

# INVOLVEMENT WITH AND ATTITUDES TOWARDS EXTRACURRICULAR ACTIVITIES AMONG MEDICAL STUDENTS AT THE UNIVERSITY OF SRI JAYEWARDENEPURA

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## INTRODUCTION

Extracurricular activities (ECA) spreads over a vast range of fields and are found at almost all academic institutions. ECAs are the activities in which students participate, but which do not fall within the scope of the normal curriculum of an academic course or institute, eg, sports, clubs/societies and aesthetic activities.

ECAs could be further categorized into constructive and non-constructive ECAs. Non-constructive ECAs are unsupervised activities such as watching non-educational television programmes. Constructive ECAs are mostly organized activities such as sports and community services, which help enhance one's major developmental tasks. Particularly where university students are concerned, participating in constructive ECAs is highly beneficial for them as it affects positively on students' academic achievements, physical and mental wellbeing, the building of social skills and in shaping personality (Ali et al 2009). Therefore, it is very important to identify students' level of participation, attitudes and barriers towards ECAs, so necessary action can be taken by the university authorities to enhance involvement in ECAs among students.

## OBJECTIVES

General objective

- To assess the involvement with and attitudes towards extracurricular activities among medical students at the University of Sri Jayewardenepura.

Specific objectives

- To describe students' participation in ECAs.
- To determine attitudes towards ECAs among medical students
- To determine the barriers that affect medical students in the participation in ACAs

## METHODOLOGY

A descriptive study was carried out from September to November 2013 in the Faculty of Medical Sciences at the University of Sri Jayewardenepura. The study population in this study was a cross section of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year medical students at the Faculty of Medical Sciences. Final year medical students were excluded from the study as they could be considered to be a special cohort as they were studying full time at the hospitals and were rarely using university facilities.

Stratified random sampling was used and the sample size for the study was taken as 416. The entire sample was stratified into 4 equal parts and was allocated among 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> year medical students equally. Then the sample size, which was taken from each academic year, was calculated as 104. A randomly chosen 104 students were selected from each academic year.

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Permission to conduct this study was obtained from the Dean of the Faculty of Medical Sciences after approval was obtained from the ethical review committee. Informed written consent was obtained from the participants.

A validated self-administered questionnaire was used to collect data at a convenient time at the end of lecture sessions. The questionnaire was developed by investigators and after getting the ethical approval, the questionnaire was pre-tested using 20 students who didn't participate in the main study. Relevant modifications were made to the questionnaire before it was used in the main study. The participants were asked to complete the questionnaire individually without discussing with each other and the questionnaire was collected soon after completion.

Data analysis was done using SPSS 16.0 version using the Chi square, T and ANOVA tests. Attitude analysis was done using +2 to -2 coded 5-point likert scale and a T- test was applied to the calculated mean values of the responses to find any significant positive or negative difference from value 0 (neutral attitudes). ANOVA test was used to compare significant relationships of overall attitudes with different variables (ex:-sex).

## RESULTS AND DISCUSSION

A total of 385 students had responded to the questionnaire. Out of them, 148 (38.4%) were male students and 237 (61.6%) were female students. The ages of the participants ranged from 19-27 years, with the median age being 23 years. There were 96 undergraduates from first year, 90 from second year, 102 from third year and 97 undergraduates from 4<sup>th</sup> year in the study.

### Level of participation in ECAs

A majority of the students (86%) had participated in some kind of an ECA. According to the results, no association could be seen between sex and participation in ECAs ( $p>0.05$ ) among the study participants.

**Table 1 - Frequency distribution by overall student participation for specific ECAs**

Extracurricular Activity (ECA)	Overall Participation	
	Frequency	Percentage
Sports and games	126	32.7%
Activities in Clubs/ Societies/Groups	141	36.6%
Social services	136	35.3%
Religious activities	232	60.3%
Participate in aesthetic activities (Music, dancing, drama, drawing)	205	53.2%
Entertainment (watching TV, movies, listening to music, reading)	317	82.3%
Physical activities (Exercising ,Gym, Cycling, Jogging)	157	40.8%

The highest participating ECA among students (82.3%, n=317) were ECAs related to entertainment (watching TV, movies, listening to music and reading). In the same way, more than 80% of university students in London were found to have been involved in entertainment

related ECAs (McManus and Furnham, 2006). Other than that, in the current study, most students were participating in religious activities (60.3%, n=232) and aesthetic activities (53.2%, n=205). However, when the rest of the ECAs were considered, students' level of participation was low. The lowest participating ECA among students were sports and games (32.7%, n=126). According to Fredricks and Eccles (2006), 64.5% of American students participated in sport activities and when the results were compared, sports participation is much lower among students in the current study. This could be because Sri Lankan students may not have sufficient resources such as facilities, equipment and money to participate in sports and games as American students may have. Further, medical students may not have sufficient time due to their tight academic schedules.

Entertainment-related ECAs (watching TV, movies, listening to music, reading) were the most participated ECA among both males (81.1%) and females (83.1%), while male students showed the lowest participation (36.5%) in social services and females showed the lowest participation (32%) in physical activities (exercising, gym, cycling, jogging). No significant differences could be seen ( $p>0.05$ ) in the participation in ECAs between males and females except in sports/games and physical activities. Male participation were significantly higher ( $p<0.05$ ) than females in sports/games (male 52% and female 20.7%) and physical activities (exercising, gym, cycling, jogging) (male 54.7% and female 32%). According to Zhe (2012), in China, male students' participation in sports and physical activities were higher than female students and those results have been comparable with the current study.

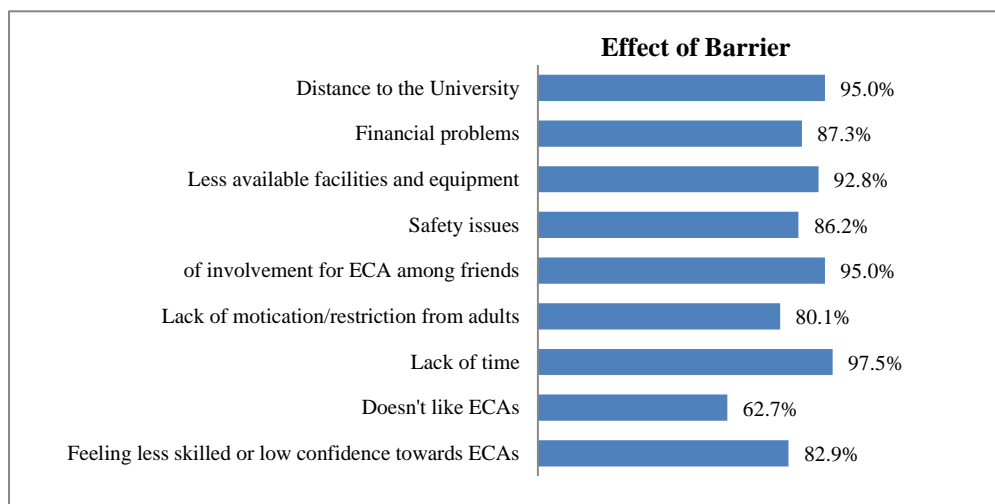
Student's regular participation in ECAs (at least several times a week) was very low except in entertainment-related ECAs (50.4%). When other ECAs were considered, only less than 5% of students had participated in ECAs on a regular basis (several times a week), except in physical activities (12.2%).

#### Attitudes towards extracurricular activities

Students' overall attitude towards involvement in ECAs was positive. Further, students had positive attitudes on the involvement in ECAs towards their academic performance, physical health and social well-being. However, they showed neutral attitudes on the impact of involvement in ECAs towards their mental well-being and had negative attitudes on the impact of involvement in ECAs towards their personality. Significant differences in attitudes could be seen between males and females on their attitudes towards the impact of involvement in ECAs towards physical health ( $p<0.05$ ) and personality ( $p<0.05$ ).

#### Barriers towards extracurricular activities

**Chart 1 - Percentage distribution according to the effect of the barrier**



The factors considered in the study were identified as actual barriers by most of the students, as they prevented them from participating in ECAs. A lack of time, distance to the university and a lack of involvement for ECAs among friends had become barriers for more than 95% students. According to the results, the least affected barrier was a lack of interest in ECAs (62.7%). Other than that, all other factors had become barriers for more than 80% of students. According to a research done by Humbert et al (2006), time barriers (family obligations, homework), perceived competence, perceived skills, friends, adult involvement, proximity, cost, facilities and safety were identified as barriers by Canadian students, which preventing participation in ECAs. By considering the above study and the current study, it is clear that students all over the world had common barriers that prevented them from participating in ECAs.

## **CONCLUSION**

The data revealed that a majority of medical students have not participated in constructive ECAs that help students build their physical, mental and social well-being. Students' regular participation in ECAs was very low, except in entertainment-related ECAs. Even though students demonstrated an overall positive attitude towards ECAs, the lower involvement shown in structured ECAs could be due to a higher impact from barriers that students were facing when they were involved in ECAs.

## **RECOMMENDATIONS**

The results in the study can be used as a guide by university authorities to find out factors/barriers that prevent students from participating in ECAs, and they could take proper action to minimize such factors/barriers. They could also as teach students about the advantages of participating in ECAs to improve involvement in ECAs among students.

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