

Exploring Health Dimensions of Physical Activity during Worship Sessions in Selected Faith-Based Organizations in Southwest, Nigeria

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ABSTRACT

To consciously utilize bodily movement for improved health outcomes and disease prevention among members of faith-based organizations is the object of this action research. This cross-sectional descriptive survey investigated extent of participation in physical activity during worship sessions and perceived effects on dimensions of health among members of selected faith-based organizations in South-West, Nigeria. Study population comprised over 100, 000 worshippers from denominations of faith-based organizations (Christians and Moslems) in Lagos State. Convenience sampling method was used to select 247 participants and volunteers who completed an online survey and comprised sample for this study. The research instrument was a validated modified World Health Organization Step wise approach Global physical activity questionnaire "GPAQ" (WHO, 2018) adopted for data collection. Variables studied include types of worship, mode of worship, level of awareness of physical activities performed, perception of health benefits and factors which affect participation in worship. Descriptive statistics of frequency counts, mean and percentages were applied for data analysis which provided answers to the research questions. Chi Square inferential statistics was used to test the hypotheses at 0.05 level of significance. Results showed that the respondents comprised Christian Pentecostal churches (153), Christian Orthodox (43) and Moslems (48), aged between 21-70 year. The worship sessions had varied patterns of worship and participation in physical activities. Types of worship Yadah, Tehillah, Towdah, Zamar and Barak involve different forms of body and physical movements demonstrated in different religious practices and activities were confirmed by participants. Participants were knowledgeable of health benefits of physical activity to man. Body movements have become essential part of worship, but extent of participation depends on both perceived state of health and psychological disposition of individual worshippers. Study recommends that professionals in Human Kinetics & Health Education should create more awareness on the relationship between worship and physical activity in order to increase time for dance during worship sessions to increase health benefits to reduce prevalence of non- communicable diseases, improve mental health, quality of life and well-being among members of the various faith-based organizations.

Keywords: body movement, exploring, faith based organizations, health dimensions, physical activity

INTRODUCTION

Religions and worship of every type in service to the Almighty God; Deities, gods or goddesses present opportunities for the individual worshipper to participate in moderate to intense physical activities. Worship is described as an expression of reference and adoration for a Deity. It is also to show a lot of love and adoration for something. Religious believers worship gods, while some people worship other people and things. The Christian Worship forms the foundation of Christian prayer to God as declared by Jesus: "It is written, thou shalt worship the Lord thy God and him only shalt thou serve (Mathew 4:10b); 'I am the Lord your God----Thou shalt not bow down thyself to them'(Deut.5:6-9) . True Worship of God is when we love him with all our heart, soul, mind, strength and put God above everything else and first in our hearts, (Deuteronomy 6:4-5)

The Christian worship is an act that honours God as a divine being or supernatural power. It involves various types and concepts of worship: Worship as Homage to God- submission to God; worship as reverence or respect for God; worship as service to others and worship as congregational gatherings. Nally, (2009) reported the literature and practices which show various forms of worship namely: Yadah, Tehillah, Towdah, Zamar and Barak involve different forms of body and physical movements demon-

strated in different religious practices and activities as confirmed. Further explanation implies that: Yadah—to worship with extended hands in adoration and giving oneself; Tehillah—to sing laud forms of melody in one's heart and adding words to the unrehearsed songs; Zamar—singing praise with instruments, the praise that God Inhabits (Psalm 22:3). God manifests himself in the midst of exuberant singing Acts (16:25-27); Barak—to kneel or to bow to give reverence to God; Halal—to Boast, make a show, shine and to glorify God; Towdah—to give worship by extending hands to agree with what has been said especially during prayers and thanksgiving to God, (Nally, 2009).

Concerning Christian worship and physical activity, Apostle Paul admonished the good servants of Jesus Christ saying "Physical training is good, but training for godliness is much better promising benefits in this life and the life to come"(1 Timothy 4:8), while the movements of Bowing, Kneeling involve mild intensity exercises of muscles and joints of the legs and hands that cumulatively give strength to the muscles, maintain flexibility, helps deepen the connection of the body with the soul, find satisfaction during worship gathering and enjoy good health. In practice, participating in worship sessions and involving self in the various activities including dancing, genuflection, kneeling postures consist experiences enjoyed by the individual worshipper during worship sessions. Fulfilling the obligations of three of the five pillars of Islam requires that Muslims be of sound health and fitness. The Holy book Quran opined that we must take care of our spiritual, emotional and physical health.

Our bodies are given to us by God as a trust and we have to keep them healthy. The Salah or Islamic prayer comprises both physical movement and mental concentration if performed five times a day at specific times of the day, the prayers increase circulation of blood, help breathing control and general suppleness of joints. The daily performance of five prayers is in itself a form of exercise; the prescribed movements involve all the muscles and joints of the body and relieve mental stress. As well as the spiritual benefits of prayer (Salah) it has been widely recognized that the process of praying promotes many physical and psychological benefits. Each position involves the movement of different parts of the human body in ways that encourage health and well-being. Incorporating other forms of exercise with your daily prayer will have many health benefits.

Health is observed to be a resource for everyday life comprising the social, physical and personal resources and was defined by the World Health Organization as a "State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1948). The ability to enjoy the highest attainable standard of health is a fundamental human right without the consideration of race or colour. The Christian worship in its forms involves various activities related to emotional, mental, spiritual and physical dimensions of health. Early human civilization attributed health and illness to gods and supernatural beings including heavenly bodies and witchcraft. Later some theories of disease causation associated disease causation with air pollution (miasmatic theory), increase or decrease in volume of body fluids (humour theory) and effects of contact between individuals and micro-organisms or disease agents (germ theory). However, these scientific discoveries have not waved the belief that attributes disease to forces (demonic theory) which has informed the individual beliefs and attitude to adopt treatment approach of sacrifices and prayers for healing and freedom from depression or anxiety (Owie, 2018).

Participating in physical activities promote health and wellness in all dimensions which consist possible outcomes of physical activities during worship sessions. Wellness refers to the ability of an individual to maintain a healthy balance of the mind, body and spirit that could develop holistic interrelated potentials of health dimensions: emotional, mental, social, spiritual and environmental wellness (Otinwa., et al. 2016). The ability of an individual to take informed conscious decisions that would affect their health positively depends on their level of health awareness, health literacy ability to change to best health practices and improved quality of life (Onwuama & Anyikwa, 2019). Postures, balance and various forms of physical activities influence health and well-being of individuals as was confirmed (Esan, Olugbodi & Onwuama, 2015)

The World Health Organization observed the health risks of sedentary behaviour especially in the event of lives becoming increasingly sedentary, using motorized transport and the increased use of

screens for work, education and recreation. Evidence shows higher amounts of sedentary behaviour are associated with the following poor health outcomes: In adults: all-cause mortality, cardiovascular disease mortality and cancer mortality including increased incidence of cardiovascular disease, cancer and type-2 diabetes. While children and adolescents have recorded: increased adiposity (weight gain); poorer cardiometabolic health, fitness, behavioural conduct/pro-social behaviour and reduced sleep duration (WHO, 2020).

Generally, WHO, observed that the levels of physical activity globally have more than a quarter of the world's adult population (1.4 billion adults) been insufficiently active; worldwide, around 1 in 3 women and 1 in 4 men do not do enough physical activity to stay healthy. Levels of inactivity are twice as high in high-income countries compared to low-income countries; there has been no improvement in global levels of physical activity since 2001; Insufficient activity increased by 5% (from 31.6% to 36.8%) in high-income countries between 2001 and 2016. Objectives of developing the document include to: help countries and communities measure physical activity in adults, WHO has also developed the Global Physical Activity Questionnaire (GPAQ) which helps countries monitor insufficient physical activity as one of the main Non-Communicable disease (NCD) risk factors and the GPAQ has been integrated into the WHO STEP-wise approach surveillance system for identifying the main NCD risk factors (WHO, 2018).

Physical activity pyramid: There are five key steps of the physical activity pyramid these include Moderate Physical Activity, which is basically the first step that you will start from if you plan on using the Physical Activity Pyramid; Vigorous Aerobics; Vigorous Sport and Recreation; Muscle Fitness Exercises and Flexibility Exercises (Physical Activity Pyramid: Smart Tips You Must Know 2021). WHO, therefore recommends that people living with chronic conditions such as: hypertension, type 2 diabetes, HIV and Cancer survivors should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week; should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits. Also, as part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls (WHO, 2018; Adewunmi, Amechi & Ajibola, 2018).

In addition, may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits. Adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits, and to help reduce the detrimental effects of high levels of sedentary behaviour on health, all adults and older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity (WHO, 2018).

Statement of problem Despite the observed in active lifestyle that has led to increased prevalence of noncommunicable disease such obesity, hypertension and diabetes mellitus. There is an increased difficulty for the individual worshipper to utilize the worship sessions to consciously participate in mild to moderate exercises to improve their physical, emotional, mental health including inability to maximize the opportunity to socialize and ventilate their feelings. There is a seeming unawareness that prayer and meditation are forms of exercise to the mind while body movements made while genuflecting, singing or dancing comprise exercise to tone various muscles and are beneficial for healthy body of the worshippers. There is an observed under-utilization of the health benefits of the physical exercises inherent in christen worship. This study investigated the extent of participation in physical activity during worship sessions, extent of awareness that worship sessions have components of physical exercise and the perceived effects of exercise on the emotional, physical, social and spiritual dimensions of

health among members of selected faith-based organizations in South-West, Nigeria. To achieve these objectives the study promulgated and tested four hypotheses at 0.05 level of significance as follows:

- **Hypothesis 1.** There is no significant relationship between the physical activity during worship and emotional health of worshipper.
- **Hypothesis 2.** There is no significant relationship between the physical activities of the worshipper and physical health.
- **Hypothesis 3.** There is no significant relationship between the physical activities during worship and social health of the worshipper.
- **Hypothesis 4.** There is no significant relationship between the physical activities during worship and spiritual health of worshipper.

METHODOLOGY

The study applied the cross-sectional descriptive survey design to investigate the extent of participation in physical activity during worship sessions, level of awareness that worship sessions comprise exercise and the perceived effects on dimensions of health among members of selected faith-based organizations in South-West, Nigeria. The population comprised over 100, 000 worshippers from various denominations of faith-based organizations (Christians and Moslems). Convenience sampling method was used to select 247 participants and volunteers who completed an online survey and comprised sample for this study. The sample was considered good enough since the population could be termed infinite or unknown and a sample between 30 and 300 is considered appropriate for the study.

The research instrument was a validated modified World Health Organization Step wise approach Global physical activity questionnaire “GPAQ” (WHO, 2018) used for data collection. The GPA Questionnaire was modified and converted to Google form Online questionnaire for ease of administration. The questionnaire comprised the of two sections A & B. The section A was used to collect the demographic data of respondents while the Section B was used to collect data on the events and physical activity on the Worship sessions. The variables studied include types of worship, mode of worship, level of awareness of physical activities performed, perception of health benefits and factors which affect participation in worship. Ethical consideration. Introductory letter from the department of Human Kinetics& Health Education introduced the researchers to obtain permission from the leadership of the various Christian and Moslem organizations in Southwest, Nigeria.

Data collection process: The GPAQ Google online form was circulated among various Christians and Moslems Umar of Islamic Religious communities and in various places in Lagos state. For data analysis, only 247 copies of the GPA Questionnaire were completed and submitted. The descriptive statistics of frequency counts, mean and percentages was applied for data analysis which provided answers to the demographic data, While the Chi Square inferential statistics was used to test the hypotheses at 0.05 level of significance.

DEMOGRAPHIC DATA OF RESPONDENTS

Table 1: *Distribution of respondents by age.*

| Age | N | Percentage (%) |
|-------------|-----|----------------|
| 21 – 25 | 23 | 9.3% |
| 26 – 30 | 48 | 19.4% |
| 31 – 35 | 46 | 18.6% |
| 36 – 40 | 32 | 13% |
| 41-70 years | 96 | 39.7% |
| TOTAL | 247 | 100% |

Table 1 present the distribution of respondents by age. It can be observed that 23 (9.3%) of the total re-

spondents are between 20 - 25 years, 48(19.4%) are between 26 - 30 years, 46(18.6%) are between 31 - 35 years, 32 (13%) are between 36 - 40 years and 96(39.7%) are between 41 -70 years This implies that most of the respondents were between the ages of 41 - above years.

Table 2: Distribution of respondents by gender.

| Gender | N | Percentage |
|--------|-----|------------|
| Male | 114 | 46.2 |
| Female | 133 | 53.8 |
| Total | 247 | 100 |

Table 2 presents the distribution of respondents by age. It was revealed that 114 (46.2%) of the respondents were males and 133 (53.8%) were females. This indicates that the number of females is higher than the number of males who participated in this study.

Table 3: Distribution of respondents by designation

| Designation | N | Percentage |
|------------------------|-----|------------|
| Clergy | 27 | 10.9 |
| Church worker | 60 | 24.3 |
| Choir | 39 | 15.8 |
| Member | 98 | 39.7 |
| Guest | 7 | 2.8 |
| Imam | 12 | 4.9 |
| Muazim | 0 | 0 |
| Mission board/scholars | 4 | 1.6 |
| Total | 247 | 100 |

Table 3 present the distribution of respondents by designation. It can be observed that 27 (10.9%) of the total respondents is a clergy, 60 (24.3%) are Church workers, 39 (15.8%) is in the Choir, 98(39.7%) are members, 7 (2.8%) are guest, 12(4.9%) are Imams, 0 (0%) are muazim, and (1.6%) are Mission board/Scholars. This implies that most of the respondents are just members.

Table 4: Distribution of respondents by year of worship

| Years of worship | N | Percentage |
|------------------|-----|------------|
| 1 – 5 | 14 | 5.7 |
| 6 – 10 | 21 | 8.5 |
| 11 – 15 | 28 | 11.3 |
| 16 – 20 | 184 | 74.5 |
| Total | 247 | 100 |

Table 4 present the distribution of respondents by year of worship. It can be observed that 12 (7.9%) of the total respondents attended between 1 - 5years, 19 (12.6%) attended between 6 - 10years, 22(14.6%) attended between 11 - 15years and 98 (64.9%) attended between 16 20years. This implies that most of the respondents attended between 16 -20years.

Table 5: Distribution of respondents by denomination.

| Denomination | N | Percentage |
|-------------------|-----|------------|
| Catholic | 22 | 8.9 |
| Pentecostal | 83 | 33.6 |
| Anglican | 17 | 6.9 |
| Oriental Orthodox | 43 | 17.4 |
| Protestant | 34 | 13.8 |
| Alu-Sunna | 28 | 11.3 |
| Sufi | 2 | 0.8 |
| Salafiyya | 18 | 7.3 |
| Total | 247 | 100 |

Table 5 present the distribution of respondents by denomination. It can be observed that 22 (8.9%) of the total respondents are Catholic members, 83 (33.6%) are Pentecostal members, 17 (6.9%) are Anglican members, 43(17.4%) are Oriental Orthodox members, 34 (13.8%), are Protestant members, 28 (11.3%) are Alu-sunna members, 2 (0.8%) are Sufi members, and 18 (7.3%) are Salafiyya members.

Table 6: Distribution of respondents by educational qualification.

| Qualification | N | Percentage |
|----------------------------------|-----|------------|
| First Leaving School Certificate | 1 | 0.4 |
| SSCE | 12 | 4.9 |
| A-Level | 5 | 2.0 |
| B.Sc | 114 | 46.2 |
| Arabic Shahada | 1 | 0.4 |
| Masters and above | 14 | 5.7 |
| Others | 100 | 40.5 |
| Total | 247 | 100 |

Table 6 present the distribution of respondents by educational qualification. It can be observed that (n=1; 0.4%) has a First Leaving School Certificate, (n=12; 4.9%) has an SSCE, (n=5; 2.0%) has an A-Level, (n=144; 46.2%) has a B.sc, (n=1; 0.4%) has Arabic Shahada, (n=14; 5.7%) has Masters and above and, (n=100; 40.5%) has other certificates. This implies that most of the respondents has B.sc certifications.

TESTING OF HYPOTHESES

- **Hypothesis 1.** There is no significant relationship between the physical activity during worship, slat (prayer) and the emotional health of the worshipper.

Table 7: Chi-square (X²) summary of the relationship between the physical activities and emotional health of worshippers.

| Items | SA | A | D | SD | Total | Df | X ² | Cal | Remark |
|-------|-----|-----|-----|----|-------|----|----------------|-------|-------------|
| 1. | 120 | 86 | 32 | 9 | 247 | 12 | 21.026 | 53.94 | Significant |
| 2. | 120 | 82 | 40 | 5 | 247 | | | | |
| 3. | 98 | 121 | 28 | 0 | 247 | | | | |
| 4. | 140 | 91 | 13 | 3 | 247 | | | | |
| 5. | 86 | 105 | 47 | 9 | 247 | | | | |
| Total | 564 | 485 | 160 | 26 | 1235 | | | | |

Table 7 presents the chi-square exploring the relationship between the physical activities and emotional health of worshippers during worship sessions in selected faith-based organizations in Nigeria. The result from the analysis shows that the calculated X² value (53.94) is greater than the table X² value (21.026). Hence, the hypothesis that states that there is no significant relationship between the physical activity during worship and emotional health of worshipper is hereby rejected. Showing there is a relationship between physical activity during worship and emotional health of worshippers.

- **Hypothesis 2:** There is no significant relationship between the physical activities of the worshipper and physical health.

Table 8: Chi-square (X²) summary of the relationship between the physical activities and physical health of worshippers during worship sessions in selected faith-based organizations in Nigeria.

| Items | SA | A | D | SD | Total | Df | X ² | Cal | Remark |
|-------|-----|-----|-----|----|-------|----|----------------|------|-----------------|
| 1. | 78 | 132 | 29 | 8 | 247 | 12 | 21.026 | 9.76 | Not Significant |
| 2. | 90 | 134 | 20 | 3 | 247 | | | | |
| 3. | 99 | 128 | 17 | 3 | 247 | | | | |
| 4. | 89 | 127 | 22 | 9 | 247 | | | | |
| 5. | 95 | 127 | 20 | 5 | 247 | | | | |
| Total | 237 | 648 | 108 | 28 | 1235 | | | | |

Table 8 presents the chi-square of exploring the relationship between the physical activities and physical health of worshippers during worship sessions in selected faith-based organizations in Nigeria. The result from the analysis shows that the calculated X² value (9.76) is less than the table X² value (21.026). Hence, the hypothesis that states that there is no significant relationship between the physical activity during worship and physical health of worshipper is hereby accepted.

- **Hypothesis 3:** There is no significant relationship between the physical activities during worship and social health of the worshippers.

Table 9: Chi-square (X²) summary of the relationship between the physical activities and social health of worshippers during worship sessions in selected faith-based organizations in Nigeria.

| Items | SA | A | D | SD | Total | Df | X ² | Cal | Remark |
|-------|-----|-----|-----|----|-------|----|----------------|------|-------------|
| 1. | 78 | 117 | 44 | 8 | 247 | 12 | 21.026 | 44.9 | Significant |
| 2. | 119 | 104 | 21 | 3 | 247 | | | | |
| 3. | 86 | 101 | 52 | 8 | 247 | | | | |
| 4. | 116 | 105 | 21 | 5 | 247 | | | | |
| 5. | 94 | 116 | 31 | 6 | 247 | | | | |
| Total | 493 | 543 | 169 | 30 | 1235 | | | | |

Table 9 presents the chi-square of exploring the relationship between the physical activities and social health of worshippers during worship sessions in selected faith-based organizations in Nigeria. The result from the analysis shows that the calculated X² value (44.9) is greater than the table X² value (21.026). Hence, the hypothesis that states that there is no significant relationship between the physical activity during worship and social health of worshippers is hereby rejected.

- **Hypothesis 4.** There is no significant relationship between the physical activities during worship and spiritual health of worshipper.

Table 10: Chi-square (X²) summary of the relationship between the physical activities and spiritual health of worshippers during worship sessions in selected faith-based organizations in Nigeria.

| Items | SA | A | D | SD | Total | Df | X ² | Cal | Remark |
|-------|-----|-----|-----|----|-------|----|----------------|-------|-------------|
| 1. | 123 | 100 | 20 | 4 | 247 | 12 | 21.024 | 65.85 | Significant |
| 2. | 110 | 116 | 17 | 4 | 247 | | | | |
| 3. | 113 | 100 | 30 | 4 | 247 | | | | |
| 4. | 81 | 112 | 47 | 7 | 247 | | | | |
| 5. | 147 | 91 | 6 | 3 | 247 | | | | |
| Total | 574 | 519 | 120 | 22 | 1235 | | | | |

Table 10 presents the chi-square of exploring the relationship between the physical activities and spiritual health of worshippers during worship sessions in selected faith-based organizations in Nigeria. The result from the analysis shows that the calculated X² value (65.85) is greater than the table X² value (21.026). Hence, the hypothesis that states that there is no significant relationship between the physical activity during worship and spiritual health of worshipper is hereby rejected.

FINDINGS OF THE STUDY

- There is a significant relationship between physical activity during worship and emotional health of worshippers.
- There is no significant relationship between the physical activity during worship and physical health of worshippers.
- There is a significant relationship between the physical activity during worship and social health of worshippers.
- There is a significant relationship between the physical activity during worship and physical health of worshippers.

- e. Most religions: Christianity, Islam, Hinduism and Buddhism recognize that physical activities promote health and well-being of worshippers.
- f. Worshippers participate in physical activities but are not aware of the effects on the health and well-being of individuals.

DISCUSSION OF FINDINGS

The result from the analysis of hypothesis one shows that the calculated X^2 value (53.94) is greater than the table X^2 value (21.026). Hence, the hypothesis was rejected indicating that there is a significant relationship between the physical activity during worship and emotional health of worshipper. This finding corroborates Nally, (2009) that various forms of worship namely: Yadah, Tehillah, Towdah, Zamar and Barak involve different forms of body and physical movements demonstrated in different religious practices and activities which promote emotional feelings of the worshippers such as :Yadah- to worship with extended hands in adoration and giving oneself; Tehillah-to sing laud forms of melody in one's heart and adding words to the unrehearsed songs; Zamar- Singing Praise with instruments. Also, the Holy Bible declared that praise singing pleases God as confirmed by Psalm (22:3) that God manifests himself during exuberant singing.

Hypothesis two analysis shows that the calculated X^2 value (9.76) is less than the table X^2 value (21.026). Hence, the hypothesis was rejected to confirm that there is a significant relationship between the physical activity during worship and physical health of worshipper. Therefore, participation in physical activities during prayer sessions promotes good health. This finding corroborates the affirmations of WHO (2018) that as part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.

Hypothesis three analysis shows that the calculated X^2 value (44.9) is greater than the table X^2 value (21.026). Hence, the hypothesis was rejected showing that there is significant relationship between the physical activity during worship and social health of worshipper. The finding was supported by Safiya (2023) considers the benefits of physical exercise emphasized by the Quran as recipe for a fulfilled life to maximize happiness in this life and hereafter (Surah Al-Baqarah 2:195). Also, fulfilling the obligations of three of the five pillars of Islam requires that Muslims be of sound health and fitness. The Quran (Surah Al-Baqarah 2:195) opined that we must take care of our spiritual, emotional and physical health. Our bodies are given to us by God as a trust and we must keep them healthy (Khadija, 2023).

Hypothesis four analysis shows that the calculated X^2 value (65.85) is greater than the table X^2 value (21.026). Hence, the hypothesis was rejected indicating that there is a significant relationship between the physical activity during worship and spiritual health of worshipper (Khadija, 2023). The Salah or Islamic prayer comprises both physical movement and mental concentration if performed five times a day at specific times of the day, the prayers increase circulation of blood, help breathing control and general suppleness of joints. The daily performance of five prayers is in itself a form of exercise; the prescribed movements involve all the muscles and joints of the body and relieve mental stress. As well as the spiritual benefits of prayer (Salah) it has been widely recognized that the process of praying promotes many physical and psychological benefits. Each position involves the movement of different parts of the human body in ways that encourage health and well-being. Incorporating other forms of exercise with your daily prayer will have many health benefits (Feeney & Collins, 2015).

CONCLUSION

The study concludes that religious worship involves various body movements which may or not be accompanied by lyrics of music and can influence the physical, emotional, spiritual and social dimension of health of the worshippers. Christianity, Islam and other notable religions promote health through

physical activities. However, the worshippers are not aware of the health benefits of physical activities during worship sessions.

RECOMMENDATIONS: BASED ON THE FINDINGS

Study recommends that

- a. Awareness should be created to educate worshippers on the health benefits of physical activities which include physical, emotional, social and spiritual dimensions of health.
- b. Religious organizations should increase the intensity of the exercise, and more time can be devoted to dancing in combination with the various body movement such as kneeling, genuflection, bowing and stretching of hands as occur during worship and prayer sessions.

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