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Inclusive Health and Fitness Education for Sustainable Development

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Abstract
Health and fitness is viewed as both an enabler and an end for sustainable development. Health and fitness is a rapidly growing area of focus for people across the world. The popularity of health services on media news and talk shows, high tech health and fitness tracking devices and stress management workshops are just but a few of the indicators of a growing interest in whole person well-being. For individuals with intellectual and developmental disabilities, the benefits of quality health and fitness are as great as those experienced by the rest of the human population. However, the opportunities to access quality health and fitness information and resources are not necessarily as available. There are many options for engaging in health and fitness activities in communities. However, in reality there are too few fitness opportunities that are of high quality and truly inclusive. This paper therefore aims to help readers advocate for inclusive health and fitness opportunities in their communities by providing a list of key characteristics of quality, inclusive programs. The paper has reviewed well researched sources the world over highlighting how and why health must be more present, more integral, and more influential. Despite a broad agenda and steep competition for attention health and fitness remains a prominent and vital component of the development agenda and this can only be possible through inclusive quality health and fitness education.

Introduction
According to Gupta & Vegelin (2016), a healthy population is essential for economic development. Poor people on the planet tend to suffer most from the health effects from exposures to environmental hazards like air pollution and impure water. In turn, disease and disability related to polluted environments slows and blocks economic development. In addition to its toll on human suffering, illness carries a significant financial burden in the form of healthcare expenditures and lost productivity. For example, unhealthy children often cannot attend or perform well in school, and unhealthy adults cannot work or care for their families. All this problems are as a result of minimal health and wellness education, which is often important for sustainable development. The emergence of the concept of sustainable development as a guiding principle for policy formulation, the adoption at the UN Conference on Environment and Development (UNCED) in 1992 of Agenda 21, and subsequent adoption of the Programme for the Further Implementation of Agenda 21, have been important stimuli at international, national and local levels, for innovative programs of action to address current environment, health and development problems. Recent international meetings have reinforced the importance of fitness and health education, environment and development issues on the international development agenda. Meetings of the G8, the United Nations Security Council and the World Economic Forum, as well as follow-up to major international conferences have explicitly addressed health education issues requiring attention as development or security issues. Health has, in effect, become recognized as a central concern in development both as a resource for, and as an
indicator of, sustainable development (Allen et al., 2013).
A major shift in thinking regarding the role of health and fitness education in poverty reduction and development is occurring (Kopnina & Meijers, 2014). Health education is far more central to poverty reduction than previously thought, and that realization is now beginning to shape governments’ and global policies. It has been known for years that people who are poor are more likely to get sick and now knowledge is accumulating about how ill health and Sustainable Development are interrelated. Issues and challenges creating and perpetuating poverty, triggering a vicious cycle which hampers economic and social development and contributes to unsustainable resource depletion and environmental degradation need to be addressed. Research suggests that health gains trigger economic growth and if the benefits of that growth are equitably distributed, this can lead to poverty reduction.

Many of the diseases that are closely associated with poverty are related to the environment, and the lack of health and fitness education. The World Health Organization estimates that roughly 25 percent of the disease burden in the developing world is due to such factors. Non-communicable diseases (NCDs), such as heart disease, stroke, diabetes, cancer, and chronic respiratory conditions, are of growing importance in low- and middle income countries. Many NCDs can be caused or worsened by environmental hazards, such as air pollution, toxic chemicals, and built environments that discourage physical activity. NCDs can impair economic development by pushing people into poverty, due to lost productivity and the costs of long-term therapy. In low- and middle-income countries, where people frequently pay out-of-pocket for healthcare and where healthcare systems have limited resources and capacity, NCDs take a large human and economic toll. Eighty percent of all deaths due to NCDs occur in the developing world. People in the developing world die from NCDs at a younger age than people in the developed world. Twenty nine percent of all deaths from NCDs occur in individuals under the age of 60 in low- and middle-income countries because of the minimal levels of education they possess in these areas (European Commission, 2010).

Background of the Study
As towns have encompassed an ever-growing proportion of the total human population, so they have become the predominant influence on health and wellbeing. During the next 20-30 years it is estimated that global urban populations will grow by 2-3 billion people, more than 1 million every week, while rural populations level off and decline (Hodkinson, 2010). This extraordinary transition provides a compelling rationale for Sustainable Development Goals (SDG) for cities, with health and wellbeing as critical concerns in the formulation of its targets and indicators. Urban environments affect health through such factors as exposure to pollutants, safety, crowding, shelter and sanitation, levels of physical activity, food choices, and social connection and participation. These factors are determinants of common, contemporary health problems such as injuries, respiratory diseases, heart disease, diabetes, cancers and mental disorders, as well as an array of infectious diseases.

Such regions are also powerful drivers of population mobility, which can affect regional or global communicable disease risks, particularly as disease vectors interact with urban conditions and there is greater global connectivity between cities. The way people live in and choose to structure their residence also affect the environment, through loss of biodiversity, changes to ecosystems, local atmospheric perturbations, greenhouse gas emissions and the production of other pollutants. These environmental changes, in turn, have feedback impacts on health and wellbeing (Rousset & Lion, 2011).

Within towns, inequity in access to infrastructure and other resources – transport, education, nutritious food, employment, public spaces, creates barriers to good health (Obrusnikova & Dillon, 2011). Health care access and economic development has led to tremendous improvements in people’s well-being, but often at the expense of the environment. Industrialization has contributed to pollution of air and water, changing dietary patterns, and shifting patterns of transportation and land use. Exposures to air and water pollutants directly increase disease. Similarly, dietary changes and decreased levels of physical activity, resulting from transportation and other work and lifestyle changes, are contributing to
global epidemics of obesity, diabetes, and associated
diseases. Globalization and the large geographic scale
over which rapid industrialization is occurring make
these environmental health problems global health
problems.

To ensure sustainable development, there is a need
for individuals to equip themselves with various
lessons that target their health and wellbeing.
Sustainable development is frequently defined as
development that meets the needs of present
generations without compromising the ability of
future generations to meet their own needs. As
evidence of the harm to health and well being from
widespread environmental degradation and global
climate change grows, communities and governments
are placing greater emphasis on assuring that
economic development is achieved in a sustainable
way.

Protecting and creating healthy environments through
education is a critical component of sustainable
development. Health education can be integrated into
sustainable development by: Improving
environmental quality for the poorest populations
with the greatest burden of environmental diseases;
reducing exposures to air pollution in homes and
villages from biomass burning; providing clean water
and sanitation and identifying efforts to address
environmental problems that can also provide health
benefits. For example, creating environments that
encourage biking and walking for transportation
reduces greenhouse gas and toxic air pollution
emissions (environmental benefit) and increases
physical activity (health benefit) (Erten & Savage,
2012).

Recognizing that some policies, practices, and
technologies designed to promote sustainability and
economic development may have unintended adverse
environmental health effects, and attempting to
prevent or mitigate these before they are
implemented is one main reason as to why health and
fitness education should be fostered among
individuals in the society.

From an environmental health point of view,
sustainable development involves the effect of the
environment on health, the resulting impact on
development, and subsequent effects directed back to
the environment and health. For those who continue
to suffer in poverty, traditional sanitation risks and
environmental exposures continue to create barriers
to individuals, community, and national economic
growth, productivity, and well-being, and this often
results due to low levels of inclusive health and
fitness education. These are the needs of the present,
while the needs of future generations are reflected in
how development affects the environment, and its
resulting impact on health due to inclusive education.
Inclusive health and fitness education has benefited
the health of billions of individuals, and has also
created environmental changes that have led to new
exposures and threats to human health. Determining
how to achieve development through inclusive health
and fitness education without these unintended
consequences is an essential principle of sustainable
development (Erten & Savage, 2012).

Countries face a myriad of health-related problems
relating to poverty and a lack of access to basic
services/resources, and to large-scale, rapid
industrialization, urbanization, demographic change,
and technological development (Polasky et al., 2015).
The problems facing the health sector today are
increasingly complex, multidisciplinary in nature,
often ill-defined, and have uncertain solutions. While
the health sector itself is changing to respond to many
of these challenges, it cannot address these problems
on its own. Many of the key determinants and
solutions to health and disease lie outside the direct
realm of the health sector, in sectors concerned with
environment, water and sanitation, agriculture,
education, employment, urban and rural livelihoods,
trade, tourism, industrial development, energy and
housing where issues of health and fitness education
are discussed. Addressing the underlying
determinants of health through intersectional efforts
is key to ensuring sustained health improvements and
ecologically sustainable development.

The main health goal of governments and of WHO
was declared in 1977, to be: “Attainment by all the
people of the world by the year 2000 of a level of
health that will permit them to lead a socially and
economically productive life.” However, various
trends, including globalization of trade, travel and
technology, urbanization and the growth of
megacities, widening gaps between rich and poor, the
continuing burden of infectious diseases, the rise in
non-communicable diseases, and growth in
environmental threats, and limited education on health matters made a reassessment of this strategy. The renewed “Health for All in the 21st Century”, strategy adopted at the World Health Assembly in 1998 set out global priorities and targets for the first two decades of the 21st century, which aim to create the conditions for people worldwide to reach and maintain the highest attainable level of health throughout their lives. The strategy is based on the principles of social justice, equity and human development, and emphasizes the prevention of ill-health, minimization of health risks and promotion of inclusive health and fitness education. Conceived in these terms, the improvement of health requires more than the services delivered by the health sector alone; the contribution of other sectors is explicitly recognized as vital for improving the health and well-being of the population.

**Study Methodology**

This review involved a two-fold process in finding relevant literatures related to the current studies. First, studies were searched using key word searches. Several words were used in connection to inclusive health and fitness education for sustainable development. Student performance related words were also used. Extensive series of cross-searches on the study topic using Hindawi research database, which enabled the simultaneous search of multiple databases such as academia.com, SAGE, psychology and behavioral sciences collection among other databases. Further the literature search was conducted using Google Scholar and via the references identified in the articles from the given databases and sites. Secondly, the articles were screened to verify their authenticity. The articles were evaluated in terms of their research design and methods and the type of journal that is whether peer-reviewed or not, there was the use of peer-reviewed journals only (by looking at whether the journal has an abstract, restrained and thoughtful, footnotes and citations, bibliography and authors credentials among other criterions). The topic, abstract and objectives of the study were also considered to examine whether the study based on the issues related to the current study. The focus of these searches was to access full text documents and was not limited to a particular date range. Majority of the documents were journal articles, book chapters and research reports.

**Results and Discussion**

Perhaps the greatest obstacle to reorienting the world’s educational systems is the lack of clarity regarding goals. In simple terms, those who will be called upon to educate differently (e.g., the world’s 59,000,000 teachers or instructors on health issues) eventually will ask, "What am I to do differently?" "What should I do or say now that I didn't say before" These simple questions leave most "experts" in a quandary and the questioner without an adequate response (Fong Poon-Mcbrayer, 2013). Health and fitness education for sustainable development remains an enigma to many governments and schools. Governments, ministries of education, school, and educators have expressed a willingness to adopt various programs; however, no successful working models currently exist. Without models to adapt and adopt, government schools and other stakeholders must create a process to define what health and fitness education for sustainability is with respect to the local context. Such a process is challenging. It calls for a public participation process in which all of the stakeholders in a community carefully examine what they want their learners to know, do, and value when they leave the formal education system (West & Gardner, 2013). This means that the community must try to predict the environmental, economic, and social conditions of the near and distant future.

Public participation processes whereby stakeholders examine the needs and desires of a community and identify essential elements of health and fitness education in basic and secondary education that can be adapted and implemented. Seeking the opinions of parents, educators and other stakeholders to shape the education of their learners will be a totally new idea in some cultures. Although community consultation and other forms of public participation can be effective tools, they should be introduced slowly and in accordance with local traditions and cultures where they have not been used previously. However valuable, the community consultation process is, it’s not without pitfalls (Goebe, 2007). For example, an organized, educated, and articulate few might dominate the process; people who have received little
formal education may not feel they have the expertise to take part in or contribute to the process; and the worldviews and life experiences of some people might prevent them from perceiving or accommodating the changes that will come to all regions of the planet in the coming decades. In these cases, how the outcome of the process is used becomes important. A continuum of implementation exists, ranging from ruthlessly implementing the results of a skewed process to totally ignoring the outcomes of the process. The interpretative, political, and interpersonal skills of the implementation team are key in this effort (Bourke, 2011).

Inclusive health and fitness education carries with it the inherent idea of implementing programs that are locally relevant and culturally appropriate. Just as any sustainable development program must take into consideration the local environmental, economic, and societal conditions, so too must Education for Sustainable Development (ESD) programs consider these same conditions. As a result, each region must create its own program. It is impossible to create an international, or even in many cases a national, curriculum that would be relevant to all communities. It should be apparent to ministries of education, schools and other stakeholders that developing locally relevant health and fitness curricular will be facilitated by creating public participation processes that allow communities to shape the major ideas underpinning their own curricular. Rather than spending time searching for health and fitness education curricular models to adapt, it would be better to invest time and resources in developing processes by which communities of different sizes and traditions can define their own programs.

However, the programs have succeeded in ensuring awareness, and inherent in building awareness are efforts to outline important linkages between health and fitness education and more sustainable societies (e.g., increases in female literacy reduces birthrates and improves family quality of life). In large part, perceiving a need brings about a corresponding change in educational systems. Unfortunately, the need to achieve sustainable development is not perceived today as sufficiently important to spark a large response in the educational community. If leaders at all levels of governance are to make progress, the recognition and active involvement of the education sector is imperative (Wiseman & Horton, 2011).

Conclusion
To successfully implement health and fitness education goals, governments and school must plan ahead and develop strategies to address various issues that mitigate sustainable development in their regions. These issues should be addressed at every level, especially the national and regional levels, to ensure consistent implementation of policies across the country. Purposeful deliberation and planning around these issues as well as issues particular to each region will increase the likelihood of successfully implementation of programs and reorienting the health and fitness education curriculum to achieve sustainability.

Recommendations
Health and fitness education, environment and sustainable development policies and programs depend on convenient access to information about a large variety of hazards, ranging from biological hazards in food and water, to chemical hazards such as pesticides, to various physical and social factors. This is necessary if health authorities are to effectively discharge their responsibility to protect public health. But it also serves to clarify the extent to which health hazards are attributable to environmental conditions and/or to the activities of sectors other than health.

Monitoring systems need to be designed to ensure that the health and fitness education exposure information collected is relevant to health concerns, and not merely used to monitor effectiveness of environmental control measures. Currently, few monitoring systems are set up with the aim of comprehensively assessing the various exposure routes (such as air and water) of potential contaminants, and this should be done through inclusive health and fitness education.

Moreover, integrated pollution control mechanisms are usually lacking. In general, knowledge of environment and health risks is segmented, and incomplete. Mechanisms to ensure coordination at national, regional and local levels regarding health effects assessment and the development of adequate reporting systems are commonly lacking. Equally,
mechanisms are frequently not in place to ensure that such information, once obtained, is transmitted to the various relevant sectors for action. Integrated databases on development hazards, environmental exposures and health, are urgently required. Well developed health-and-environment information systems, based on relevant data sets, are essential if scientific monitoring information is to be provided in support of policy and decision-making, planning and evaluation.

References