EDUCATION:

BUILDING A SOUND MIND AND SOUND BODY

A BOOK OF READINGS

IN HONOUR OF

DR. OLU AYODABO

Edited by:

A. O. K. Noah

J. O. Adeogun

S. O. Banjoko

F. O. Okebukola

N. C. Nwaboku

A. O. Abari

A Publication of the Faculty of Education, Lagos State University, Ojo.

ACTIVE LIFESTYLE: THE ROUTE TO IMPROVE PHYSICAL FITNESS AMONG PEOPLE OF VARIOUS AGE CATEGORIES

PROF ADEMOLA ONIFADE, TONY DANSU

Department of Physical And Health Education

Lagos State University, Ojo, Lagos State

JOHNSON WILLIAMS, MICHAEL ADEFUYE

Department of Physical And Health Education

Michael Otedola College of Primary Education, Noforija Epe, Lagos State

ABSTRACT

Active lifestyle is crucial to health, happiness, and well-being of every individual, regardless of age, status, 'sex or any other distinguishing characteristics. The staggering consequences of decreases in physical activity are clear; soaring rates of obesity and diabetes, potential increases in heart disease, and devastating increases in health care costs, are just few among several negative effects. This paper suggests various approaches that could be adopted to achieve physical fitness for people of various age categories. Approaches to children and youths' fitness programmes include education for parents and guardians, and publicising and disseminating tools to help schools improve their physical education and physical activity programmes. For adults and old age fitness programmes, individuals, fitness experts and communities have various roles to play for achieving the goal of fitness for all.

INTRODUCTION

Enhancing efforts to promote participation in physical activity and sports among people is a critical national priority that may require urgent attention from all stakeholders. According to National Centre for Chronic Disease Prevention and Health Promotion [CDC, 2006], physical activity has been identified as one of leading health indicators in Healthy People 2010; the health objectives for the decade. For instance, on June 23, 2000, President Clinton of United States of America issued an Executive Memorandum directing the Secretary of Health and Human Services and the Secretary of Education to work together to identify and report within 90 days on "strategies to promote better health for the nation's youth through physical activity and fitness programmes." The President concluded his directive as follows, "By identifying effective new steps and strengthening public-private partnerships, we will advance our efforts to prepare the nation's young people for lifelong physical fitness [CDC, 2006]."

CDC [2006] opines that the landmark 1996 Surgeon General's report on Physical Activity and Health, identified substantial health benefits of regular participation in physical activity, including reducing the risks of dying prematurely from heart disease; and developing diabetes, high blood pressure, or colon cancer make it necessary for intensive attention to be paid to the issue of various categories of people's staying active to keep fit and stay healthy.

The Surgeon General's report [according to CDC, 2006] made it clear that the healthbenefits of physical activity are not limited to any age-group. Regular participation in physical activity during childhood, adolescence, youth, and adulthood:

- Helps build and maintain healthy bones, muscles, and joints.
- Helps control weight, build lean muscle, and reduce fat.
- Prevents or delays the development of high blood pressure and helps reduce blood pressure in some adolescents with hypertension.

According to Agbanusi (2006), Adeogun and Dansu [2005], active lifestyle makes one become more health conscious, and it appears that an increase in fitness level achieved via positive exercise behaviour leads to an increase in self-esteem; and as one feels better about oneself, one is more likely to have a greater sense of control over the factors that influence one's health. In line with this, Tejumola (2006) opines that exercise is a positive health behaviour that must be encouraged and promoted among people.

Studies have revealed sedentary living among various age groups of people [Keep Kids Healthy, 2007; CDC, 2006; 2005; Adeogun & Dansu, 2006; Mason, 2002; & Sulayma, Mohammed, Khamis, Masoud, Khurram, Thuraya, Omar and Mohammed, 2001]. Sulayma, et al [2001] mentioned categorically that the declining physical activity of children and adolescents in many nations has become a public health issue. The situation in some developing country such as Nigeria is not too different from what goes on in developed nations as many people - old and young are becoming less active due to technological advancements and other factors [Adeogun & Dansu, 2006; and Okuneye &Adewale, 2004]. This according to Okuneye and Adewale (2004) has implication for the health of citizens as more people in Nigeria now experience conditions such as heart attack, heart failure and stroke, all of which are coronary heart related diseases. The prevalence of Coronary Heart Disease is not limited to the old adults, but include people of all age groups; young adults, adolescents and children. This paper however highlights the approaches that could be adopted towards complete fitness programme for children, youths, adults and the aged.

Approaches to Children and Youths' Fitness Programme

An increasing number of children are obese; and if no intervention is made, 80% of them will stay overweight as adults [Keep Kids Healthy, 2007]. This can put them at risk for many medical problems, including diabetes, obesity, high blood pressure and high cholesterol. Obesity especially can adversely affect children's self-esteem. According to Mason [2002], obesity rates in children continue to climb as reports indicate that 3 out of 4 school age children

have three or more risk factors for heart disease with obesity being prominent. Video games, snacking, TV and lack of fitness programmes at schools are all contributors to this sad trend.

In line with this, National Institutes of Health (NIH) Guide [1994] mentioned that many of the risk factors for coronary artery disease, hypertension, obesity, noninsulin-dependent diabetes, and osteoporosis begin in childhood. A study indicates that as many as 60 percent of children exhibit at least one modifiable adult risk factor for coronary heart disease by the age of 12 years [Mason, 2002]. Evidence also suggests that physical activity in childhood is a determinant of physical activity in adulthood [Mason, 2002; & NIH guide, 1994].

Keep Kids Healthy [2007] suggests that an important way to help children with weight loss, maintaining a normal weight and develop healthy habits is to encourage them to participate in regular physical activity. This can include participating in a physical education class in school or co-curricular sports at school or in the community. Adopting theseapproaches could be very profitable in terms of fitness achievement for children in our communities. There is the need to reorganise the physical education programme in primary school education system to keep the pupils active at most times. According to Delisio [2006], traditional physical education classes provide too little activity to too few students, offer little or no guidance for maintaining a healthful lifestyle; and this can make less athletic children feel inadequate, which can further turn them off to exercise. Ideally, elementary physical education should be a planned sequence of activities that should afford pupils the opportunity to achieve competency in variety of movement [Physical Education Home, 2006].

In an ideal elementary physical education class, pupils learn to apply movement concept to the development of motor patterns and integrated movement sequence that help greatly in providing personal fitness potential as a major programme outcome among the pupils. According to San Juan Unified school District [2006], a typical primary school curriculum should include physical education that enables pupils to participate in variety of physical fitness and recreational sports programme on regular basis. In line with this, Scott [1992] opines

that pupils in primary schools must be taught aerobic exercises that must be prevention and protection oriented.

As stressed by Keep Kids Healthy [2007], sports in form of extracurricular activity is inevitable for mass participation of children both in schools and communities. Therefore the organization of sporting activities outside the normal physical education class will help greatly in achieving this objective. A key factor to pupils' mass participation in sports is availability of sufficient sporting facilities and equipment to engage large number of participants at a time. In addition to this is availability of an expert that will assist in guiding and encouraging the children to regular and active participation.

Similarly, sedentary lifestyles of children can have the same adverse effects on the youth population; obesity, heart disease, hypertension, poor muscle strength, tone and low self-esteem to only mention a few are among the effects. There are global evidences of high level of inactive life among the youths. According to NIH Guide [1994], results from the 1990 national school-based Youth Risk Behaviour Survey (YRBS) that involves youth ages 12 to 22 years shows that only 37 percent of 9th through 12th grade students in the U.S. engaged in vigorous physical activity three or more days per week for 20 minutes or more per session. NIH Guide [1994] reports also shows that the prevalence of vigorous physical activity declines with increasing grade levels from 40.1 percent in 9th grade to 31.8 percent in 12th grade and differs by gender with half of male students, but only a quarter of female students, being vigorously active. Observation of many Nigerian communities, especially the urban settings revealed similar trend of youthful less activeness especially in this age of technology. NIH Guide [1994] asserts that the natural course of habitual activity during the paediatric years has been described in a number of small-scale studies. Objectively measured physical activity declines dramatically with age with approximately a 50 percent decrease between ages 6 and 16 and declines throughout adulthood.

According to the National Centre for Chronic Disease Prevention and Health Promotion [CDC, 2006] nations' young people are, in large measure, inactive, unfit, and increasingly overweight.

In the long run, this physical inactivity threatens to reverse the decades-long progress made in reducing death from cardiovascular diseases and devastate national health care budget. Based on this, the following strategies are all designed to promote lifelong participation in enjoyable and safe physical activity and sports for children and young people:

1. Include education for parents and guardians as part of youth physical activity promotioninitiatives.

2. Help all children and youth to receive quality, daily physical education by ensuring that all schools have certified physical education specialists; appropriate class sizes; and the facilities, equipment, and supplies needed to deliver quality, daily physical education.

3. Enable states' education and health ministries to work together to help schools implement quality, daily physical education and other physical activity programmes

4. Enable more after-school care programmes to provide regular opportunities for active, physical play.

5. Help make available and provide access to community sports and recreation programmes for all young people.

6. Enable youth sports and recreation programmes to provide coaches and recreation programme staff with the training they need to offer developmentally appropriate, safe, and enjoyable physical activity experiences for young people.

7. Enable communities to develop and promote the use of safe, well-maintained, and close-to-home sidewalks, bicycle paths, parks andirecreation facilities.

8. Implement a media campaign to promote physical education as an important component of a quality education and long-term health.

9. Monitor youth physical activity, physical fitness, and school and community physical activity programmes in the nation and each state.

Approaches to Adult and Old Age Fitness Programme

For many adults, growing older seems to involve an inevitable loss of strength, energy, and fitness. But this needs not to be so. According to Colditz [2006], the frail health and loss of function that associate with aging, such as difficulty in walking long distances or climbing stairs, is in large part due to physical inactivity. When it comes to our muscles and physical fitness, the old adage applies: "Use it or lose it."

Colditz [2006] states it categorically that it's never too late to become physically active. No one is too old to enjoy the benefits of regular physical activity, in fact, older people have more to gain than younger people by becoming more active. Older people are also at higher risk for the health problems that being active can prevent. In addition, physical activity can be an important part of managing problems that might already be present, such as diabetes, high blood pressure, or elevated cholesterol. More importantly, physical activity can improve the ability to function well and remain independent in spite of health problems. Few factors contribute as much to successful aging as having a physically active lifestyle [CDC, 2005].

Again, investing a small amount of time in becoming more active can produce big dividends in better health. Colditz [2006] states that nature has been kind in how physical activity affects our health. We need not spend hours a day in vigorous activity to obtain health benefits. Significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all, days of the week. Spending at least 30 minutes in moderate activity, such as a brisk walk or raking leaves, on all or most days of the week has remarkable health benefits for older adults.

However, few older adults achieve the minimum recommended 30 or more minutes of moderate physical activity on 5 or more days per week. Data from the Centers for Disease Control and Prevention (CDC, 2005) indicate that about 28 percent to 34 percent of adults aged 65 to 74 and 35 percent to 44 percent of adults ages 75 or older are inactive, meaning they

engage in no leisure-time physical activity. Inactivity is more common in older people than in middle-aged men and women (See Figure 1 below). Women were more likely than men to report no leisure-time activity.

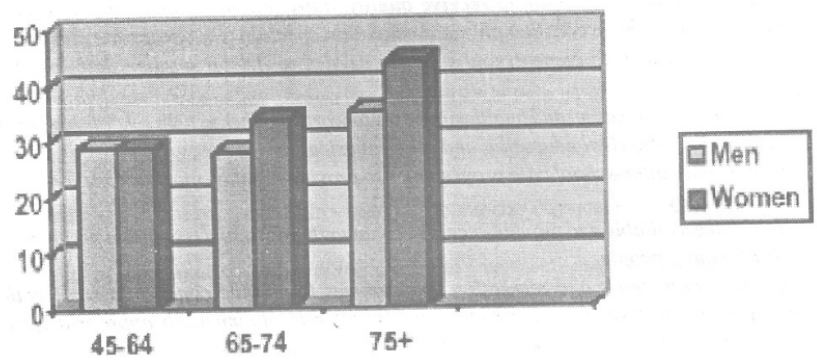

Figure 1. Physical Inactivity for U.S. Men and Women, 2000 (percent inactive)

Source: Behavioral Risk Factor Surveillance Survey. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. http://www.cdc.gov/brfss/

National data indicate that few older persons engage in regular physical activity. Only 31 percent of individuals aged 65 to 74 report participating in 20 minutes of moderate physical activity 3 or more days per week, and even fewer (16 percent) report 30 minutes of moderate activity 5 or more days per week (CDC, 2005). For those aged 75 and older, levels of activity are even lower: 23 percent engage in moderate activity for 20 minutes 3 or more days per week and only 12 percent participate in such activity for 30 minutes 5 or more days per week.

Thus, many adults and older people are inactive and even more do not get enough physical activity to provide important health benefits. This call for the need to strategize on various approaches that could be adopted so as to involve most adults and aged in physical activity. Research has identified a number of key strategies for what we can do, as individuals and in our

communities, to help older people to become more active. Although the reasons for inactivity among older people vary, the solutions for helping them to stay active are within our grasp [Colditz, 2006].

The strategies for achieving fitness for adults and the aged are put in three categories that include roles to be played by individuals, experts and the communities.

What Individuals Can Do

What individual adult can do include to:

- Make physical activity daily part of living. Find activities that are enjoyable that can become a regular part of routine, and find others to join in participation. Partners can make it more fun, via provision of motivation.

- Consult clinician and/or exercise expert about what level of activity is safe and appropriate. Discuss any medical issues that might be interfering with more regular activity and review any symptoms and problems that might affect what activities are safe for individuals.

- Set specific activity goals. Start slowly and build up to increasing levels of activity. Try to be active for 30 minutes a day on a regular basis.

What Experts Can Do

Experts in this context refers to exercise experts, physicians and other health and exercise-related personnel; and what they can do include to:

- Assess how much physical activity clients are getting and explore reasons that theyaren't more active. A recent study found that only half of all adults were

asked about their exercise habits by their healthcare provider (CDC, 2005). Older clients were asked less often than younger ones. Clients who had been asked reported being more active than those who were never asked.

- The most promising interventions in primary care practices include client goal setting, written exercise prescriptions, individually tailored physical activity regimens, and mailed or telephone followup.

- Refer clients to community resources where they can join group activities to promote and reinforce physical activity.

What Communities Can Do

Communities as operationally used here include the governments, non-governmental organizations, private organizations, and corporate bodies; and their responsibilities includeto:

- Conduct community-wide campaigns that combine highly visible messages to the public,community events, support groups for active persons, and creation of walking trails.

- Establish community-based programmes, such as those that could take place atcommunity centres and senior people's centres and clubs, that can provide individually tailored programmes for adults and ageds to become more active. Such groups help members set individual goals; teach participants how to incorporate physical activity into daily routines; provide encouragement, reinforcement, and problem solving; and help sustain progress.

- Establish community programmes that help build social support (at work or in thecommunity) for physical activity.

- Improve access to places that people can be active, such as walking or bike trails, classesat gyms or senior centres, athletic fields, etc. According to Colditz [2006], a

review of 12 studies that created or enhanced access to places for physical activity found, on average, a 25 percent increase in the number of persons exercising at least 3 days per week.

CONCLUSION

Physical activity is crucial to our health, happiness, and well-being. The staggering consequences of decreases in physical activity are clear: soaring rates of obesity and diabetes, potential future increases in heart disease, and devastating increases in health care costs. We have the opportunity to reshape our sedentary society into one that facilitates and promotes participation in physical activity during childhood, throughout adolescence, and into adulthood. To achieve physical activity and fitness goals, both public and private sectors will need to develop approaches that provide opportunities and encouragement for every individual in the community to lead a physically active lifestyle. Approaches vary from interventions as simple as building a walking trail around a community park, to interventions that shift cultural norms and redesign our communities. With convergence of initiatives in the area of policy, social and physical environment, individual education and skill development, and health care, it is clear that everybody can experience remarkable improvements in quality of life and health as a consequence of an active lifestyle.

REFERENCES

Adeogun, J.O. & Dansu, A. (2006). Exercise and fitness behaviour of market men and women in Badagry LGA, Lagos State Nigeria. Journal of International Council for Health, Physical Education, Recreation, Sports and Dance. 1 (2): 55-58

Adeogun, J. 0. & Dansu, A. (2005). Prevalence of coronary heart diseases risk factors amongLASU students, Ojo Lagos Nigeria. The Nigerian Academic Forum. 9 (2): 54-59 Agbanusi, E. C. (2006). Using organized physical exercise to enhance quality of life of a hypertensive. Journal of International Council for Health, Physical Education,Recreation, Sports and Dance. 1 (2): 51-54

Centers for Disease Control and Prevention [CDC, 2005]. Prevalence of health care providers asking older adults about their physical activity levels United States wwwcdc.gov/mmwr/preview/mmwrhtml/mm5119a2.htm 25/01/07

Colditz, GA. [2006]. Physical activity and older Americans: Benefits and strategies www.google.com. 25/01/07

Delisio E.R. [2006]. New P.E. trend stresses fitness and fun. http:// www.education-world.com. 12/07/06

Keep Kids Healthy [2007]. Fitness & Exercise Guide [online] . www.keepkidshealthy.com. 25/01/07.

Mason, L. [2002]. Children and fitness [online] . Available: http://akak.essortment.com/ childrenandfit rbmi.htm. 25/01/07

National Centre for Chronic Disease Prevention and Health Promotion [CDC, 2006]. Promoting better health for young people through physical activity and sports: An overview http://www.cdc.gov/healthyyouth/physicalactivity/ promoting health/ 25/01/07.

National Institutes of Health Guide [1994]. Physical activity and cardiopulmonary health [online] . Available: http://grants.nih.gov/grants/guide/pa-files/PA-95-004.html 25/01/ 07.

Okuneye, R. 0. & Adewale, E. 0 (2004). Weight and age as determents of blood pressure among adolescents in Lagos State. Nigeria Journal of Physical, Health Education and Recreation-NJPHER. 3:17-21

Physical Education Home [2006]. Elementary school philosophy [online]. Available: http:/ /www.aacps.org. 12/07/06

San Juan Unified School District. [2006]. Elementary school curriculum [online] . Available: http://www.sanjuan.edukurriculum. 12/07/06.

Scott, H.J. [1992]. School children and fitness: aerobic for life [online] . Available: http:// www.ericdigests.org. 12/07/06.

Sulayma, A. B., Mohammed, A. A., Khamis, A. H., Masoud, A. S., Khurram, T., Thuraya, A. Z., Omar, A. R. & Mohammed, 0. H. (2001). Assessment of aerobic fitness and its correlates in Omani adolescents using the 20-metres shuttle run test: A pilot study. SQU Journal for Scientific Research: Medical Sciences 3 (2): 77-80.

Tejumola, T. 0. (2006) Impact of some selected psychological well-being parameters on the exercise behaviour of adults in Ibadan, Nigeria. Journal of International Council for Health, Physical Education, Recreation, Sports and Dance. 1 (2): 5-8