

Gender Stereotyping and Its Impact On Choice of Recreation Activities Found Within Health-Clubs in Five Star Hotels in Nairobi, Kenya.

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Abstract: *The age long stereotypes attached to gender roles that stemmed from childhood are still evident in choice of physical activities health club members participate in. Despite most affluent population showing intention to participate, it is not clear for those who are actively involved, whether they attain the intended benefits. This study sought to establish the impact these stereotypes had on the affluent members' participation in physical activities within five star hotels in Nairobi. A descriptive survey method covering 109 health club members strategically sampled from four out of the thirteen five star hotels in Nairobi was used. Data from health club members were collected using a close ended questionnaire and then analysed using t-test. The results showed differences in the way respondents' choice of physical activities, reasons for their choices and dislike for what they did not participate in. Hotel health club instructors have a great role to encourage their members to appreciate the benefits of various activities available so as to help the government to realise its goal of creating a healthy nation.*

Key Words: *Affluent, Gender stereotyping, Gender role, Recreation activities*

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I. Introduction

Though the World Health Organisation (WHO) posited that physical inactivity is more common in women (14%) than men (7%), (WHO, 2002), the choice of activities to participate in is still varied among genders. This, to some extent, might have been influenced by the traditional setup of the local communities. Traditionally in Kenya, girls and boys never mixed up when carrying out their daily chores. While girls were expected to stay close to their mothers and female folk to learn female chores, boys were expected to work closely with their male counterparts (Wamukoya, 2003). Even with the introduction of most of the modern day physical activities in their present form by the British colonialists in the first half of the twentieth century, thanks to physical education in the school curriculum and sports as an extra curriculum activity, there is no equivocal participation in the various physical activities available even in main urban centres.

Nairobi, just likemost of the cities in the world, has a shortage of ample space, especially around the Central Business District (CBD). In order to cater for the physical activity needs of the populations in cities, which coincidentally take up the highest population of African countries, most of the towns 'local authorities and voluntary organisations have set up indoor recreation facilities. For the part of hotels, they offer recreation facilities in form of health clubs (Knowles, 1998). However most of the facilities funded by local authorities and voluntary organisations have dysfunctional equipment. In cases where some of the equipment is functional, the trainers are not enough to personally attend to the physical needs of all their clients. Therefore, for one to benefit from a well-equipped recreational facility, one has to enrol in a hotel health club. Most of the star rated hotels in Nairobi have health clubs (Kenya Economic Survey, 2004). However, since most of their clients are business guests who have less or no time at all for recreation, hotel health clubs rely on external clients to boost their returns (Pepela & Dzengo, 2016). These external clients register by paying fix charges for membership ranging from weekly, monthly, quarterly or yearly basis. Since these rates are high, only the affluent can afford to be members. Interestingly, in Kenya, this is the group that has the highest risk of developing cardiovascular complications, thanks to their lifestyle. Despite the awareness campaigns carried out locally on the numerous benefits of physical activities, the membership levels at the hotel clubs in Nairobi are relatively low (Pepela & Dzengo, 2016).

The rapid transition in lifestyle has led to reduced physical activity especially in urban centres, yet this sedentary lifestyle is one of the ten leading causes of death and disability in the world today (WHO, 2002). Though practitioners in sports setting structure physical activities and exercise in ways that ensure maximum physical fitness (Weiss & Chaumeton, 1992), it is not clear whether this is met by most of the hotel health club members. It is also not clear whether their choice of activities to participate in is influenced by the age long

biological, cultural and sociological perception and stereotyped gender roles. In order to address this trend, one needs to profile the activities they participate in then understand underpinning factors of their choice of these physical activities. With this knowledge, change may be effected to improve participation in physical activity.

The study aimed at determining the gender perception differences in physical activity participation by the affluent at five-star hotel health clubs. It sought to establish the differences in the way the affluent choose physical activities, reasons for their choices of these physical activities and why they disliked the physical activities they did not participate in according to their gender.

II. Literature Review and Conceptualisation

Though the society has recognized the value of recreation as a way of improving the quality of life, personal leisure time and ways in which it can be spent increased, there is a gender imbalance in level of participation: In the developed countries such as United States (United States Centre for Disease Control and Prevention, 1999), and Japan, Yamasaki (1998), the number of male participants is higher. However, in Finland, an equivocal number of both gender, accounting for two thirds of the total population engage in various activities for at least 3 hours per week (Vouri, 2000). In developing countries, the situation in the rapidly growing cities is worse. In Sao Paulo, approximately 70% of the population is sedentary and 300,000 deaths reported each year in Brazil are attributed to cardiovascular diseases yet data on gender differences is not updated (Matsudo, 2000). In Kenya, great efforts have been made to improve participation levels in sports and physical activity and opportunities have been made available for those who wish to participate (Mwisukha, Njororai & Onywera, 2003); thanks to the local authorities, institutions of learning, private institutions and firms. However, there is still a dearth in participation, in physical activities found within health clubs by gender especially for the affluent in society who, in the Kenyan case, stand a higher risk of cardiovascular complications.

Gender orientation in choice of physical activities

Traditionally, many sports were classified as either inappropriate for men or women. They were stereotyped as masculine, feminine or neutral (Koivula, 1995). Masculinity was equated with over-ability to withstand pain on the sport (Koivula, 1995). Equally, pain was considered as a necessary initiation to adulthood. In the most African contexts, it was believed that pain bred morality, loyalty and commitment. It is highly likely that just like in most African communities; sports were presented as a proof of men's masculinity. According to Halliwell, & Dittman, (2003), women's motivation in their young adulthood was to achieve perfect bodies so as to please their partners or attract one. In Kenya, most of the physical activities initially considered masculine have been opened up for both genders and more females are actively involved. This is exemplified in sports such as rugby, soccer, hockey and martial arts. Nevertheless, it is not clear whether this has helped change the gender stereotyping previously evidenced especially among the affluent who may afford to participate in any form of physical activity found within health clubs.

Quality and quantity of exercise

According to WHO (2002), physical activity is qualified or quantified by the amount of it that is carried out. It is a matter of calories of work done per work-out or period. For one to achieve health benefits the physical activity does not need to be strenuous. Activities like taking a walk, riding a bike, dancing or playing and a moderate programme of prescribed exercise lasting 15-20 minutes, are effective for improvement in balance, flexibility and agility and make one feel better, more so for the bed ridden patients. However, this has insufficient cardiovascular effects and does not reduce the blood lipids (Cureton, 1985). It is not clear whether many people are aware of this. Exercise and sports programmes can help one attain greater health benefits by increasing the amount of work, intensity or frequency, (CDC, 1999; Wamukoya, 2003 and Cureton, 1985). The American College of Sports Medicine (1991) recommends that 15-60 minutes of continuous activity depending on its intensity is appropriate. If the activity is moderately intensive profitability will be obtained by involvement for a longer session. However, continuous rhythmical work of 30 minutes or more for 3-5 days a week is most effective (Cureton, 1985). However, Wamukoya (2003) warns that this may be too severe for previously sedentary individuals. A programme that is offered 3 days per week is best so that apart from inducing training, the interceding rest days may allow aching muscles and joints time to recover. In addition, the faster or heavier the task, the sooner one gets better results. However, it should be noted that, not all physical activity facilities available in hotel health clubs lead to high energy expenditure. Some are placed there for fellowship rather than physical fitness (Cureton, 1985). Looking at the Kenyan case, it is not clear whether the affluent attain the requisite intensity in terms of gender, and what influences their choice of these activities.

Understanding people's motives for involvement in physical activities sheds light on their individual decision making process for taking part in sports and physical activities (Trembath, Szebo, Baxter, 2002). Consistent motivation has been shown to be a strong indicator of initiation and maintenance of physical activity programmes (Papageorgiou *et al.*, 2003). Optimal motivation for participation and adherence to physical activity may occur when the providers are able to identify, and address the needs of the participants. According

to Ebbeck, Gibbons & Loken-Dahle (1995), the differences in reasons for participation depend on the type of physical activities in which the individual is involved, personal satisfaction, knowledge, pleasure and gender. This study focused on gender.

The study was based on Cuddy, Fiske and Glick's (2008) 'Stereotype content model' and Biernat's (2003) Shifting Standards Model as illustrated in figure 1.

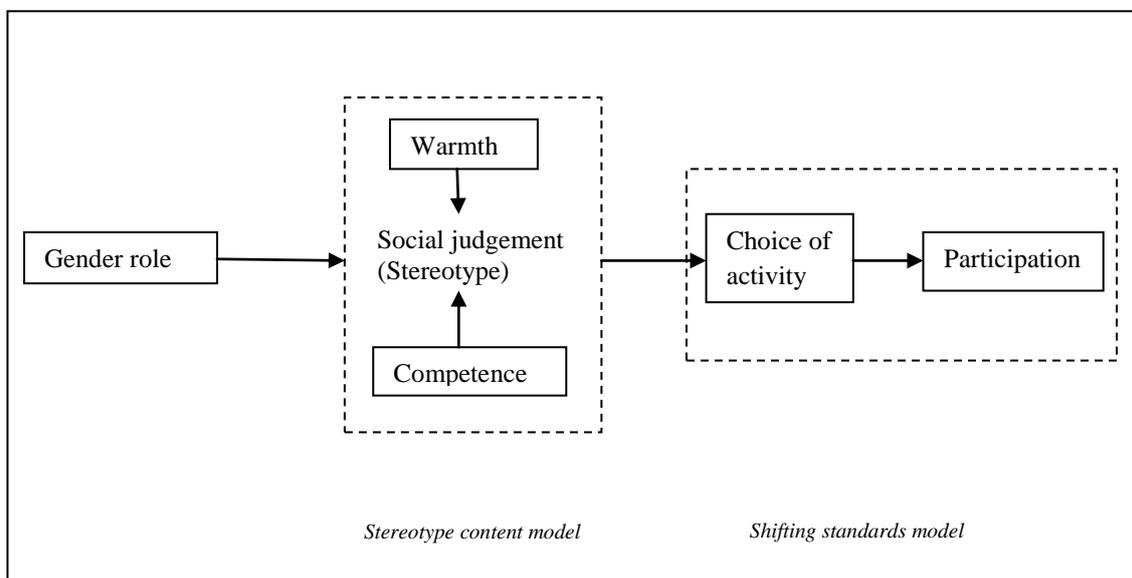


Figure 1: A conceptual framework of the impact of stereotypes on customer choice of recreation activities (a modification of Cuddy *et al.* (2008)'s stereotype content model and Biernat's Shifting standards model)

According to Cuddy *et al.* (2008)'s model, stereotypes are ambivalent whose valence depends on peoples' social judgement. People's social judgement is bi-dimensional and is established through socialisation. Socialisation then influences people's attitude and lifestyle in relation to masculine (a competent judgement) or feminine (a warm judgement) inclination. The warm judgement depicts women's kindness, sincerity and trustworthy, while Competitive judgement depicts men's efficiency, skills and intelligence. According to Fiske *et al.* (2002) men are depicted as 'high status', implying that they are competent but not warm. Women on the other had are depicted as 'low status', implying that they are warm but incompetent. These stereotypes influence gender choice of activities to participate in. This is because men perceive activities that involve motor skills as masculine while ladies dread them. Due to this glaring de-similarity, it is unfair to cluster the two genders when assessing their participation as this may affect performance hence lead to either ineffective or effective performance. Biernat's shifting standards model on the other hand suggests that perceivers judge others by use of within group standards of comparison (i.e. males judged relative to males' standards while women according to women standards). Though gender stereotypes that have existed since time in memorial still influence people's choice and participation in physical activities, these stereotypes can be averted by avoiding direct comparison of genders so as to result in patterns that are none-stereotypic. This is important as it may enhance participant's feeling of efficiency and inherent pleasure which may enhance maintenance of competence in physical activities and increase or decrease incompetence.

Previous studies on gender stereotyping in physical activities dwelt on leisure in general (Fontnelle&Zinkhan, 1993; Blalerchiki& Henderson, 1986; Jackson & Henderson, 1995. Studies dealing with gender and in-door physical activities concentrated on city council managed centres ((Ashford, Biddle & Goudas, 1993; Trembathet *al.* 2002). While Ashfordet *al.* dwelt on age and sex differences in community leisure centres, Trembathet *al.* (2002)'s covered retirees at different times of the day. This study not only concentrated on the affluent population, but also exclusively focused on the physical activities found withinfive-starhotel health clubs. It sought to establish whether; the affluent equivocally participated in the same activities by gender,gender stereotypes influenced the activities they chose to participate in, and those they disliked. As such some hypothesis were developed;

H₀1: There are significant differences in the type of physical activities the affluent choose to participate in at hotel health clubs in terms of gender

H₀2: There are significant differences in the factors that make the affluent prefer the physical activities they choose to participate in at hotel health clubs in terms of gender

H₀3: There are significant differences in reasons the affluent dislike the physical activities they do not participate in at hotel health clubs in terms of gender

III. Methodology

A descriptive survey was carried out in Nairobi targeting the registered 1130 health club members of the thirteen (13) five star hotels, which accounts for 72% of the total 5 star hotels in the Country. A hotel sample of n = 4 (30%) was drawn, using a systematic random sampling technique with a sample interval of (K=13/4) by tossing a coin to establish the starting point. This was done in an effort to avoid any bias in the sample (Orodho, 2004). To get the 10% (n = 120) sample population, a stratified sampling technique was used. To ensure equal representation from each of the four hotels, first; the 120 respondents were divided into four. Then, each hotel sample was divided into two by use of their hotels' health club membership registers to ensure an equal representation by gender. The total population of hotel health club members in the sampled hotels was 460. To settle on the members to be included in the sample frame, a sample interval of 4 was established by dividing the population against the sample size. As such each fourth member in each hotel's membership register was included. The hotels' in-house guests were excluded from the study because it was argued that they were in the hotel temporarily and were not registered HCM. As such, their inclusion would distort the findings.

Due to the short period of research, a questionnaire was considered appropriate for this study. A close ended questionnaire based on a five-point Likert-scale where each variable has five points of: 1-Strongly agree; 2- Agree; 3- Neutral; 4- Disagree; and 5- Strongly disagree was pre-tested using students and staff who were members of Kenyatta University's health clubs. It was then reviewed by expert judges drawn for Kenyatta university senior staff. Their responses were noted in terms of clarity and ease of answering questions. The resultant suggestions were incorporated in the final drafts of the instruments in order to improve the items and make the results more meaningful. To establish the reliability of the statements, principal axis factoring with Varimax rotation and Kaiser Normalisation procedure was used only those factors with eigen values of 1.0 or higher were retained for final rotation. Only one of the statements was dropped.

The questionnaires were personally handed to the health club managers and instructors by the researcher. They were then instructed on how to administer the questionnaires and checking to ensure they were fully completed by health club members before accepting them. The respondents were requested to fill in the questionnaires just after the exercise session and hand them back to the manager on departure.

IV. Findings

Out of the 120 questionnaires given to the health club members, a total of 109 (91%) were returned. Both genders were evenly represented; 55 (50.5%) female and 54 (49.5%) male health club respondents. The average age of the respondents was 40.9 years. Gender-wise the average age of male respondents was 44.0. This was higher than that of female respondents, which was 37.9. Most men respondents fell below the age range of 30 years, while most females were in the age range of 30-40 years. Male respondent's ages were more spread than that of females who were more concentrated at between 30-40 years.

The affluent' choice of physical activities in hotel health clubs by gender

Twelve activities were common in all the hotel health clubs sampled as indicated in table 1. Some of the activities such as body massage, steam/ sauna, and swimming are present in all the establishments yet they do not help expend much energy. They were placed in the hotels more for their luxury component and not for enhancing energy reduction. The hotel health club members were asked to rank the 12 physical activities according to their participation preference on a five point Likert scale. The results were posted by mean ranges as shown in Table 1.

Table 1: Choice of physical activities by gender in five-star hotel health clubs

n/o	Gender	Mean	
		Males	Females
1	Weight training	1.64	3.25
2	Free weights	3.12	2.96
3	Multi station systems	1.67	2.72
4	Pulley weights	2.02	
5	Swimming	1.88	2.42
6	Tread mills	1.67	2.60
7	Ergo meter/ exercise bikes	2.21	2.70
8	Aerobics	2.62	2.68
9	Martial arts	2.86	3.51
10	Yoga	3.38	3.21
11	Steam / Sauna bathing	1.60	2.06
12	Body massage	1.52	2.75

NOTES:

n=54 respondents

n=55 respondents

There were multiple responses from the respondents

The mean range is between 1 and 5. Factors that lie closer to (1) have the strongest rating

While males rated weights training M =1.64 followed by body massage M =1.52, and steam bath M =1.60 highest in that order, females rated aerobics M =2.68) swimming M =2.42 and sauna bathing M =2.06 highest. On the other hand, males rated yoga M =3.38 lowest while females rated martial arts M =3.51 and weight training M =3.25 lowest as compared to males. This implies that unlike their male counterparts, females fear participating in activities that are aggressive in nature.

A t-test carried out on the 12 physical activities to establish whether there was any significant difference in the type of physical activities the affluent choose to participate in at hotel health clubs in terms of gender. The p-value; the smallest level of significance at which one can reject the null hypothesis was equal to 0.001 which was much less than 0.05 at 95% confidence level. Hence the null hypothesis was rejected and the alternative one that there are significant differences in the type of physical activities members choose to participate in at hotel health clubs in terms of gender was adopted. From these statistical results it is evident that while most of the males preferred activities that enhanced the expenditure of energy, females preferred those that conformed to their agility and flexibility. There is thus a need to encourage all gender to take up all the other activities at the health clubs more seriously as each of them has its own benefits to the user. If all these activities are utilised by an individual, they may ensure the whole body attains the required physical fitness.

Factors that make the affluent prefer the physical activities they choose to participate in by gender

The study further sought to find out factors that make the affluent prefer the physical activities they choose to participate in by gender. To achieve this, possible reasons for affluent males and female members liking the activities they participated in were sought (Table 2 and Table 3 respectively).

Table 2: Percentage factors for male respondents preferring their choice of activities at the hotel health clubs

	Strongly agree %	Agree %	I'm not sure %	Disagree %	Strongly disagree %	Total %
They are more challenging	67.9	26.4	5.7	.0	.0	100.
They are competitive	52.8	34.0	3.8	9.4	.0	100.
They have more fun	45.3	39.6	7.5	7.5	.0	100.
There are no other options	45.3	30.2	15.1	5.7	3.8	100.
They involve team work	41.5	28.3	24.5	5.7	.0	100.
They make me feel more popular	28.3	20.8	13.2	18.9	18.9	100.
They are not challenging enough	13.5	13.5	19.2	23.1	30.8	100.

NOTES: There were multiple responses from the respondents n=54 respondents

Majority of males preferred the activities they participated in because they were more challenging n=37 (67.9%) and competitive n=29 (52.8%). The female respondents on the other hand ranked fun 24 (44.4%) and team work 13 (24.1%) highest as indicated on table 3.

Table 3: Percentage factors for female respondents preferring their choice of activities at the hotel health clubs

	Strongly agree %	Agree %	I'm not sure %	Disagree %	Strongly disagree %	Total %
They are more challenging	16.7	38.9	38.9	.0	5.6	100.
They are competitive	16.7	22.2	31.5	24.1	5.6	100.
They have more fun	44.4	14.8	14.8	13.0	13.0	100.
There are no other options	10.9	43.6	29.1	7.3	9.1	100.
They involve team work	24.1	42.6	22.2	3.7	7.4	100.
They make me feel more popular	14.8	11.1	33.3	14.8	25.9	100.
They are not challenging enough	.0	12.7	38.2	25.5	23.6	100.

NOTES: There were multiple responses from the respondents n=55 respondents

A t-test carried out on the 8 possible factors that made both sexes to prefer the activities they participated in showed that the p-value=0.01<0.05 at 95% confidence level. There were significant differences in the factors that make the affluent prefer the physical activities they choose to participate in at hotel health clubs in terms of gender. These results imply that male's reasons for choice of activities are different from those of females. This is because while men preferred challenging activities, females sought for fun.

Reasons the affluent dislike the physical activities they do not participate in by gender

The study sought to establish reasons affluent men and women disliked the activities they did not participate in based on a five point Likert scale as shown in table 4 and 5.

Table 4: Reasons why male respondents disliked the activities they did not participate in at hotel health clubs

	Strongly agree %	Agree %	I'm not sure %	Disagree %	Strongly disagree %	Mean
Culturally they are inappropriate	31.4	17.6	11.8	19.6	19.6	2.81
Gender-wise, they are inappropriate	26.9	5.8	19.2	19.2	28.8	3.06
However much I try, I do not make it	25.5	29.4	13.7	15.7	15.7	2.60
They are boring	21.2	21.2	15.4	28.8	13.5	2.96
I do not have strength for them	19.6	17.6	19.6	27.5	15.7	2.98
I fear being injured	15.4	19.2	19.2	21.2	25.0	3.19
They are not challenging enough	13.5	13.5	19.2	23.1	30.8	3.44
My friends do not approve of them	7.7	3.8	15.4	19.2	53.8	4.23
They are for beginners	5.8	.0	19.2	30.8	44.2	4.08
The instructions are not exciting	2.0	2.0	19.6	21.6	54.9	4.25
They may give me muscles	1.9	3.8	5.8	25.0	63.5	4.42
My spouse disapproves of them	1.9	3.8	11.5	36.5	46.2	4.25

NOTES: There were multiple responses from the respondents n=54
respondents

The mean range is between 1 and 5. Factors that lie closer to (1) have the strongest rating

As shown on Table 4, the majority of the males disliked the activities they did not participate in because culturally M = 2.81, they are inappropriate. Additionally, however much they tried they could not make it M = 2.60 (table 4). This implies that irrespective of their social standing, men are culturally inclined in their choice of activities to participate in and still attach these activities to cultural stereotypes which classify physical activities on gender lines. On their part, majority of the females feared becoming muscular M= 2.61, and being injured M = 2.74 as seen on table 5.

Table 5: Reasons why female respondents disliked the activities they did not participate in at hotel health clubs

	Strongly agree %	Agree %	I'm not sure %	Disagree %	Strongly disagree %	Mean
Culturally they are inappropriate	.0	40.7	40.7	13.0	5.6	2.81
Gender wise, they are inappropriate	1.9	31.5	37.0	14.8	14.8	3.08
However much I try, I do not make it	7.3	25.5	32.7	23.6	10.9	3.04
They are boring	1.8	12.7	34.5	23.6	27.3	3.60
I do not have strength for them	3.6	21.8	30.9	32.7	10.9	3.23
I fear being injured	1.8	47.3	30.9	14.5	5.5	2.74
They are not challenging enough	.0	12.7	38.2	25.5	23.6	3.58
My friends do not approve of them	1.8	34.5	27.3	25.5	10.9	3.06
They are for beginners	1.8	9.1	25.5	25.5	38.2	3.89
The instructions are not exciting	9.1	25.5	36.4	14.5	14.5	2.94
They may give me muscles	22.2	33.3	11.1	11.1	22.2	2.61
My spouse disapproves of them	9.3	13.0	38.9	7.4	31.5	3.40

NOTES: There were multiple responses from the respondents n=55
respondents

The mean range is between 1 and 5. Factors that lie closer to (1) have the strongest rating

The resultant t-test carried out on the 12 items revealed that there existed significant differences between the reasons for males and females disliking the physical activities they did not participate in. This is because the p-value for this test was 0.006<0.05. In addition, the t-statistics (3.36) was also greater than t-critical (2.20). Thus there were no significant differences in reasons why men and women disliked activities they did not participate in. Thus the set null hypothesis was rejected and a new one that there were significant differences in reasons why members disliked the activities they did not participate in was adapted.

V. Discussion

Though there was an equivocal representation of males and females in the study, males age range was spread more than their female counterparts. Since most of the males were aged below 30years, there is a

likelihood that most of the affluent young men are not only aware of the benefits of physical activities but also more concerned about their appearance. Additionally, they have ventured into areas previously perceived as a preserve for females. This is exemplified by their preference of body massage and sauna/ steam bath to other physical activities. While females are also interested in such activities, their age range is concentrated between 30 and 40 years. Since at this age most females are married and have children, there is a possibility that they have experienced child birth and the physical body changes that result from weaning. Their concern for participating in physical activities may be motivated by the dissatisfaction of their body shape/ weight. In concurrence with this view, Hallewell&Dittman(2003) avers that women seek to achieve perfect bodies to please their partners irrespective of their age. Important to note is that just like females, young affluent males exhibit the same trait. Halliwell *et al.* (2003) aptly explains that that young men's level of body dissatisfaction can match that of women. This thus compels them to participate in physical activities in order to gain an attractive body physique. The older men on the other hand are relatively satisfied with their body masculinity.

In terms of choice of activities, while affluent men preferred weight training, confirming a study by Shephard (1986) who asserted that men prefer engaging in stress seeking activities that conform to their masculinity, females preferred aerobics, swimming and sauna bathing. Other than calling for many participants at a time, the activities females chose enhance agility and flexibility, a quality that most females have. These revelations confirm Lenskyj's (1988) assertion that females have superior flexibility, balance and agility and would participate in activities that require these qualities. Conversely, their choice of physical activities does not allow body contact. No wonder, they rated low on martial arts as compared to males. In addition, these activities are more of extrinsic in a sense that they enhance appearance of the participants. This collaborates with Egli, Bland, Melton & Czech (2011) assertion that women are motivated by extrinsic factors in their choice of activities to participate in.

However interesting to note is that just as females, male rated steam and sauna bathing highest. These are activities that do not involve much energy expenditure but are placed in health clubs to encourage fellowship and not to enhance physical fitness. There is likelihood that most of the affluent dread activities that require expending much energy unlike their less affluent counterparts. Owing to the fact that this is the population that has a high susceptibility to cardiovascular complications, this raises a red flag on their level of participation in physical activities. Another possibility is that both groups of respondents are either engaged elsewhere thus need an activity that will enable them to relax after a day's work and/or break monotony. This concurs with Cureton's (1985) assertion that some activities are installed in health clubs for continuity and breaking monotony. Additionally, men rated body massage highest, while their female counterparts rated it low. Since most of the masseurs in this hotels are women, there is a possibility that this motivates most men to go for the services. Females on the other hand may not be comfortable being massaged by their fellow women, irrespective of their concern for their physical well-being.

In relation to their reasons of preferring these activities, just like the case of Ashford *et al.*, (1993), Ebbeck *et al.*, (1995), and Koivula, (1999). This study noted that affluent males and females' motivations for participating in the activities they chose on were varied. While females participated in physical activities because they involved team work and had more fun, majority of males preferred the activities they participated in because they were more challenging and competitive. Considering that men preferred weight training and tread mills highly, activities that are physically challenging, these results confirm Lenskyj's (1988) assertion that men are superior in strength and would like to participate in activities they are good in. On the part of females, considering that they ranked aerobics, swimming and sauna, activities that are socially oriented and expend less energy, highest, affirms to Lenskyj's (1988) explanation that females' approach to physical activities is the spirit of recreation that touches on social and emotional dimensions. In concurring with this, Bem (1985) explains that gender differentiation starts at birth. It thus leads to passive, submissive and nurturing behaviour by girls and active aggressive, destructive and autonomous behaviour by boys. This might be the reason why men engage in stress seeking activities such as getting fit whilst women pursue sedentary, less exciting leisure activities which involve less strength training. They also want a chance to mix with other people (Shephard, 1986).

In terms of the respondents' reasons for disliking the physical activities they did not participate in, the affluent males' reasons differed from those of females. Men felt that culturally and gender wise these activities were inappropriate. This implies that men are culturally inclined in their choice of activities to participate in and are still attach these activities on gender basis. This is in agreement with Koivula's (1995) argument that some men rate physical activities in terms of cultural appropriateness. It also attests to Matteo's (1986) assertion that men who are sex typed process information in regards to sex linked associations that would make them feel uncomfortable participating in cross sex activities. Again, women's' superiority in flexibility balance and agility plays here. Men rated yoga lowest yet they stated that however much they tried they could not make it in such activities. On their part, majority of the females feared becoming muscular and being injured. It is no wonder that they rated martial arts, weight training lowest. These are activities that are physical, competitive and strenuous. These findings agree with Bem (1994), Koivula (1995), and Shephard's (1996) argument that

portrayed females as preferring less strenuous activities due to the gender differentiation instilled in them from birth. Unlike men's stress seeking activities due to their aggressive, destructive and autonomous behaviour.

VI. Conclusions, Lessons Learnt and Future Directions

From the above findings, it is evident that gender stereotyping has changed among affluent young men as they are comfortable with activities earlier termed as feminine. However generally, both sexes still consider choice of activities in relation to their cultural values which likely affects their goal attainment. The affluent males' choice of activities they participate in, their perceptions to the various activities they participate in and reasons of avoiding the activities they do not participate in greatly differ from those of females. While men are more tasks oriented in their choice of physical activities as they seek challenges and competition, majority of females seek fun and team work. While males want to prove their masculinity by identifying stress seeking activities, females avoid competitive activities. It should however be noted that females are not biologically or intellectually inferior to men. High performance athletes of both sexes participating in the same sport have very similar levels of strength, endurance and flexibility and this does not give them a muscular physique.

Contrary to the depiction in Fiske *et al.*'s Social Judgement Theory that men are 'high status' meaning they are competent but not warm, this study posits that affluent men are also warm. This is pegged on their preference of body massage, steam and sauna bathing. There is a possibility that the young affluent members avoid stress seeking activities but at the same time seek for good physique to make them attractive.

From the findings, it is evident that more awareness strategies need to be put in place. Hotel health club instructors have a great role to dissuade their affluent members from choosing passive activities and instead appreciate the benefits they may derive from participating in all other activities available so as to enjoy the health benefits that come with them while helping the government to realise its goal of creating a healthy nation. These findings are useful not only to the star rated hotels but all the health clubs, as they give insights on participation gaps that need to be addressed. It also opens gaps in relation to existing health club instruction levels. As such it is expected that training for modern fitness instruction techniques should be organised.

Instructors are advised to encourage the affluent members to get involved in most of the activities found within the establishments, especially those that are energy expending, putting I mind that their lifestyles may place them at risk of cardiovascular complications by preparing individual programmes for each member and ensuring the follow the set programmes closely so as to maximise their utility.

Perceive the need and importance of the various activities in the health clubs and convince the female members that they can attain their goals without looking masculine. This may be achieved by employing more female instructors who are all-rounder and physically active to act as role models for the female members fearing to participate in certain activities because they may look masculine. Male masseurs should also be employed to cater for female needs.

Set up a national policy aimed at creating awareness of the benefits of physical activities so as to encourage participation by the affluent of both gender and help counter competition from other leisure activities which have no health benefits.

Only the higher social class members in five-star hotel health clubs were covered in this study. There is thus need for future studies to establish the view of other social classes who are members in other health clubs. Being a member of a health club or participating in physical activities does not mean that one enjoys the health benefits. There is need to establish the intensity of participation of each participant so as to adduce whether they attain the requisite physical activity levels. There is also need to address the effects of nutrition uptake of health club members in relation to their physical activity gains.

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