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SPORT AND PHYSICAL EDUCATION THROUGHOUT THE LIFE CYCLE

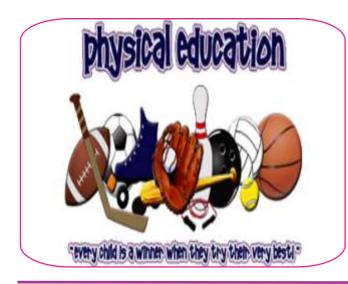
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ABSTRACT

hysical activity and sports participation in a lifecourse framework, long-term tracking, determinants, and correlates of physical activity from childhood to old age, and present possible causal links and pathways for the continuity of physical activity. It seems that intensive participation in general in physical activity and sports, as well as participation at school age, are important predictors of adulthood participation. Especially, inactivity rather than activity tends to track from youth to adulthood. Socioeconomic status, place of residence, and personal upward social mobility are related to participation. If physical activity is at a low level in early adulthood, it does not easily become a part of life later on, particularly among bluecollar workers, women, and people with initially poor perceived health.

Furthermore, in old age, earlier physical activity seems to be the key determinant along with gender. Repeated social reinforcement in the form of support for autonomy, competence, and relatedness is



important especially in transition periods and life events such as secondary schooling, change in employment, and change in family structure. In contrast, retirement presented itself as a good chance of starting new leisure time activities. A lifecourse approach provides understanding on longranging developmental trajectories. According to these results in particular, the polarization of exercise to the active and inactive portions of the population is accumulated over time, and gender and social background features require special attention.

KEYWORDS: Health, Sport, Life cycle,

INTRODUCTION:

BAccording to life-course theory such as accumulation theory, cross-sectional factors and experiences in different phases of life accumulate longitudinally in later life. The best opportunity to study life-course events and exposures in epidemiology is provided by birth cohort studies that can link development and environment to later health outcomes. In general, longitudinal studies create an opportunity to investigate prospectively or retrospectively life-course patterns of physical activity over time and across various life events and transitions. In addition, qualitative studies that involve life reviews and life stories are able to answer different research questions and deepen the quantitative results. Research using the life-course perspective has emphasized the impact of childhood or early life conditions and experiences on adulthood.

Despite all the evidence on the benefits of an active lifestyle, including physical education and sport, for women and girls, the percentage of women who describe themselves as physically active remains low. As powerful as the rationales and motivation for physical activity may be, the barriers faced by can include traditional perceptions that sweating and defined musculature are inappropriate for women; the lack of culturally relevant role

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models; the scarcity of facilities offering womenfriendly equipment and programmes;

the lack of free time due to work and family responsibilities; worries about safety; and shame and embarrassment about present appearance and capabilities.

Women face specific challenges to access and participate in sport and physical activity throughout the different stages of the life cycle. While it is increasingly understood in many parts of the world that older women must engage in physical education and sport in order to add "years to life" and "life to years", many older women continue to live sedentary lifestyles. Strategies to address this must identify and address the particular barriers older women face and must tailor programmes to their specific needs and priorities. For older women, a lack of knowledge on the benefits of sport and physical activity is a significant barrier to increased participation, as are stereotypical attitudes towards older persons, inadequate community infrastructure and sport programmes, and illnesses and conditions that affect movement and agility.

For women of childbearing age, there are particular issues surrounding pregnancy and childbirth. During a National Sport and Pregnancy Forum in



Australia in 2001, it was noted that the benefits of staying active and continuing sport at some level throughout pregnancy outweigh the potential risks. Experts also noted that there are several clear steps sporting organizations can take to minimize any risk of liability, for example, by alerting pregnant sportswomen that there are possible risks involved in their participation and in obtaining appropriate releases and/or indemnities if they should choose to continue to participate. In most circumstances, Australia's Sex Discrimination Act 1984 effectively means that sporting administrators cannot ban the continued participation of pregnant sportswomen. Nevertheless, in most countries, pregnancy and childbirth often mean that women do not continue to compete in professional sport.

The relationship between sport and the body raises particular issues for adolescents and young women. In some cultural settings, the onset of menstruation can be a barrier to adolescent girls' school attendance and, similarly, girls' participation in sport and physical education. In sub-Saharan Africa, researchers have documented that lack of sanitary products, clean, girls-only latrines and water for washing hands results in a significant number of girls not attending school. Estimates by UNICEF show

that one in 10 school-age African girls either skips school during menstruation or drops out entirely because of lack of sanitation. The heavy focus on the body in sport, including in the context of the sexualized promotion of female athletes, may lead to poor body image, particularly among adolescent girls. The pressure to meet unrealistic weight or body fat levels can result in excessive dieting that may in turn lead to serious eating disorders such as anorexia nervosa or bulimia nervosa. The number of females who exhibit restrictive eating behaviour, which does not necessarily meet the strict criteria for bulimia or anorexia, is estimated to range from between 15 and 62 per cent, depending on the sport. Disordered eating can affect the health and performance of an athlete in various ways, including low energy and disrupted menstrual cycles, which can lead to a decrease in endogenous oestrogen and other hormones, resulting in low bone mineral density and a higher risk for osteoporosis.

This pattern of disordered eating, disrupted menstrual cycles and osteoporosis is known as the "female athlete triad". The female athlete triad is an issue that the International Olympic Committee Medical

Commission's Working Group on Women in Sport has examined closely. They noted that it is the responsibility of team physicians to ensure the health and safety of athletes and parents about the issue; recognizing symptoms of eating disorders; preventing activities that place pressure on athletes to lose weight; and providing adequate treatment for conditions associated with the triad. WomenSport International has also been active in this area and has appointed a task force to educate athletes and those responsible for their welfare about the dangers of the triad. Sport programmes should also take into consideration the specific needs of girls. Lessons learned from a series of sporting activities piloted by the Population Council suggest that successfully designing a girls' sport programme requires a number of specific actions: • Adopt a "girl-centred" approach. Learn directly from girls about their needs and interests and seek their input in the design and scope of programmes. Recognition of girls' work burden and time constraints is required and serious consideration must be given to ways to address these problems.

- Create girls-only spaces that are safe from both physical and emotional dangers and provide girls with an arena for self-expression that is not hindered by male domination or authority.
- Seek parental and community permission for girls' participation prior to launching a programme, which will enhance girls' ability to take part.
- Enlist female coaches, referees and trainers. Developing a talent pool of female leaders is an urgent need in most developing countries.
- Identify a few key health issues that need to be addressed, and tailor a simple health edcucation programme around them.

CONCLUSION:

Sports and religion are a lot more similar than one would think. In both sports and religion, people support a common interest. A community is formed, bonds are formed, and everyone alters their actions based on the beliefs their religion or team practices. Sports allow both athletes and fans to become unified and identified together by sharing the same principles and ideals, all while following traditions that have been carried on through generations. Whether a person has played a sport and/or practiced a religion for many years, they tend to look at the sport or religion as a big part of their life. It is important to analyze the similarities between sports and religion for many reasons. First, to prove to some that to be "religious" does not have to mean that one must be devout in following one of the world's religions (Christianity, Islam, Judaism, etc.). Most who claim to not be "religious" do not realize that most aspects of a person's life contain theological and religious characteristics, and sports is one of such "religious" activities. Second, provide a possibly more "relatable" guide for people to use while they work with the movement through the triangle of relationships (God, Self, Neighbor). Finally, to help provide guidance for people to examine their own lives on a relatable subject in order to attempt to answer life's most basic questions (Who am I? Why am I here? What is the meaning of my life? How should I live my life?).

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