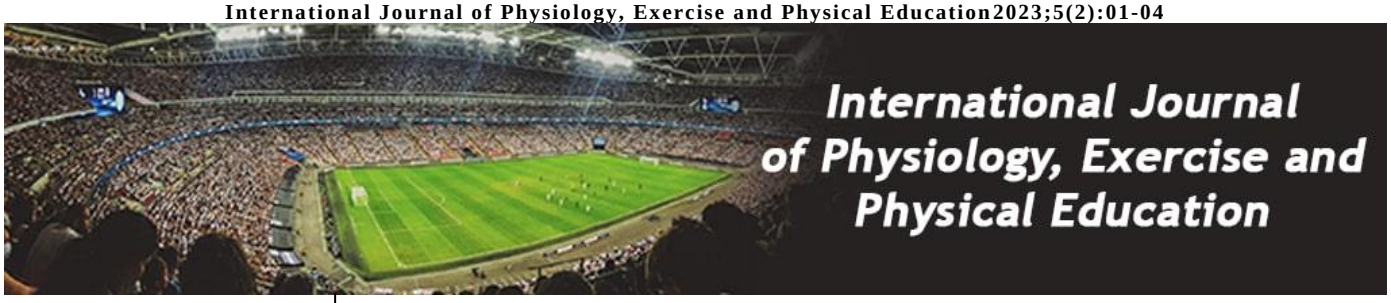

ISSN Print: 2664-7249
ISSN Online: 2664-7257
IJPEPE2023; 5(2): 01-04
www.physicaleducationjournals.com
Received: 02-04-2023
Accepted: 03-05-2023

Dr. Jose Mathew
Assistant Professor, Department of Physical Education, Verghese Kurien Institute of Dairy and Food Technology, Kerala Veterinary and Animal Sciences University, Mannuthy, Thrissur, Kerala, India

Corresponding Author:
Dr. Jose Mathew
Assistant Professor, Department of Physical Education, Verghese Kurien Institute of Dairy and Food Technology, Kerala Veterinary and Animal Sciences University, Mannuthy, Thrissur, Kerala, India

Promoting health enhancing physical activity

Dr. Jose Mathew

DOI: https://doi.org/10.33545/26647249.2023.v5.i2a.62

Abstract
Healthy young people are more likely to learn more effectively while health promotion can assist to meet their targets in educational attainment and meet their social aims. Institutions have a better chance of good health. Regular participation in health enhancing physical activity throughout childhood provides immediate health benefits, by positively effecting body composition and musculoskeletal development and reduces the presence of coronary heart disease risk factor physical education provides a context for regular and structured health enhancing physical activity participation. Activities introduced in physical education classes can help students develop motor skills (jumping, running, and object manipulation) and social skills as well as motivate them to participate in health enhancing physical activity. The paper suggested some health enhancing physical activities and described the strategies to promote health enhancing physical activity among students in Educational Institutions.

Keywords: Health enhancing physical activity, sports, preventing, promotion, diseases

Introduction
Health plays an important role in ensuring a high quality of life and is one of the basic conditions for the development of any society. There is no area of social life that is not influenced by health. Health is primarily every individual's own responsibility while the state, in cooperation with various professional organizations and sciences, has the power and responsibility to create the conditions that allow people to maintain a healthy lifestyle. Apart from ensuring health care, the state looks after health by developing, adopting and implementing health promotion policies, strategies and programmes. The strategy of protection and promotion of health by physical activity, sport and recreation falls within these responsibilities as well (Ministry of Health, 2007).

Sport and physical activity participation are generally promoted for their positive impact on children's physical and mental health. However, increased participation in sport and other forms of physical activity are also thought to lead to enhancement of cognitive functioning (information processing), memory, concentration, behaviour and academic achievement for children (Morgan, 2011) [3]. Adequate physical activity is very important for children's physical, psychological and social development. Regular physical activity decreases the risk of widespread conditions and diseases such as obesity, cardiovascular diseases, type 2 diabetes, osteoporosis, back pain, colon cancer and breast cancer. Physical activity also relieves symptoms of depression and puts people in a better mood. Physically active individuals live longer and need less care in old age (Federal Office of Sport and of Public Health, 2006).

Insufficient physical activity is one of the most important factors of unhealthy lifestyle, in addition to unhealthy diets, smoking, illicit drugs, stress, and alcohol consumption. It has been proven scientifically that the above stated factors of unhealthy lifestyle are the leading causes in the processes of development, progression, and complications related to major chronic non-communicable diseases (CND): cardiovascular and diabetic diseases, some types of cancer, some chronic lung diseases, obesity, osteoporosis, and other types of musculoskeletal diseases (Ministry of Health, 2007).

Physical Activity As A Natural Behaviour
The human body has been created to move and allow a range of basic daily movements like walking, running or climbing.

As civilization developed, human strength and movement continued to be used for daily life activities such as farming, fishing, building and transport. Recent rapid urbanization and development in many communities has changed peoples' lifestyles; the changed nature of many jobs, motorized transport and passive leisure activities all mean that physical activity has become less prevalent in day to day life. This is correlated with an increase of non-communicable diseases (NCD). Therefore, it is not surprising that physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths worldwide [2].

From a health perspective, physical activity is defined as "any body movement produced by skeletal muscles that result in energy expenditure above resting level" [3]. While exercise is defined as "a regular and structured subset of physical activity, performed deliberately and with a specific purpose, such as preparation for athletic competition or the improvement of some aspect of health" [4]. In this article, we will refer to 'sport' as 'sport'; we use the term 'physical activity' to refer to activities that are spontaneous, utilitarian or otherwise not related to organized activities.

Health benefits of physical activity

Recently, almost all countries, health organizations and health professionals agreed on their health strategies to consider promoting physical activity as one of the fundamental components to reduce the risk of premature mortality as well as the risk of many other non-communicable diseases [5]. NCDs such as diabetes, ischemic heart diseases, stroke and cancer are incontrovertibly linked to physical inactivity and other unhealthy lifestyles such as an unhealthy diet, smoking and psychological distress [5]. Regular physical activity substantially reduces risk of NCDs by preventing the physiological changes that includes high blood lipids, high blood pressure, high blood sugar and excess body fat [6, 7]. For instance, physical activity reduces the risk of cardiovascular disease, stroke and Type 2 diabetes by 50% and can reduce the risk of developing breast and colon cancer by 25%.

Moving people from inactivity and engaging them in physical activity (Light to moderate activity as part of daily living, not necessarily organized sport) has numerous psychological benefits such as higher levels of self-esteem, improved cognitive performance, improved quality of sleep, release of daily stress and decreased risk of depression [8]. Additionally, people who are physically active are more likely to be active at work and undertake daily tasks with less stress and less fatigue.

Certain groups of people need to be targeted in any physical activity promotion initiative as they can show great health benefits from a minimum increase in daily physical activity. For instance, people aged 65+ can improve their mobility, balance, prevent fall and decrease risk of dementia through such regular physical activity. And the same effects can be seen among adults with disabilities [10, 11]. Physical activity can work as medicine for people with chronic pulmonary diseases, diabetes, coronary heart disease and stroke, by improving their health outcome significantly and their quality of life.

Regular physical activity has a profound impact on children and adolescents' health. Studies indicate that 60 minutes a day of physical activity, e.g. playing games, running, jumping or playing on playground equipment significantly improves muscular strength, physical fitness, self-esteem, self-perception and reduces body fat [13, 14]. Other potential benefits linked to engagement in active play in children and teenagers include the development of social skills e.g. leadership, teamwork and co-operation. In addition, physical activity can also improve a child's performance at school by improving his or her cognitive skills and concentration [15].

Interestingly, a number of experimental studies show that regular physical activity in the first 4 years of human life can form a persistent pattern of physical activity in later life and can help in developing motor skills, enhancing bone and muscular development, maintaining a healthy weight and improving social skills [16, 17].

Although these benefits have been widely acknowledged, unfortunately there is a continuous decline in physical activity observed in most communities. For example, in most Arab countries, physical inactivity among adults reaches up to 86% according to the World Health Organization statistics [8].

Determinants of Physical Activity

The level of physical activity varies across communities and even among individuals. Like any complex human's behaviours, physical activity in our daily lives is determined by a group of interacting factors determining the level of adopting and maintaining physical activity on a regular basis [19]. These factors explain the decline in physical activity in certain groups of people. Determinants of physical activity need to be identified by any health promotion planners before designing any intervention to achieve a better uptake of physically inactive individuals. These determinants can be categorized into:

Characteristics of the person and his or her habits e.g. age, gender, personal capabilities, behavioural skills, commitment and medical condition.

Physical environment e.g. transportation, weather, city design, facilities. Social environment e.g. cultural norms, social network. Characteristics of the activity itself e.g. mode of the activity required, equipment, time.

Although the decision to be physically active or sedentary ultimately resides in the individual, this is not exclusively a reasoned decision as the physical and social environmental barriers usually outweigh personal intention [19, 20]. Interestingly, some researchers have shown that social factors such as lack of support from family, friends and work to participate in physical activity can be stronger than physical environmental factors such as lack of facilities or active transportation [20].

Understanding these factors is crucial as most of the community health initiatives to promote physical activity use combined approaches and measures. When this occurs, numerous determinants of physical activity in the population, such as personal characteristics, knowledge and skills and changing the environment can all contribute to better support physical activity. These approaches were identified by a document developed by the Global Advocacy for Physical Activity as the seven best investments for physical activity (Table 1) which are supported by evidence of effectiveness and applicability.

Promoting 'physical activity for all' as a new role for the sport sector

Experts in the role of using public health measures to promote physical activity recommend

1. Encouraging all individuals regardless of their age or medical conditions to be active within a feasible community approach.

2. Valuing the benefits of physical activity in its broad simple meaning rather than limiting the focus to exercise and sport.
3. Addressing important factors related to physical inactivity such as environmental factors and transit; this is consistent with the philosophy of promoting 'physical activity for all' rather than 'sport for all'.

This approach was generated from the lessons learned in community participation initiatives designed to promote physical activity. Over the past 20 years, many health promotion initiatives focused exclusively on promoting sport and exercise. This resulted in a low uptake by the general public as the physical and social environmental factors that influence physical activity, such as limited facilities, equipment and lack of time, were barriers for participation in exercises and sport. Therefore more recent initiatives moved beyond this concept towards promoting daily 'utilitarian' or recreational physical activities such as swimming, walking, cycling, housework or gardening as a part of daily life activity [22, 23].

The sport sector in a community can be an important contributor to promote physical activity. Sports clubs and organizations are ideal partners for community-based physical activity promotion through marketing of sports events, providing access to facilities and equipment as well as through the participation of sports players or coaches in community health campaigns. One example of such a contribution is the elite international football players who are pivotal to FIFA's Football for Health programme. Such contributions can increase the popularity of clubs and sports within the community.

The clinical field of sport and exercise medicine provides another potential link between sport and health. The clinical skills of sports medicine clinicians are to encourage healthy lifestyle initiatives. Some experts started to highlight the new dimension of sports medicine in health promotion by asking sports medicine physicians to contribute in clinical interventions and research to promote physical activity for the prevention and treatment of NCD. Sports medicine clinicians can provide their expertise to help patients develop healthy lifestyles by counselling on physical activity. Also, they can work as clinical mentors for other medical practitioners and students [24, 25]. Because sports medicine and exercise science includes professions such as physiologists, public health professionals, physiotherapists, social scientists and epidemiologists, there are tremendous opportunities to integrate all these experiences in designing effective interventions to promote physical activity at a community level.

A classic example of sports medicine contribution in promoting physical activity is 'Exercise is Medicine', which is an initiative of the American College of Sport Medicine to encourage primary care physicians and other healthcare providers to include exercise as a vital sign in the assessment of patients; as with any vital sign, the result should influence the treatment plan [26].

Another example of the contribution of the sports medicine sector in promoting physical activity is the European Sports Club for Health programme. This makes sports clubs a health promoting setting alongside workplaces, schools and hospitals. Sports clubs promote structured health-enhancing programmes that target the community. Another example for broader international sport organization involvement in promoting health-enhancing physical activity is FIFA, in their Football for Health programme, which encompasses a series of football-based sessions aimed at encouraging physical activity and educating children about healthy behaviours and the prevention of diseases [28].

Although hosting major sporting events such as the Olympic Games or FIFA World Cup repeatedly addresses environmental approaches to influence people to participate in physical activity through building sport facilities, the perception that major events create community euphoria that translates into motivation for physical activity, doesn't show any evidence of positive impact in increasing physical activity.

Conclusion

Much literature has shown the impact of physical activity on improving the health of communities; however more effort is needed to promote physical activity as a sustainable, welcome lifestyle change. Health-enhancing physical activity initiatives and strategies should be aimed at promoting physical activity for all the population by using multiple approaches that target as many determinants of physical activity as possible. The sport sector and sports medicine field, which can harness the power of networks in the communities, has the potential to play a major role in leading change by incorporating health into the agenda. When that is the case, the sport infrastructure of expert clinicians, athletes, facilities and social networks can reach out to the whole population.

References

1. Global health risks: mortality and burden of disease attributable to selected major risks. World Health Organization 2009. Geneva.
2. Global status report on non-communicable diseases 2010. World Health Organization 2011. Geneva.
3. Caspersen CJ, Powell KE, Christenson GM. Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research. Public Health Rep. 1985;100:126-131.
4. Global Strategy on Diet, Physical Activity and Health. World Health Organization 2004. Geneva.
5. World Health Organization, Global Recommendations on Physical Activity for Health. WHO Press, Geneva, Switzerland, 2010.
6. Chiuve SE, McCullough ML, Sacks FM, Rimm EB. Healthy lifestyle factors in the primary prevention of coronary heart disease among men. Circulation. 2006;114:160-167.
7. Physical Activity Guidelines Advisory Committee (PAGAC). Physical Activity Guidelines. Advisory Committee Report, 2008. Washington, DC, US Department of Health and Human Services, 2008.
8. Fox KR. The influence of physical activity on mental well-being. Public Health Nutr. 1999;2:411-418.
9. Proper KI, Staal BJ, Hildebrandt VH, van der Beek AJ, van Mechelen W. Effectiveness of physical activity programmes at worksites with respect to work-related outcomes. Scand J Work Environ Health. 2002;28:75-84.
10. Paterson DH, Jones GR, Rice CL. Ageing and physical activity: evidence to develop exercise recommendations for older adults. Can J Public Health. 2007;2:S69-S108.
11. Paterson D, Warburton D. Physical activity and functional limitations in older adults: A systematic review

related to Canada's Physical Activity Guidelines. Int. J Behav Nutr Phys Act. 2010;7:38.
12. Taaffe DR, Irie F, Masaki KH, Abbott RD, Petrovitch H, Ross GW et al. Physical activity, physical function, and incident dementia in elderly men: the Honolulu-Asia Aging Study. J Gerontol A Biol Sci. Med Sci. 2008;63:529-535.
13. Janssen I, Leblanc AG. Systematic Review of the health benefits of physical activity in school-aged children and youth. Int J Behav Nutr Phys Act. 2010;7:40.
14. Ekeland E, Heian F, Hagen KB, Abbott J, Nordheim L. Exercise to improve self-esteem in children and young people. Cochrane Database Syst Rev. 2004;1:CD003683.
15. Fedewa AL, Ahn S. The effects of physical activity and physical fitness on children's achievement and cognitive outcomes: A meta-analysis. Res Q Exerc Sport. 2011;82:521-53.
16. Centers for Disease Control and Prevention, Guidelines for school and community programmes to promote lifelong hysical activity among young people. Morbidity and Mortality Weekly Report. 1997;46(RR-6):1–36.
17. Centers for Disease Control and Prevention, (2007) National youth risk behaviour Surveillance-United States 2007.Washington, D.C: Centers for Disease Control and Prevention. Centers for Disease Control, Guidelines for school and community programs to promote lifelong physical activity among young people. Morb Mortal Wkly Rep. 1997;46:1–35.
18. Coe DP. The importance of physical education classes in relation to physical activity behaviours, physical fitness, and academic achievement in middle school children. Michigan: Michigan State University. 2003.
19. Fairclough S, Stratton G. Improving health-enhancing physical activity in girls' physical education. Health Education Research. 2005;20(4):448–457.
20. Gilman R, Meyers J, Perez L. Structured extracurricular activities among adolescents: Findings and implications for school psychologists. Psychology in the Schools, 2004;4:31–41.
21. Harris J. Health Related Exercise in the National Curriculum: Key Stages 1 to 4. Champaign, IL: Human Kinetics. Institute of Medicine, (2013) Educating the Taking Physical Activity and Physical Education to School report brief May.
22. Washington DC: National Academies Press, Alexander P Winne, (Eds.), Handbook of educational psychology (2nd ed., 2000, 655-674. New York: Macmillan.
23. Stewart J, Dennison D, Kohl H, Doyle A. Exercise level and energy expenditure in the TAKE 10! In-class physical activity program. Journal of School Health. 2004;74(10):397–400.
24. Zoeller RF. Depression, anxiety, physical activity, and cardiovascular disease: What's the connection? American Journal of Lifestyle Medicine. 2007;1:175–180.
25. Simons-Morton B, Taylor W, Snider S, Huang I, Fulton J. Observed Levels of Elementary and Middle School Children's Physical Activity during Physical Education Classes. Preventative Medicine. 1994;23:437-441.
26. Sallis JF, McKenzie TL. Physical education's role in public health. Res Q Exercise Sport. 1991;62(2):124–37.
27. Zoeller RF. Depression, anxiety, physical activity, and cardiovascular disease: What's the connection? American Journal of Lifestyle Medicine. 2007;1:175–180.