

Influence of Recreation Spaces on the Aged Health in the Urban Fringes of Akure, Nigeria

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Abstract

The study is aimed at investigating the alternative medium of improving the failing health condition of the aged in the urban fringes of Akure through recreation. Two nearby settlements were chosen, each from the two local governments that constitutes Akure. Personal oral interview was the methodological procedure adopted for this study because many of the residents in the study area are not literate. Observations and secondary data were also used to supplement the data collected during the field work. The finding corroborates the literature as it revealed the absence of recreation spaces and inadequacy of health facilities in the study areas. This affirms the need for proper planning policy implementation that will consider the nearby settlements of any city during urban development through the provision of physical infrastructure and creation of recreation spaces for public health support, mostly to help the aged in the community.

Keywords: Aged health, Akure, health facilities, planning policy, recreation spaces, urban fringes.

1. Introduction

Growing population and rapid urbanization has made housing problem a global issue, which both the developed and developing countries have to face, although with varying degree of severity (Owoeye, J.O, Omole, F.K, 2012). Housing represents the most basic of human need and it has a profound impact on the health, welfare, and productivity of individuals. For housing to produce these impacts, it must be adequately provided with functional infrastructure (Olujimi, 2010). In many countries the capital is the state's most important city. It is typically a center of high population, commerce, governance and culture. They are rich in architectural masterpieces, parks and monuments. The headquarters of the nation's most powerful businesses are commonly based in the capital (ENCARTA 2009).

Akure like every other capital of state is an ancient city in Nigeria and it has drawn its residents from rural areas or smaller towns at a significant rate as a result of rural urban migration. People have moved into Akure, the capital city of Ondo state, from far and near in search of economic advantages, educational opportunities, cultural richness, and diversity of experiences that large cities provide. As a consequence of this population drift, Akure has grown rapidly and spread into the surrounding rural areas. In the south, it has spread towards Irese, Ipinsa, Obele, Ibule, among others and in the north towards Oda and Oba-Ile.

People are able to move easily from these rural areas owing to the good roads connecting them to Akure. The Ijare road links Irese and Ipinsa with Akure and Ilesha-Owo express way links Ilara and Ibule all at the south side of Akure. In lieu of this, people do not have to relocate to the city even if they are working there. With the accessible transportation many are able to live as far as 40-50 kilometers away from the city.

Olotuah (1997) noted that "An index of the standard of living in a community is defined by the quality of its environment". Rural settlements are known for their disperse way of settlement which does not actually conform to any pattern. This type of settlement gives room to good spacing of residential houses, creating more of open spaces for gathering, recreation and sporting activities, green areas of good creature display that brings about innovation, pure and clean air good for body system among others. In Nigeria prior to the colonial era, the open spaces played vital roles in the lives of the people in the traditional setting in the villages and towns in Yoruba land (Iloeje and Emenike, 2014).

Traditionally, the open space that tends to gather people together is known as village square and all feasible roads converge to or diverge from it. The village square served as the melting point of activities, moonlight tales, and playground for all sorts of sports. This village square also acted as resting place for the villagers after hard day's work. This spaces were the major defining character for the various villages and in some areas were used in preservation of land and as flood control (Ezeugwu and Emenike, 2005).

The drastic shift of development that is concentrated to city capitals led to the neglect and abandonment of these open spaces. The high rate of growth of these cities resulted in inflation in terms of living cost of daily human needs and thus makes living in cities cost unbearable. This development has made all the features which improves lifestyle and lifespan of the people in the rural areas things of the past. Consequently, some residence now desire to settle at the villages close to the cities considering the fact that it is more accommodating and cost bearing. People in those villages adjoining the city capitals now live in congested areas of no free spaces and green areas, polluted air, and lack of sense of recreation due to no availability of spaces.

The aged in the rural area are the most affected as this development rather worsen their situation confining them to their residence and deprive them from associating with people and exercising their body and

mind via recreation. The aging is related to this study because old age is a period of gradual disengagement from social world both externally (economic & social) or internally (physical & developmental) and therefore, there is need to understand this and make preparation for tangible support for the aged when the children had flown from the nest. As people grow more elderly, it becomes increasingly difficult for them to cope with their problems, which may be physical, mental, social, emotional and financial.

Omokaro, E (2010) opined that research attempts to systematically probe a subject matter in order to uncover the cause and effect, the magnitude of a problem and its impact. The objective is to explain the multi variant nature and workings of the matter under discussion (Ibrahim and Omokaro, 2011) which in this case would be addressing the importance of social interaction and the role it contributes to the older adult's health as optimal aging involves staying active and managing to resist the shrinkage of the social world by maintaining the activities of middle age for as long as possible.

2. Literature

According to the 1991 national census, the figure for the elderly (above 60 years) is put at 4.5 million or 5.2% of the population and this has risen to 6 million as at year 2000 due to improved medical facilities and quality of life. By the year 2025, Nigeria will rank in the eleventh place among countries with over 11 million elderly people in its population (UN, 2005). This growth in the number of older people is explained by increasing expectation of life, which results from higher living standards, better nutrition, etc. (Christensen, Doblhammer, Rau, and Vaupel, 2009).

Old age is believed to be a time to withdraw from the usual hustling and bustling of daily living; providing a time when they are to enjoy the fruit of their labour. However, this is the time that a lot of children abandon their parents due to the distance or down turn in the economy which brings about the breakdown in the family system. The traditional systems of family support, which has been solely anchored on the capacity and willingness of adult children to care for their elderly parent is increasingly coming under threat of contemporary transformation in life styles and expansion of expectation (Omokaro and Ibrahim, 2011). Thus, the fear of old age is characterized by lack of sufficient capacity for the older person to cater for his/her needs which is already made worse by demographic, economic and social factors (Okojie, J.A. 2010)

Successful psychological aging is reflected in the older person through the ability to adapt to physical, social and emotional losses and to achieve contentment, serenity and life satisfactions (Atchley 1989). The recreation activities are those carried out with leisure, usually chosen voluntarily by the participants either to derive satisfaction or pleasure. It can also be a creative enrichment based on the perception of one's personal or social values. Recreation deals with important matters of many and varied leisure-time activities, including development of skill in recreation activities, participation in competitive and non-competitive games, free play, improvement in health and social interaction, to name a few.

Research shows some of the benefits of recreation spaces to include personal, social, economic and environmental benefits among many others. A totally accessible natural recreation space creates a beautiful, outdoor play and learning environment. Provision of adequate recreational facilities in the built environment is not only desirable but is also necessary to achieve a wholesome design and the well-being of the society/community.

Goudie (2000) expressed that, "*Open space is a tribute to the commitment of residents and professionals to an excellent environment and the natural legacy of increasing value.*" If well managed, recreational spaces will play the crucial role of making the built environment more habitable; in addition, the social impacts, promotion of quality family time and contribution to public health and well-being, preserve community character, facilitate community participation and enhance property values.

2.1 The challenge of recreation spaces in the rural area

The African concept of recreation as well as physical exercises includes acts such as dance, acrobatic and gymnastic displays during cultural festivals and other related occasions. As a people known to engage in lots of other avenues for relaxing and relieving tension in both the rural and urban areas, Ipinmoroti (2004) explained that Nigerians have sought avenues not limited to traditional festivals, moonlight stories, meetings at the village square, hunting, dancing, wrestling, fishing, swimming and playing various types of games during their leisure to become well adjusted. These activities are usually done for pleasure and relaxation as well as finance in some situations. Many of these activities are carried out in special places earmarked for recreation; however in the absence of these special spaces, children, youths and adults including women in the society have had to improvise.

According to Olajide (2010) and Amao (2012), they characterized use of vacant public or private land, illegal subdivision of and/or rental of land, unauthorized construction of structures and buildings, reliance on low cost and locally available scrap construction materials, absence of restricted standards and regulation, reliance on family labour and artisanal technique for construction as elements of informal settlement. This informal

settlement refers to in this context are infrastructure, shelter development and land invasion that occur outside the land-use planning process and government regulation which is common at the neighbourhood settlement around cities like Lagos, Abuja, Ibadan, Abeokuta and Akure among others, where they present common images of worst cases of unplanned settlements.

2.2 Recreation influence on aged health

Havighurst (1972) proposed the activity theory which states that life satisfaction in normal aging requires maintaining the active lifestyles of middle age. According to this theory, that except for the inevitable changes in biological and health, older people are essentially the same as the middle –aged as far as psychological and social needs are concerned. This means that optimal aging involves staying active and managing to resist the shrinkage of the social world by maintaining the activities of middle age for as long as possible.

The continuity theory of Neugarten, Havighurst, and Tobin (1961), as also opined by Atchley (1989), says that successful adjustment to old age requires continuing life patterns across a lifetime. This continuity and a connection to the past are maintained through a continuation of well-established habits, values and interests that are integral to the one's present lifestyle.

Field (1999) observed that some elderly tend to think, behave and interact with others much as they did when they were younger and they stated further that people who are anxious, hostile, depressed or impulsive when they are 70 were, for the most part, are much the same when they were at 40 or 20 years of age and those who feel good about themselves were generally the same when they were younger.

The stressors of old age include normal aging changes which impair physical function, activities and appearance, decreases in physical strength and health, the death of a spouse, establishing affiliation with one's age group, adapting to new social roles and establishing physical living arrangements (Havighurst, 1972).

An aged or elderly person had been said to be persons between 65 years and above. As people get to this age, their world closes in on them as sometimes their spouses may die, children might have moved away and their health may have declined. These difficult changes which the elderly individuals are facing can lead to depression especially in those without a strong support system (Waite & Cornwell, 2009). The well-being of an aged person depends on so many factors which include physical, mental, social and environmental factors. Bower (2000) noted that it is tough to grow old when one live all alone and without satisfying contact with either friends or relatives. He concluded that such isolation carries an added burden in that it sharply boosts a person's chance of developing Alzheimer's disease or related brain ailments associated with advancing age.

Previous research has identified a wide range of indicators of social isolation that pose health risks which includes living alone, having a small social network, infrequent participation in social activities, and feelings of loneliness (Waite & Cornwell, 2009). Waite and Cornwell (2009) further examined the extent to which social disconnectedness and perceived isolation have distinct associations with physical and mental health among older adults, and the results indicated that social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health

Poor health which is associated with old age necessitate dependence on others for tasks such as shopping, bathing, housework, meal preparation among others. This poor physical health is associated with mental health problems such as depression (Heidrich, 1998). Dean, Kolody, Wood and Matt (1992) confirmed the fact that elderly people who live alone has higher level of depressive symptomatology. Lack of physical activity is among the three major factors that significantly increase the risks of developing a heart disease. Regular physical activity increases bone mass, bone and muscle strength, and improves the structure and function of connective tissues (Paffenbarger, et. al., 1991).

In a related study, Ikulayo (2007) submitted that recreation regenerates the body and the brain. Those who exercised twice a week missed even less work according to an Oklahoma State University study that tracked 79,000 people for a year (Mooney et al., 2002). There was a 23% reduced risk of upper respiratory tract infections for people who were regularly active compared to those who were not, according to a study of 547 adults (Nieman, 2001). Research shows that positive changes in the immune system occurs during moderate exercise. Even though the immune system returns to its pre-exercise condition, each exercise session appears to be additive in reducing the risk of infection over time (Nieman, 2001).

Regular physical activity reduces the risk of developing or dying from some of the leading causes of illness and death in the United States. Exercise and fitness can increase longevity and reduce many causes of mortality (Paffenbarger, et. al., 1991). We can live longer and healthier lives by actively participating in regular recreation activity. Recreation, an activity of leisure is an essential element of human biology and psychology, and is often done for enjoyment, amusement, or pleasure (Recreation, 2015).

Regular physical activity during recreation can reduce the severity of many mental health disorders, enabling individuals to better cope with their daily lives. At least 30 to 60 minutes of regular (preferably daily), moderately intense physical activity through recreation programs and activities can result in significant mental health benefits.

3. Study area

Akure is a city in the Southwestern region of Nigeria and the capital of Ondo State. It is the economic nerve centre of Ondo State and a leading producer of mineral resources and food crops in Nigeria. It is located on the intersections of Latitude 7° 17' and Longitude 5° 14'.

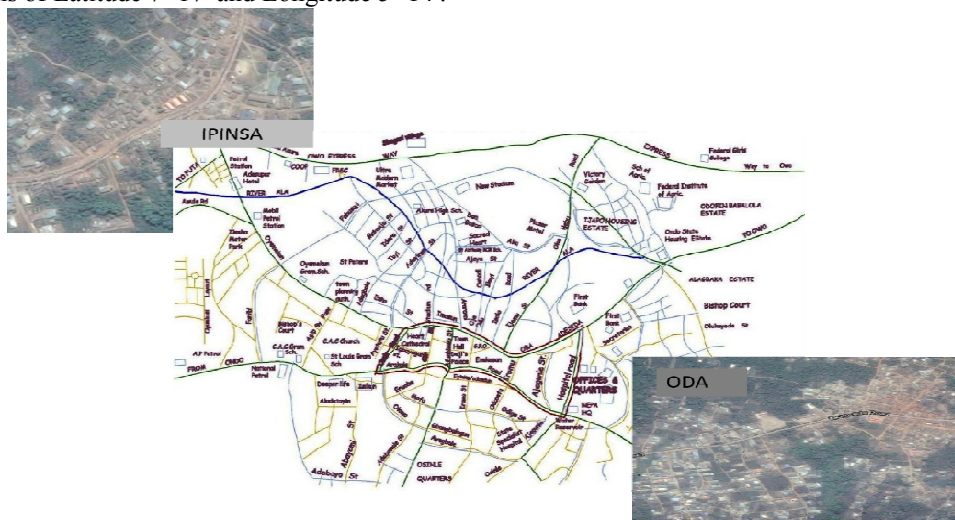


Figure 1. Picture showing the location of Ipinsa and Oda in Akure

Source: Authors field work

The study was carried out in Ipinsa and Oda (Fig 1), both at Akure south local government and Akure North local government respectively. The two are both nearby villages around Akure that are affected by the outburst of Akure city development.

3.1 Research methodology

Structured interview was the methodological procedure chosen for this study. The respondents were assisted to fill the structured interview in replacement to questionnaire due to their level of literacy. This methodology appears to be one of the most productive means of collecting qualitative data (Henderson, 1991). Subsequently, descriptive statistics was used to process the data obtained for inferences.

The study adopted the review of relevant literature in combination with the qualitative method of data collection in order to justify the need for recreation spaces and its input in improving the health status of the aged around those areas. The qualitative method measured the data in numerical terms, while the review of relevant literature allowed in-depth knowledge of factors underpinning their views to give credible and valid results and used various publications.

Stratified random sampling was used to select the study population from Ipinsa and Oda. All residents who were at least 60 years of age and oriented to person, place, and time, as judged by the researchers, were asked to participate. Application of the screening criteria led to the selection of a study population of 87 participants in all. The residents that participated at Oda and Ipinsa where 48 and 39 respectively. Most of the participants were indigene of the research area, therefore had spent a good percentage of their years living in the vicinity. This in return authenticate the information gotten from the participants.

All the interviews took place in the resident's homes. Observations of the participant, the activities, the setting for interviews and their expressions were utilized. A voice activated tape recorder was used to record each resident's answers so as to capture all the responses. The data was then transcribed along with observation notes. The structured questions encapsulate the participants living condition and wellbeing.

4.0 Results, Findings and Discussions

Responses of the participants indicated that the most popular activities were sitting at home, sometimes playing indoor games with friends and relatives, and interacting with children. This finding was understandable in light of the fact that most of these activities were un-socially inclined and public spaces where they could have fun are no more.

Table 1: Gender

S/N	Village	Ipinsa	Oda	Percentage
1	MALE	15	12	31
2	FEMALE	33	27	69
	Total	48	39	100%

Source: Authors' field work (2015)

Table 2: Living Status of the Aged Interviewed

S/N	Village	Ipinsa	Oda	Percentage
1	ALONE	6	12	12.5%
2	COUPLE	33	21	68.75%
3	WITH FAMILY	9	12	18.75%
	Total	48	39	100%

Source: Authors' field work (2015)

The research revealed that above sixty-eight percent (68%) of the aged interviewed still live with their spouses, while little above twelve percent (12.5%) live alone and a little more than eighteen percent (18.75%) lives either with their grandchild or family member. Most of the residents in the study areas are farmers. Majority of them adopted gradual method of building development according to the income from their farm products and tend to move into the uncompleted building still under construction once a part can be covered to shield against rain and other environmental hazards. This samples of building abounds mostly in South-West Nigeria as scenarios whereby a resident is threatened by a landlord and the resident having a building under construction is tired of receiving constant harassment, moves into the uncompleted building without sanitary facilities like water, shower or bath and toilet are common (Afolami and Fadairo, 2013).

The focus of this investigation, was to assess the potential of recreation spaces as a means of improving the well-being of the aged. Based upon the analysis of the data, three themes emerged which are as follows:

- The healthcare facilities performance in those villages
- The present health condition of the aged in the villages and the contributory elements to the aged health degeneration
- The perception of aged about leisure activities

A) The Health Facility Performances

It was ascertained by the villagers interviewed and also confirmed by the interviewer that there is one government-owned health facility situated in both villages. However, the health facility in Ipinsa is barely functional because it is ill-equipped and short on staff. The people of Ipinsa are therefore required to go to the state capital, Akure for treatment. On the other hand, Oda town has a functioning health centre but this operates mainly during the day. It was logged that this particular facility that it is mostly locked at night and if open, no doctor would be available to attend to patients. The findings recorded in the two areas showed that the two health facilities cannot be relied upon to serve the people either during the day or at night.

Night-time emergencies and critical medical needs of aged persons living alone make the present situation more precarious. In both cases, the life-expectancy of the aged diminishes. It is even more disastrous when we think of a case of illness requesting attention at night when that may be hard to get a help or even transportation. As expressed by a widow interviewed at Ipinsa, she stated that *"it is more sincere to say that we do not have a health clinic, as a non-functioning health clinic is not different from not having at all"*. Another widow expressed her experience when she was ill and said, *"You cannot understand the pain I had to go through when I was placed on injection two times a day at road block in Akure (the next nearest health clinic) for five days. Going to and fro twice a day to that health clinic all by myself was painstaking."*

B) The Present Health Condition Of The Aged

It is generally observed that the health condition of the aged in the two community is below average. This condition is been driven by many factors, some of which are analyzed below.

i) Low access to clean water: Most of the villagers in the study area have no access to clean water supply. The only available water for consumption that can be considered as clean is the 50cl sachet water commercially available for N10 per sachet. Most of the aged are unable to afford this as they are either farmers or too old to engage in physical labour. They therefore resolve to rain or locally dug well water. This type of water could cause damage(s) to their health.

This development is not strange as past researchers have confirmed the terrible water situation in Akure. Dividing Akure into twelve zones, Olotuah and Aiyetan (2007) carried out a study of the quality of the built environment in Akure, using 10.1% of the total number of buildings as the sample for the study (1440 buildings), it was discovered that public water service is available to just 5.4% of the population, wells amounted to 40.4%, while tanker service is the major source of drinking water for the population (29.6%) and with borehole been 2.5%. In a study of Araromi, Oja Oshodi, Isolo and Ijomu area within Akure South Local Government Area, of the 252 buildings sampled, hand dug well is the major source of water that accounted for 85.7%, however, 14.3% of the residents interviewed then have access to tap water which is reported as not regular.

ii) Substandard building type: The table below shows the assessment of the buildings in which the respondents live. They are ranked based on an overview of the architectural design, structural stability and maintenance of the structure.

Table 3: Building condition of the respondents

S/N	Building condition	Ipinsa	Oda	Percentage
1	Very good	-	-	0%
2	Good	3	18	24.1%
3	Fair	33	15	55.2%
4	Bad	12	6	20.7%
5	Very bad	-	-	0%
	Total	48	39	100%

Source: Authors' field work (2015)

Most of the buildings that the respondents live in both towns are not in a good condition as evident in table 3. Out of forty-eight building evaluated at Ipinsa, only three were good, thirty-three in fair condition and twelve are in bad situation. It was a bit better at Oda as out of thirty-nine building evaluated, eighteen were in good condition while we have just six observed as in bad shape.

iii) Availability of toilet facility

The toilet facilities in the study area range from modern (water closet) to traditional (pit latrine). In some cases, these facilities are constructed along with the building while some are located outside the building.

Table 4: Analysis of building with toilet facility

S/N	Toilet type	Ipinsa	Oda	Total	Percentage
1	WC	3	15	18	20.7%
2	Pit Latrine	15	18	33	37.9%
3	Without toilet	30	6	36	41.4%
	Total	48	39	87	100%

Source: Authors' field work (2015)

The situation seems worse at Ipinsa as most of the building have no toilets. Also, most of the toilets present at Oda is the local pit toilet system (Table 4). This may be due to the fact that there are few modern houses or simply because it is a rather rural setting.

iv) Method of waste disposal

Waste generation is a natural phenomenon, for it is derived from man's daily activities. The situation of waste generation of the study areas are same as every other places but their method of waste disposal is what calls for concern. Table 5 shows the method adopted in both study areas having local dump area and waste burning predominant at Ipinsa and Oda respectively. This in turn has adverse effect on the health of the villager as the refuse dump site emits unfriendly air pollution and the burning, hazardous gases from burnt substance which could be harmful to the health of the dwellers in such environment.

Table 5: Method of Waste Disposal

S/N	Toilet type	Ipinsa	Oda	Total	Percentage
1	Waste mgt.	-	9	9	20.7%
2	Burnt	15	21	36	37.9%
3	Local dump ground	33	9	42	41.4%
	TOTAL	48	39	87	100%

Source: Authors' field work (2015)

One reason the situation is unchecked is due to the absence of an environmental monitoring agency in the area and the ignorance of the residents regarding the harm such practices have on both their health and the environment.

v) Malnutrition

It is of a high surprise to discover that the respondents affirmed that they hardly eat fruits. They rather prefer to eat solid local foods like pounded yam, *eba*, *amala* to mention a few, which they believe could sustain them for a longer time. Aside this, most of them eat from outside owing to the fact that they have to leave to the farm early therefore have no time to cook and would have been tired after long work and walk from farm in the afternoon. Most of them only eat from their own pot at night. Most of the food bought outside are been prepared in an unhygienic environment thereby exposes them to likely diseases.

C) Aged Perception About Leisure Activities

The continuity theory of Atchley (1989) and Neugarten (1961) says that successful adjustment to old age requires continuing life patterns across a lifetime. This continuity and a connection to the past are maintained through a continuation of well-established habits, values and interests that are integral to the person's present lifestyle. In 1991, Paffenbarger stated that the three of the major factors that significantly increase the risks of developing heart disease are 1) obesity, 2) diabetes and 3) lack of physical activity. He further explained that regular physical activity increases bone mass, bone and muscle strength, and improves the structure and function of connective tissues (Paffenbarger, et. al., 1991)

The respondents shared their old experiences of village square that served the purpose of bringing people together and their active participations. This buttresses the findings of a study by Mull, Bayless, Ross and Jamieson (1997) that Africans are known for a cultural richness evidenced by a wide zest for recreation after a hard day's work. They afterward lamented about the absence of such spaces and how the situation has confined them to their various residences, depriving them from associating with people. They further explained that the only open space left for recreation in the community is the open field used by the youths to play football. Since the aged physical strength would not accommodate such strength-demanding activities, they therefore resolved to play indoor games like ludo and draft at the front of their houses on occasional bases. The respondents explained that their pattern of life have been customized to 'from-farm-to-their-room.'

5.0 Recommendations

There is a growing interest in understanding measures that contribute to an enhanced quality of life for institutionalized elders. Among the measures which have received considerable attention in recent years are recreation/leisure activities (Teague & MacNeil, 1992). Research shows some of the benefits of recreation spaces to include personal, social, economic and environmental benefits to mention a few.

The benefits of quality recreation spaces in a neighborhood include encouraging people to be more physically active, enhancing opportunities for social interaction with others, and relieving stress and mental fatigue, thereby improving the health of its users. (Richardson, 2013). A totally accessible natural recreation space creates a beautiful, outdoor play and learning environment. Provision of adequate recreational facilities in the built environment is not only desirable but is also necessary to achieve a wholesome design and the well-being of the society/community. Recreation and leisure activities can help alleviate depression. Recreation activities also reduce alienation, loneliness and isolation, all of which contribute to depression.

On this trend, it is therefore of high necessity for the planning agencies to always consider the settlement around a city as they plan and sustain those city putting in place the same planning strategies used for the cities. Consideration should also be made for the aged health

6.0 Conclusion

Arising from the research carried out, the evaluation of the living conditions of the aged in the study area reflects a state of negligence. It can be clearly seen from the performance indications that health facilities are poor and insufficient, living conditions deplorable and the desire for leisure high. It may be argued that the need for basic infrastructure should override the need for leisure, but the research shows that both considerations are required to ensure healthy living conditions for the aged.

Although past their prime in terms of physical activity and strength, aged people are today referred to as senior citizens. Their first-hand knowledge of historical events, wealth of experience and hindsight, makes them veteran advisors to the young. They can also serve to guide the leadership of their locality and the nation at large. It is therefore to the uttermost benefit of the state, to provide the best living conditions for the aged.

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