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THE USE OF PHYSICAL EXERCISES IN FORMING HEALTHY LIFESTYLE OF SCHOOLCHILDREN

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ANNOTATION

Owing to the physical exercises, confidence in the ability to recover from illness, students' endurance, willpower, persistence, and habit to cope with the routine of exercise, tackling with the problems, especially the ability to endure the body's internal environment, appearing because of the movement begin to appear. Only in this case, the effective influence of the exercise will begin to be important.

KEYWORDS: *Physical exercise, endurance, determination, will, strength, obesity, overweight, cardiovascular diseases, X-ray, chemicals (benzene, gasoline, alcohol, drugs and etc).*

INTRODUCTION

It is no secret that not healthy and ill students have very slow and inadequate physical movement and action. First of all, parents do not allow their child to do different actions. The child, who is afraid of parental discipline is less motivated to act physically. For those students, the moderate order of action at first seems overwhelming. Therefore, the main tasks of a physical education teacher and a health worker are to incorporate the importance of selecting exercises for each child's ability, taking into account the illness, and developing a set of exercises, as well as regular exercise in each student's mind. [1] Owing to the physical exercises, confidence in the ability to recover from illness, students' endurance, willpower, persistence, and habit to cope with the routine of exercise, tackling with the problems, especially the ability to endure the body's internal environment, appearing because of the movement begin to appear. Only in this case, the effective influence of the exercise will begin to be important. [2,3]

OBJRECTIVES

Cardiovascular diseases

In almost all types of cardiovascular diseases, the usage of healthy physical training is recommended. However, the type, the form, the norm and extent of the exercise should vary drastically depending on the type of illness, its nature, course of attack, duration, its feature of being in birth, or survival. There are genetic and non-genetic heart diseases among the specific vascular diseases [7,9].

Genetic heart illness is caused by an incomplete heart that is not developed in the mother's womb. Non-genetic type is a heart disease that has been linked to a long-standing rheumatic disease. As mentioned above, both diseases are a result of impaired cardiac valves. Birth defects are known from the first months of the baby's life. The shape of the valves is determined in specialized hospitals, by examining the heart and circulatory system using various medical devices. One of the congenital defects of the heart is the failure of intermolecular and interstitial wall holes in the mother's abdomen [5,6].

Moreover, in medical literatures it is commented that there are plenty of other defects in the cardiovascular system. According to medical researches, genetic research has revealed that genetic factors in the development of congenital heart defects, especially in this regard, can be caused by relatives' marriages. When a pregnant woman often suffers from anemia and other oxygen deficiencies, she may have infections such as measles and flu, as well as exposure to radiation (x-rays and other), chemicals (benzene, gasoline, alcohol, drugs).

Medical studies have also shown that if a pregnant woman is malnourished and lacks vitamin A, E, etc., endocrine disorders may appear in women [8,10]. It is proved that the disorders related to heart valves, which is non-genetic, such as dysfunction and contraction of heart valves are mainly due to rheumatic disease and exacerbations, with excessive physical load and heavy static exercises leading to increased cardiac muscle and pathological enlargement of the ventricles. In addition, malnutrition may be caused by a lack of micronutrients in the heart. In recent years, thanks to the great advances made in cardiac surgery, surgical treatment of genetic and non-genetic defects has been widely applied.

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The treatment of heart disorders by using the above-mentioned methods requires the development of a range of therapeutic interventions for the treatment of heart defects from physical education specialists, and medical personnel, which, by their effectiveness, can have a positive effect on the recovery of a child's activity. It is no secret that after surgical treatments of heart defects the child's activity will be drastically reduced, medical staff and physical education specialists taking into account the individual characteristics and physical training of the child should develop and monitor their performance regularly. During preparation and transfer to the main, the organism's response to pre-and post-workout normalized loads is considered to be consistent and self-treated, also the exercise is recommended [4].

RESULTS

Obesity and Overweight

Excess fat accumulation in the skin and around some internal organs can be seen in 10-30% of school age students. Initial ointment is caused by poor nutrition and less effort than the body needs. In addition, there are likely to be hereditary factors, economic conditions of the family, and low mobility of parents. Secondary obesity can be caused by impairment of endocrine gland function (especially thyroid gland deficiency) at birth. In other words, this form of obesity is linked to the functioning of the central body government. 83.7% obesity in children and adolescents does not depend on the activity of the glands.

This is most common among schoolchildren with a 10-50% overweight level of 1-11. It has been established in medical research that if it begins in infancy, it is exacerbated in adulthood, resulting in diseases such as cardiovascular, diabetes, high blood pressure, and atherosclerosis [5].

Treatment of overweight schoolchildren has its own unique and difficult sides. Some parents feel happy about their children's situation. School students, nurses, and physical education teachers often neglect such students. Adolescents with III- to IV-degree obesity mostly address to the doctor. That is, they complain of fatigue, headaches, heart disorders, abdominal pain, sweating, thirst, nausea, but not complaining about excess body weight. Increased disease leads to increased blood pressure and disorders of the vegetative nervous system in general. 80% of such students attend only physical education classes, 20-25% of such student attend to the classroom activities and various extracurricular activities.

Unfortunately, it is not regular. According to sociological research, 70% of our schoolchildren attend music, painting, drawing, learning foreign languages, and sewing classes. Their gymnastics and fitness activities were not included in the agenda at all. Playing games and exercising in the open air is not regular. According to the researches, no one in the family of elementary students is involved in morning gymnastics, nor does it involve children when they are doing exercises. In short, the use of the healing physical strength is not regular. According to the results of the questionnaire answers, elementary schoolchildren are limited to physical education, with less mobility, less active play, and playing with less active people like themselves.

In general, limited mobility, at least inadequate physical labor in the family, is gradually affecting students' mental health and behavior. These elementary schoolchildren are hardly able to meet the requirements of the program in physical education classes, and from the early age of 12-13, they lag far behind their peers in terms of endurance and speed. In particular, the gymnastics section of the program fails to meet the learning criteria of acrobatics, climbing, exercises in gymnastics, jumping, and running for short distances. Inability of these students to perform various activities exacerbates obesity [9,10].

DISCUSSIONS

It causes various changes in the functioning of the vegetative system, metabolism and energy.

Basic Treatments for Overweight Children:

1. ***Energy Efficiency through Balanced Nutrition;***
2. ***Strengthening Regular Exercises***

It has been determined in the medical researches that following the proper nutritious rules and the use of physical exercise are very useful in the first and second stages of the disease. Treating primary outcomes of weight gain is a long process. It should be done in a child-friendly setting - in school and family. Most girls tend to eat less during puberty, it seems to be the main source of treatment for them. Interviews with obese students in middle and high school indicate that they do not eat more than their peers. However, they had consumed too much food in the family before adulthood [3,4].

In physical training classes, such students mostly refuse to perform some coordinated, agile, quick workouts under various pretexts, even though they are fit enough to do such exercises, they do not do it, girls mostly feel shy to do them. According to observations conducted by step-counter, in elementary schools obese students tend to be almost equal in their physical activity compared to their peers, while middle and high school students are one time less active, especially girls. Body weight increased rather than height. 44-58% of elementary grade students spend 2 hours of their free time in front of TV, while middle and senior students spend 3 hours watching TV.

In the case that the process of overweight is not prevented in time, it can aggravate the disease in three stages: non-complication leaving, transient and complication leaving that occur in boys at the age of 9 and for girls at the age of 9-11. The main forms of physical education in the organization of physical activity for the students who are gaining weigh are to organize motional process that is closely associated with their body functions, lessons, extracurricular activities, physical education groups, and physical fitness activities.

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Especially for such students, regular exercise in the morning gymnastics complex increases the desire for movement.

The teacher, who will teach the students during the lesson, will create the morning physical training exercises and parents should monitor their regular performance. Exercises should be about lifting the figure, running slowly, and running as you walk, bending, stretching, exercises for abdominal, waist muscles, and moving the limbs and arm muscles.

Moreover, movements such as hanging and balancing complement it. It is also helpful to include exercises that sit back and forth in the morning gymnastics [5,6]. The set should be structured so that it would be easier for students to grasp and develop their interest, rather than involve a highly coordinated effort. Examples of sitting exercises: The carpet should be lied on the floor or a gym bed is used.

RESULTS

A month training program for the children at the age of 6-10

Special Morning Exercises

1. **Initial Situation(I.S)** - stretching legs to the floor, sitting and lying on the back and bending forward, grasping heels.
2. **I.S.**- lying on your back, hands close to the body, raising feet without bending them; equally raising and dropping legs for 3-4 days, after 2-3 days dropping legs extremely slowly.
3. **I.S.**- kneeling on, leaning forward and away with arms, stretching the knees by giving the weight to the hands, for 4-5 days stretching legs back from this position and coming back to the initial situation; after 6-7 days, bending and stretching the arms, doing the above.
4. **I.S.**- lying on the floor, hands are closer to the body, performing cyclists' foot movements, after 4-5 days raising feet and doing the scissors movement, after 6-7 days, without bending feet lowering them up, doing swimmer's movement.
5. **I.S.-** keeping your body up leaning on your hands and feet, moving back and forward, after 4-5 days, keeping the balance while walking on one foot and one arm, during the second week, rotate the body as you go in the same order (right and left).
6. **I.S.-**lying on the floor, your hands are close to the body, bending your feet over your head, and tipping the floor, and slowly lowering it, in the second week, raising the legs by 90° and lowering to the right and left, respectively.
7. **I.S.-** lying on the floor raising your feet and hands, your head, breathing. In the second week, stretching your head and body back, leaning on your hands shaking the legs backwards, respectively.
8. **I.S.-** sitting on the floor, stretching your hands to the side, back and hugging your body. In the second week, one arm is behind the head and the other on the waist, changing the position of the arms respectively.

It is very useful to add at least 2 of the abovementioned exercise samples to each morning's gym. If the complex is replaced in every 1 month, it will be satisfactory and effective. When recommending home-based exercises, we need to give them an understanding of the benefits of avoiding trauma, which are done slowly and at a moderate pace. Of course, the activity of the antagonistic synergist muscles must be taken into account when designing the complex of exercises. Overweight students are encouraged to jump on a rope, play volleyball elements, swim and, if possible, play games for independent exercise. Students who do not participate in extracurricular activities should be practicing almost 90 minutes each day of independent physical activity. Of course, except for morning gymnastics [4,5].

A month training program for the obese children at the age of 6-10

1. Moving by raising knees high.
2. **I.S.-** Legs are widely put, hands on the waist, bending the head forward and backwards, till the cheeks touching the chest.
3. **I.S.-** Legs are widely put, hands on the side, rotating arms back and forth.
4. **I.S**. –Legs are closely put, hands down, raising and lowering hands as if you were gaining fruit.
5. **I.S**.- Legs are widely put, hands are on the waist, stretching your arms to the side and turning the body to the left and right.
6. **I.S.-** Legs are widely put, hands are lowered, trying to touch the toes by moving the hands down.
7. **I.S**.- Legs are closely put, hands are on the waist, sitting by doing knees apart, hands on the side, bending knees fully.
8. **I.S**.- Sitting on the seat, hands on the waist, bending as the spring forward and holding the toes.
9. **I.S**.- Placing your hands behind your head as in the previous exercise, and bending the head forward and backwards, till the cheeks touching the chest.
10. **I.S**.- Lying on the floor, raising your legs 90° and slowly lowering. When feet touch the floor, you should make no noise.
11. Run 15 to 30 seconds in a standing position, with a slow walk.
12. Exercises of breathing control.
13. Elements of football, basketball, volleyball games for 10-15 minutes.
14. Jumping on a rope with both legs and one leg for 15-40 seconds (slower for rheumatics).

It is desirable that the program be conducted daily at moderate or low speeds during the absence of physical

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education classes at school. If there are conditions after workouts, taking a shower, wiping your body with a wet towel and other activities can be effective. If the student's day stays in an extended group, it is helpful to have a movemental schedule and participate in all physical activities. It is also beneficial to have family walks (5-8 km) once a week. The carry-on baggage for girls is 5 kg and for boys 7 kg [6,7].

A month training program for the children at the age of 13-17, who are on the 1st and 2nd level of obesity

1. Moving your feet and hands in different ways, up to 1 minute.
2. **I.S**. - Main Standing (M.S.) Placing hands on the chest, turning the body to the left and right, stretching the arms to the sides, 6-8 times
3. **I.S. M.S**.-Stretching hands forward and raising feet respectively touching the palm of the hand, 6-8 times.
4. **I.S**.- The legs are widely put, hands are lowered. Bending the body forward, touching hands on toes, 8-10 times.
5. Jumping up and clapping hands. 5-10 times, 2-3 times with rest.
6. Slow walking for 2-3 minutes, fast walking for 500 m. up, rolling running, up to 500 m.
7. Play volleyball, handball or basketball for 10-15 minutes.
8. Jumping on a rope with both legs and one leg, bending knees

After the above actions, take a shower if possible. Swim every two to three weeks. At weekends go for hiking (7-12 km), The carry-on baggage for girls is 7-8 kg and for boys 10-12kg. It is useful to have a rest every 30-40 minutes during family lessons and to have about 3-5 morning exercises or exercises that are of interest to the child. In this area, the student should be taught that he or she needs to exercise less active part of the body during the lesson preparation. This issue should be taken into account when girls are sewing in the family, which means that physical activity is relatively low due to physical labor [3,4].

Swimming pools are being set up in each city and regional centers as part of modern sports complexes for swimming.

For those who are overweight, organizing a 45-minute swim twice a week is justified. It consists of a basic, final part of the preparation, the first part can be up to 10 minutes, the content of which is general and specific, and the pulse can be increased to 120-130 times per minute [8].

The main part is about 25-30 minutes, its functions are adaptation of the body in a watery environment, movements of different intensities in water, performing swimming techniques, etc. It takes about 2 minutes in the first 1 sessions to adapt the water environment and then 5 minutes for each session, during which you will need to use a variety of referral exercises to gradually master the swimming technique. In adapting to water and mastering movement techniques, firstly, we use boards. At startup, we pay attention to the feet movement and when it comes to breathing, it is important to gradually adjust your breathing to your feet movements. If you teach by keeping the board on the far side of the body after 10-15 exercises on the half or upper side, and train their feet, then the easiest way to swim is acquired after 18-20 exercises. The last 5 minutes of the main part are spent repeating the techniques learned [10].

Table 1. The norm of food according to age

Age	Daily norm			Daily power requirement (k / cal)
	Carbohydrate.gr.	Protein.gr	Fat.gr	
7-9	270-300	65-85	65-70	1800-2000
10-12	320-350	90-100	75-80	2000-2500
12-13	350-400	105-110	85-100	2500-3000

The pulse does not get too high during swimming on a board, but without the board it changes highly. For this reason, obese students are encouraged to swim using a board.

Numerous methodological literature has recommended that experienced teachers give all students a way to show them how to swim, and to teach students how to swim properly and technically.

As the student body becomes accustomed to exercise, it is preferable that they be trained in general physical training (GPT) groups. If swimming lessons are taught from the 1st grade at school, it is appropriate for them to swim from the 2nd grade once a week and do so many times with GPT. In the 3rd grade classroom, exercising twice a week in the GPT group and in any sports club at the discretion of the student is shown in the methodological literature [7,8].

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Table 2. Anthropometric norms of the child by age

Age	Body weight/ kg		Height in/ cm	
	Boys	Girls	Boys	Girls
7	21,6 – 27,9	21,5 – 27,5	118 – 129	118 – 129
8	24,1 – 31,9	24,2 – 30,8	125 – 135	124 – 134
9	26,1 – 34,9	26,6 – 35,6	128 – 141	128 – 140
10	30,0 – 38,4	30,3 – 38,7	135 – 147	134 – 147
11	32,1 – 40,9	31,7 – 42,5	138 – 149	138 – 152
12	36,7 – 49,1	38,4 – 50,0	143 – 158	146 – 160
13	39,3 – 53,0	43,3 – 54,4	146 – 165	151 – 163
14	45,4 – 56,8	46,5 – 55,5	155 – 170	154 – 167
15	50,4 – 62,7	50,3 – 58,5	189 – 175	156 - 167

CONCLUSION

It should be noted that the selection process for sports today does not apply to overweight students. First and foremost, these students should be involved in sports clubs at their school. If a school does not have a specific kind of sport at its school, a physical education teacher should help their pupil get involved with another school in the area. As these students engage in healthy physical activity, they are one of the factors that determine how to consume protein, fat, carbohydrates, and how much energy your body needs during the day, to maintain it, to develop a healthy lifestyle.

REFERENCES

1. *New edition of the Law on Physical Education and Sport, (2000. May 26).*
2. *Law on Education, August 29, 1997*
3. *National Program for Personnel Training. August 29, 1997*
4. *Decision on approval of state educational standards of secondary schools. August 16, 1999.*
5. *The order on measures for the formation of the State program "Year of the Youth". March 2008*
6. *Антропова М.В. "Что надо знать о двигательной активности и закаливания детей". Журнал: Физическая культура в школе. 1993йил №3 сон. Москва.*
7. *Булич Э.Г. Физическое воспитание в специальных медицинских группах. Высшая школа. М. 1986г.*
8. *Васин Ю.Г. Физическое упражнения основа профилактики и ожерения детей. Киев 1981г.*
9. *Рипа М.Д. Велетченко В.К. Занятия физической культурой и спортом со школьниками отнесенными к специальной медицинской группе. М., «Просвещение» 1998г.*
10. *Цвейк С.Ф. Язловецкий В.С. Физическое воспитание детей с ослабленным здоровьем. Киев 1983г.*