

## PERCEIVED BARRIERS TO SPORT AND RECREATION PARTICIPATION IN BOTSWANA

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### Abstract

Participation in different forms of recreation and physical activities has beneficial effects on the health and health status of individuals. Physical inactivity has also been identified as a major health problem affecting many people in all regions of the world (World Health Organisation, 2002). Participation in physical recreation activities is influenced by several factors, e.g. time, interest, availability of facilities and accessibility to facilities (Scholtz, 1995; Sayed, Meyer & Monyeki, 2004). In developing countries several factors have been identified as precursors of physical inactivity, e.g. overcrowding, poverty, crime, lack of parks, and sports and recreation facilities (World Health Organisation, 2002). These factors often lead to the development of a number of health problems including hypokinetism, obesity, hypertension, premature mortality and increased prevalence of concomitant social and economic problems. In order to determine perceived barriers to sport and recreation participation in Botswana the modified Crawford, Jackson and Godbey's (1991) constraint assessment questionnaire which focused on five barrier categories, i.e. aptitude, socio-economic, socio-cultural, facility-awareness and facility constraint, was used. Specifically, the study examined the factors that preclude or limit Botswana people's frequency and quality of participation in sports and recreation, and the extent to which the barriers were distributed among the population. From an initial target sample of 2195 residents in six randomly selected communities in Botswana, data based on responses from 1664 (75.8%) correctly completed questionnaires were statistically analysed. Results indicated that the participants were constrained mainly by socio-economic, socio-cultural, facility awareness and facility inaccessibility barriers. These results provide relevant information for planning and delivering sport and recreation services as well as implementing intervention programmes for community health promotion in Botswana.

**Key words:** Barriers, health problems, physical activity, physical recreation, sport, sport and recreation services, target groups.

### INTRODUCTION

Participation in sport and recreation can lead to improved health of individuals and also in increased productivity levels at work places. Experience has shown that exercise, no matter how brief at the end of a long day's work does help to ease away stress. Today, some individuals experience a lot of health problems due to physical inactivity (Sayed, du Meyer & Monyeki, 2004; Kagwiza, Phillips & Struthers, 2005; Peltzer & Pengpid, 2006). Compared to present-day lifestyles, the traditional way of living among the Batswana (natives of Botswana) forced people to exercise, walk to the rural areas and cattle-post or visit friends and relatives as opposed to driving or taking public transport. Food had to be processed thoroughly for several days and over several stages before it was ready for consumption.

Today, fast food is readily available from supermarkets or restaurants in many cases.

It is recognized that recreation literature makes a distinction between leisure in its broad sense which is defined as those activities carried out during one's free time (including a variety of activities, e.g. participation in sports and games, reading, dancing and painting) and physical activity defined in the context of those activities requiring considerable energy expenditure (e.g. walking, jogging, cycling, gardening, dancing, etc.). However, such distinctions are contentious given the fact that the activities are sometimes defined as sport, leisure or physical activity based on the motive of participation and the context within which such involvement is analysed. Examples are swimming, dancing and walking, which may be regarded as sport, leisure or physical activity depending on a number of factors. In this study therefore, the terms sport, leisure and physical activity are used in a broad sense to encompass a variety of physically active engagements in Botswana.

A review of the literature indicates that physical activity is a major contributor to the sustainable functional status and improved quality of life of individuals (Bouchard, Shephard & Stephens, 1994; Foutane, 1996). Wankel and Berger (1991) earlier concluded that physical activity programmes aimed at enhancing the quality of life should be perceived by the participants as impacting positively on the dimensions of physical and psychological health, social harmony, personal enjoyment and social change.

In 1997 the South African Department of Sport and Recreation developed a national physical activity project called SANGALA, meaning the South African National Games and Leisure Activities. The project was aimed at the promotion of mass sport and recreation activities to all South African citizens (DSR, 1998). SANGALA is a physical activity programme that focuses on developing the functional status of individuals. Functional status is defined as a person's ability to perform the activities necessary to ensure daily well-being which in turn affects the quality of life

(Heikkinen, 1998; Losier, Bourgue & Vallerand, 1993). The three domains of functional status – biological, psychological and social are developed through physical activities (Heikkinen, 1998).

An individual's perception and attitude towards physical activity are challenged, reshaped and firmly fixed during the school years. During this period, physical activities are structured and organized and the use of physical activity and sport equipment perfected. Motivation and encouragement to participate in sport and physical activity come from teachers, parents and peers. These contacts are capable of significantly changing or modifying an individual's perception and attitude towards sport and physical activity. His/her behaviour then becomes a reflection of self-belief and accepted values (Fishbein & Ajzen, 1975; Smith & Theberge, 1987; Craig, 1991; Louw & Edwards, 1993; van Deventer & Pederson, 2001).

Several problems have been identified as barriers to people's participation in sport and recreation activities. Some of the

problems identified are lack of leadership and capacity building, cultural barriers, lack of human resources and poor awareness campaign and lack of funding (Ellis & Rademacher, 1986). Torkildsen (1999) opines that there is a complex mixture and interaction of factors which affect participation in sport and recreation. He identified three discernible factors – personal, social, circumstantial and opportunity factors. The personality of an individual, his/her needs, interests, physical, and social ability, the culture into which one is born, age, gender, education and a whole range of personal factors could influence recreational choice and participation. Social and circumstantial factors include income, material wealth and goods, population and culture, social roles and contact, availability of time and occupation. Opportunity factors include available resources, distribution of facilities, access and location of facilities, organization and leadership, recreation services and political policies (Torkildsen, 1999: 90-91). Barriers in sports and recreation are defined as factors that preclude or limit an individual's frequency, intensity,

duration or quality of participation in sports and recreation activities (Ellis & Rademacher, 1986). Jackson and Searle (1985) conceptualize barriers as a subset of diverse reasons why individuals may not participate in some activity. Crawford and Godbey (1987) identify three types of barriers/constraints to participation in sports and recreation – *structured*, *intrapersonal* and *interpersonal* constraints. Structured barriers are those factors that intervene between sports and recreation activity preference such as finance, season, time, climate, etc. Intrapersonal barriers are internal psychological states of the person, such as stress, depression, anxiety, attitude, skills, etc. Interpersonal barriers are those factors that interact with leisure and recreation preferences, for example, lack of a company or partner for a game of tennis. A model proposed by Crawford, Jackson and Godbey (1991) suggests that intrapersonal barriers are proximal constraints and are encountered first, and are then followed by interpersonal and structural barriers.

Several studies have been carried out to ascertain the effects of

barriers/constraints on leisure and recreation participation. They include studies by Steptoe, Wardle, Fuller, Holte, Justo, Sanderman & Wichstrom (1997), Henderson, Ainsworth and Crawford (1995), Henderson, Ainsworth and Bialeschki (1995), Kay and Jackson (1991) and Shaw (1994). There is a consensus among these studies that participation in recreation and sports is constrained by a multiplicity of factors. Literature on physical activity also indicates the following as common constraints to participation in physical activity; time, interest, availability and accessibility of facilities and more recently safety and security concerns, especially in countries with high crime rates (Scholtz, 1995; Sayed, Meyer & Monyeki, 2004).

Very few studies have been carried out in Africa, particularly in Botswana regarding barriers in sports and recreation. Kgathi's study (1994) on women in sports in Botswana was peripheral on the issue of barriers to sport and recreation. He identified such factors as lack of time and money as the barriers to participation in sport and

recreation, but provided little information in terms of strategies that could be implemented to address the challenges. The study by Sayed, du Meyer and Monyeki (2004) also assessed barriers to participation in sports and recreation among inhabitants of three communities in Botswana. None of these studies related their outcomes to the prevalence of lifestyle risk factors. Therefore, the primary purpose of the present study was to assess the barriers to participation in sport and recreation in six geographical locations in Botswana. A secondary aim of the study was to determine the respondents' type and level of participation in sports and recreation. This research is critical for the development of preventive health programmes and interventions targeted at increasing involvement in physical activity and consequently decreasing health risks among Botswana.

## METHODS

### *Participants*

A total of 1664 participants, consisting of 829 men and 835 women aged 15 – 30 years, participated in the study. The age range of 15 – 30 years was chosen as it represents a combined sample of

students and workers in the country. The sample included youths in institutions of learning, unemployed, employed and self employed people. The samples were drawn from the following geographical locations: Francistown, Gaborone, Maun, Molepolole, Palapye and Tsabong.

Based on Botswana's estimated total population of 1.6 million, participants were selected from the above towns/villages on proportional representation as shown in Table 1.

### *Sample size*

Six centres were randomly selected to represent various parts of the country. Based on the country's population census (Republic of Botswana, 1996), 2 – 10% of the population in the various age groups and gender was targeted. The population sizes of the research sites/locations by age and gender is shown in Table 1. The distribution of the study sample by location, age group and gender is shown in Table 2. This indicates the number of people who actually participated in the study.

Table 1: Participants' population size by location, age group and gender

Research Sites	Gender	Age 15 – 20yrs	Age 21 – 25yrs	Age 26 – 30yrs
Francistown	Male	3198	4211	3846
	Female	4348	4781	3895
Gaborone	Male	7374	11 811	10 140
	Female	8805	10 793	9003
Maun	Male	1228	1260	1199
	Female	1708	1503	1445
Molepolole	Male	1847	2659	1699
	Female	2290	2807	2105
Palapye	Male	1447	1036	956
	Female	1869	1289	1131
Tsabong	Male	181	174	214
	Female	205	215	167

Table 2: Distribution of the respondents by location, age group and gender.

Town/village	Age group	Male	Female	Column Total
Francistown	15-20	115	115	230
	21-25	31	33	64
	26-30	17	14	31
Gaborone	15-20	113	152	265
	21-25	126	115	241
	26-30	89	101	190
Maun	15-20	45	52	97
	21-25	31	38	69
	26-30	8	5	13
Molepolole	15-20	45	52	97
	21-25	51	41	92
	26-30	46	21	67
Palapye	15-20	18	23	41
	21-25	27	32	59
	26-30	8	0	8
Tsabong	15-20	56	31	87
	21-25	3	3	6
	26-30	0	7	7
Row Total		829	835	1664

*Instrumentation*

The modified Crawford, Jackson and Godbey's (1991) model of constraints assessment questionnaire consisting of five barrier categories, i.e. aptitude, socio-economic, socio-cultural, facility awareness and facility constraint, was used to assess the extent to which the respondents' participation in sports and recreation activities was constrained by the barrier categories. In modifying the questionnaire, some of the items were reworded clearly and simply to make them applicable to the local context. Also, specific examples were cited in sport and physical activities as the original questionnaire was designed for leisure constraints. Based on amplifications and relatedness of three primary constraints, i.e. intrapersonal constraints comprising aptitude and awareness regarding sport and recreation activities and facilities; structural constraints consisting of socio-economic constraints and facility awareness and facility constraints; while interpersonal constraint is likened to socio-cultural barriers, we broadly classified the factors into five barrier categories<sup>1</sup>.

The five categories of the barriers were assessed using a 23-item questionnaire. Participants responded to the questions and statements on the barriers to participation in sports and recreation based on a 5-point Likert scale ranging from strongly agree (5), agree (4), undecided (3), disagree (2) and strongly disagree (1). For ease of interpretation of the results the 5-point response categories were condensed into three main categories; Agree, (combination of strongly agree and agree), undecided, and disagree (a combination of strongly disagree and disagree). The scores in the three categories were then used in the final analysis of the data.

Prior to questionnaire administration, the instrument was pre-tested among residents in two communities, i.e. Kanye and Mahalapye, using test-retest method at two weeks interval. These locations were not involved in the final data collection. Correlation coefficients ranging from  $r = .86$  to  $r = .95$  were obtained, thus confirming the reliability of the instrument.

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<sup>1</sup>*Aptitude*: Personal, physical skills, knowledge, body image, illness, fitness; *Socio-cultural*: Societal norms, values of sport, customs, beliefs, peer pressure; *Community Awareness*: Awareness of sport facility, knowledge of sport facility, use of sport facility; *Socio-economic*: Time, finance, equipment, cost of public transport; *Environmental*: Access to facilities, proximity to facilities, motivation, safety, weather conditions.

*Demographic data*

In order to facilitate data analysis, the questionnaire was subdivided into three main parts: Part one of the questionnaire required the respondents to provide information on their age, gender, marital status, dominant language, educational qualifications, occupation, and membership of sports/recreation clubs/organization. They were given a list of sports, but were free to give any other sport or recreation activity not included in the list. Part two of the questionnaire required the respondents to indicate their participation in sport on daily basis, at recreational level, current and future sports preferences, and status of current versus future participation sport. This exercise was designed to ascertain that only respondents who have actually participated in one form of sport/recreation or the other, served as participants in the study. Part three of the questionnaire concerned problems that were perceived to hinder participation in sport and recreation based on the five barrier categories.

*Administration of questionnaire*

Each respondent was given an explanation of the purpose of the study

and assured of the confidentiality of the information provided. Where a respondent did not understand the questions/statements and/or was not sure of how to complete the questionnaire, a research assistant provided the needed support.

*Data Analysis*

Descriptive statistics were computed to identify the barrier categories that constrained participation in sport and recreation. Inferential statistics (t-test) was used to determine significant differences regarding barriers to sport participation between the men and women. One-way ANOVA (two-tailed test) was also used to test significant differences among residents of the six locations regarding the influence of the barrier categories. In the ANOVA, the scores based on responses to the Likert scale were summed by gender and the mean values calculated for each of the leisure constraint category.

**RESULTS**

Among the participants the most popular competitive and recreational sports were athletics, soccer, softball, swimming, table tennis and volleyball.



The highest level of competitive participation was reported in Gaborone for all the sports, except swimming that was most popular in Francistown. In terms of gender variation soccer was the most popular sport among the men, whereas slightly more women than men participated in athletics.

At a recreational level a substantial proportion of the respondents engaged in sport and more than 20% of the respondents were involved in sport at least thrice a week. In terms of the respondents' participation in recreational sport by location, except softball which attracted the highest number of participants, majority of the respondents in Gaborone participated in all other recreational sports. Regarding daily sport participation, a consistently high prevalence was reported by residents of Gaborone in contrast to participants in other locations. A similar pattern was observed for the men and women, except for athletics in which slightly more women indicated that they participated in the sport.

It was of interest to this study to examine the participants' future sport and

recreation preferences. This information is needed because of its implications for planning sport and recreation programmes in the communities. Except for athletics and softball that were mostly preferred by residents of Maun, the other sports were predominantly preferred in Gaborone. Also, a comparison was made between the participants' current and future involvement in sport and recreation. Only swimming yielded the least amount of discrepancy confirming that they were dissatisfied with their participation in the sport and would like to increase their involvement. In general, the findings showed that the respondents had passion for sports.

Tables 3 and 4 show available and desired facilities, respectively in the six locations studied. The results are based on participants' responses. Accordingly, the major facilities available were for soccer, netball and volleyball. Surprisingly, swimming pool ranks higher than soccer pitches in the desired facilities (Table 4).

Table 3: Available sports and recreation facilities in six geographical locations in Botswana\*

Sports/Activities	Responses	Percentage
Soccer pitches	411	26.61%
Baseball pitches	94	5.63%
Softball fields	171	10.24%
Netball courts	249	14.91%
Stadia	111	6.64%
Tennis courts	99	5.92%
Volleyball pitches	214	12.18%
Cinema halls	85	5.08%
Multipurpose community hall	70	4.14%
Parks	37	2.22%
Swimming pools	88	5.26%
Table tennis halls	52	3.11%

\* Responses based on quantity, not quality/standard of facilities.

Table 4: Desired facilities for sports and recreation in six geographical locations in Botswana\*

Facility	Number of respondents	Percentage
Swimming pool	289	28.1%
Tennis courts	113	11%
Softball pitches	81	7.9%
Cricket pitches	40	3.9%
Basketball courts	107	10.4%
Squash courts	30	3%
Soccer fields	143	13.9%
Volleyball courts	59	5.7%
Netball courts	136	13.2%
Hockey fields	31	3%

\* Responses based on quantity, not quality/standard of facilities.

Table 5: Perceived barriers to participation in sport by men and women in the six locations.

Perceived barrier/ Categories	Men	Women	F
	M (SD)	M(SD)	
Aptitude	48.4 (16.8)	41.4 (15.6)	10.09 **
Socio-cultural	72.6 (15.6)	66.0 (16.4)	10.94 **
Facility Awareness	37.8(16.8)	36.6 (13.2)	1.92
Socio- Economic	99.6 (18.0)	79.2 (19.8)	13.57***
Environmental	27.0 (13.2)	25.2 (14.4)	3.34

\*\*\* p <0.001; \*\* p <0.01

With such information, Botswana department of sport and recreation will have some indication concerning the type of facilities that would adequately meet the people's sport and recreation interests and needs.

The results of this study showed that Batswana are sport-loving people. Their passion for sports is, however, hindered by some constraints which are socio-cultural, environmental, socio-economic and aptitude. These factors cut across the six locations<sup>2</sup>. The magnitude of these factors is further confirmed by the ANOVA analysis presented in Table 5. In the analysis, the socio-economic, socio-cultural and aptitude factors have more substantial influences on participation among men than women (Table 5).

Further analysis of the perceived barriers to participation in sports in a summarised form implicated four major constraints. In order of magnitude, lack of money (33%), too much work (23%), lack of transport (18%) and other factors (26%) were perceived barriers that were reported across the six geographical locations.

## DISCUSSION

These results of this study concerning barriers to participation in sport and leisure activities are similar to the findings of other studies (Peltzer, 2002; Sayed, Dup Meyer & Monyeki, 2004). The findings which indicated a higher level of participation in competitive sports and recreational activities in Gaborone could be explained in the light of urban/rural differences. As the capital city of Botswana, Gaborone has comparatively well developed infrastructure in contrast to the other towns and villages in the country. The national stadium and university are also based in the capital city which provides opportunities for the people to engage in recreation and sports activities. This probably accounts for the greater participation in sports by residents of Gaborone.

It is interesting to note that the participants in this study generally perceived recreation and leisure as referring to various forms of sports and games which are not undertaken for competitive purposes.

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<sup>2</sup>Results on differences by location are available from the authors upon request.

It is possible therefore, that other forms of leisure activities which the people participated in such as dancing, singing, hunting and cattle herding have not have been reflected in the present findings. The findings should therefore be interpreted with this limitation in view.

Analysis of the categories of barriers to participation in sports in the six communities identified the following factors: aptitude, socio-cultural and socio-economic factors. Surprisingly, the influences of community awareness and environmental factors were not supported by majority of the respondents. By the time of this study, there were hardly any formal community awareness programmes on the health benefits and values of sports and recreation activities in Botswana. The print and electronic media were the only popular sources of information on sport and recreation in the country. Also, activities of the department of sport and recreation were targeted more at raising awareness concerning the values of sports participation and the pride of success in sports competition than participating in wholesome leisure pursuits. Therefore, it is understandable

that the participants had little appreciation of the potential role of community driven sports and leisure programmes as well as the influences of structural constraints such as access, proximity and motivational factors in facilitating participation in such activities.

Similar to the findings of the present study, Kgathi (1994), Myers and Roth (1997) and Barrows (2003) reported the following constraints to participation in sport and recreation activities: lack of time and money, motivation and facilities. Jones and Nies (1996) had earlier noted that barriers to exercise include accessibility to and availability of facilities, thus implicating the need for community-based exercise programmes (Peltzer & Pengpid, 2006). Therefore, it would be important in future studies to relate the statistics on participation in sport and recreation to the incidence of health problems related to lifestyle factors. This will facilitate the development and implementation of intervention programmes for community health promotion in Botswana.

## CONCLUSION

The results of this study have aided our understanding of perceived barriers influencing participation in sports and recreation in Botswana.

In general, aptitude, socio-cultural and socio-economic factors were the perceived key determinants to successful participation in sports in the six locations. Other factors like environment and community awareness were not so strongly perceived to influence participation in sport and recreation. Comparative investigations and analyses of men and women across the six locations will help to identify the particular barriers that are unique to each of the six geographical locations. The findings also indicate the important factors that could guide intervention and promotion programmes targeted at increasing participation in sport and recreation activities and alleviating health risks among Botswana.

## ACKNOWLEDGEMENTS

The financial assistance of the Research and Publications Committee, University of Botswana towards this research is gratefully acknowledged. Opinions

expressed in this publication and conclusions are those of the authors and should not necessarily be attributed to the University of Botswana.

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