

**16 - PHYSICAL EDUCATOR TRAINING IN HEALTHY HABITS**

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**Introduction**

The practice of physical activity is one of the main achievements of a healthy lifestyle and proper protection and health promotion. In the last two decades, several studies have shown that regular physical activity provided significant benefits in saludfísica, social and mental health and general welfare of people of all ages, men and women throughout their lives (Caspersen, Nixon, & Durant, 1998; Corbin, 1987; Balias Juli, 1989, Andersen & Haradsodóttir, 1995, Eaton, Lapane, Garber, Assaf, Lasater, & Carleton, 1995; Oja, 1995, Leon & Norstrom, 1995; Pate, Heath, Dowd, & Trost, 1996; Myers, Strikmiller, Webber, & Berenson, 1996; Pate, 1995; Young, Sharp, & Curb, 1995; Sánchez Bañuelos, 1996, Boreham, Twist, & Savage, 1997; Raitakari, Taimela, Porkka, Telam, Välimäki, & Akerblom, 1997; Perula Torres, Lluch, Ruiz Moral, Mirror Mirror, Tapia, & Mengual Luque, 1998). As a result, physical activity has been promoted recently from public authorities and other organizations related to health (Pate, 1995). Public Health Service told American Fitness and exercise as one of the areas of greatest public health importance (Powell & Paffenbarger, 1985) and one of the major future challenges, one of the 10 leading health indicators for the Healthy People 2010 (U.S. Department of Health and Human Services, 2000).

The union and constant practice of healthy lifestyles is an essential aid for optimal growth and maturation of children and young people, making among others, a physical and mental vigor enough, and most importantly, develop a defense base the emergence of chronic diseases.

However, despite these obvious benefits, sedentary lifestyle, increasing not only among adults but also among children and young people (Ramos-Parrací & López-Laiseca, 2009). Are alarming global trends of declining physical activity among young people (Twisk, 2001). It is also very serious decline of physical education and school-based physical activities (Ramos-Parrací & López-Laiseca, 2009).

**Role of Physical Education in the Forming Healthy Habits**

The health education in the school setting meets the needs of the community and the individual in a constant dialectic. Thus, the concepts-individual, social and collective-are closely linked in attendance, and to double integrated approach: that of the collectivity, in which the body is well taken in the reality of its organic functioning and of the individual, in which the lived body is perceived in its particular physical, emotional and social.

Physical Education is the means to pursue, through movement, a direct influence on the student body, it fits perfectly within the framework of Education for Health, given its goal of holistic development of individuals through the moving body and Physical Activity (Ramos-Parrací & López-Laiseca, 2009). Since the importance of it, like other healthy habits, it is indisputable social health, pediatric and adolescent mental and physical, since they are derived health benefits that are passed to adulthood. However, the State has failed to persuade young people to adopt an active lifestyle and being involved in the frequent practice of physical exercise (Devis & Peiró, 2002).

In the past, the children spent much of his leisure time playing games and outdoor physical activities that could be likened to a kind of insurance against physical inactivity, however, the advent of television, games computer and internet (leisure conditioned) have caused the children of both sexes engaged now a much larger part of their free time in sedentary activities, now the streets as a stage play are a risk, these were the scene natural development of games in the first and even second generation, but urban development, increased traffic and insecurity in the streets, have become a dangerous scenario (Monk Maher, 2006). Parallel to this there have been other phenomena such as reducing the size of the housing and fewer family members, doing away with practices that were playful elements of cohesion, education and family dynamics as the popular and traditional games the streets.

The disappearance of satisfaction popular entertainment such as games or sports played forms of the past three decades, has in addition to the problems caused by inactivity físicaotro type of negative impact on children, mostly affecting social interaction, Tercedor Sánchez and Delgado Fernandez (2006) suggest that in our society is a series of sedentary nature games (video games, computer games, ...) very practiced by the children and who have little or no motor involvement, besides inducing behavior in the child's social isolation made them largely alone.

The concern is that physical inactivity during the first years of life is now recognized as an important contributing factor in increasing obesity levels in Colombia for 46% of the population are overweight or obese, and 17 percent of children is part of this public health problem (Diario La Opinión, 2010) and other serious medical disorders seen in children and adolescents in both developed and developing countries (Warburton, Nicol, & Bredin, 2006). However, it is important to note that physical activity is practiced, does not define itself healthy lifestyle, because it also involves how each chooses to live, the things you decide to do, the time resting, the type of food consumed, the sites where we recreate, how to relate to others, among others.

It is well known that health is a value to society, a capital to be managed over a lifetime. For this reason, the State must ensure, through its social policy, the maintenance and continuity of this value, including for the educational aspect of medical interventions. From there, the School will be an institution capable of providing services within the field of health education through physical education, contributing to a better integration of standards at a school and meet the demands of formal community and individual and social needs, remains a challenge of the school today as a provider of services in the field of health education and, through it, Public Health.

Throughout the first half of the twentieth century, witnessed a significant decline in infant mortality. However, during the second half, we observed impressive unauento deaths from cardiovascular diseases, which were the heritage of people between 40 and 50. While this cause of infant mortality is 20 years in decline, still represents unatercera part of the overall deaths by age 8. Table 1 shows the different risk factors set forth in the child population (model starts from the assumption that these factors may appear from the age of 8 years).

Table 1. Health factors and risk during adolescence (Bell et al., 1986)

|                                  |                          | <b>Health Factors</b> | <b>Risk Factors</b> |
|----------------------------------|--------------------------|-----------------------|---------------------|
|                                  | diastolic blood pressure | 75-85 mmHg            | > 90 mmHg           |
|                                  | systolic blood pressure  | 100-120 mmHg          | > 140 mmHg          |
|                                  | CT                       | < 4,9 mmol/l          | > 5,9 mmol/l        |
|                                  | C-HDL                    | > 1,3 mmol/l          | < 0,8 mmol/l        |
|                                  | Relación CT/C-HDL        | < 2,7                 | > 5,5               |
| Adipose tissue mass              | Boys                     | < 15 %                | > 20 %              |
|                                  | Girls                    | < 20 %                | > 30 %              |
| VO <sub>2</sub> máx. (ml/kg/min) | Boys                     | > 40 ml/kg/min        | < 35 ml/kg/min      |
|                                  | Girls                    | > 35 ml/kg/min        | < 30 ml/kg/min      |

HDL cholesterol, lipoprotein cholesterol, high density, TC, total cholesterol.

However, most risk factors such as obesity, eating hyperlipidic or hypertension, can be modified by changes in behavior. There is evidence that these diseases 'of civilization' or wealth, may show early symptoms apparent since the end of adolescence. For example, studies carried out by the autopsy performed on young soldiers killed in the Vietnam War or young people who died in road accidents, showed the presence of early signs of atherosclerosis (Newman et al, 1986).

In this regard, in 1993, a seminar entitled "Recommendations for promoting physical activity in adolescents" formulated a minimum consensus: Recommendation 1. All adolescents should be physically active every day. This activity could be the practice games, sports, work, physical education or the use of means of transport. Could take place in the family, at school or within the various associations, and Recommendation 2. Teens should practice activities of moderate intensity (heart rate 150-160pul/min), at three sessions per week or more and a minimum of 20min.

It is noted that the methodology and proposed structural changes foreshadow the introduction of a new discipline within the sciences and techniques Physical Activity and Sport whose name would be "physical activity for health education". This discipline already exist actively in Finland and Canada, where Quebec Ministry of Education took the institution of new curricula in 1997 to expand the scope of physical education, changing the name of this subject by the "Physical Education and Health".

For its part, the United States the relationship between physical activity and health was developed during the last decade, under the impulse of the public health community, ie, The Center for Disease Control and Prevention, The American College of Sports Medicine, The President's Council on Physical Fitness and Sports and The American Heart Association, published in 1996 a common stance on the report of the Surgeon General U.S. Department of Health and Human Services. These agencies launched a political and pedagogical action that resulted in the association of physical activity to health education and leisure.

In this regard, physical education, whose primary objective is health, is addressed to all people, whatever their ability, social position and role. If health is not simply the silence of the organs and whether it is also a way of being and doing in every moment of life, physical education then becomes a true learning lifestyle, a habit, morality, by and for action-oriented welfare of each and every one of us.

However, few people today doubt the importance of having a physically active lifestyle in the state of health, understood it in its biological, psychological and social well beyond the concept of absence of disease to reach the welfare and quality of life. Although this knowledge is so widespread, the level of physical activity and, especially, when viewed from the point of view of its focus on health remains low. That is, the knowledge of how useful conditioning per se is not healthy behavior.

Thus, the practice of physical activity is one of the main achievements of a healthy lifestyle and proper protection and health promotion. With support of the above, can be inferred that ensures regular physical activity for people of all ages, both men and women, some obvious benefits to their physical, social and mental as well as for their general welfare.

From this perspective, it is essential to carry out worldwide efforts to "reintroduce" physical activity in the lives of our children and our youth. To reverse this trend sedentary, you need an effort of the agents of socialization that are in first place in the life of the child/ae influence the process of formation among these agents are parents, siblings, educators, organizers, planners, athletes and media.

The positive attitude of parents towards physical activity/sport outside of their children appear to affect the interest of these by such practices. It is known that the family exercises and further socializing influences makes it significantly, which is particularly evident when the child is still in its infancy, the family members play different roles among which include creating a positive climate for sports participation, increasing opportunities to participate in sport, or even acting as models.

Environment of the child or adolescent, it should be noted the physical educator, first by the curriculum that guides the chair, whose themes tend among other things for training that includes social habits, values and citizenship skills, in areas highly relevant to physical activity and the use of free time, so the disclosure of relevant concepts related to physical activity, fitness and health, they are responsible. Secondly, because the area is perceived by the student as a subject that breaks traditional learning environments, thereby facilitating teacher-student relationships to the teacher becoming a social agent who leads the protection and promotion of health among students.

Under this new paradigm, the physical educator must print another dynamic, social function then, should not be limited to the dissemination of the concepts concerning physical activity, fitness and health but to help interpret their practice and building by building real habits of healthy lifestyles, even in the face of the difficulties involved undercutting the area where there are fewer opportunities to develop in schools.

It is estimated that today's children spend less energy daily than 50 years ago (Boreham & Riddoch, 2001). The reasons for this are multifactorial and probably include the following:

1. Some leisure activities and sedentary leisure such as watching television, Internet and computer games, which have replaced the playing time outdoors.
2. Less physical education in schools.
3. Fewer opportunities to develop an active leisure.
4. Increased motorized transportation (eg cars), especially at school.
5. The increasing urbanization of towns and cities, that does not promote active and safe transportation, such as those made on foot or by bicycle.

6. The increase of mechanization within society (elevators, escalators, etc.).
7. Parental overprotection and excessive concern for the safety of children abroad (eg, heavy traffic or the fear of strangers).
8. Environment (home, school, society) that does not promote physical activity (eg, mothers and fathers obese and inactive).

There is a need to work in this regard, the lack of consolidation of concepts related to the benefits of exercise for general health of human beings by the students, leaving them exposed to the uncritical consumption of products of "beauty" with the argument that acquire the desired shape without any effort or sacrifice, rejecting the practice of physical activity organized, methodical and at odds with scientifically proven principles.

From the postulates of the Physical Education is necessary to create a curriculum structure which explicitly constitutes health is a hub for training. Referring to all biomedical concepts to be taken into account in physical activities, seeking the general welfare of human beings. Highlights related to the operation and how to optimize the various physiological systems of the body, and in particular the cardiovascular, respiratory, nervous system and skeletal muscle.

This assumption places health as a central focus of all curriculum areas, therefore their protection and promotion is not exclusive of physical education as areas such as science and ethics for instance, have much to say regard. However if one considers the curriculum as a set of requirements and principles that determine and guide the action and educational programming, Physical Education, for teaching and curricular characteristics constitutes a project being developed in practice is that consolidate the entire set of proposals for action supported in the research (Ramos-Parrací & López-Laiseca, 2009), where physical education teachers bring out its authority epistemological, axiological and ethical.

### CONCLUSIONS

Health, understood not as the absence of disease but the possibility of using an efficient and secure our potential organic and functional should be everyone's concern. Their protection and development must start early to instill habits then configure healthy lifestyles.

Physical inactivity during the first years of life is now recognized as an important contributing factor in increasing levels of obesity and other serious medical disorders seen in children and adolescents in both developed and developing countries development.

Physical activity resulting health benefits that are passed to adulthood, allowing the child to develop social interactions, feelings of personal satisfaction and mental wellbeing.

Under this new paradigm, the physical educator must print another dynamic, its social function should not be limited to the dissemination of the concepts concerning physical activity, fitness and health but to help interpret their practice and building by building habits real healthy lifestyles, even in the face of the difficulties involved undercutting the area where there are fewer opportunities to develop in schools.

The teacher is facing great challenges of cultural penetration and the electronic entertainment industry. At the time of calculating the interest association between physical activity and level of practice, we can see that students know the benefits of physical activity, however this does not guarantee physical activity on the other hand there is a phenomenon appreciation of sport as a spectator (as assistant to the sporting event, viewer) and not practicing it.

The Department of Physical Education is not influencing the physical activity level of students in elementary and secondary schools. However, students recognize that the Department of Physical Education will have focused on the benefits of physical activity on health. According to the references of teachers, the methodological resources used by them to promote physical activity are limited to the class without using other methodological strategies such as conferences, workshops or motivational speaking.

To overcome these difficulties, the physical educator must be more creative and lead with other bodies and institutions, practice that contribute to healthy lifestyles become even participate in the construction and design activities of institutionalized programs to promote healthy lifestyles.

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## PHYSICAL EDUCATOR TRAINING IN HEALTHY HABITS

### ABSTRACT

The acquisition of healthy lifestyles should be trained from childhood, thus requiring an effort of the agents of socialization that are in first place in the lives of children in order to reverse the sedentary trend.

Physical Education (PE), besides being a scientific discipline area that breaks with the traditional paradigms of teaching and learning, the teacher becomes a social agent who leads the protection and promotion of health among its students, giving meaning to the process training, where it reaches its highest development, and being here is the time to prepare and therefore, education, and their claim is to master what they learn and reflect on similar experiences. So that the PE is in human experience its most clear objective, where everyone learns a set of values, attitudes and skills necessary for life in society, from which life styles are considered a durable and incorporated provisions on the subject with implications for the quality of life.

**KEY WORDS:** Physical Education, Healthy Living Habits, Training.

## FORMATION DES HABITUDES ÉDUCATEUR PHYSIQUE SAIN

### SOMMAIRE

L'acquisition de saines habitudes de vie devraient être formés dès l'enfance, ce qui nécessite un effort par les agents de socialisation qui sont en première place dans la vie des enfants dans le but d'inverser la tendance sédentaire.

L'éducation physique (EP), en plus d'être une zone de discipline scientifique qui rompt avec les paradigmes traditionnels de l'enseignement et l'apprentissage, l'enseignant devient un acteur social qui dirige la protection et la promotion de la santé auprès des élèves, donner un sens à la de formation, où il atteint son plus haut développement, et d'être ici est le temps de se préparer et, par conséquent, l'éducation, et l'objectif est de maîtriser ce qu'ils apprennent et de réfléchir sur des expériences similaires. Alors que l'EF est dans l'expérience humaine la plus claire cible, où chacun apprend un ensemble de valeurs, les attitudes et les compétences nécessaires à la vie dans la société, dont les styles de vie sont considérés comme une solution durable et des dispositions constituée par le sujet avec des implications pour la qualité de vie.

**MOTS-CLÉS:** Éducation physique, Mode de vie sain, Formation

## EL EDUCADOR FÍSICO EN LA FORMACIÓN DE HÁBITOS DE VIDA SALUDABLES

### RESUMEN

La adquisición de hábitos de vida saludables se debe formar desde la infancia, lo que hace necesario un esfuerzo de los agentes de socialización que ocupan los primeros lugares en la vida de los niños y niñas con el fin de revertir esta tendencia sedentaria.

La Educación Física (EF), además de ser una disciplina científica área que rompe con los paradigmas tradicionales de la enseñanza-aprendizaje, convierte al profesor en un agente social que lidera la protección y promoción de la salud entre sus estudiantes, dándole sentido al proceso de formación, donde alcanza su más alto desarrollo, y siendo aquí donde el tiempo del hacer es preparación y por tanto, educación; y su pretensión es dominar lo aprendido y reflexionar sobre las experiencias semejantes. De tal forma que la EF ve en la experiencia humana su más claro objetivo, donde cada uno aprende un conjunto de valores, comportamientos y conocimientos necesarios para la vida en sociedad, desde los cuales los estilos de vida se consideran un sistema de disposiciones durables e incorporadas por el sujeto con repercusiones en la calidad de vida.

**PALABRAS CLAVE:** Educación Física, Hábitos de Vida Saludable, Formación.

**FORMAÇÃO EM EDUCADOR FÍSICO HÁBITOS SAUDÁVEIS****RESUMO**

A aquisição de estilos de vida saudáveis devem ser treinados desde a infância, o que exige um esforço por parte dos agentes de socialização que estão em primeiro lugar na vida das crianças, a fim de inverter a tendência sedentária.

Educação Física (EF), além de ser uma área de disciplina científica que rompe com os paradigmas tradicionais de ensino e aprendizagem, o professor se torna um agente social que leva à proteção e promoção da saúde entre os alunos, dando sentido à formação, onde atinge seu maior desenvolvimento, e estar aqui é o tempo para preparar e, portanto, a educação, eo objetivo é dominar o que aprender e refletir sobre experiências similares. Assim que a EF é na experiência humana, sua mais clara de destino, onde todos aprendem um conjunto de valores, atitudes e habilidades necessárias à vida em sociedades, desde que os estilos de vida são considerados bens e provisões incorporado pelo sujeito, com implicações para a qualidade de vida.

**PALAVRAS-CHAVE:** Educação física, Estilo de vida saudável, Treinamento.