could be very important. Such a body could enforce regulations like stronger pre-entry screening standards, better emergency procedures, staff training levels and hence, enhancement of the quality and quantity of service delivery. It was noted that as many groups become involved in this lucrative fitness industry, problems have also grown. For instance some health and fitness centres have even closed without warning members. Such complaints were echoed during the study. One club had unfortunately been razed down by a fire but the owners failed to provide an alternative site or service even when the paid up clients waited for more than 6 months!

So if there does not exist common standards or regulations, leadership in fitness will not improve. Lack of leadership accreditation and standards among fitness practitioners may in the long run damage the fitness profession's image. Owing to this weakness some serious managers complained that a good number of entrepreneurs are already unscrupulously commercialising fitness for profit at the expense of quality services! If unprofessional operators continue to spread and highjack this industry, then it will be disastrous and very difficult for the clients to discern quality of the programmes; yet casting a very negative impact.

In conclusion, this objective also points to the fact that not all is very well in terms of strict adherence and enforcement of any rules to meet clients' needs and the minimum expected standards.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is a precise summary and conclusions that emanate from the findings of this study, which were presented in chapter four. Recommendations thereafter are made and suggestions for further research are also offered.

5.2 Summary of the findings

The purpose of this research was to assess the extent to which personnel, facilities and programmes within health and fitness clubs within Kampala City meet the minimum professional standards as required by the international code. This was handled under the five objectives mentioned in Chapter one. The study involved qualitative analysis of data derived from 12 clubs purposively selected from 35 all of which are based in Kampala with a randomly selected sample of 144 subjects (23% of the entire target population) The major findings of the study are outlined under each objective in the following sub-sections.

5.2.1 *Objective1*

To assess to what extent the current practices in health clubs within Kampala conform to professional standards.

a) It was found that there was low awareness and adherence to professional standards in these clubs. Particularly there was no pre-screening of new members prior to joining a club and this was attested by 81% of the respondents.
b) Instructors' education levels and experience were found to be low and wanting. Precisely only about 20% had some sort of training.
c) Safety measures at the facilities were equally low, 60% of the clubs never reviewed emergency plans, while 81% of the clubs never had any written emergency plans.
d) In addition, 89% of the clients joined a club without signing any form of agreement and no insurance or medical cover in case of any unfortunate event at the club.

5.2.2 *Objective 2*

Identification and Documentation on existence of a relationship between participation and socio-economic status of participants

This study covered health clubs that are privately owned.

e) At whatever level, whoever participated in their programmes and services had to pay.

f) It was found that clients were impulsively fashion conscious so that each social class went to a club that suited their status. The lower cadres preferred cheaper and affordable health clubs that suited their income levels which charged an average of Ush.4000 ($ 2) per session on the pay-as-you-play arrangement. In other words the cost (of membership) seemed the biggest stumbling block for these categories. On the other hand the middle class preferred clubs with moderate charges on both pay-as-you-play and long term membership arrangements. Their acceptable costs were slightly above Ush.5, 000 ($ 3) for members to about Ush.10, 000 ($ 6) non-members per session. While the top class (exclusive) clubs took members strictly along the social status, the ability to afford the payment and adherence to their terms. These recruited high profile personalities who dwell in Kampala ranging from politicians to affluent business people.

5.2.3 *Objective 3*

To highlight the possibility of commercial potential for sustainable investment.

g) A number of positive indicators were evident during this study. First, it was confirmed by 83% of the club managers that only 22% of their clients who exercised at their clubs quit within six months. So the club retention rates are very high.

h) Top class clubs indicated corporations were signing in many of their employees. This is an asset in terms of steady and large income. A wide variety of consumers out there (women and special groups- seniors and those with hypokinetic

diseases) indicated they are aware of different activity choices available. Therefore there is a large market of people who could be attracted to these clubs. Therefore as the health and fitness club sector grows, consolidates and matures, it is true that there is increasing pressure for time, time saving devices and acceptance of technology that contributes improving the quality of life. Hence there has never been a better time for investors in this sector to have their products and programmes right and tailor their message to these potentials out there.

5.2.4 *Objective 4*

To evaluate the roles health and fitness clubs can play in health, socialization and engagement

Many reasons were advanced by clients as to why they participated in the various programmes at the clubs. Outstanding were:

- Health reason-28% of the clientele.
- Fitlifestles-34% of the clientele.
- Cosmetic reasons-25% of the clientele.
- Social reasons-14% of the clientele.

In all these,

i) Participants targeted improvement of physique, weight control, and reduction of risk of early on-set of hypokinetic diseases like low back pain, diabetes and heart disease. In addition, there was overwhelming evidence that some participants went out specifically to meet friends, relax over a drink or indoor games to get rid of impending boredom.

5.2.5 *Objective 5*

To assess the extent to which health clubs conform to government regulations.

j) This study established that there were only two main agencies in government which had direct role or interest in this sector thus the Kampala City Council for licensing and the Ministry of Labour- just in case of labour disputes. There was no professional authority for accreditation of the practitioners and

even there was no official body that monitored standards within the fitness practices to ensure high quality and safe service delivery.

5.3 Conclusions

The following conclusions were made from the study:

(a) The participation behaviour in this sector is diverse. This has implications for planning multi-sport/fitness services. In some instances activities and programmes appeared across board. For instance tread mills and ergo cycles were popularly done by all male, female, youth and even adults. The implication here is that they have to be available and must be sufficient in numbers.

(b) From the available data and its consumption in Kampala, fitness is a fast-growing industry and there is a big push for its promotion but there-in are many problems and shortcomings which need to be addressed urgently. For example:

- Admission procedures; do not allow compulsory pre-screening.
- Staff education – levels, and experience were found to be very low.
- Agreements must be signed between clients and clubs prior to start or admission into programme(s).

Since this is a health related concern, no speculation, no gambling and no excuse for not adhering to the standard practice can be tolerated. These benchmarks must be observed since they are really safeguards for both the practitioners and clients.

c) Very few initiatives were in place in these clubs to guarantee a safe, educative and enjoyable exercise environment. For example:

- Ill equipped facility proved down right dangerous.

- Low awareness and adherence to safety regulations as emergency response plan or drills, posting of rules at swimming pools, (code of conduct of clients) full time supervision, and so on.

Two very important strategies of safety are client reassurance and reduction of legal risks have to be checked out.

(d) By virtue of having no official institution to train instructors in Uganda, it was seen that the quality of programmes and services was relatively low; many of these instructors entirely depended on their own experiences. This calls upon either the National Council of Sports (NCS) of Uganda or The Ministry of health (MOH) to take action before crafty and dishonest interests contaminate the sector.

(e) The industry was not subjected to any umbrella legislation to govern its sports, fitness and recreation sectors. This meant lower protection of the public, no monitoring nor development of careers in fitness and low protection of fitness practitioners from employer exploitation, equal opportunities and framework rights, obligations, and so on.

(f) There exists a relationship between client participation and their socio-economic status. This was seen from the fact that the participants paid their bills at whatever stratum. This means the cost is manageable and good news for participants as well as practitioners. Gender was sensitive to participation. Training and recruitment of staff therefore has to be commensurate with male or female domain.

(g) There is a very high possibility of commercial investment in this industry; as the demand for services and products is evident. At the same time the middle class continues to grow in the country, improvement and increase in technology is also on the rise, hence the likelihood of sedentary work conditions will continue. As these progress, necessity for workouts,

exercise and active lifestyles which must be professionally and ethically handled will factor in.

(h) The urbanites found a lot of good/benefits in this industry. Whether within the fitness area, health or social settings, the role these centres played was enormous. This means if this sector is well-harnessed health and social ills will lessen or completely eliminated.

(i) There is growing interest and demands for fitness products. This implies that the public image for fitness has been raised.

5.4 Recommendations

In line with the conclusions arrived at in the section above, the study therefore suggests and recommends the following:

a) That an Umbrella Act be legislated, particularly by NCS and/ or The Ministry of Health to lead to the much needed regulation of the fitness sector in Kampala particularly and Uganda at large. Most likely this will

- Establish a statutory body to govern fitness as an industry.
- Accreditation and grading of all fitness facilities (Large and small)
- Registration of all fitness professionals.
- Act as a single national voice for fitness to lobby for better public treatment and understanding.

b) For improved quality service delivery, pitfalls regarding admission procedures, safety and education of instructors in this industry be urgently addressed by the authority so suggested in (a) above. Otherwise, gyms, saunas, swimming pools, and so on will soon be tragedies and many law suits will be filed against these health clubs.

c) Quality and dependable human resources are badly needed. This calls for development of more trained fitness professionals for this sector. This will increase the industry's credibility and also meet the growing demand for fitness experts. The training initiative, without reservation, could be handled initially by Kyambogo University since it is well placed in this area. Diversification of a wide range of products and services is needed. Practitioners should be busy researching to know the demand trends. This is because the study revealed majority of the adults who participated in these programmes could afford to pay for them.

d) The Tax body- URA to subsidize on imported equipment as well as reduce on income tax as the industry fundamentally contributes to programmes and campaigns in health care delivery. Perhaps health care funding should be balanced and channelled in this direction due to the illness prevention role these centres play. In other words, government could be encouraged to support facilitation, services and programmes.

e) State of the art equipment are a must at each centre. Practitioners have to know what is in vogue and are the craze of every participant.

f) Practitioners may explore the possibility of heated pools as they may be necessary for those with special problems taking their exercises early morning or at night when at times the temperature are unbearable.

g) Practitioners have to endeavour to guarantee equal opportunity and/or access for **ALL.** In particular, there is need to ensure consideration for special target groups, including the disadvantaged such as the physically disabled, and the economically disadvantaged (the low in-come group) yet they need the services.

h) Providers of these services must open linkages with other policy and delivery agencies so as to exchange notes and access leadership education to better services and products delivery. In so doing this ensure uniform thinking within one framework and perhaps developing a common national plan. As a result facilitation of a multidisciplinary response to fitness discourse may be a reality. Many NGOs and CBOs with a health component could deliver these services quite effectively. A case in point is the Therapeutic and Physiotherapy sections of local dispensaries.

In all these, it is hoped that this study will generate a national call for action to make organized exercise much safer, enjoyable and result-oriented to thousands of people who go to these fitness and health clubs.

5.5 Suggested Areas for Further Research

Further research may be necessary to explore and determine the attitudes and values that drive the clients' behaviours under the following titles:

- Recreation sport together with fitness participation and its effects on health outcomes.
- Economic impact of fitness and recreation sport participation on the Ugandan local and national economies.
- Academic preparation/ curricular needs in recreation sport and fitness management for greater safety and quality assurance.
- Job competencies of fitness club managers in Uganda.
- Comparative delivery systems of fitness programmes and services in East Africa.
- Technology and its application in fitness and recreational sport management to meet required standards with greater safety.

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Sportscience Department

10th June 2004

To Whom It May Concern

Dear Sir/Madam

INTRODUCTION OF M.Sc. POST GRADUATE RESEARCH STUDENT IN SPORTSCIENCE STUDIES

This is to introduce to you **Mr. Paschal Soita Wanzalla** who is a Postgraduate research student Reg. No. 02/HD/017 in our Department.

He is conducting research for his Masters in Sportscience on the theme:

ANALYSIS OF LEISURE AND FITNESS TRENDS IN KAMPALA HEALTH CLUBS AND FITNESS STUDIOS.

The purpose of this letter is to introduce to you the student and request you to assist him conduct research in your organization.

Looking forward to your cooperation

Yours faithfully

M.A. Byaruhanga Kadoodooba

SENIOR LECTURER
COORDINATOR M.Sc. SPORTSCIENCE PROGRAMME

Appendix B

QUESTIONNAIRE FOR PROGRAMME PARTICIPANTS/ CLIENT

This questionnaire attempts to assess practices in leisure-time physical activity among urbanites of Kampala. It covers the entire activity spectrum in the Health and fitness industry.

By completing this survey, you will have uniquely contributed to better understanding, improvement and maintenance of quality of life of the population. Please attempt to complete all questions by filling in or tick the correct choice.

All information shall be taken in confidence.

1. Age..... Sex.....
2. For how long have you been in this programme? ----------
3. What reason(s) do you have for deciding to join this programme at this centre? ----------
   ----
4. Did you seek and have a physician's recommendation prior to joining? Yes / No. If No, did the club not demand for it ?----------
5. Did you sign any form of agreement before joining? Yes / No. If yes, did you go with a copy home for yourself? ----------
6. Did you get the chance to tour the facility and ask questions about it before joining? Yes / No.
7. Did you satisfy yourself that the facility is insured? Yes / No.
8. Did you see any documents to show that these instructors are trained people? Yes / No.
9. Are there days when you work alone without supervision? Yes / No?
10. Are there limits on the time you are allowed to use a piece of equipment or exercise? Yes / No.
11. Has the facility been in business for at least a year or so at this location? Yes / No
12. How much do you pay for the services / products at this centre? ----------
13. Are you all the same, comfortable or satisfied with these charges? Yes / No. If No, please state briefly why----------

14. Are you often given discounts and things like that? Yes / No.

15. Is the standard of cleanness and hygiene fairly satisfactory to you? Yes / No.

16. What are the most popular activities you enjoy at this facility ?----------

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17. What are you not comfortable with at this facility? ----------

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18. Do you see the programmes and exercises that you do meeting your aims and objectives? Yes / No.

19. In case of injury, who is responsible for your treatment? ----------

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20. Can you please suggest what you think the management could do to improve or do better in their service delivery?----------

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Thank you for your help

Appendix C

QUESTIONNAIRE FOR INSTRUCTORS IN THE HEALTH OR FITNESS INDUSTRY.

This questionnaire attempts to assess practices in leisure-time physical activity among urbanites of Kampala. It covers the entire activity spectrum in the Health and fitness industry.

By completing this survey, you will have uniquely contributed to better understanding, improvement and maintenance of quality of life of the population.

All information will be treated in confidence.

1. Age----------sex-------

2. Name of facility you work for----------, experience----------

3. Are you a certified instructor / trainer Yes / No.

   If Yes, by which Institution? ----------

4. Terms of employment: Part time / contract / Permanent / other----------

5. How many sessions do you handle or supervise a day? ----------

6. Briefly explain the procedure you take if unfortunate events like an accident happens to your client while at your facility. ----------

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7. Do your customers ever complain of getting no results after going through the programmes? Yes / No.

If Yes, what do you then do? ----------

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8. When is the effect of your programme felt by the customers? Immediately / 2 weeks / 4weeks / 6weeks / 8weeks / beyond 8weeks

9. What category of customers frequents your facility?

Male ☐ Female ☐ Middle class ☐ Locals ☐ Foreign tourists ☐

Organized groups ☐ If other, state the category.....

10. What reasons do most of your customers give for attending your programmes ?----------

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11. Do unhappy / unsatisfied customers complain to you or they just leave? ----------

12. In your opinion, are the charges at this facility fair as compared to the services? ----------

13. Are there times when customers ask for more time to continue say exercising? ----------

14. Suggest any ways in which the management would improve the services and products at your centre. ----------

15 Has any of your customers contemplated court redress due to some unfortunate mishap? Yes / No.

If Yes, what was the case or unpleasant incident?----------

Thank you for your help

Appendix D

QUESTIONNAIRES FOR PROPRIETORS AND MANAGERS OF FITNESS STUDIOS AND HEALTH CLUBS.

This questionnaire attempts to assess practices in leisure-time physical activity among urbanites of Kampala. It covers the entire activity spectrum in the Health and fitness industry.
By completing this survey, you will have uniquely contributed to better understanding, improvement and maintenance of quality of life of the population.
All information will be treated in confidence.

1. What type of provision or services do you offer at your club? ----------

2 For how long have you run this business? ----------

3. Do you have a Fire Alarm? Yes / No / Not needed.

4. Is the building / facility 100% sprinkled? Yes / No / Not needed.

5. Are there smoke detectors? Yes / No / Not needed.

6. Is there emergency lighting in case the main power supply goes off? Yes / No.

7. Do you have a written evacuation plan, in case of an emergency like fire? Yes / No

8. If you have a sauna, is it fully sprinkled? Yes / No / Not needed.

9. Are your facilities regularly inspected? Yes / No

If Yes, how often and by who? ----------

10. How and where can one view inspection reports? ----------

12. How many untrained instructors do you have working at your facility? ----------

13. Briefly explain how you ensure they produce high quality work for clients-------

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14. Is there a sport accident programme Insurance policy to protect participants, management and instructors? Yes / No?

If Yes, with which firm or agencies ----------

15. Do you have a facility and property Insurance programs to insure

arenas / pools / buildings etc? Yes / No.

If yes, state the firm or agencies----------

16. Other than to you, where else can your workers complain, especially about welfare or disputes? ----------
17. About how many sessions does one instructor supervise in a day? ----------
18. What hygiene initiatives are in place, for direct physical contact activities by your instructors? ----------
19. Which of these categories of clients do you target mostly? Middle class / organized groups (like schools) / tourists / if other, please write here----------
20. Which categories of people patronize your facility? : Old women / Youth / Old men / If other, please write here. ----------
21. Do you offer some form of membership? Yes / No.

    If yes, state briefly the type of incentives you give other than discount and free refreshments? ----------
22. What are the most popular activities at your centre for?

    Males Seniors----------

    Females----------

    Youth----------
23. Do you have an evaluation / assessment or screening system of clients prior to admission to your programmes? Yes / No.
24. Most customers, say they come to these programmes because of :(Tick appropriately)
    - o Health reasons-exercise for health.
    - o Fitness reasons-exercise for fitter lifestyle
    - o Cosmetic reasons- lose weigh / develop muscle bulk.
    - o Social reasons- meet people/relief from stress of job.
25. What are the most frequent complaints from your customers? ----------
26. Do you often have trouble with the income tax / revenue assessment or returns? Yes / No.
27. What is your approximate net income from this business? ----------

Thank you for you help

Appendix E

OBSERVATION SCHEDULE

This tool uses non-reactive approach. Only research assistants will use It under direction of researcher.

Name _____ Date _____ Facility Visited._____

PURPOSE

The purpose of this tool is to **practically** evaluate a health/fitness facility.)

PROCEDURE

The researcher will visit a club and act as if he is interested in becoming a member.

- Will listen carefully to all that is said and ask lots of questions (without exposing the real motives).
- Will look carefully all around when given the tour of the facilities; will ask what the exercises or the equipment does, or will ask leading questions such as, "Will this take weight off my tummy?"
- As soon as one leaves the club he jots some notes before forgetting what they heard and saw or complete this report immediately. No taking notes while in the club. Space is provided for notes in the Health Club Evaluation Chart below.

EVALUATION SUMMARY

1. Were claims for improvement in weight, figure/physique, or fitness realistic?_____
2. Was a long-term contract for, say, (1-3 years) encouraged? _____
3. Was the reception pitch high-pressured to make an immediate decision to join?
4. Were you given a copy of the contractor consent to read at home?
5. Did the fine print of the agreement, if was available, include objectionable clauses?_____
6. Did they recommend a physician's approval prior to joining?_____
7. Did they sell diet supplements, water, etc at the side line?_____

8. Did they have passive equipment, not in use? _____
9. Did they have cardiovascular training equipment or facilities (cycles, track, swimming pool, aerobic dance floor)?_____
10. Did they make unscientific claims for the equipment exercise, baths, or diet supplements? _____
11. Were the facilities clean? _____
12. Were the facilities crowded? _____
13. Were there days and hours when facilities were open but would not be available to you? _____
14. Were there limits on the number of minutes you could use a piece of equipment? _____
15. Did the floor personnel closely supervise and assist clients? _____
16. Were the floor personnel qualified "experts"? _____
17. Were the managers/owners qualified "experts"? _____
18. Has the club been in business at this location for a year or more? _____

RESULTS

Check the evaluation by checking the "yes" or "no" answers, and add any special notes opposite each item. Score the chart as follows:

Give one point for each "no" answer for items 1, 2, 3, 4, 5, 7, 8, 10, 13, and 14, and place the score in the blank. Total A _____

Give one point for each "yes" answer for items 6, 9, 11, 12, and 17, and place the score in the blank. Total B _____

Give one point for each "yes" answer on 14, 15, and 16, and place the score in the blank. Total Score _____

A total score of 12-15 points on items A and B suggests the club rates at least "fair" compared to other clubs.

A score of 3 on item 15, 16& 17 indicates that the personnel are qualified and suggests that one could expect to get accurate technical advice from the staff.

Regardless of the total scores, one would have to decide the importance of each item personally, as well evaluate other considerations such as cost, location, personalities of the

clients and the personnel and so on, to decide if this would be a good place for one and friends to join.

CONCLUSIONS AND IMPLICATIONS

The quality of the club will depend on other considerations too. But great care must always be placed on safety as well.

Appendix F

AN OBJECTIVE ASSESSMENT CHECKLIST FOR EQUIPMENT, PROGRAMMES & PERSONNEL

1) An extensive range of free weights and weight training machines ☐ Dumb bells ☐ Bar bells ☐ Disk rack ☐ Rollers. ☐
2) A Cardio Theatre consisting of:

   Life Fitness Treadmills, Cross-trainers, Cycles and Steppers ☐

   Concept II Rowing Machines ☐

   An Express Lane providing a quick and efficient full-body weights workout. ☐

   A Stretching and Core Training Room containing mats, mirrors, wall bars ☐
3) Evidence of Qualified Fitness Instructors on duty throughout opening hours to provide advice on fitness, weight training and nutrition ☐
4) Programs lay out. The range of programmes offered, do they include:

- Body fat reduction and muscle conditioning? ☐
- Bodybuilding and lean weight gain? ☐
- Cardiovascular conditioning? ☐
- Strength and power development (including power lifting)? ☐
- Sports specific conditioning? ☐
- Injury rehabilitation? ☐ - Nutritional advice? ☐
- Are Fitness Assessments records made at the Instructor's Desk in the Health or Fitness club? ☐
- Are Fitness Assessments are carried out in the Assessment Lab ☐

5) Exercise and Health Studio checklist

Exercise Equipment ☐ Aerobics ☐ Free-weight Lifting ☐

Personal Trainer ☐ Physical Therapist ☐ Masseuse / Spa ☐ Massage parlour ☐

6) Sport Clubs.

Tennis Courts / Racquetball / Handball / Squash Courts. ☐ Number of other courts ☐

7) At swimming pool

Diving boards ☐ Fenced area ☐ Rules posted ☐ Goggles provided ☐

Buoys provided ☐ Life guards present. ☐ Other life saving equipment- hooks, ropes ☐

Linen provided. ☐

8) Isotonic machines

Multipower Bench ☐ LAT Machine (large muscle groups - back and front of arms) ☐

Shoulder Press ☐ Vertical Rower ☐ Chest press ☐ Horizontal bench ☐

Leg extensor ☐ Leg press ☐ Leg curls ☐ Low Back bench ☐

Adductor ☐ Crunch Bench ☐ Adjustable bench ☐

9) Floors of Showers / Saunas / steam or Jacuzzi made non-slid surfaces. ☐

10) Personnel.

Certified Instructors ☐ Uncertified Instructors ☐ Masseuses. ☐ Spotters ☐

11) Buildings Information / Installation /Arena

Size / capacity of participants at ago ☐ Number of exits ☐

Air conditioning ☐ Seen wiring, plumbing etc up-dates ☐ Fire hydrant(s) ☐

First Aid box adequately stocked. ☐ Arena carpeted ☐

12) Aerobics.

Steppers ☐ Music ☐ Mats ☐

13) Other provisions

Drinking Water ☐ Laundry/ cloakroom/changing room. ☐ Bathroom ☐ Toilet/ loo ☐

Appendix G

An interview guide

1. Exchange greetings with interviewee.
2. When did you join this programme?
3. What are some of the reasons that prompted you to join this programme?
4. Before joining did you have a chance to look at the facilities, programmes and satisfy yourself about the education levels of instructors?
5. Did you sign any consent agreement with the centre owners?
6. Before joining, did you undergo an assessment examination by a physician?
7. Before joining did you undergo any screening about your fitness level?
8. Are you satisfied with the services offered at this centre? And are the workouts meeting your needs, your goals?
9. What do you say about the charges as compared to the services offered at this centre?
10. What is your main complaint about this programmes and personnel at this centre?