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Facilitators and barriers to sports participation among Students at Mildmay Institute of Health Sciences, Lweza, Wakiso District. A cross-sectional study.

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Abstract

Background:

The study aims to identify the facilitators and barriers to sports participation among Students at Mildmay Institute of Health Sciences, Lweza, Wakiso District.

Methodology:

This study employed a cross-sectional study design. The study population comprised all registered students at Mildmay Institute of Health Sciences during the study period. A stratified random sampling technique was used. A structured self-administered questionnaire was used to collect quantitative data.

Results:

Slightly more than half of the respondents were male (104, 51.9%), while females constituted 96 (48.1%). The majority of participants were aged 21–24 years (124, 61.8%), followed by those aged 25 years and above (47, 23.7%), while participants aged 18–20 years were the least represented (29, 14.5%). Mental well-being (stress relief) was the major factor at 89.5% 179 respondents followed by physical health (motivation for physical activity and weight management) at 76.4% 153 respondents and 74.4% 149 respondents, and then enjoyment remained a core drive for 139 respondents 69.6% of students). 61.1% can access facilities, with a significant 78 students; 38.9% cannot. Regarding institutional support, 74 of 200 (36.8% feel there is a lack of financial support, and 80 of 200 respondents (40.3% feel there is a lack of available programs or competitions. 76.9% of students cited personal time constraints as a barrier, which makes it the most significant. 70% reported having health issues or physical limitations that prevent participation; 73.3% expressed safety concerns, fearing injuries.

Conclusion:

The findings revealed that students possess positive attitudes towards sports participation and recognize its importance in promoting physical and mental health.

Recommendations:

Future studies should employ qualitative research methods to explore in depth the reasons behind students' perceptions of health limitations and fear of injury during sports participation.

Keywords: *Sports participation, Facilitators and barriers, Physical activity, Mildmay Institute of Health Sciences.*
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Background of the Study

Sports participation is an essential component of a healthy lifestyle. The World Health Organization (WHO) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. According to WHO guidelines, adults aged 18–64 years should engage in at least 150–300 minutes of moderate-intensity physical activity per week to maintain good health and prevent non-communicable diseases(*Physical Activity*, n.d.).

Globally, insufficient physical activity has been identified as a major public health concern. It is associated with increased risks of cardiovascular diseases, diabetes mellitus, obesity, hypertension, and certain cancers(Abuhay et al., 2024). University and tertiary institution students are particularly vulnerable to physical inactivity due to academic workload, sedentary learning environments, technological distractions, and lifestyle changes during the transition to adulthood(Johannes & Roman, 2025). In higher institutions of learning, sports participation plays a significant role in promoting not only physical health but also mental well-being, stress reduction, social interaction, leadership development, and teamwork skills. Students who participate in sports activities often demonstrate improved

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concentration, better academic performance, enhanced emotional stability, and stronger peer relationships(Abuhay et al., 2024).

In the African context, several studies have indicated that although students understand the health benefits of physical activity, participation rates remain low(Radebe et al., 2025). Barriers such as limited sports facilities, financial constraints, cultural beliefs, safety concerns, and academic pressures significantly affect engagement in sports(Radebe et al., 2025). Gender disparities in sports participation have also been reported, with female students often facing additional sociocultural and environmental barriers(Radebe et al., 2025).

Understanding the facilitators and barriers influencing sports participation at MIHS is therefore essential(Brown et al., 2024). The study aims to identify the facilitators and barriers to sports participation among Students at Mildmay Institute of Health Sciences, Lweza, Wakiso District.

Methodology

Study Design

This study employed a cross-sectional design, incorporating a quantitative component.

Study Area

The study was conducted at Mildmay Institute of Health Sciences (MIHS), located at 12 Km Entebbe Road, Naziba Hill, Lweza, Kampala. MIHS is a faith-based health training institution with schools: the School of Allied Health Sciences, comprising a diploma in clinical medicine, medical laboratory, and environmental health. School of Nursing and midwifery with certificate and diploma courses, and the School of applied sciences with a number of courses. The institute admits students from diverse socio-economic and cultural backgrounds across Uganda. Despite its focus on health promotion and disease prevention, participation in sports activities among students was reported to be relatively low, making the institution suitable for this study.

Study Population

The study population comprised all registered students at Mildmay Institute of Health Sciences during the study period. This included students from different academic programs, years of study, and both genders. According to institutional records, MIHS had an estimated student population of approximately 1,200 students.

Inclusion criteria

Inclusion criteria included students enrolled at MIHS during the time of data collection, students aged 18 years and above, and students who provided informed consent to participate in the study.

Exclusion criteria

Exclusion criteria included students who were severely ill at the time of data collection and students who withdrew from the study during data collection.

Sample Size Determination

The sample size for the quantitative component of the study was determined using Yamane's (1967) formula: n=N/1+N (e) ^2)

Where: n = sample size. N = study population (1,240 students). e = margin of error (0.05)

Calculation n=1240/1+1240(0.05)2
=304 students

Due to time and resource constraints, a final sample size of 200 students was used, which is considered adequate to generate meaningful and representative findings for a diploma-level study.

Sampling Technique

A stratified random sampling technique was used for the quantitative component to ensure fair representation of students based on Gender, Year of study, and Program of study. Each stratum was allocated a proportionate number of participants, after which simple random sampling was used to select respondents. For the qualitative component, purposive sampling will be employed to select key informants with relevant knowledge and experience regarding sports participation at MIHS.

Data Collection Instruments

A structured self-administered questionnaire was used to collect quantitative data. The questionnaire consisted of sections: Socio-demographic characteristics, Sports participation status, Facilitators of sports participation, and Barriers to sports participation. The questionnaire included Likert-scale items adapted from the International Physical Activity Questionnaire (IPAQ) and related instruments.

Validity and Reliability of the Instrument

Content validity was ensured through Review of the instruments by the research supervisor, Consultation with experts in research methodology and public health, and alignment of questionnaire items with study objectives. Reliability of the questionnaire was assessed through a pilot study conducted among students from a similar institution, Kampala School of Health Sciences, using a sample of 10% of the sample size to be used in the research, and these participants were not included in the main study. Necessary adjustments were made based on feedback obtained.

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Data Collection Procedure

Permission to conduct the study was obtained from the MIHS administration and the Institutional Review Board. After obtaining ethical approval, participants were informed about the purpose of the study and their rights. Questionnaires were distributed electronically (via WhatsApp and email.

Data Analysis

Quantitative data were coded and entered into SPSS for analysis. Descriptive statistics such as frequencies, percentages, and standard deviations were used to summarize data.

Ethical Considerations

Ethical approval was obtained from the MIHS Institutional Research Committee (IRC). Participants were assured of confidentiality, anonymity, and voluntary participation. No personal identifiers were used in the data collection tools. Participants had the right to withdraw from the study at any time without penalty. All collected data were stored securely and used strictly for academic purposes.

Results

Demographic Characteristics of the participants.

Table 1 shows the demographic characteristics of the participants

Variable	Category	Frequency(n=200)	percentage
Gender	Male	104	51.9%
	Female	96	48.1%
Age	18-20	29	14.5%
	21-24	124	61.8%
	25 and above	47	23.7%
Year or study	Year One	75	37.4%
	Year Two	73	36.6%
	Year Three	47	23.7%
	Year Four	5	2.3%
Residence	Resident	152	76.2%
	Non-resident	48	23.8%
School	School of allied health sciences	140	70%
	Schools of applied health sciences	29	14.6%
	School of nursing and midwifery	31	15.4%

Table 1 presents the demographic characteristics of the 200 study participants. Slightly more than half of the respondents were male (104, 51.9%), while females constituted 96 (48.1%). The majority of participants were aged 21–24 years (124, 61.8%), followed by those aged 25 years and above (47, 23.7%), while participants aged 18–20 years were the least represented 29, (14.5%). Regarding the year of study, most respondents were in Year One (75, 37.4%) and Year Two (73, 36.6%), while Year Three students accounted for 47 (23.7%) and Year Four students were the fewest at 5 (2.3%). Most participants were residents (152, 76.2%), whereas nonresidents constituted 48

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(23.8%). In terms of school affiliation, the majority of respondents were from the School of Allied Health Sciences (140, 70.0%), followed by the School of Nursing and Midwifery (31, 15.4%) and the School of Applied Health Sciences (29, 14.6%). This indicates that the study population was predominantly composed of resident students aged 21–24 years, with a relatively balanced gender distribution.

Individual facilitators for sports participation among students of MIHS

Figure 1 shows the individual facilitators for sports participation among students of MIHS

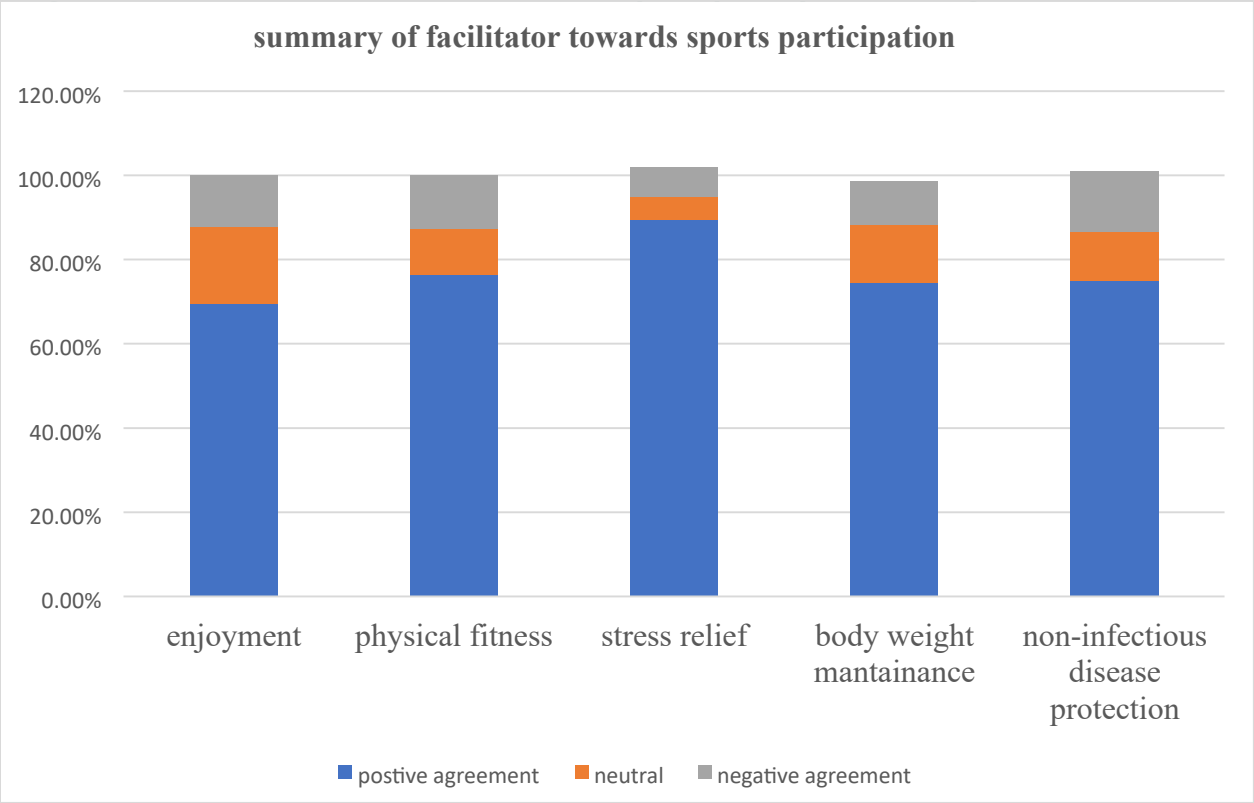


Figure 1 shows that, among the facilitators, mental well-being (stress relief) was the major factor at 89.5% 179 respondents followed by physical health (motivation for physical activity and weight management) at 76.4% 153 respondents and 74.4% 149 respondents, and then enjoyment remains a core drive for 139 respondents 69.6% of students). 75% of students (150 respondents) recognize sports as a protective measure against non-infectious diseases. This provides evidence that the facilitators included are the key motivators, with the largest number of students being attracted to sports by these motivators, and a small percentage not being motivated.

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Institutional barriers to sports participation

Figure 2 shows Institutional barriers to sports participation among students of MIHS.

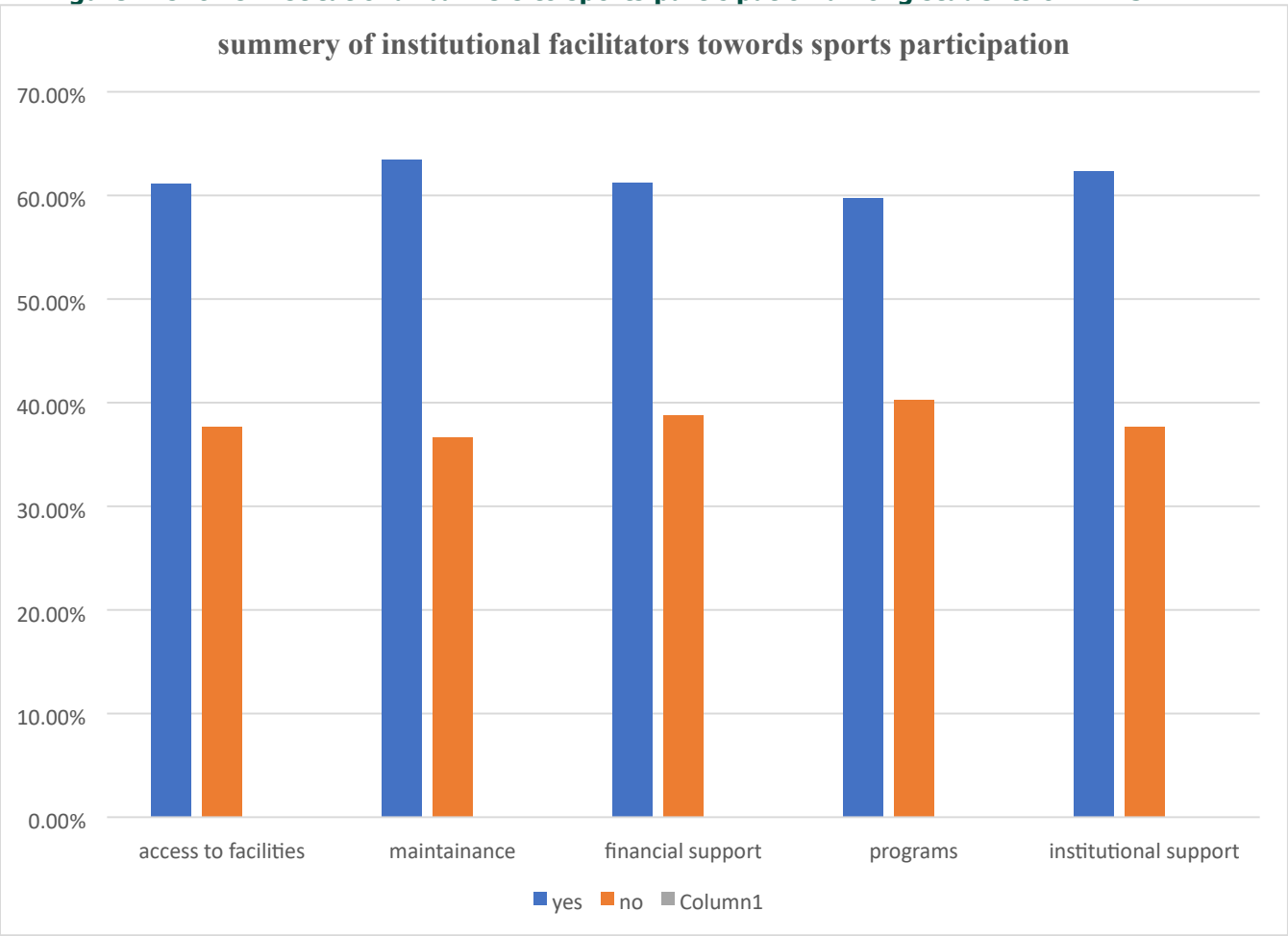


Figure 2 results show that 122 respondents (61.1% can access facilities, with a significant 78 students (38.9% cannot. Similarly, 73 of 200 students (36.6%) feel the facilities are not well maintained. Regarding institutional support, 74 of 200 (36.8% feel there is a lack of financial support, and 80 of 200 respondents (40.3% feel there is a lack of available programs or competitions. 75 of 200 students (37.7%) feel like there is no general support for the sports activities. These factors continue to be barriers to a significant number of students participating in sports.

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Individual barriers to sports participation

Figure 3 shows Individual barriers to sports participation among students of MIHS.

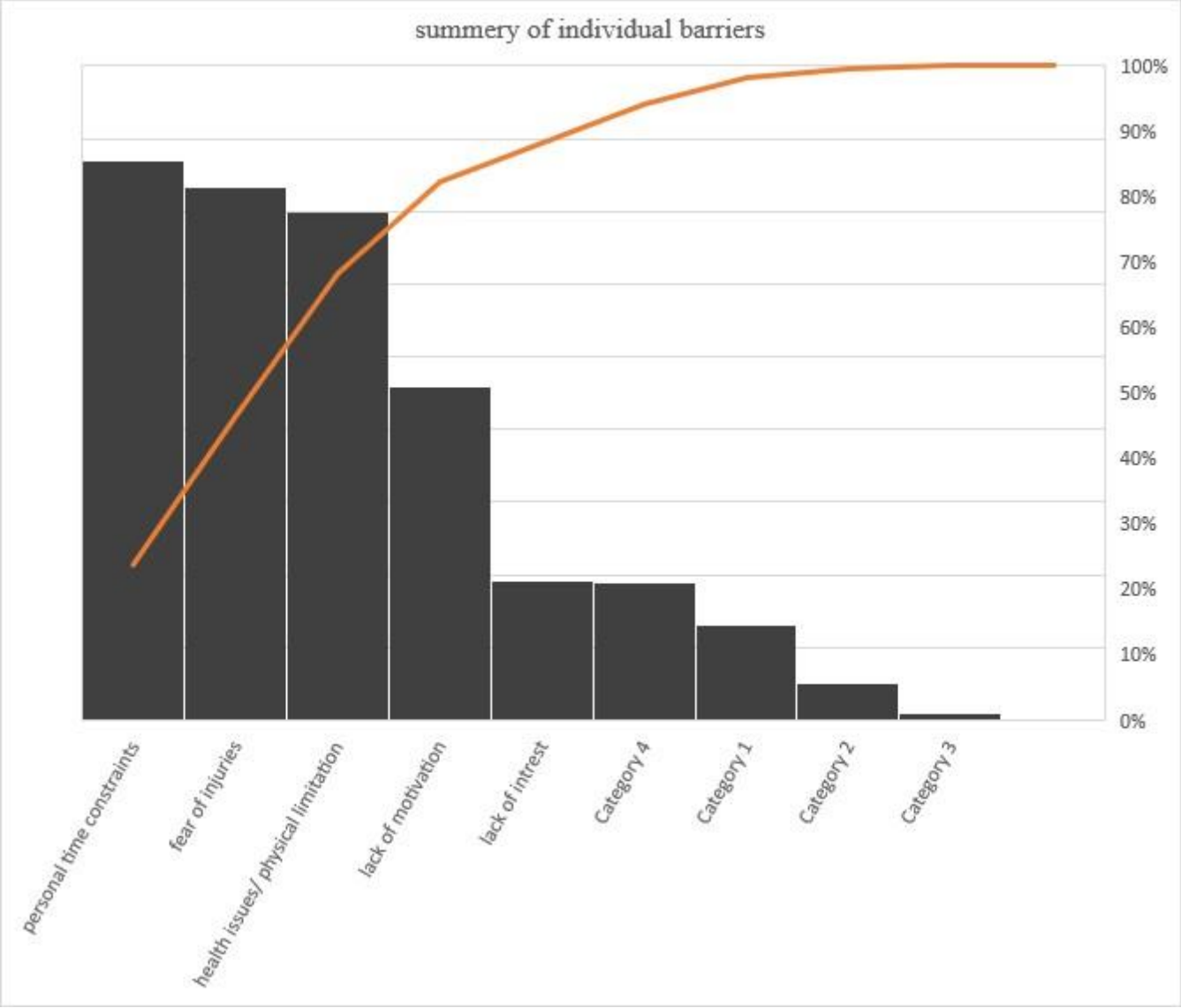


Figure 3 shows the reasons why students might stay on the sidelines of sports: 76.9% of students cited personal time constraints as a barrier, which makes it the most significant. 70% reported having health issues or physical limitations that prevent participation; 73.3% expressed safety concerns, fearing injuries. Interestingly, interest in participation is high, with 80.9% of students being interested, suggesting that the barriers are more about logistics and health than lack of desire.

DISCUSSION

Individual Facilitators Influencing Sports Participation among Students.

The study found that stress relief (89.5%) was the strongest facilitator of sports participation among students at MIHS. This finding is consistent with the study by De Zylva et al. (2023), which reported that stress reduction and psychological well-being were among the major reasons university students engage in physical activity. Similarly, Chen et al. (2025) found that students who participated in

sports reported improved emotional well-being and better coping mechanisms for academic stress. The similarity may be attributed to the demanding academic workload experienced by students in higher institutions of learning, which makes sports an important avenue for relaxation and mental recovery. The study also revealed that maintaining physical fitness (76.4%), protection against non-communicable diseases (75%), and body weight management (74.4%) were important motivators for sports participation. These findings agree with the study conducted among university students in Qatar, which identified health benefits, fitness improvement, and weight control as major facilitators of physical activity among students. Likewise, Chaabane et al. (2021) reported that health promotion and disease prevention were key motivators for participation in sports among university students in the Middle East and North Africa.

Africa region. The agreement between these studies may be because students are increasingly aware of the role of physical activity in preventing obesity, hypertension, diabetes mellitus, and other non-communicable diseases. Furthermore, 69.6% of respondents reported enjoyment as a facilitator of sports participation. This finding is consistent with Diehl et al. (2018), who reported that enjoyment and personal satisfaction significantly influenced participation in university sports activities. Enjoyment increases intrinsic motivation and encourages students to participate regularly in sports activities. Overall, the findings suggest that students at MIHS are motivated by both physical and psychological benefits of sports participation, which is consistent with evidence from previous studies conducted among university students globally.

Institutional Barriers towards Sports Participation among students at Mildmay Institute of Health Sciences.

The study aimed to identify the barriers and facilitators towards sports participation among students at Mildmay Institute of Health Sciences. The study found that although 61.1% of students reported access to sports facilities, a considerable proportion (38.9%) reported inadequate access. This finding is consistent with the study by Ferreira Silva et al. (2022), which identified inadequate facilities and poor access to sports infrastructure as significant barriers to physical activity among university students. Similarly, the Ugandan study on paramedical institution students reported that limited availability of sports facilities and equipment negatively influenced participation in physical activity. Regarding maintenance of facilities, 36.6% of respondents reported that facilities were not adequately maintained. This finding agrees with Phetlhe et al. (2026), who found that poor maintenance of sports facilities reduced students' participation in sports activities in South African universities. Poor facility maintenance may discourage students from engaging in sports because of safety concerns and poor sporting experiences. The study further found that 38.8% of students perceived inadequate financial support, while 40.3% reported a lack of organized sports programs and competitions. These findings are similar to those reported by Maduafokwa et al. (2026), who identified inadequate institutional support, limited funding, and lack of organized programs as barriers to physical activity among healthcare trainees. The findings suggest that students may be willing to participate in sports but require institutional encouragement through organized competitions, equipment provision, and financial facilitation. Overall, the findings indicate that although MIHS provides some sports facilities, institutional barriers continue to limit participation, particularly through inadequate organized programs, financial support, and access to sporting opportunities.

Individual Barriers to Sports Participation among students at Mildmay Institute of Health Sciences.

The study established that personal time constraints were the most significant barrier to sports participation, affecting 76.9% of respondents. This finding suggests that academic workload, clinical placements, examinations, and other responsibilities leave students with limited time to engage in sports activities. Health sciences programs are often intensive, making it difficult for students to balance academic obligations with physical activity. Fear of injury was reported by 73.3% of respondents and emerged as another major barrier. Students may avoid sports participation because of concerns that injuries could interfere with their studies or clinical practice. This highlights the need for proper sports safety education, supervision, and injury-prevention measures within the institution. Additionally, 70.0% of respondents reported health issues or physical limitations as barriers to participation. Some students may have existing medical conditions, physical disabilities, or perceived limitations that discourage involvement in sports activities. Institutions should therefore promote inclusive sporting activities that accommodate students with varying levels of physical ability. Despite these barriers, the majority of respondents (80.9%) expressed interest in participating in sports. This finding suggests that low participation is not primarily due to lack of interest but rather to challenges that limit students' ability to engage in sports. Addressing these barriers could significantly increase participation rates among students. Overall, the study demonstrates that while students have positive attitudes towards sports participation, individual and institutional challenges continue to hinder their active

involvement. Effective interventions should therefore focus on reducing time-related constraints, addressing safety concerns, and strengthening institutional support for sports activities.

Conclusion

The findings revealed that students possess positive attitudes towards sports participation and recognize its importance in promoting physical and mental health. Stress relief, physical fitness, prevention of non-communicable diseases, body weight management, and enjoyment were identified as the major facilitators influencing participation.

Despite the positive perception of sports, participation is hindered by both individual and institutional barriers. At the individual level, lack of time due to academic commitments, fear of injury, and perceived health limitations were the major challenges affecting students' involvement in sports activities. At the institutional level, inadequate organized sports programs, insufficient financial support, and limited access to sports facilities were identified as barriers to participation. The study therefore concludes that although students at MIHS are interested in participating in sports, several personal and institutional challenges limit their active involvement. Addressing these barriers would significantly improve sports participation and enhance the overall health and well-being of students.

Recommendations

The institute should strengthen sports programmes by organising regular competitions, recreational activities and inter-class tournaments, allocating adequate resources for equipment, facility maintenance and financial support, ensuring facilities remain accessible during convenient hours including weekends and after classes, integrating sports into student welfare programmes, and providing sports safety education together with basic injury-prevention measures.

Students should actively participate in sports to improve physical fitness, mental health and overall well-being, develop effective time-management skills to balance academics with sports, choose activities appropriate to their health status while seeking professional guidance when necessary, form and join peer-led sports clubs for motivation and social support, and adopt regular physical activity as part of a healthy lifestyle to reduce the risk of non-communicable diseases.

Future studies should employ qualitative research methods to explore in depth the reasons behind students' perceptions of health limitations and fear of injury during sports participation.

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List of abbreviations

IPAQ – International Physical Activity Questionnaire
IRC – Institutional Research Committee
MIHS – Mildmay Institute of Health Sciences
SPSS – Statistical Package for the Social Sciences
WHO – World Health Organization

Source of funding

The study was not funded.

Conflict of interest

No conflict of interest declared.

Author contributions

JM: Conceptualization, Methodology, Data collection, Investigation, Writing-original draft.
HN: Validation, Project administration
JO: Supervision, Validation,
FS: Writing- review and editing.
JFN: Data curation, Visualization, Supervision.
All authors: Approved the final version of the manuscript and agreed to be accountable for the work.

Data availability

Data are available upon request.

Informed consent

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures

involved, potential risks and benefits, and their right to withdraw at any time without penalty.

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