

The importance sports activities have over the quality of life in the adult population

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ABSTRACT

The quality of life is a wide spread concept which essentially handles the overall prosperity within society, the importance of it increasing starting with the 1970s, together with the social studies research. An European poll concerning the quality of life in Europe (2003-2007), performed by the European Life and Work Condition Improvement Foundation, noted the existence of some major differences between countries and social groups, as far as numerous aspects of quality of life are concerned.

Thus, we can see that social groups with a below average quality of life must progress in a faster pace than the leader groups.

In Romania, based on a general evaluation, we can state that the quality of life level is a modest one, this statement being the more valid as we take into consideration the economic standard - from macro-economic indicators of living standards (GDP/capita, Finances available to the population) and average income/household to life expectancy at birth indexes (Mărginean, I., 2010, pp. 231-237).

The main component of the quality of life, health, can be maintained and improved by performing sports activities, where the main element is performing workouts, which, applied on a long term, improves the physical and mental health, having a positive contribution on the learning and personal development processes and to reducing the risk of physical and psychological conditions associated with the modern lifestyle.

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Quality of life, sports activities, adult population

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1.INTRODUCTION

We live in a society dominated by sedentary life, stress and aggressiveness, in a world where leisure sports activities are not performed, as they should, a world where chronic diseases, diseases of the heart and circulatory system, pulmonary diseases, as well as joint and bone pains are predominant.

The majority of the world's population do not perform sports activities, because they are not informed about the benefits that these activities have over the human body, do not know and are not aware that performing them systematically and regularly can lead to an improvement of life quality.

The improvement of the quality of life represents the choosing and implementing of the most efficient solutions, and improvement of one's self.

For a healthy lifestyle we must, before all else, be active.

Also, for a healthy active lifestyle, besides sports and a healthy and balanced alimentation, our way of being, our thoughts are also very important and influence our lifestyle the most. We have to stay away from daily stress, this being also a risk factor in developing some forms of cancer.



1.1. The definition and the limitations of the quality of life concept

The essence of all research concerning the notion of quality of life consists of the efforts performed by specialists to measure the symbiotic effect of objective facts concerning life, and the subjective population perception over the socialhuman wellbeing. The concept of quality of life offers important milestones for highlighting the way individuals and social groups assess their own wellbeing (Lucut, G, Radulescu, S.M, 2010,p.54).

According to SEN, A(1993), the quality of life offers that people's subjective perception on their own existence, on the increase or decrease of living quality levels. Quality of life is more important than economic wellbeing, it following the interest of the individual, the power of fulfilling certain actions or to accomplish various goals. It is not about a personal utility, centered on happiness, pleasure or desire, but the state of a person in contrast with the social situations, and about the things that an individual manages to do or achieve in his life.

The quality of life, as Liu Ben – Chien (1975) believed, is a subjective defining for everything that encompasses population wellbeing and the environment. It expresses a set of desires that have been accomplished and together, determine the happiness or the satisfaction of the individual.

Each individual follows its own interest and personal satisfactions, the general conditions of the environment being treated as consumption goods or as comfort resources (Peterloff, H., Wingo, I., 1961, p. 54). Baier K., (1971, p. 45) defining the quality of life as "the sum of all natural and cultural (social) threats, the variety, quantity and quality of goods and services being available to every member of society".

Şerban, O. and colab. (2012, p. 95) defines the quality of life as "physical, social, economic, psychological and spiritual wellbeing, as well as the capacity of individuals of fulfilling their everyday duties.

On the basis of this definition, the authors (ibidem, p. 5) split the quality of life in six dimensions :

- Physical wellbeing: consisting of health, physical mobility, adequate alimentation, quality medical asistance, free time availability, health insurance, preffered activities during free time (hobbies), optimal fitness, consisting of the four S, Strenght– physical strength, Stamina– vigouresness or stamina, Suppleness– physical supleness and Skills– physical handling or ability.
- Functional wellbeing: the sentiment of autonomy and self-control in fulfilling certain daily activities, like getting dressed, movement and maintaining the wanted posture. A subjective evaluation of the physical form, stamina and handling.
- Psychological wellbeing: The feeling of being happy with yourself, stress evaluation and self-esteem, the evaluation of the safety feeling, rest, work and free time.
- Social wellbeing: The evaluation of the quality of social contacts, communication with other people and with family, social support and familial support, the feeling of taking part of certain social groups, participation at everyday life and the cooperation with different organizations and community associations.
- Economic wellbeing: The evaluation of one's satisfaction in regards to property, income, material goods and social status.
- Spiritual wellbeing: Being part of a spiritual-religious community and self-perception of religion and the riches of spiritual life.

1.2. The quality of life in the European Union and Romania

The quality of life became a field of prime interest at a European Union level, as well as in many of the member countries, Romania being a part of these.

In Europe there are significant differences in regards to quality of life, depending from one country to another. It is higher in the Nordic countries while in the South and Eastern Europe it's lower.

When comparing with the other European Union states, Romania situates itself on precarious positions in regards to the macro economic resources, level of living and population income. Still, the data indicate a better position when it comes to subjective wellbeing (Mărginean, I., 2013, pp. 341 - 342).

The author mentions that the research performed in 2011 indicates a certain deterioration in the quality of life of many E.U members, comparing with 2007, as an effect of the economic crisis.

Here it's mostly about Greece, Spain, Cyprus, Portugal. The most disadvantaged categories of people were the individuals with a lower income, unemployed individuals and elderly individuals.

At a general level, in 22 out of 27 E.U member states, there have been recordings of a deterioration of the living standards in 2011 vs. 2007, and just 2 countries show improvement (Bulgaria and Austria).

Very high deteriorations in regards to consumption vs. need, are recorded in Greece (from 68% to 86%), Slovakia (from 42% to 71%), Estonia (from 50% to 67%), Slovenia (from 38% to 50%), France (from 37% to 49%), Ireland (from 21% to 43%), Great Britain (from 21% to 37%), Holland (from 22% to 31%), Finland (from 19% to 25%), Denmark (from 13% to 18%) and Sweden (from 15% to 18%).



In Romania, the deterioration is lower, but the values that represent the difficulties in obtaining the material resources for the living standards are high (68% and 72%). The deterioration of material resources in households takes place along with the inequality in income, even if, the average GDP per capita, adjusted with the price levels remained relatively the same over the past 4 years.

1.3. Physical activities/leisure activities- Theoretical and practical delimitations

Since health is seen not just as a situation caracterized by the absence of disease, but as a positive concept which encompasses the wellbeing state from a physical, social and emotional point of view, the importance of physical activities for health is already established and well known. And still, despite this reality, the percentage of sedentary individuals is growing continuously in all age categories and, what is really concerning, it applies especially in the younger generations. In the most general way of speaking, it's proven without a doubt that, the physical activities influence in a positive way the mortality of any type, mental health and it reduces the incidence and gravity of some diseases and pathological conditions like : cardiovascular diseases, cancer, type 2 diabetes, osteoarthritis, osteoporosis and obesity.

According to physiological, epidemiological reasearch and medical records, it is recommended that : every individual to perform a minimum of 30 minutes of moderate physical activity, preferrably every day. The direct correspondent of a moderate physical activity is a quick walk on a distance of 4-5 kilometres. The physical activity needs to be started with a low intesity and gradually increased.

Even the intermittent physical activities bring benefits to health, thus the total of 30 minutes can accumulate in multiple activities : climbing the stairs instead of using the elevator, walking short distances, pedaling on a medicinal bicycle, aerobic exercise, dancing, house chores, playing with children etc. These activities are beneficial if they are performed with consistency and rapidity. Also, it's worth mentioning the benefits of regular practice of a sport : swimming, jogging, cycling, tennis, golf etc.

Also, just 3 minutes of intense exercise daily are needed for improving the metabolism and to prevent certain diseases. It recommended though, that every man aged 40 or above, and every woman aged 50 or above, to consult a medical doctor before starting a physical exercise program.

The last comparative study in regards to the quantity of physical activity is the Eurobarometre, performed in 2013, compared with the one performed in 2009 (Table 1).

Tabelul 1 – Countries and the percentual value declared by the E.U population, in regards to the quantity of physical activity performed

	Reg	Regularly		With some regularity		Seldom		Never		Don't know	
	EB80.2 Nov Dec. 2013	Diff. 2013- 2009	EB80.2 Nov Dec. 2013	Diff. 2013- 2009	EB80.2 Nov Dec. 2013	Diff. 2013- 2009	EB80.2 Nov Dec. 2013	Diff 2013- 2009	EB80.2 Nov Dec. 2013	Diff. 2013 2009	
EUS	8 8%	-1	33%	+2	17%	-4	42%	+3	0%	=	
HL	15%	+10	23%	+5	18%	-6	44%	-9	0%	=	
EL	7%	+4	24%	+9	10%	-5	59%	-8	0%	=	
ES	15%	+3	31%	+4	10%	-9	44%	+2	0%	-	
NL	8%	+3	50%	-1	13%	-3	29%	+1	0%	-	
SI	15%	+2	36%	-3	2796	+1	22%	-	0%	-	
LT	15%	+1	22%	-	1796	-3	46%	+2	0%	-	
SK	6%	+1	28%	+3	25%	-10	41%	+6	0%	-	
CZ	5%	-	31%	+8	29%	-6	35%	-2	0%	-	
EE	796	-	32%	+5	24%	-1	36%	-5	1%	+1	
IT	3%	-	27%	+1	10%	-6	60%	+5	0%	=	
LU	1296	-	42%	+3	1796	-	29%	-3	0%	-	
AT	5%	-	40%	+7	28%	-5	27%	-2	0%	-	
BG	2%	-1	996	-1	9%	-19	78%	+20	2%	+1	
DH	1496	-1	54%	+5	1896	=	1496	-4	0%	=	
PL	. 5%	-1	23%	+4	18%	-6	52%	+3	2%	-	
PT	8%	-1	20%	-4	8%	-3	64%	+9	0%	-1	
DE	7%	-2	4.1%	+1	23%	+3	29%	-2	0%	-	
LV	6%	-2	25%	+6	30%	+1	39%	-5	0%	=	
RC	6%	-2	15%	+2	18%	-10	60%	+11	1%	-1	
EI	13%	-4	53%	-2	19%	-2	15%	+8	0%	-	
UP	10%	-4	36%	+4	19%	-3	35%	+3	0%6	-	
FR	8%	-5	35%	=	15%	-3	42%	+8	0%	=	
CY	1196	-5	25%	=	10%	-3	54%	+8	0%	=	
BE	10%	-6	37%	+3	22%	-	31%	+3	0%	-	
IE	1696	-7	36%	+1	1496	-1	34%	+8	0%	~ 1	
SE	1596	-7	55%	+5	2196	-1	996	+3	0%	=	
мт	5%	-12	14%	-17	6%	-8	75%	+37	0%	=	
HR	9%	*	26%	*	36%	*	29%	*	0%	*	

QD1 How often do you exercise or play sport?



[http://adevarul.ro/news/societate/eurobarometru-60-romani-nu-fac-niciodata-sport-1_533068b40d133766a830b537/index.html].

According to the results concerning sports and physical activities, 59% of the citizens of the European Union never or rarely undergo sports activities, while 41% do sports at least once a week.

Northern Europe is much more physically active than the south and the east, statistically. Thus, besides Sweeden, In Denmark (68%) and Finland (66%), citizens undergo sports activities once a week, followed by Holland (58%) and Luxembourg (54%).

At the other end of the standings is Bulgaria, where 78% of people never undergo sports or physical activities, followed by Malta (75%), Portugal (64%), Romania (60%), and Italy (60%) (ibidem).

2. Conclusions

The quality of life became a field of prime interest at a European Union level, as well as in many of the member countries, countries that include our country.

The main evaluative component of quality of life is represented by the health status, and this is conditioned by the level of physical, psychological and social health, the three of them influencing each other. Due to this fact, the improvement of health is regarded as a permanent preoccupation in the middle of European policies, actions being applied in multiple directions, towards the fields : health, safety at the workplace, education.

At a European Union level, the health status is shown as low, due to several factors like : stress, sedentary life etc. Sport and recreational activities represent a necessity that conditions the high yield that is required from the citizen, regardless of age and profession.

Through the role attributed by society, recreational sports activities surpass the dimensions of a leisure activity, taking place in the vast preparation and development program of citizen for work and social life.

The use of physical exercise must be complemented by the pleasant spending of free time outdoors, playing games, sports and tourism, as well as more special activities like fishing, hunting and cycling-tourism.

If the free time is used wisely, it becomes a mean of forming the human personality, of permanent education. These activities must be organized together with colleagues, family, friends, in a non-competitive manner (walks, trips, dynamic games, swimming etc.), as well as in a competitive manner.

It is essential that the physical education and sports will be a part of the daily routine of each individual.

The gradual accustoming to systematic practice of physical activities and work outs means shaping, consciousness and active participation.

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