



Evaluating a Workplace Wellness Initiative: The Impact of a Six-Month Subsidised Gym Membership on Hypertension Management in Male Civil Servants, Lagos, Nigeria

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Abstract

Hypertension is a leading cause of morbidity and mortality in Nigeria, with a high prevalence among working-age adults. Workplace wellness programmes are a potential strategy for non-communicable disease management, but evidence of their effectiveness in low-resource settings remains limited. This policy brief evaluates the impact of a six-month subsidised gym membership initiative on hypertension management among male civil servants in Lagos, Nigeria. Its objective is to inform public health policy on the feasibility and outcomes of such workplace interventions. The evaluation used a mixed-methods approach. Quantitative data on blood pressure and biometrics were collected from participants at baseline and programme end. Qualitative data were gathered via focus group discussions to explore participant experiences and barriers to engagement. The initiative showed a modest positive effect. Systolic blood pressure decreased by an average of 5.2 mmHg among consistent attendees. However, only 38% of participants utilised the membership regularly. Key barriers identified included time constraints due to long commutes and a preference for community-based physical activity over gym attendance. While subsidised gym access can contribute to improved hypertension control for some individuals, low utilisation rates highlight significant implementation challenges. A standardised approach to workplace wellness may not be optimal in this context. Policy should support flexible, multi-component workplace health programmes that include, but are not limited to, gym subsidies. Programmes should incorporate preferred activities like football and consider partnerships with local community facilities to improve accessibility and uptake. Hypertension, Workplace wellness, Non-communicable diseases, Health policy, Nigeria, Physical activity This brief provides evidence for policymakers on the real-world implementation and limitations of a specific wellness incentive, highlighting the need for contextualised approaches to chronic disease management in the Nigerian public sector workforce.

Keywords: *Workplace wellness programmes, Hypertension management, Non-communicable diseases, Sub-Saharan Africa, Randomised controlled trial, Health promotion, Civil servants*

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