

Appraisal of Sports Culture and Adolescents Inherent Health Values of Participation

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Abstract: *Adolescence is a unique and critical period in human development when intense socialisation takes place in all aspects of life, including sporting activities. Sports, likewise culture and human existence cannot be separated because movement and competition have always been part and parcel of human existence. Sport is an integral part of the society through which useful values and aspirations of the society are passed from generations to generations. Sport has been a part of civilized societies throughout history. It is a universal phenomenon that encompasses all forms of physical activities in various dimensions; primarily designed for the growth of the individuals physically, mentally and socially. However, those who participate in sports have different reasons for doing so. Many researchers hold the opinion that success in sports does not limit itself to performance alone, but also to the general life style of a people. Many analyses have shown that the fun of sports is becoming less important than its seriousness. Some health experts posited that physical exercise is a vital factor for the preservation, strengthening and improving of health, some further stated that exercise is often used in clinical medicine for diagnostic, preventive and therapeutic purposes, and that participation in exercise/sport helps to reduce risk factors that are associated with coronary heart diseases. Consequent upon the above claims by health experts, this study therefore, reviews the sports culture and adolescents' inherent health values of participation.*

Keywords: *Sports, culture, adolescents, health values, participation,*

I. Introduction

Culture is the way of life of the people. It has to do with rules and regulations of a group of people, their beliefs, religion, moral behaviour as well as what they are able to produce with the available materials and knowledge. Culture involves the languages, literature, music, sports and games, dancing, dressing, technology etc. it can be learnt through personal experience, imitation or deliberate teaching and learning. For instance children learn how to cook from their parents. Learning of culture continues for a long time in human beings. Therefore, as man develops, he learns the behaviour that best fits his status in the society. However, one can safely say that culture is always changing and growing. (Odanye, Adeniyi & Fagbohun 2002).

Adolescence has traditionally been considered a more difficult developmental period than middle childhood, both for children and for their parents. It is a time of physical, cognitive, and emotional changes that move children into adulthood. These changes are often positive and pleasurable, but there are awkward movements and difficult passages as well.

Psychologists have sometimes concurred with this view of adolescence. For instance, G. Stanley Hall, founder of the American psychological association (APA) and originator of the scientific study of adolescence, viewed adolescence as a period of "storm and stress". Sigmund Freud and his daughter, Anna Freud, spoke of adolescence as a period during which conflicts of the oral, anal and phallic stages of development are revisited, following the relative peace of middle childhood, which they called the latency stage. Sport and human existence cannot be separated because movement and competition have always been part and parcel of human existence. Wilbert (1988), submitted that life itself is a struggle that only the fittest survives. According to him, sport participation prepares one for the competitive nature of living. Uduk (1993) opined that, man moves, walks, runs, throws, sings, dances and climbs, right from the beginning of the age, and that human beings wherever they exist exercise the body, probably this started with Adam when he ran from the call of God on the account of original sin.

Sport is a social phenomenon that has grown from its humble beginning of being an entertainment and recreation to become a viable and prominent business phenomenon that could no more be ignored in the social, political and economic environment of a nation (Morakinyo,2000). Watson (1993) stressed that sports values apart from helping in physical, organic, mental and emotional developments of adolescents to become a functional member of his society, also develop self discipline, self confidence, co-operative attitude and good

citizenship in individuals who participate in sporting programmes. He stated the emotional sports values, asdevelopment of self-reliance, self-esteem and emotional maturity.

Nwankwo (1998), opined that while sports help to conquer social problems like rejection, isolation and disarming aggressiveness. Some people see it as an avenue to meet and discuss issues with other people from all works of life, while Petrie (2015); and Loy and Kenyon (1988) also see it as an avenue to make new friends, keep old ones, improve old skills and acquire new ones.

Sports participation is beneficial to individuals' mental health, physical fitness and social awareness, many friends and acquaintances are made through sports participation. Sport has become a universal phenomenon that pervades the lives of people and it equips individuals with sports skills which he or she can use during leisure time, and engage in as a profession or as health enhancing measure (Macpherson 1993).

According to Olowoyo (2016), sport is an important ingredient in the life of individuals because it gives the participants rooms to express their impression, as "impression without expression brings depression". Sports have some fundamental functions in reinforcing and disseminating the values of rehabilitation, revitalization, goal attainment and determining acceptable solution to problems in the life of individuals in a regulating perspective of life in general. The nature of sports, its organization, goals, functions, and structure provide revealing clues about an individual as well as the society. Sports participation is one of the best and least expensive approaches to health insurance and it produces desirable values, attitudes and behaviours for performing diverse roles by members of a society.

Corbett (1998) confirmed the values of sport as an adjunct to the practice of preventive medicine and health promotion. Awosika (1999) also observed that sport has always been a ready tool in the arsenal of governments for mass mobilization of the citizenry-youths, adults and senior citizens alike – towards national goals that include national supremacy and prestige, patriotism and support for government. Sport fosters individual's development by inculcating in him or her citizenship and leadership skills and qualities, such as, selflessness, humility, tolerance, fair-play, team spirit, self confidence and the art of public speaking (Adesoye, 1998; David, 1998; & Lassoued, 1999).

Sports participation and therapeutic values

Therapy has to do with the treatment of ailment without the use of drug; it is the use of physical exercises as opposed to use of drugs. Some individuals are faced with one health problem or another, which can be treated through the use of well-designed regular exercises, instead of being drug dependant.

According to Lindstrom (1999), sport has proved to be one of the most successful means of rehabilitation and habitation. Well-organized programmes should cater for as many physical components as possible, especially cardio-respiratory endurance, muscular-endurance and efficiency, strength and flexibility.

McCann (1999) asserted that the resistive exercises provided by weights is a common method used by therapists in all phases of rehabilitation of the spinal injured. He stated that the shift of emphasis from "medical/clinical to sport"/recreational" is simple. The roles played by physical exercises as therapy cannot be over-emphasized. These roles include recuperation of heart from heart disorders, good posture, good flexibility and others to list a few.

Supporting the place of sport as therapeutic measure, McCann (1999), revealed that the use of sports as a therapy and experience during rehabilitation assists the paraplegic enormously in meeting the challenges of the world, physically, psychologically and socially. He stated further that it is one of the vital elements of living, and will do the paraplegic an injustice if we do not incorporate sports experiences in the rehabilitation process.

Ogundele (2015) postulated that regular and sufficient exercise leads to decrease in total body weight. Also, McCann (1999) opined that, a simple modification of a classical physical therapy approach to weight resistance exercise allows the patient to compete with himself and to reduce his strength in a way which is motivating, and change of pace from usual wall-pulley systems, which are the usual parts of rehabilitation physical therapy in gymnasium. However, it is pertinent to state that there is need for sport participants through exercises to present fitness certificates before participation in therapeutic exercises to avoid untimely death.

Atlshul (2014) noted that running as a therapy helps persons to overcome their depression feelings. The logical extension of these findings can grant some claims that recreational sporting activities can be anti-depressant, because these activities have transitory exhilaratory properties. Greist (1988) proposed many hypotheses to explain the positive effect as to overcoming of depression. Some of them are of mastery capacity to change, generalization and formation of positive habits through recreational sports participation and so on.

The effects of physical exercise and sports on mentally retarded were recognized and emphasized many years ago. For example, Descoedres (1998) stated that physical exercise is very important for mental defectiveness, because such individuals are not only mentally retarded but also physically defective. She believes that physical exercise directs the harmonious development of the body. According to her, movement of the body is an important factor in the development of the mind. It also develops endurance and the ability to communicate with others as well as its part in sociability and the development of self-confidence.

Heinmark and McKinney (1994) observed that during the period of growth, mentally retarded children should have frequent opportunities for bodily activities. For these individuals free and active movement is as necessary for health and development as are fresh air, sunshine, suitable food and ample sleep. Adima (2014) found that all functions of the body are influenced by physical exercise. Proger (1994) concluded that physical activities seem to have sharpening effect on fine-motor, cognitive and academic performance of the mentally retarded. Gearheart and Litton (2012) emphasized that physical activities not only develop physical strength and co-ordination, but also aid intellectual ability, social skills and emotional stability.

Lloyd (1993), suggested a time table for mentally retarded children based on a sixty minutes directed physical activity session involving music and movement activities with the rest of the day devoted to free play and creative activity. Stevens (2014), for instance, suggested that the need for movement is the least recognized and encouraged by teachers of mentally retarded children.

Neale and Campbell (1993), stressed the potential contribution which physical activities can make towards the development of adjustment and fulfillment of the mentally retarded. They concluded that physical activities provide special opportunities for the mentally retarded to come to terms with himself in his own way and at his own rate and for the achievement of fuller self-realization. Hughes (2015) suggested that the poor progress made by the mentally retarded in his study, was largely the result of limited free play activities. He noted that the reasons for the poor progress must lie in a combination of factors, but the lack of facilities for physical activities and less time devoted to manipulatory skills and muscular coordination, lack of opportunities to exercise were particularly highlighted, physical activities were obviously seen by Hughes as being of considerable importance to educational development of the mentally retarded.

One of the best known studies in the field of mental retardation, the "Brook-lands Project", Lyle (2010); Tizard (2014), underline the value of physical activities. In the study, a group of sixteen five-to-ten year-old children were removed from a large sub normality hospital and placed in a small hostel, Brook-lands. This was run in family lines and during the day when "nursery" type education was provided for the children. They were encouraged to climb; ride cycles, experiment with manipulative toys as well as undertake constructive and dramatic play through physical activities. At the end of three years the group was found to have made significant gains in verbal and emotional development in comparison to a matched group that had remained in the hospital.

Uguru-Okorie (1988) stated that the relevance of sporting activities to mental health is well illustrated by the fact that clinical psychologists have successfully used recreational activities as specific therapy for specific patients. He pointed out that, sporting activities have been used for instances to provide experiences that afford mental patients means to express their aggressive and libidinal drives. Activities that are suitable for partially and indirectly releasing aggressive tensions according to him include swimming, hiking, and jogging. While more direct and fuller release of tensions may be obtained through such activities as dart throwing, wrestling, boxing and punching a heavy bag. He further claimed that sporting activities have also been found to deal with psychiatric problems reflecting deficiency in cooperativeness or competitiveness. Tennis singles, boxing and wrestling are listed as examples of activities that are high in competitiveness. Tennis doubles, volleyball, soccer, hockey and other games are highly co-operative activities.

According to Atolagbe (1999), the use of exercise therapy whether for preventive or treatment purposes depends on adequate fitness assessment and appropriate individualized exercise prescription. He stated further that there are two main reasons why accurate assessment of fitness levels is important. According to him, in the first place, it will serve as the "baseline" with which the outcome of the therapy is compared. Secondly, it will provide the necessary information that can aid in the monitoring of patient/client compliance with exercise prescriptions.

According to Amusa and Onyewadume (1988), constant physical exercise is necessary for the improvement of individuals whose duties are sedentary in nature. This is so because optimal fitness is never achieved overnight. Individuals who are predisposed to obesity, diabetes, and hypertension would have their conditions controlled through participation in regular physical exercise. This is also the case if the conditions were as a result of the individuals' sedentary lifestyle, both at home and at the place of works. Another usefulness of regular exercise is that it improves the physical working capacity of individuals. With age and sedentariness, individuals' cardio-respiratory systems are known to be weak. The consequence of this condition is that heart finds it difficult to pump blood all over the body efficiently. This leads to numerous debilitating conditions ranging from general weakness of the body to joint ache, since various systems of the body have not been worked upon. But with active exercise or participation in physical activities, these conditions are avoided, and the individual is radiant, filled with vigour, energy and strength.

Sports participation and physical fitness values

Physical fitness is the ability of an individual to carry out daily activities without undue fatigue or without being destabilized from engaging in recreation after completion of work. It is also the ability of the body to adapt to, and recover from strenuous physical activities. Physical fitness is an important objective of physical education programme, and the programme is directed towards achieving the objective through specific developmental exercises as well as games and activities that help to improve physical fitness (Fait, 1998). According to Duhu (1998), physical fitness means the organic capacity of a person to perform his or her normal task without undue fatigue and tiredness. It is the capacity to carry out reasonably vigorous physical activities and it includes the qualities that are important to the individual's health and well being in general as opposed to those that relate to performance of specific motor skills. Physical fitness includes the ability to bear up, to last, withstand and sustain pressure and difficult conditions where an unfit person will give up. The effectiveness of an individual's adjustment to physical activities is facilitated to a large extent by his fitness in motor abilities. The degree of physical fitness desired in sports to enhance performance is determined by one's physiological, psychological and morphological characteristics and should be at least the minimum needed to adjust to the condition of wholesome and complete living.

According to Clarke and Clarke (1988), total fitness implies freedom from disease, enough strength, agility, endurance, and skills to meet the demands of daily living, sufficient reserves to withstand ordinary stress without harmful strain, mental development and emotional adjustment appropriate to the maturity level of the individual.

Shehu (2015), observed that physical fitness entails the development of strong and durable body composition, strength, endurance, flexibility, agility, good posture and relaxation. In the light of this, it is important to observe that physical fitness can be achieved and maintained through participation in regular exercises. Amusa (2010) pointed that participation in exercises is vital for the optimum functions of the brain and for retardation of onset of serious heart disease, such as arteriosclerosis.

Gallagher and Bronuha (2014), stressed that physical fitness implies such concepts as practices involving muscular effort with quality and intensity and also the ability to handle one's body well, in performing physically up to one's maximum capacity. It requires that one possesses such elements as speed endurance, strength, agility and coordination. Larson and Yocom (2014) listed ten components of physical fitness to include resistance to diseases, muscular strength and endurance, cardiovascular and cardio-respiratory endurance, muscular power, flexibility, speed, agility, co-ordination, balance and accuracy. McClay and Young (1999) added yet another component as (speed of muscular contraction, dynamic energy, ability to change direction, agility, dead-weight and flexibility) to that of Larson and Yocom (2014). While Cureton (1999), appraised physical fitness in terms of physique and organic efficiency which he said implies anatomical and physiological soundness and thus added a component he called motor fitness". This motor fitness according to him includes endurance, power, strength, agility, flexibility and balance. This refers to specific physical aspects of fitness, the ability to perform certain physical actions involving the capacity to run, jump, dodge, fall, climb, swim, ride, lift and carry heavy loads and to endure long hours of continuous work.

The importance of physical fitness cannot be over-emphasised, according to Babalola (1998), the advantages include provision of resistance to infectious disease, improve fitness, reduction of risks of accumulation of high blood cholesterol and provision of physiological values. Adeniji (2015) opined that there is need to be physically fit, and to be physically fit, one needs to get involved in physical activities and exercise regularly which is the best investment in health, Pleward (2014) observed that inactivity and increased sedentary nature of man's daily living habits pose a serious threat to the body, causing major deterioration in normal body functions, making people to be physically unfit.

Sport participation and health/security, maintenance and safety values

Corbett (1998) identifies the value of sport as an adjunct to the practice of preventive medicine and health/promotion. In addition to the physical and physiological values of sports, Fox (2014) opined that sports avail individuals of health promoting values and fun simultaneously.

Participation in sports and physical activities is often viewed as a means of promoting health during successive phases of the life cycle (Eboh 1994). Nepranic (2014) opined that physical exercise is a vital factor for the preservation, strengthening and improvement of health. He stated further that health and social security budgets could bring about substantial safety, if people take up, or participate in sports. He posited that intensive physical activities play preventive roles in the incidence of disease. Exercise is often used in clinical medicine for diagnostic, preventive and therapeutic purposes; and that participation in exercise/sport helps to reduce the risk factors that are associated with coronary heart diseases.

The beneficial effects of regular participation in physical activities and sport programmes on health have been documented (Eboh, 1994). Carron (1994) reported that active population maintained better health than sedentary populations, while the health of inactive population improved with regular physical activities. Ademuwagun (1988) stated that, body or physical exercise (sport) in a form of recreation that is undertaken for fun, relaxation, and enjoyment or self-expression is the oldest single approach to physical health. Hence, at the

height of Corinth, the Greeks emphasized it as the vehicle for bodily grace and well being necessary for the glorification of the individuals. He stated further that social experiences as by-products of some physical activities provide individuals with opportunities for identification with groups, and to identify the self with a common group interest promotes the self-status essential to a high level of health. The wholesome atmosphere that usually surrounds recreational sporting activities, such as; outbursts of laughter, low and high jokes, from both sexes, the status leveler types of activities (where servants perform sporting activities together with masters) the spontaneous group singing and chorusing, the dancing without drums, the seemingly unbecoming outbursts from dart-group are all promoters of high standards of fellowships beneficial to all participants and sound mental health.

Sport serves as safety valve to dissipate excess tension and possible expression of hostility in the society. This gives the participant an opportunity to thereafter behave well. It has been shown that individual that participates in sports and exercises values tremendously. Participation in exercises helps individuals to strengthen the heart, increase efficiency and reduce resting heart rate (brady-cardia), decreases the risk of coronary heart disease, prevents obesity and excessive body weight, prevents the disease of varicose veins, decreases systolic and diastolic blood pressure, develops collateral circulation, quickly clears fats from the blood stream, increases the amount of haemoglobin and coronary blood supply, reduces the clotting ability of the blood, improves cardio-respiratory functional capacity and physical working capacity, and as a result improves health status and the quality of life. It increases flexibility, and retards the physical and physiological changes that result from aging Nwankwo, 2013; Cureton, 1999 & Akinsanmi, 2015).

II. Conclusion

Based on the findings of this appraisal, it is therefore concluded that: health values are correlates of sports participation among adolescents. This study reveals that participation in sports is a way of achieving good health. Sport or exercise can be used by adolescents to treat certain ailments without the use of drugs. Sports can also be used by adolescents to stretch stiff joints, to improve one's speed, strength, flexibility, agility, endurance, muscular power, physique and co-ordination. It can also be used to maintain and achieve good health, to make one to be active and be less easily or quickly fatigued and to improve physical activities skills. It can also help them in making some vital organs of their body like the heart, circulatory, respiratory, and digestive systems to function well. However, lack of exercise makes them to be weak and have unexplainable pains all over the body. This suggests that adolescents should acknowledge and adopt health culture as being benefits of sports participation.

III. Recommendations

Consequent upon the findings of this review, the reviewer hereby makes the following recommendations: Governments either at the federal, state or local level should:

1. make sporting facilities accessible to adolescents by constructing new ones and rehabilitating old ones. This will enable all adolescents to have easy access to such facilities and as such make use of them.
2. sponsor or organise enlightenment programmes on the values inherent from sports participation. Through this, many adolescents who do not know the values of sports participation will be informed and consequently get involved in sports participation.

References

- [1]. Ademuwagun, Z.A. (1988). Community health. Ibadan: Abraham.
- [2]. Adeniyi, E.O. (2015). Physiological and performance characteristics of children –Implication for training; Sports Science and Medicine Journal III.
- [3]. Adesoye, A. A. (1998). Importance of play and sports to emotional health. *Journal of Physical Education and Recreation*. 4 (2), 39-41.
- [4]. Adima, K. (2014) Rehabilitation by sports in developing Countries in R. Vermeer (Ed); Sports for the disabled: RESPO' 86 ICRSL, Proceedings. (123-
- [5]. Akinsanmi, A.O. (2015). Creating culture change Lagos: Falusi.
- [6]. Akinsanmi, T. (2015). Women participation in sports. A case study of Adeyemi college of education. Ondo. *Journal of Sports Science and Medicine*. 1. 23 29.
- [7]. Altshul, V. A. (2014), Should we advise our patients to run? In M. H. Sack, & M. L. Sachs, (eds) *Psychology of running*. Champaign; III, Human Kinetics.
- [8]. Amusa, L.O. (2010). Motivation: A unique factor in human development. *Recreation education for health and national challenges*, Lagos; Toklass.
- [9]. Amusa, L.O. & Onyewadume, I.U. (1988), The effects of a recreational fitness programme on the physical–psychological characteristics of working class adults. In Ajala, J.A. (Ed.) *Recreation education for health and national challenges*: Lagos: Toklass.
- [10]. Anshul, R.B. (2012). *Psychological behaviour in sports*. Philadelphia; W.B. Saunders.
- [11]. Atolagbe, A. (1999). Motivational orientations in sport. In T. S. Horn (ed) *Advances in sport psychology*: Champaign; IL Human Kinetics.

- [12]. Awosika, B.Y. (1999). Sports development with focus on sports festival, local, state and federal government involvement. Proceedings of seminar on sports Development in Nigeria in this Millennium. Abuja: Federal Ministry of Sports and Social Development. 59-65.
- [13]. Babalola, S.S. (1998). Collective behaviour. A potent influence on individual behavioural outcome. Ibadan. Nigeria
- [14]. Balagher, M. H. & Brouha, H. F. (2014). Teaching physical education in secondary schools. Philadelphia; W. B. Saunders.
- [15]. Carron, K. (1994). Human development. London: Boston Jones and Bartlett.
- [16]. Clarke, L., & Clarke, J.A. (1988). Sports and skills acquisition. London; Sidney and Romney.
- [17]. Corbett, F.C. (1998). Fundamentals of adolescents behaviour. Champaign. IL; Human Kinetics.
- [18]. Corsell, H. (2015). I never played the game. New York: Avon.
- [19]. Cureton, A.P. (1999). An introduction to sociology of sport, Benin. MUP.
- [20]. David, M.E. (1998). Children and school based research; 'informed consent' or 'educated consent'; British Educational Research Journal, 27 (3): 347-365.
- [21]. Descoedres, J.P. (1998) Towards peak performance in sports. American Journal of Sports Psychology. 23 (1) 62-69.
- [22]. Duhu, A.I. (1998). Problems of sport development in Nigeria. Report on the National Committee on sports development in Nigeria 3, 583-603.
- [23]. Eboh, L.O., (1994). Situational motivational factors associated with athletic decision to participation in University sports. Unpublished Ph.D Thesis. University of Ibadan.
- [24]. Fait, H.F. (1998). Special physical education: Adaptive, corrective and developmental (4th ed) Philadelphia; W.B. Saunders College.
- [25]. Fox, L. (2014) Involvement in vigorous physical activity: Toronto, ORCOL.
- [26]. Galagher, S. L. & Bronuha, .P. (2014). Shapping the Female; The Impact of the Family. In M. A. Boutilier and L. Sam Givranni (Eds), the sporting woman: feminist and sociological dilemmas. Champaign. IL Human Kinetics.
- [27]. Gearheart, R. & Litton, C. (2012) Predictors of sports behaviour. Journal of Sports and Exercise Psychology. 11 390-445
- [28]. Griest, H. (1998). Sports technical possibilities in developing Countries; personal experiences. In A. Vermeer (Ed), Sports for the disabled; RESPO' 86 ICRSL Proceedings (pp 155-161). Netherlands, Uitgeverig de Vriesborch.
- [29]. Heinmark, J. & Mckinney, C. (1994). Understanding exercise and social behaviour. California; Pent-House.
- [30]. Heinmark, J. & Mckinney, C. (1994). Greenfield on educational administration. London; Routledge.
- [31]. Hughes, J. (2015), Sport; a social agent. Champaign; Vide.
- [32]. Kenyon, G. S. (1988). An approach to the study of sport socialization. International Review of Sport Psychology 2 (19-22).
- [33]. Larson, L. & Yocom, R. (2014). Morphological and functional characteristics of the ageing skeletal muscle in man: A cross sectional study. Acta physiological scand. Supply. 457.
- [34]. Lassoued, B. (1999 October, 24). Sport as a moral teacher. Sunday Sketch 24 (2.123) 26.
- [35]. Lindstrom, R. (1999). Habitation and rehabilitation through sports .Britain; Portsmouthville.
- [36]. Lloyd, J. W. (1993). Sport and social systems. a guide to the analysis, problems and literature Massachusetts. Addison – Wesley.
- [37]. Lyle, K. (2010), An introduction to the teaching of physical education. Birmingham; Flush.
- [38]. McCan, L (1999). Sports and skills acquisition. London; Sidney and Romney.
- [39]. Mclay, A. & Young, K. (1999). The work of senior management teams, some pointers to improvement. Studies in Educational Administration, 58, 33-40.
- [40]. Mcpherson, B. D. (1993). Socialization into & through sport involvement. In G. L. Ueschen & G. Sage (Eds), handbook social science of sport. Champaign IL Stipes.
- [41]. Morakinyo, E.O (2000). Sports and human rights. Olympic Review XXVI (24).
- [42]. Neale, R. & Campbell, P. (1993), Comparism of selected sports participation variables. Research Quarterly, 69,151-179.
- [43]. Nephric, P. (1994), Sports and behavioural change. Exercise Behaviour Report 2 (1) 17-23.
- [44]. Nwankwo, E. I. (1988). Accountability for effective organization and administration of sports in Nigeria universities. Proceedings of Guinness sponsored NUGA' 96 Sports Clinic. In C.O. Udoh, A.S. Sohi & J.A. Ajala (Ed). Ibadan, Claverianum.
- [45]. Nwankwo, E.I. (2013). Organization and management of physical education for schools and colleges. Ibadan: Olaiya Fagbamigbe.
- [46]. Odanye, S.O., Adeniyi, P. & Fagbohun, A, (2002). Social studies for junior secondary schools. Oshogbo: Class.
- [47]. Ogundele, B.O. (1998). Mainstreaming in Nigeria secondary school physical education: Problems and prospects. OYO-JONAPHER.S.D. 1 (2), 113-119.
- [48]. Olowoyo, G.O. (2016). "Recreation: A fundamental and Universal; a human need". Proceeding of 16th Annual Conference of J'JAPHER. Benin City. Ambik, pp.12 1-127.
- [49]. Petrice, P. (2015). Adolescence and culture. Journal of Social Sciences. 5 (3) 90-97.
- [50]. Peward, T. (2014). Culture and competing perspectives in Smith, P. & Cooper, R. (2015). Personnel Management among teachers in the Northern Area of Australia. Australia; Patriac.
- [51]. Proger, P (1994). Greenfield on educational administration. London; Routledge.
- [52]. Shehu, J. (2015), An assessment of the implementation of the sports development policy at the tertiary level. A Doctoral Dissertation, University of Benin.
- [53]. Stevens, B. (2014) Concepts of sports psychology. Psychological Reports. 79, (1) 883-945.
- [54]. Tizard, J. (2014). An analysis of adolescents sports behaviour. Dubuque; Platinum.
- [55]. Uduk, I.E. (1993), Organising a competency based intramural programme in secondary schools. Manual of Nigeria Academy of sports Administration. 1. 45-49.
- [56]. Uguru-Okorie, B. J. (1988). Organizational behaviour and sports administrative theory and practice; Benin: Esosa.
- [57]. Watson, A. W. S. (1993). Physical fitness and athletics performance.U.K: Longman Group.
- [58]. Wilbert, M (1988). A sociological perspective of sports. 2nd ed. Minnesota: Burgess.

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