

# HEALTH STRENGTHENING AND THE CONDITIONS OF CHILDREN TOWARDS PHYSICAL ACTIVITY DURING THEIR LEISURE TIME

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## Introduction

Food and health problems related to children with certain attitudes and lifestyles more specifically still school-aged children's physical activity. How are physically active high school students, how many hours a day they perform movement and physical activity, whether organized or individual such other activities as these are questions that create a certain picture which often derive real health problems, which are often more immediate<sup>[1]</sup>.

A continuous motor activity, whether moderate creates significant health benefits, benefits that include good humor self-esteem, better physical appearance, reduction of obesity, hypertension, cardiovascular disease, diabetes and osteoporosis<sup>[2]</sup>, so motor activity evaluations were very positive and beneficial affect on the health of children whenever they are held periodically or daily<sup>[3]</sup>.

School dedicates a significant motor activity conducted not only at physical education curriculum, but also in the development of other fun outdoor activities, entertainment and health<sup>[4]</sup>. All these affect the creation of certain stereotypes motor learning in children during the week. But despite this, there is always a need for improvements after figures situations is not always the best possible<sup>[5]</sup>.

## Material and methods

A simple questionnaire was used in the case study method. 9-year-old school children aged 10 years ( $\pm 1$ ), 12 years ( $\pm 1$ ), and 14 years ( $\pm 1$ ) were asked. Selected sample in this study is based on: age (in our case we have three) and city area<sup>[6]</sup>. In total 8 schools were selected in Tirana. This sample of about 500 ( $\pm 10$ ) questionnaires for each gender, failed to provide an error ( $\pm 3\%$ ). In 1000 questionnaires-tip with the majority of closed questions, gathered only 879 questionnaires, with an 87.9% response. The reasons for this difference were identified as:

- Students missing school polling day
- Students who refuse to answer.

## The administration of study

Questionnaire for this study was administered on school grounds, in classrooms during school hours and in the breaks between classes. A good part was completed in the early hours of free schools are planned for various educational activities during the week<sup>[4]</sup>.

Completing the questionnaires period was April-May 2012. The administration of questionnaires in schools is guided by the standards of the guidelines and the study protocol was carried out by school physical education teachers. Throughout the study we had in mind that the target groups included in the study, corresponding to the age of the "dawn" of adolescence, a period during which important physical and emotional changes occur in young people. These changes are reflected in different forms in different individuals, which are linked to economic conditions, social status, ethnicity, social group whose parts are teenagers, as well as everyone's cultural formation. During this period, adolescents gain first experiences in life, begin to face individual life challenges as well as social ones, paving the need for decision-making on many issues with which life confronts.

## Results

Of the total questionnaires were 387 or 44% of girls and 492 or 56% of boys. The distribution by sex is a graphical representation of a percentage as follows: (figure 1)

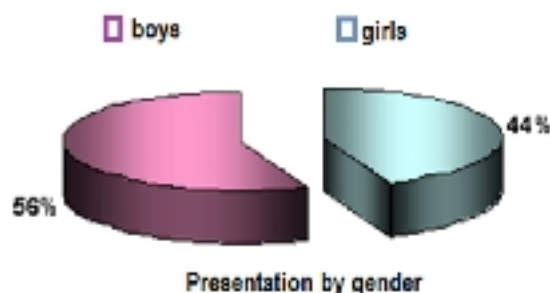


Figure 1. The presentation of children by gender.

If we refer to the distribution of questionnaires by age, have 61 or 7% of respondents aged 10 years, 519 or 59% aged 12 years and 290 or 33% by age 14 years. 9 or 1% did not respond.

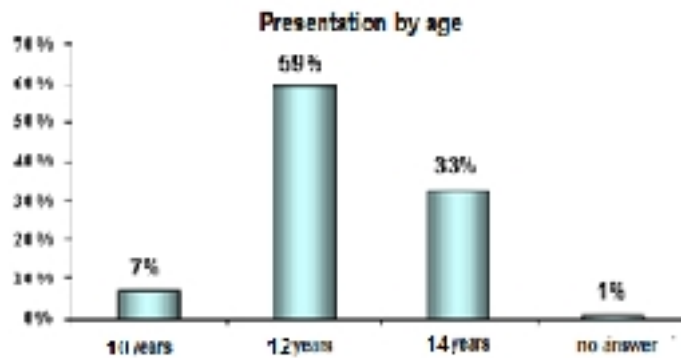


Figure 2. Distribution by age group in percentage graphical representation.

This sample of these numbers for each age group is a recommendation of ours, as we consider at the onset of behavioral changes in children, as well as the opportunity to correct and complete response. So if, for children up to 9 years ( $\pm 1$ ), are selected only 7% of respondents, is made of the fact that these children are less friendly with less independently decide on behavior; often parents are opting for foods to eat, class schedules, games, friends and friends who attended etc. In this sense, the choices they make at this stage of life, there are purely personal, but are significantly influenced by the family environment, parents, grandmothers, grandfathers, etc<sup>[7]</sup>. For this reason the number is relatively small. While, in terms of two other age groups, 12 years ( $\pm 1$ ), and 15 years ( $\pm 1$ ), the selection is significant and representative reports numerically. When asked the children involved in the study, how many days a week they are active in motor and physical activity<sup>[8]</sup>, their responses are presented in Table 1 and Figure 3:

Table 1. Data on the percentage and number of children tested.

How many days a week are active	Number of children	Percent
No answer	17	2%
Any day	105	12%
1 day	123	14%
2 days	185	21%
3 days	176	20%
4 days	132	15%
5 days	88	10%

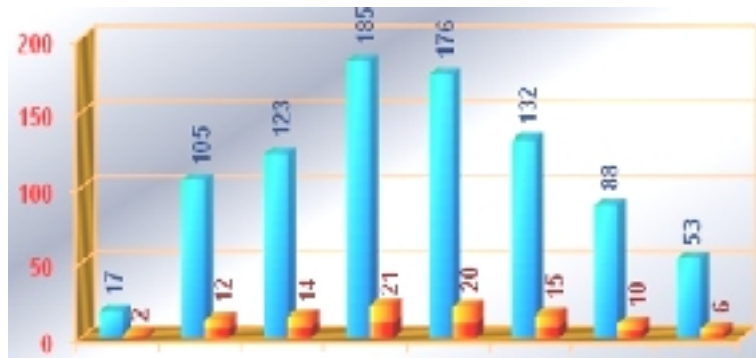


Figure 3. – Data on the percentages of the number of children tested.

By observing the Table 1 and Figure 3, evidence that 616 or 70 % of children do physical motor activity of from one to four days a week. They are divided by gender: 221 girls and 395 boys, most of them 543 are members of sports teams of all ages. They are divided by gender: 189 girls and 354 boys. Their favorite sports: football, hand games, individual sports for boys and hand games, individual sports for girls, while 73 performed individually with entertainment activities, motor, bike, outdoor jogging. Their separation by gender is: 32 girls and 41 boys. These data are presented in Table 2 and Figure 4, as follows:

Table 2. Data on the number of children in various sports disciplines.

<b>543 are members of sports team</b>	<b>Boys</b>	<b>Girls</b>
Football	197	---
Hand games	105	110
Individual sports	52	79
Total	354	189
Bicycle	31	12
Activities entertainment locomotors	7	19
Outdoor runs	3	1
73 exercised individually (Total)	41	32

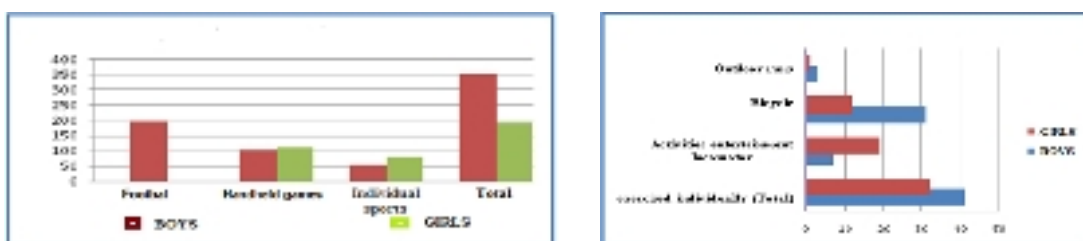


Figure 4. – Data of children make the activity locomotors and physical from one to four days weekly.

Children develop motor and physical activity 5-6 days per week are 141 or 16%. They are divided by gender: 64 girls and 77 boys. These children have favorite spots, artistic and

rhythmic gymnastics, swimming, sports dancing choreography, folk dances, and sports aerobic and general.

These data of children make the physical activity from five to six days a week are presented in Table 3 and Figure 5, as follows:

Table-3 Data on the number of children develop activity five to six days.

Develop activity five to six days	Boys	Girls
Gymnastic	19	9
Swimming	14	6
Choreographer	17	23
Dancing sport	13	10
Folk dances	6	9
Aerobics	8	7
Total	77	64

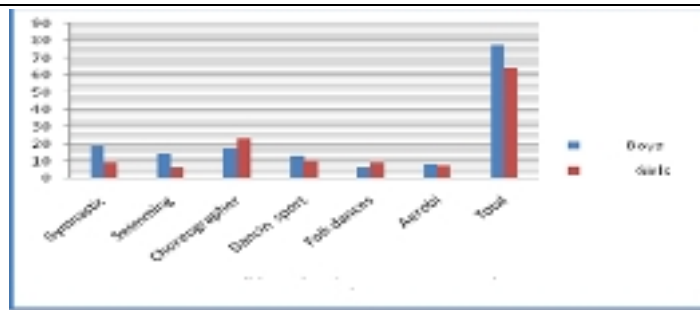


Figure 4. – Data of children develop activity five to six days.

Not perform physical motor activity of 105 or 12 % of children, 72 girls and 33 boys, 17 or 2% over unanswered questionnaire.

## Conclusions

From the above data we see that in general there is a tendency to reduce the number of Albanian children physically active, which is a growing problem for their health. One factor that affects the development of motor activity of children is the lack of playgrounds in residential centers. In these centers, sports grounds are "occupied" by high-rise buildings and no longer exist, depriving children of the opportunity to perform motor and physical activity.

Another Reality "bitter" is that new residential centers that are set up in all major cities are intended only for homes, but not for social environments, including ground sportive. In these conditions children move into the distance significantly from their homes to the sports grounds centered, but also at the sites, in certain cases they have to pay to use.

Another factor that affects the number of children who exercised with their loads of great activities and lessons with other courses (foreign language, painting, music, etc.), which does not cause free time space to perform movements and physical activity. This is a "new trend" of Albanian parents, which engages the children with more things, depriving the same opportunity to grow with the right to enjoyment of their childhood.

The fear of parents for the children who are not allowed to leave the house because the surrounding environment with motorized vehicles and traffic overload uncontrolled life-

threatening accidents. In these conditions, many parents have created conditions in children home; video player, television, computer and internet<sup>[9]</sup>. They spend hours sitting in front of the screen, avoiding movements, which are necessary for the welfare and health.

## References

- [1] M.S.I. (1989). *Educazione Sanitaria e Promozione della Salute*. Vol. 12, Nr.2/107
- [2] Susan G. Millstein., Anne C. Petersen (1993). *Promoting the Health of Adolescents*. Oxford University; (181)
- [3] Pesa J. (1999). *Journal of School Health (196-201)*. *Psychosocial factors associated with dieting behaviours among female adolescents*.
- [4] Subashi G., Daci J. (2004). *Didaktika e edukimit fizik*. Tiranë, (58-62).
- [5] M.SH.R.SH. (2003). *Strategjia e shëndetit të fëmijëve*. Tiranë, (63-64)
- [6] Gaxho I. (2002). *Kurrikula dhe shkolla*. I.S.P. Tiranë. *Edukimi fizik Nr.2*; (103-116)
- [7] Rodrigo M. J., Palacios J. (1998). *Family and human development*. Madrid; (184-189, 216).
- [8] Dashi T & E (2007). *Edukimi fizik në shkollë*. Tiranë; (152-153).
- [9] Andersen R.E. & A. (1998). *Relationship of physical activity and television watching with body weight and level of fitness among children*. *Journal of the American Medical Association*; (279; 338-342)