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ORIGINAL RESEARCH

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Recreational activity motivation and perceived health outcomes in recreation from men's perspective

Mustafa İnan Özant[1], Tebessüm Ayyildiz Durhan[1,*], Mehmet Demirel[2], Erdal Zorba[1]

[1]Sports Science, Gazi University, 06560 Ankara, Turkey
[2]Recreation, Necmettin Erbakan University, 42090 Konya, Turkey

***Correspondence**
tebessum@gazi.edu.tr
(Tebessüm Ayyildiz Durhan)

Abstract

Background: This study aims to determine the motivations for recreational activities and perceived health outcomes in recreation in men. At the same time, the findings obtained in this study, which set out to determine the relationship and effect between recreational activity motivation and perceived health outcomes in recreation, tried to reveal the difference created by the variables on the measurement tools. **Methods**: Data were collected from university students in Ankara between April and July 2024. In this context, 684 individuals participating in recreational activities were included. The data were obtained using the Recreational Activity Motivation Scale and Perceived Health Outcomes in Recreation Scale as well as the personal information form. **Results**: The findings showed that various variables differentiated the measurement tools, there were strong positive relationships between the measurement tools, and the measurement tools had an effect to explain each other by 50%. **Conclusions**: As a result, the assumption that male participants' motivation towards recreational activities was high, that the health outcomes they obtained through participation in recreational activities were high in parallel with this, that various variables differentiated this situation, and that health outcomes could be increased with high motivation was confirmed.

Keywords

Men; Recreation; Activity; Motivation; Health; Outcomes

1. Introduction

In today's societies, efforts to protect and improve individuals' physical and mental health are gaining considerable importance. These efforts are supported by recreational activities, crucial in improving individuals' quality of life and supporting healthy living habits. Being recreationally active can help maintain physical health. Being physically active improves mood and quality of life by reducing depression and anxiety [1]. Recreational activities can enhance physical health and fitness as well as mental health and well-being [2]. Recreation increases well-being and promotes physical and mental health through positive social bonds, reduces stress and supports overall well-being [3]. In this context, studies on recreational activity motivations and perceived health outcomes of these activities are critical to increasing individuals' participation in recreational activities and promoting healthier lifestyles.

Recreational activities support individuals' psychological well-being as well as improving their physical health. Recreational activities based on physical activity offer physical benefits, such as protecting cardiovascular health, strengthening the musculoskeletal system and providing weight control, while also being effective in reducing depression, anxiety and stress levels [4, 5]. If participation in recreational activities is carried out according to the motivations of individuals, it can contribute to the continuity of participation and the positive shaping of the health outcomes obtained.

Individuals' participation level in recreational activities generally varies depending on their motivation status. Motivations are generally divided into two intrinsic and extrinsic. Intrinsic motivation refers to the inner desire of individuals to participate in an activity [6]. This intrinsic desire may stem from the pleasure, interest or personal values that the individual associates with the activity itself. Leisure activities satisfy basic meaning needs, such as purpose, value, competence and self-worth to different degrees [7]. For example, a person may participate in nature walks not only for their physical health but also to satisfy their passion for exploring nature. However, extrinsic motivation can also influence participation in recreational activities. Intrinsic motivation is computationally similar to extrinsic motivation, seeking to maximize reward value and minimize punishment [8].

Self-determination theory (SDT) is a theory of motivation and personality that focuses on the internal processes behind personality development and the regulation of behaviour. Developed by psychologists Richard Ryan and Edward Deci (2000), SDT emphasizes that individuals have intrinsic growth tendencies and psychological needs (autonomy, competence and relatedness) [9]. When these needs are met, individuals achieve self-motivation, well-being and personal growth. Self-

determination theory stands out among the theories of human motivation by examining the effects of qualitatively different types of motivation underlying individuals' behaviour. Emerging from a humanistic perspective and focusing primarily on the satisfaction of needs, self-actualization and the realization of human potential, SDT offers a comprehensive and evolving macro theory of human personality and motivated behaviour [9].

Variables, such as physical fitness and health self-assessment, are influenced by factors, such as motivational values, time management and frequency of participation in recreational activities [10]. Men's participation in recreational activities is influenced by various factors, such as gender roles, social expectations and personal goals [11]. Therefore, examining these variables, especially men's motivation for recreational activity and their perceived health outcomes is crucial. Increasing men's participation in recreational activities is of great importance to support their physical and psychological health. Understanding men's motivations for recreational activity allows for developing more effective strategies for planning and implementing these activities. According to Blake *et al.* [11] (2022), sports participation appears to be associated with better subjective health outcomes in middle-aged men. In light of the information above, this study aimed to investigate the effect of recreational activity motivation on perceived health outcomes in recreation among men. At the same time, this study sought to determine the relationship between recreational activity motivation and perceived health outcomes in recreation and reveal the impact of these variables on measurement tools.

2. Materials and methods

A relational screening model was used in the present study and prepared using a quantitative method. Since this research was conducted using quantitative data, the data obtained through mathematical methods were analyzed. The quantitative descriptive method was used and carried out in a relational survey model. Relational research aims to determine the relationship between two or more variables, whether they differ from each other, and if they differ, and to what extent [12]. While approximately 700 people residing in Ankara and participating in recreational activities constituted the study group, 684 data were included in the analysis due to the examinations. Data were collected between February and June 2024.

2.1 Participants

The study included individuals living in Ankara and participating in recreational activities. According to the data of the Turkish Statistical Institute (TUIK, 2024), the total population of Ankara is 5,782,285 people. The sample size was calculated using the G*Power 3.1.9.4 program (Erdfelder, Faul & Buchner, 1996, Düsseldorf, Germany) and verified with the Cochran formula. According to the formula developed by Cochran (1977), based on a 95% confidence level and a 5% margin of error, the minimum required sample size to represent the adult population in Ankara was calculated as 384 people [13]. The sample group included individuals aged 18 and over living in Ankara who engage in recreational activities. Individuals under the age of 18 and those who do not engage in recreational activities were excluded. The participants of the study are people over the age of 18 who live in Yenimahalle, Keçiören, Mamak, Çankaya, Sincan and Etimesgut in Ankara province and who do recreational activities.

While approximately 700 people residing in Ankara and participating in recreational activities constituted the study group, 684 data were included in the analysis due to the examinations. In addition to the personal information form, recreational activity motivation and perceived health outcomes in recreation scales were used in this study. Details about the measurement tools are given in Table 1.

TABLE 1. Demographics of the study group.

N = 684		
Variable	*f*	%
Age		
Under 20	257	37.6
Between 20–25	209	30.6
Between 26–31	75	11.0
Above 31	143	20.9
Marital status		
Single	546	46.6
Married	138	53.4
Having kids		
Yes	122	17.8
No	562	82.2
Occupation		
Student	359	52.5
Public	112	16.4
Self-employment	71	10.4
Private sector	142	20.8
Perceived income		
Low	164	24.0
Middle	471	68.9
High	49	7.2
Sufficient leisure time		
Yes	338	49.4
No	346	50.6
Chronic disease status		
Yes	72	10.5
No	612	89.5

f: number of people according to percentile.

2.2 Recreational activity motivation scale

The 39 questions developed by Özant *et al.* [13] (2024) consisted of four sub-dimensions. The scale's sub-dimensions were intrinsic motivation, utility, amotivation and extrinsic motivation. The measurement tool, which is determined to

consist of intrinsic motivation, utility, amotivation and extrinsic motivation sub-dimensions, has a 5-point Likert structure. Likert type ranges from 1 (Strongly disagree) to 5 (Strongly agree). Internal consistency coefficients of the measurement tool vary between 0.70 and 0.95. For the current study, the total internal consistency coefficient was 0.94 [13].

2.3 The perceived health outcomes of recreation scale (PHORS)

The Perceived Health Outcomes of Recreation Scale developed by Gómez *et al.* [14] in 2016, is a Likert-type scale consisting of 13 items and three sub-dimensions. However, during the adaptation study, the researchers requested a trial form, not a final form. The trial form consists of 16 items. During the adaptation process, it was determined that all 16 items worked in Turkish culture, so validity and reliability analyses were conducted on 16 items. Each item on the scale is answered between (1) definitely does not express me and (7) completely expresses me. The sub-dimensions of the scale consisted of "realization of psychological experience (PDG)", "prevention of a worse situation (PBS)" and "improved situation (IS)". The scale was evaluated only with the averages of the sub-dimension scores.

The Turkish sample adapted the scale as a 7-point Likert scale (1: Definitely Does Not Express Me; 7: Completely Expresses Me). The scale gives scores based on both the sub-dimensions and the average total score of the scale. The total average score of the relevant sub-dimension and the scale was obtained by summing the item scores and dividing by the number of items. Higher mean scores mean higher levels of perceived health outcomes for both the relevant dimension and the total scale. The total internal consistency coefficient for the current study was 95.

2.4 Data analysis

Statistical analysis of the findings was made in the IBM Statistical Package for the Social Sciences (SPSS: IBM Corp., Armonk, NY, USA) 25 Program, SPSS 25 package software frequency and percentage calculations for demographic characteristics, independent sample *t*-test, and one-way variance analysis (ANOVA) test for determining the differences between variables and measurement tools, *post hoc* test for intragroup comparisons, Pearson correlation analysis was used to determine the relationship between measurement tools and regression test for the effect between measurement tools.

3. Results

Table 2 shows that the participants' motivation towards recreation activities is high; the highest motivation level is found in the intrinsic motivation sub-dimension and the lowest motivation sub-dimension is found in the amotivation sub-dimension. Similarly, perceived health outcomes in recreation are quite high and the highest sub-dimension score belongs to the improvement in fitness sub-dimension. The lowest sub-dimension score is in the sub-dimension of preventing a worse situation. At the same time, when the kurtosis and skewness values were analyzed, it was determined that the data provided a homogeneous distribution. Accordingly, the data were tested with parametric tests.

As shown in Table 3, which indicates the difference between the sector in which the participants work and the recreational activity motivations and the health outcomes they perceive in recreation, the occupational group significantly differentiated the intrinsic motivation and benefit sub-dimensions and also significantly differentiated the improved condition sub-dimension. It can be said that all significant differences obtained favor public sector employees. In this direction, the motivation of public employees with more job security towards recreational activities and the health outcomes they perceived in the recreation they participated in are more positive. When the age variable, another variable, was examined, it can be said that the significant difference that emerged only in the intrinsic motivation sub-dimension was that intrinsic motivation increases as age increased. It was determined that the marital status of the participants and the status of having children did not create a significant difference.

It was observed that the intrinsic motivation sub-dimension differed significantly from perceived income (Table 4). Accordingly, the intrinsic motivation of the participants who stated that they were in a medium-income group was higher than that of the other income groups.

The amotivation scores of those who stated they did not

TABLE 2. Arithmetic mean, standard deviation, and kurtosis-skewness values of the measurement tools.

N = 684	Min.	Max.	$\bar{x}$	sd	Skewness	Kurtosis
Recreational Activity Motivation	1.10	5.00	3.65	0.58	−1.257	3.720
Instrict Motivation	1.00	5.00	3.93	0.74	−1.178	2.505
Benefit	1.13	5.00	3.87	0.71	−1.075	2.210
Amotivation	1.00	5.00	2.49	0.76	0.783	0.310
External Motivation	1.00	5.00	3.55	0.90	−0.523	0.050
The Perceived Health Outcomes of Recreation	1.00	7.00	5.57	1.13	−1.170	2.339
The realization of psychological experience	1.00	7.00	5.61	1.17	−1.337	2.635
Prevention of a worse situation	1.00	7.00	5.36	1.42	−1.031	0.993
Improved condition	1.00	7.00	5.75	1.27	−1.491	2.734

Min.: Minimum; Max.: Maximum; sd: Standart Deviation.

TABLE 3. One-way analysis of variance ANOVA test findings between measurement tools and occupation variable.

N = 684					
Occupation	n	$\bar{x}$	sd	*F*	*p*
Recreational Activity Motivation					
Student[c]	359	3.62	0.61		
Public sector[a]	112	3.74	0.40		
Self-employment[d]	71	3.56	0.67	2.471	0.061
Private sector[b]	142	3.71	0.56		
Total	684	3.65	0.58		
Instrict Motivation					
Student[c]	359	3.88	0.76		
Public sector[a]	112	4.10	0.53		
Self-employment[d]	71	3.78	0.88	3.767	0.011*
Private sector[b]	142	3.99	0.70		
Total	684	3.93	0.74		
Benefit					
Student[c]	359	3.82	0.72		
Public sector[a]	112	3.98	0.57		
Self-employment[d]	71	3.76	0.83	2.837	0.037*
Private sector[b]	142	3.97	0.70		
Total	684	3.87	0.71		
Amotivation					
Student[b]	359	2.51	0.76		
Public sector[a]	112	2.41	0.63		
Self-employment[d]	71	2.50	0.89	0.554	0.645
Private sector[c]	142	2.49	0.79		
Total	684	2.49	0.76		
External Motivation					
Student[b]	359	3.54	0.90		
Public sector[a]	112	3.55	0.82		
Self-employment[c]	71	3.56	0.91	0.018	0.997
Private sector[d]	142	3.56	0.97		
Total	684	3.55	0.90		
The Perceived Health Outcomes of Recreation					
Student[b]	359	5.52	1.10		
Public sector[a]	112	5.68	1.00		
Self-employment[d]	71	5.35	1.38	1.979	0.116
Private sector[c]	142	5.69	1.17		
Total	684	5.57	1.13		
The realization of psychological experience					
Student[c]	359	5.59	1.15		
Public sector[a]	112	5.68	1.03		
Self-employment[d]	71	5.35	1.48	1.885	0.131
Private sector[b]	142	5.74	1.13		
Total	684	5.61	1.17		

TABLE 3. Continued.

N = 684					
Occupation	n	$\bar{x}$	sd	*F*	*p*
Prevention of a worse situation					
Student[a]	359	5.28	1.38		
Public sector[b]	112	5.47	1.39		
Self-employment[d]	71	5.27	1.54	1.168	0.321
Private sector[c]	142	5.51	1.49		
Total	684	5.36	1.42		
Improved condition					
Student[b]	359	5.71	1.26		
Public sector[a]	112	5.96	1.13		
Self-employment[d]	71	5.45	1.45	2.700	0.045*
Private sector[c]	142	5.84	1.31		
Total	684	5.75	1.27		

*$p < 0.05$. $a > b > c > d$: a ranking for emphasis; *: highlighting for significant difference.*
N: Total number of people; n: Number of people; sd: Standart Deviation.

TABLE 4. One-way analysis of variance ANOVA test findings between measurement tools and income variable.

N = 684					
Perceived income	n	$\bar{x}$	sd	*F*	*p*
Recreational Activity Motivation					
Low[b]	164	3.61	0.68		
Middle[a]	471	3.68	0.52	2.805	0.061
High[c]	49	3.50	0.68		
Total	684	3.65	0.58		
Instrict Motivation					
Low[b]	164	3.90	0.85		
Middle[a]	471	3.97	0.66	5.294	0.005*
High[c]	49	3.61	0.92		
Total	684	3.93	0.74		
Benefit					
Low[b]	164	3.84	0.81		
Middle[a]	471	3.90	0.65	1.517	0.220
High[c]	49	3.73	0.82		
Total	684	3.87	0.71		
Amotivation					
Low[c]	164	2.41	0.80		
Middle[a]	471	2.51	0.75	1.264	0.283
High[b]	49	2.56	0.75		
Total	684	2.49	0.76		
External Motivation					
Low[c]	164	3.51	1.01		
Middle[a]	471	3.57	0.86	0.404	0.668
High[b]	49	3.49	0.93		
Total	684	3.55	0.90		

TABLE 4. Continued.

N = 684					
Perceived income	n	$\bar{x}$	sd	F	p
The Perceived Health Outcomes of Recreation					
Low[c]	164	5.48	1.33	0.765	0.466
Middle[b]	471	5.60	1.07		
High[a]	49	5.50	1.06		
Total	684	5.57	1.13		
The realization of psychological experience					
Low[c]	164	5.52	1.41	0.833	0.435
Middle[a]	471	5.65	1.07		
High[b]	49	5.54	1.21		
Total	684	5.61	1.17		
Prevention of a worse situation					
Low[c]	164	5.32	1.60	0.116	0.890
Middle[b]	471	5.38	1.37		
High[a]	49	5.32	1.25		
Total	684	5.36	1.42		
Improved condition					
Low[c]	164	5.62	1.48	1.401	0.247
Middle[b]	471	5.80	1.20		
High[a]	49	5.66	1.19		
Total	684	5.75	1.27		

*$p < 0.05$. $a > b > c$: a ranking for emphasis; *: highlighting for significant difference.*
N: Total number of people; n: number of people; sd: Standart Deviation.

have enough free time were higher than those who had enough leisure time (Table 5). Therefore, the adequacy of leisure time in terms of duration in line with the needs of individuals is important. The finding that insufficient leisure time may cause low motivation reveals the significance of having sufficient leisure time. On the other hand, it was determined that the answers given to another question, in which it was determined whether the respondents had chronic diseases or not, were in the majority of the participants who stated that they did not have chronic diseases. At the same time, the measurement tools did not differ according to the relevant variable.

Findings in Table 6 showed that the participants' motivations for recreational activity and the health outcomes they perceived in recreation had a significant relationship with each other. Accordingly, it was determined that all significant relationships were positively significant at medium and high levels.

Recreational activity motivation affected individuals' perceived health outcomes in recreation in every sense (Table 7). According to the findings obtained in this direction, it was determined that recreational activity motivations explained the perceived health outcomes at a rate of 57%.

Perceived health outcomes in recreation significantly affected recreational activity motivation. Intrinsic motivation and benefit sub-dimensions differed significantly. Also, PHORS explained 59% of recreational activity motivation as shown in Table 8 below.

4. Discussion

The present study examined men's motivations for recreational activities and perceived health outcomes of these activities. The findings suggest that high levels of motivation are associated with high levels of health outcomes. In particular, a strong positive correlation was found between intrinsic motivation and health outcomes. In addition, it was determined that recreational activity motivation explained 57% of health outcomes, and intrinsic motivation and benefit were the prominent factors in this interaction.

It also discussed how the types of motivation in recreational activities vary with age and demographic characteristics. For example, it was observed that public sector employees were more motivated to participate in recreational activities due to greater job security and perceived higher health outcomes from these activities. In addition, it was stated that intrinsic motivation increases with age, but in a study conducted by Đedović [15] (2022), motivational factors were similar across age groups. The findings of this study are also supported by the research conducted by Awruk and Janowski (2016) [16]. They found that intrinsic motivation is directly related to positive health outcomes related to physical activity. In addition, Ruskin and Shamir (1984) showed social interactions

TABLE 5. Independent sample *t*-test results between measurement tools and sufficient leisure time variable.

N = 684					
Sufficient leisure	n	$\bar{x}$	sd	*t*	*p*
Recreational Activity Motivation					
Yes	338	3.66	0.60	0.509	0.611
No	346	3.64	0.55		
Instrict Motivation					
Yes	338	3.96	0.77	1.231	0.219
No	346	3.89	0.70		
Benefit					
Yes	338	3.90	0.72	0.962	0.336
No	346	3.85	0.69		
Amotivation					
Yes	338	2.40	0.71	−3.142	0.002*
No	346	2.58	0.80		
Extrinct Motivation					
Yes	338	3.58	0.92	0.848	0.397
No	346	3.52	0.88		
The Perceived Health Outcomes of Recreation					
Yes	338	5.59	1.15	0.480	0.631
No	346	5.55	1.12		
The realization of psychological experience					
Yes	338	5.66	1.15	1.154	0.249
No	346	5.56	1.18		
Prevention of a worse situation					
Yes	338	5.33	1.47	−0.548	0.244
No	346	5.39	1.38		
Improved condition					
Yes	338	5.78	1.31	0.629	0.530
No	346	5.72	1.23		

*$p < 0.05$; *: highlighting for significant difference.*
N: Total number of people; n: number of people; sd: Standart Deviation.

TABLE 6. Pearson correlation test findings on the relationship between the measurement tools.

Dimensions	Pearson Correlation Test							
Recreational Activity Motivation								
Instrict Motivation	0.939							
Benefit	0.935	0.860						
Amotivation	0.063	−0.143**	−0.161**					
External Motivation	0.743	0.662	0.608	0.069				
The Perceived Health Outcomes of Recreation	0.733	0.718	0.757	−0.172**	0.510			
The realization of psychological experience	0.743	0.735	0.761	−0.179**	0.528	0.908		
Prevention of a worse situation	0.577	0.542	0.591	−0.088**	0.420	0.878	0.646	
Improved condition	0.617	0.625	0.652	−0.204**	0.385	0.883	0.732	0.699

***$p < 0.001$.*

TABLE 7. Multiple linear regression analysis results between measurement tools.

	B	Std. error	β	t	p
The realization of psychological experience	0.293	0.019	0.591	15.407	0.001**
Prevention of a worse situation	0.053	0.015	0.129	3.532	0.001**
Improved condition	0.043	0.019	0.095	2.315	0.021*
$R = 0.756$	$R^2 = 0.572$				
$F_{(302,859)} = 0.000$	$^{**}p < 0.001$ $^{*}p < 0.05$				

Dependent variable: Recreational activity motivation.
B: Standardized Coefficients Beta; Std. error: Standart error.

TABLE 8. Multiple linear regression analysis results between measurement tools.

	B	Std. error	β	t	p
Instrict Motivation	0.361	0.079	0.235	4.572	0.001*
Benefit	0.830	0.078	0.519	10.707	0.001*
Amotivation	−0.086	0.038	−0.058	−2.275	0.023**
External Motivation	0.054	0.042	0.043	1.268	0.205
$R = 0.770$	$R^2 = 0.593$				
$F_{(247,565)} = 0.000$	$^{*}p < 0.001$ $^{**}p < 0.05$				

Dependent variable: The Perceived Health Outcome of Recreation.
B: Standardized Coefficients Beta; Std. error: Standart error.

as an essential source of motivation for men's participation in physical activities [17].

In another study conducted to define the motivational structure of recreational exercisers and investigate gender differences in motivation, *i.e.*, to determine the hierarchy of reasons for choosing recreational exercise, it was found that the strongest motivation for recreational exercise is to maintain and improve health and certainly to relax again. After these, the next most important motivations were socializing, meeting new people, and improving and maintaining physical ability. Similar to the current research, extrinsic motivations are also observed to be a significant factor. The study also showed very small differences in exercise motivations according to the age of the participants, reflected in good appearance and enjoyment, while relaxation and relaxation and improving and maintaining physical ability were equally crucial for all ages [15]. Contrary to the finding that intrinsic motivation increases in parallel with the increase in age level in the current study, motivational factors are similar for all age groups.

Intrinsic motivation for physical activity, which can be counted among recreational activities, is negatively associated with various negative parameters, while it shows positive relationships with physical symptoms. This means increased intrinsic motivation can be associated with positive factors [16]. According to another study, physical activity in leisure time is perceived as necessary for men's participation due to the social aspect of exercise, tension, and excitement [17]. Intrinsic motives for consistent leisure-time physical activity are more important among active individuals than inactive individuals; conforming to others' expectations is the exception [18]. Therefore, the finding that participation in an active recreational activity is linked to intrinsic motivation can be expressed.

It is stated that participation in recreational activities leads to higher perceived health outcomes and increased levels of happiness [19]. The current study's high correlation levels are consistent with the literature. Another study reported that participation in recreational activities at an adequate level positively affects health-related self-perception and that the risk of poor health-related self-reports is lower through more participation of men [20]. In addition, perceived health outcomes in recreation are considered a significant parameter that positively affects life satisfaction [21]. Recreational physical activity was most strongly associated with better mental health outcomes, especially in men [22]. Participation in various recreational activities is positively associated with health perception and life satisfaction [23].

5. Conclusions

As a result, the hypothesis that male participants' motivation towards recreational activities is high, the health outcomes obtained through participation in recreational activities are high in parallel with this, that various variables differentiate this situation, and that health outcomes can be increased with high motivation is confirmed. High motivation towards recreational activities positively affects men's health outcomes, and various variables differentiate this interaction. Intrinsic motivation was particularly effective in increasing health outcomes. This

study suggests that encouraging participation in recreational activities can play a critical role in supporting men's healthy lifestyles. The study can be expanded to include not only men but also women and children. In addition, different age groups and different professions can also be addressed. In addition, the developed scale can be used together with many other scales (*e.g.*, sportive activities, tourism activities, *etc.*) to contribute to the literature.

6. Limitations

Although this study provides important insights into men's motivations for recreational activities and their perceived health outcomes, it has certain limitations. Firstly, the sample consists exclusively of male individuals residing in Ankara. All participants voluntarily took part in the study and were over the age of 18. This demographic limitation may restrict the generalizability of the findings to other regions or to different gender groups. Future studies are recommended to expand the sample to include individuals from different cities, age groups and female participants. Secondly, this study is a preliminary investigation conducted within the scope of the doctoral dissertation titled "Recreational Activity Motivation and Perceived Health Outcomes in Recreation". Therefore, further studies with larger and more representative samples are needed to validate and expand upon the current findings.

AVAILABILITY OF DATA AND MATERIALS

These data are available in full in Mustafa İnan Özant's PhD thesis. In addition, the data can be shared privately, if desired, according to the intended use. For this reason, the data should not be used without permission.

AUTHOR CONTRIBUTIONS

MİÖ—protocol development, data collection, data analysis, manuscript writing. MD—manuscript review and editing. TAD—protocol development, manuscript writing. EZ—manuscript review and editing. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Research code number 2024-1155 was approved by the Gazi University Ethics Commission. The participants were informed about the purpose of the study, and an Informed Voluntary Consent Form was obtained from the individuals who agreed to participate in the present study.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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