

Importance of physical activity in schools education essay

[Education](#), [Importance of Education](#)



Engaging in acts of physical activity from a young age is very important for both the mental and physical health of a child; the habits learnt in youth tend to continue onto adulthood thus having an effect on the prevalence of obesity and related illnesses in society. So why is physical activity so important for children and what age is instilling positive habits most beneficial? What roles do teachers of today play in addressing and preventing obesity in our children and what are effective strategies to do this?

The benefits of physical activity are vast. Physical activity has been associated with a lowered risk of cardiovascular disease and also an increased life expectancy so its importance is obvious but its value in children sometimes needs to be justified. It is never too early to start teaching a child positive behaviours and habits, however, in middle childhood (ages 6-10) children tend to be in a stage of development where they think very literally they will absorb everything you teach, do, and say and are incredibly influential. It is t this stage of development that their most likely to be taught healthy eating habits, develop exercise programs and have an interest in organised sports. “ Young people will carry established healthy behaviours throughout their lives such as better eating habits and decreased likelihood of smoking” (Shilton, T. and Naughton, G. 2001).

Through physical activity children of middle childhood develop healthy muscles, bones and joints; they develop a healthy heart and lungs and they also develop a higher neuromuscular awareness which influences their co-ordination, how they control movement and the development of fine and gross motor skills. Most obviously it enables them to maintain a healthy body

weight. Physical activity has also been linked to psychological benefits by improving the control children have over the symptoms of anxiety and depression. Studies have also shown that the participation in physical activity can assist in the social development of children aged 6-10 by providing the opportunity for expression, building confidence and social interaction. Physically active young people have been noted to more readily adopt other healthy lifestyle behaviours (avoidance of tobacco, alcohol and drugs) and demonstrate higher academic performance at school.

Children of the age's six to ten spend the majority of their time at school so naturally an effective tool in addressing the problems associated with physical activity and obesity is having teacher's play an active role in promoting healthy lifestyles. " Schools have been recognized as an appropriate setting for the prevention of eating disorders and child obesity due to the continual and concentrated access to a large number of individuals at a developmentally appropriate age" (Neumark-Sztainer, 1996). Research has shown that well-designed and implemented school programs can effectively promote physical activity, healthy eating, and reduction of television viewing and time spent using the computer and computer games. Teachers have access to a great number of young people in an environment that allows debate and lessons about body image, nutrition, and weight ' These teachers also have the chance to initiate the reinforcement of prevention pro- grams using the whole school approach (Neumark-Sztainer, 1996; O'Dea & Maloney, 2000). Home Economics, Science, Dance, and English teachers have opportunities to become involved in preventive

activities within their appropriate curriculum areas as well as through involvement in pastoral care roles such as advisors, student welfare coordinators, and head teachers.” (Neumark-Sztainer, Story, & Harris, 1999).

One strategy teachers can use in the classroom to address and treat the occurrence of obesity in children is to discontinue the use of food as a reward. Food has been used to reward children for good behaviour and performance. It's a very easy, powerful and inexpensive tool in bringing about immediate behavioural changes in children of the ages six to ten. However, using food as reward often encourages overeating of unhealthy foods high in fat, sugar and little or no nutritional value whatsoever.

Rewarding with food can interfere with children of these ages learning to eat in response to hunger and teaches them to eat when they are not hungry.

Finding alternatives to food rewards is an important part of providing a healthy school environment. “ Rewarding children with unhealthy foods in school undermines our efforts to teach them about good nutrition. It's like teaching children a lesson on the importance of not smoking, and then handing out ashtrays and lighters to the kids who did the best job listening.”

(Schwartz, M. B, Brownell, K. D. 2007). Alternatives to food as a reward include; Social rewards like praise and attention (in front of others).

Recognition with certificates and letters of congratulation to parents or caregivers. Privileges of going first, choosing a class activities or sitting by friends.

Another way teachers can positively assist the prevention of obesity is to make exercise fun and incorporate it into the daily routine. Forcing children

to participate in activities they do not enjoy could have a negative effect on how the child views physical activity in the future. Often sport in school is repetitive and favours the more athletic students in a class. Variety is very important and teachers should seek input from students to which game should be played, it could even be used as a reward allowing the child who has performed best to choose the activity. Incorporating fitness to the daily classroom regime can also be effective. For children attention can begin to wander if activities are too long and for some being sedentary for too long is difficult. At the beginning or end of lessons encourage children to dance, jump and use basic movement. Fun activities like hopping to the bathroom, skipping to other activities around the classroom can also be incorporated and can aid in children's refinement of fine and gross motor skills.

Additionally exercise shouldn't be used as punishment. Children learn to dislike things used as punishments. Penalizing children with physical activity might lead them to avoid activities that are important for maintaining their health.

Integrate nutrition education lessons into the curriculum. You can apply nutrition education information into science, maths, language art and health lessons. Along with students collect pictures of healthy nutritional foods and junk foods from magazines, and newspapers. Have the students help to categorize the foods on posters healthy food and junk food. Display this in the classroom where everyone can see and use it as a reference for children to set realistic, well-defined, measurable goals for themselves regarding healthy eating and physical activity. As an example a child might plan to eat

five servings of vegetables and two servings of fruit every day or they will play for half an hour after school at least four days a week. Have students record their progress over time. These goals can be graphed and incorporated into certain lessons.

Teachers have a valuable contribution to make in the domain of physical activity and the prevention of childhood obesity. In the past they have been underutilized as successful agents of change. This may be because school professionals are uneducated about nutrition and methods of prevention. In order for future prevention of obesity to be a success, perseverance and ongoing training for teachers and schools involved is required. Training must increase knowledge of nutrition, physical activity, obesity, and preventive techniques. Finally, teacher-training programs should stress the importance of development and age specific strategies in the education of children in this area in order to fully utilize schools as an effective setting for prevention and to improve future prevention initiatives, and to promote the health of our young people.

Source: Obesity Prevention in Children: Strategies for Parents and School Personnel,

National Association of School Psychologists; www.nasponline.org; (301) 657-0270.

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Information Office.

Shilton, T. and Naughton, G. (2001). Physical activity and children: a statement of importance and call to action from the Heart Foundation. National Heart Foundation of Australia. Retrieved from <http://www.heartfoundation.com.au/downloads/physical%20activity%20and%20%20children.htm>

Neumark-Sztainer, D. (1996). School based programs for preventing eating disturbances. *Journal of School Health*, 66, 64-71.

Neumark-Sztainer, D., Story, M., & Collier, T. (1999). Perceptions of secondary school staff toward the implementation of school-based activities to prevent weight-related disorders: A needs assessment. *American Journal of Health Promotion*, 13(3), 153-156.

Neumark-Sztainer, D., Story, M., & Harris, T. R. (1999). Beliefs and attitudes about obesity among teachers and school health care providers working with adolescents. *Journal of Nutrition Education*, 31(1), 3-9.

O'Dea, J. (2000). School based interventions to prevent eating problems: First do no harm. *Eating Disorders*, 8, 123-130.

O'Dea, J. (2004) Child obesity prevention: First, do no harm. *Health Education*

Research: Theory and Practice. 20, 259-265.

O'Dea, J. & Abraham, S. F. (2000). Improving the body image, eating attitudes, and behaviours of young male and female adolescents: A new educational approach that focuses on self-esteem. *International Journal of Eating Disorders*, 28, 43-57.

O'Dea, J. & Abraham, S. F. (2001). Knowledge, beliefs, attitudes and behaviours

related to weight control, eating disorders, and body image in Australian trainee home economics and physical education teachers. *Journal of Nutrition Education*

Education, 33, 332-340.

O'Dea, J. & Maloney, D. (2000) Preventing eating and body image problems in children and adolescents using the health promoting schools framework. *Journal*

of School Health, 70(1), 18-21.

Neumark-Sztainer, D. (1996). School based programs for preventing eating disturbances. *Journal of School Health*, 66, 64-71.

Hill, A. and Silver, E. Fat, friendliness and Unhealthy: 9 year old children's perceptions of body shape and stereotypes. *International Journal of Obesity Related metabolic Disorders* 1995; 19(6), 423-30.

Government of Western Australia. Keep it fun: supporting youth sport. Clubs guide to encouraging positive parent behaviour. op. cit.

Government of Western Australia. Keep it fun: supporting youth sport. Clubs guide to encouraging positive parent behaviour. Perth, Western Australia: Department of Sport and Recreation. <http://www.dsr.wa.gov.au>

Schwartz, M. B., Brownell, K. D. (2007). Actions Necessary to Prevent Childhood Obesity: Creating the Climate for Change. *Journal of Law, Medicine and Ethics*, 78-89.

Schwartz, M. B. & Brownell, K. D. (2005). Future directions for preventive action on obesity. In *Obesity prevention in the 21st century: Public health approaches to tackle the obesity pandemic*. Crawford, D. & Jeffrey, R. (Eds.) Oxford: Oxford University Press, pp 307-330

2 Puhl R. and Schwartz, MB (2003). If you are good you can have a cookie: The link between childhood food rules and adult eating behaviours. 283-293
<http://kids.nsw.gov.au/uploads/documents/obesityactionplan.pdf>