

Research Article

Health, Physical Education and Psychology, As a Treatment of Knowledge in the Context of Public Health

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ABSTRACT

The true work of those who carry out some activity related to Health, Physical Education and Psychology in the context of Public Health should be oriented to know the social results that this practice produces. In such troubled times, full of unprecedented information and informative flashes of what is really important, the idea or result of Being-Human, distances itself from the truly significant: The Citizen, as an inhabitant of a community with responsibilities of self-growth and group strengthening and not a society. The big difference is that in the first, the identity of those who make up the community is recognized, while in the second, only instrumental relationships are lived. So that Health, Physical Education, Psychology and Public Health should have, as an essential mission, the formation of healthy citizenship, beyond the physical and biological. Thus, a citizen is an integral construct, where biological, psychological, physical, sports and social aspects are swarmed. The purpose of this study is to develop an approach to this network of knowledge that is at the same time synonymous with the subject,

which is subject to the public, given in a context framed in the concept of community. Hence, the research that is being developed emerges from a research project, aimed at the training of Physical Education, Sports and Recreation professionals who develop multidimensional capacities to achieve important changes in terms of social representations and iconographies on which have built the foundations of the career, distorting the humanist concept and the psychological value and Public Health that grant collaborative knowledge. In this sense, research has been proposed, from a methodology, qualitative, hermeneutic, addressed from human groups in the process of training at the Faculty of Physical Education, Sports and Recreation of the University of Guayaquil, concluding that Public Health should be understood as a discipline in charge of improving the health conditions of communities by promoting healthy lifestyles.

Keywords: Health; Physical education; Psychology; Public health; Lattice of knowledge

Introduction

The idea of what is understood by health depends on the interaction of multiple social, political, economic, cultural, philosophical and scientific factors. As Briceño-León [1] points out: "Health is a synthesis; it is the synthesis of a multiplicity of processes, of what happens with the biology of the body, with the environment that surrounds us, with social relations, with politics and the international economy" [2].

That is why health is a social phenomenon that can only be explained taking into account that it is a highly complex structure such as human events where a large number of variables come into action with strong interaction between them.

The idea of health also responds to a historical condition, because at any moment, a certain society may have a particular vision of it. In fact, each epoch corresponds to a certain unrepeatable structure of power, techniques, ideas, values, customs, beliefs and norms. So the notion of what is understood by health is a product or social construction.

Obviously, it could be argued for some trends from biomedical thinking that there is no doubt that health is one thing, that is, that it is a quantifiable phenomenon. For other trends, it is evident that

multiple health-related phenomena are measurable or susceptible of empirical observation. From these perspectives, it can be statistically determined by collecting data on a population, its birth or death rate, life expectancy, incidence of malaria or dengue and the proportion of doctors per inhabitants, which are some indicators that are in turn integrated into the concept of health, to establish its level, according to conventional conceptions. However, health is not exclusively a biomedical or material fact, but can be understood as an immaterial social fact and is in this sense, that Psychology, Education and Physical Education and Sport, plays a fundamental role as a network of knowledge.

According to the OMS (1948), health is defined as: "A state of complete physical, mental and social well-being and not only the absence of affections or diseases." However, the OMS defines an idea from a supra idea that all countries are equal and that they have the same conditions. Therefore, and in a certain way, the OMS would oblige to manage a concept of health where certain objectives should be met, without neglecting that, in essence, no country is equal to another since each one has its own social determinations.

One of the purposes of the OMS is given by spreading its definition of health to create a homogeneous delimitation of global

scope. This definition has been accepted at the national level by almost all countries, incorporating it into the internal legislation of each of them. This homogenization is also applied with respect to the study of diseases since they transcend the borders of the countries, which is why the OMS International Classification of Diseases (ICD) was created (1993), which is periodically reviewed and updated.

The OMS has forgotten an essential point: that not all countries can fit into this definition, since, if one tries to define the Earth from a single framework, it would corrupt the goodness and growth or development of any nation or another. In part, it would restrict the freedom to build what for a culture is health and disease. In this sense, the concept of cultural relativism should be accessed.

Cultural relativism states that: "Truth, goodness, or beauty is relative to a frame of reference and that there is no absolute general standard for judging between competing frames of reference" [3].

This definition has several implications, namely: whether it refers to conceptual, cultural or historical frames of reference; if the domains belong to the cognitive, cultural or aesthetic spheres, if you are resorting to ontic or epistemic levels, if values of truth, goodness or beauty are at stake and finally, if you are denying with relativism some type of objectivism, fundamentalism or universalism.

Limiting ourselves to cultural relativism, we could say that it defends that: "A person's culture strongly influences their modes of perception and thought", as expressed by Swoyer [4]. Although this is obvious, cultural relativists start from this premise to conclude that, for example, justification standards, moral principles, or even truth, necessarily depend on the cultural context in which they were formulated. Given the diversity of cultures or frameworks, cultural relativists maintain that there would be no possibility of establishing criteria cross-cultural or supratemporal, which would degenerate into the impossibility of understanding.

Returning to an initial idea, then health would depend on the social, philosophical, economic, and political columns of a state, country, or nation. This means that not all countries could - eventually - achieve the standards advocated by the OMS. In this sense, it would be necessary to review what each State could contribute in the context of health, Physical and Psychological Education, such as social and human knowledge.

Health would then become the responsibility of each State and each State should review - among other things - with what supplies a health network could be built that would benefit the nation in question. The rest of the situations would come cordoned off because if you have good health policies, you would have good physical, educational and psychological health.

Otherwise, education is a necessary condition to promote the health of individuals and communities. This is how Education should favor access to information, the development of life skills, the identification of healthy choices and the empowerment of individuals and the community to act in defense of their health. Health promotion, from the educational intervention, is related to the strengthening of those factors that improve the quality of life: social values (responsibility, solidarity, cooperation, commitment, among others), the participation of individuals in community activities and its integration into positive group

activities (sports, reading, art, among others), the integration of the family into school activity and the personal development of individuals (self-esteem, relationships interpersonal, life projects, overcoming obstacles, rights and duties, among others) [5].

For L'Abatte [6]: "Health Education is a concrete social practice, established between certain subjects professionals and users- who act within institutions, seeking autonomy, capable of choosing and taking decisions, considering ethical values of justice, solidarity, productivity and equity, acting as educators in their relationship with the other (individual, group, community) ".

For OMS (1998), Health Education is: "Any combination of information and education activities that leads to a situation in which people want to be healthy, know how to achieve health, do what they can individually and collectively to support it and seek help when they need it." It is an indispensable tool within Health Promotion. As a tool, it requires joint multi-sectoral work: It is not restricted only to education or the health sector. Both Health and Education have the objective of developing people to achieve their autonomy in the exercise of citizenship; thus, all Education is Health Education. In such a way that Health is signified as a component of Education and, in turn, Education is part of Health. Health Education, then, is determined by the conception of Health as well as by the conception of Education.

A health-focused education would produce:

- Cooperation and solidarity.
- The promotion of personal autonomy.
- The promotion of self-esteem and confidence in their own abilities.
- The promotion of assertive communication.
- The establishment of relations of equality.
- Fluid and bidirectional communication.
- Student participation in the educational process.
- The inclusion of accessible teachers, committed to the interests of the students.
- The promotion of an empathetic social climate.
- The promotion of cooperative work.
- The establishment of positive bonds with the family and the community.
- Formation in values (respect, perseverance, commitment, responsibility, love, testimony, honor, cooperation, among others)
- Information on health care (food, licit and illicit drugs, sexuality, among others).
- The promotion of social competences (capacities of individuals to be able to intervene in reality and transform it by solving the problems they face, with the ability to resist against risk factors operating in their context).

In this context, Physical Education is a scientific and pedagogical discipline that studies the human being as an integral being with multiple possibilities of movement that seeks to develop and improve physical, mental and psychological qualities [7].

Physical Education from the conventional positivist vision, seeks with its work in the individual, to achieve adequate mental control of motor expression, where the most important thing is thought as the origin of movement, analysis, mental understanding of movements and of the possibilities of each part of the body, which leads the individual to achieve more efficient, adequate, harmonious and useful movements.

However, it is necessary to further promote physical activity in students and understand that Physical Education goes beyond the mechanical notions of the body and the distorting imaginary of its essence that modernity thought has tried to make of it, since, also promotes among other things:

- Self-awareness, Autonomy and responsibility, since each student must appropriate them with himself, with his family, his environment and can focus in relation to health care.
- Awareness of the needs, then, the student will be aware and understand the importance of leading a healthy life to live well and thus be an example of the change of customs that must be given to enjoy good health and decrease the affectation due to sedentary lifestyle, obesity and mental illness and therefore conducive, socially healthy citizenship training.

Now, in terms of Health Psychology, it is the product of a new way of thinking about health, which considers the psychosocial dimension in the health- disease process at the conceptual, methodological and organization levels of care services to the population. It has been a natural result of the limitations of the biomedical model itself, of the failure of health systems with a restrictive and de contextualizing conception of health, and of the increasingly open possibility of understanding how social and personal variables mediate this process [8].

At first, we start from a healthy, supposedly healthy social being and we study ways to promote the preservation of their health. It can be deduced that psychology has a decisive role in clarification of problems that are more related to lifestyles and in the search for effective means for health promotion and the adoption of preventive behaviors.

In line with this, it works to stimulate the main behaviors related to lifestyles that constitute protective behaviors, such as the regular practice of physical exercises, adequate nutritional practices, the reduction of consumption of toxic substances, safety practices and protection, adequate hygiene practices, participation in promotional and preventive programs, learning personal resources to minimize the action of stress, use of community health services, among others.

However, the decision of people to behave in a healthy way and the maintenance of these behaviors is related to multiple factors where the environmental context is interrelated with personal variables. Finally, the environmental context is synonymous with subject, group, team, community, commune, region, country. What is done must be thought for the human being. In all its spectrum and understanding from the multidimensional. There must be a common idea of the idea of being human. Science was made to solve problems, not to generalize them, therefore, it must be linked to respect for culture, traditions and must be a

fundamental part of implementing health policies.

In conclusion, health is a socio-cultural and socio-anthropological phenomenon. Hence, part of Physical Education is to maintain health in the psychological, physical and mental order, since Physical Education can contribute even more to the health of subjects in a cultural context. So, Physical Education is one of the prisms that tries to perceive the human being in an integral way. In this sense, if we have adequate Physical Education policies, we could be talking that Physical Education is the gateway to good health for him and the States.

Some Representations in Sports Practices in Link with Health and Emotional Well-Being

Although the positive effects of physical activity on mental health have been investigated for a long time, the quality of the research and the methods that were used are confusing at best. In part, this is due to poor study design: Small sample sizes and often use of various definitions and measures of mental health assessment. While participation in physical activity has been associated with decreased depression and anxiety, according to Dunn et al. [9] and Paluska & Schwenk [10] and is a recognized modality of treatment, according to Blumenthal [11], there is little evidence to suggest that physical activity can prevent the initial development of these conditions [12].

Physical activity may also have other psychological and social benefits that affect health. For example, the participation of individuals in a sport or physical exercise can help build a stronger self-esteem, as Sonstroem [13] and a positive self-image of himself among women make it known, as pointed out by authors and an improvement in the quality of life among children and adults, as indicated by Laforge et al. [14]. These advantages are probably due to a combination of physical activity and the sociocultural aspects that can accompany this activity. Being physically active can also reduce self-destructive and antisocial behaviors in the young population, as expressed by Mutrie and Parfitt [15].

In the psychological context, there is a wide variety of therapeutic situations that are associated with sports practice, if physical activity is considered as an ally in the intervention processes of such frequent pathologies as stress, anxiety and depression. Also, physical activity can be observed as a protective element for the appearance of personality disorders, work or academic stress, social anxiety, lack of social skills, decreased work, social and family impact of post-traumatic stress.

Physical exercise programs are associated with significant increases in self-esteem, particularly in individuals with low self-concept, as indicated by Sonstroem [16]. However, these increases are not associated with improvements in attitude (moods). Gruber [17] found that high levels of self-esteem were associated with participation in Physical Education programs, concluding that physical activity is an important protector for those who have a fairly low self-concept. Empirical evidence suggests that while the reduction in anxiety occurs with anaerobic and aerobic types of activity, greater effects were found with sustained aerobic activity for 30 minutes or longer, as expressed by Long and Stavel [18]. This indicates that possibly practicing an aerobic sport in sessions longer than thirty minutes would have important repercussions on the quality of life of patients with anxiety problems. Likewise, it

can become an important ally in therapist strategies structured by psychologists, psychiatrists and doctors.

The American institute National Mental Health indicated that exercise reduces anxiety, decreases moderate depression, improves emotional well-being, and increases energy.

Studies by Doyne et al. [19] found that in women who attended psychological treatment and who had depressive symptoms, a six-week program of therapy from physical exercise decreased these symptoms. However, the reduction of depressive symptoms was not related to fitness levels in everyday situations.

Physical Activity and Cognitive Processes

For quite some time it was presumed that physical activity could be related to an improvement in the cognitive processes that originate in the brain, but thanks to a series of studies carried out by the University of Illinois, in the United States, this assumption ended up being an empirical test that resulted in the fact that, the more aerobic activity, the less neuronal degeneration. Despite not being the first research done in this regard, the results yielded information that presented physical activity as a friend of brain processes. Previous work, carried out with animals, demonstrated that aerobic exercise could stimulate some cellular and molecular components of the brain [20]. Likewise, certain studies carried out in humans had also shown that some brain cognitive processes and abilities in older people were better in people who practiced physical activity than in those who did not.

Otherwise, and specifically; what are the social values that are feasible to develop through sport at school? From the results obtained by the investigations carried out by Gutierrez [21], the author concludes that the most favorable values to achieve through physical activity and sport are the following:

- Social values: everyone's participation
- Respect for others
- Cooperation
- Social relationship
- Friendship
- Group membership
- Competitiveness
- Teamwork
- Expression of feelings
- Social responsibility
- Coexistence
- Fight for equality
- Fellowship
- Justice
- Concern for others, group cohesion.
- Creativity, fun, personal challenge
- Self-discipline, self-knowledge, maintenance or improvement of health

- Achievement (success-triumph), rewards
- Adventure and risk
- Sportsmanship and fair play (honesty)
- Spirit of sacrifice
- Perseverance, self-control, recognition and respect (social image)
- Playful participation, humility, obedience, self-realization, self-expression, impartiality.

Closing Reflections

Public health should be understood as a discipline in charge of protecting health at the population, nation, state or country level. In this sense, it seeks to improve the health conditions of the communities by promoting healthy lifestyles, awareness campaigns, education and research.

An important point of the definition above is a fundamental word that requires a high degree of reflection. We refer to the concept of "community".

The community generates entities within a cultural context; that they are part of a people and must be directed by the people themselves. The community manifests a spirit of the people that manifests itself in the laws of a community, in its arts, in its customs, in its philosophy and in its religion. These components are not the result of an intentional choice of individuals but the product of a collective subject. Therefore, when the community reflects on the concept of public health- the possibilities of "cure" would be highly effective due to the social construction of a collective, community subject that requires the comprehensive care of its members; community.

On the other hand, the "society" that could be the current model, foundation and dimension to understand public health- understands the phenomenon of public health from another perspective. In a society the relationships are cold, instrumental and the contacts are intermittent. Businesses, universities, big cities, states are examples of this type of modern association. It is the contractual society, in accordance with a legal and capitalist ideal, where relations between people are stripped of all human warmth, of all affectivity. It would be the presence of a new type of human being: Homo economics.

With homo economics you cannot build citizenship, let alone have quality public health. Therefore, health would be the product of a social construction. Construction that at this moment is seen through the optics of the society but not of the community.

Finally, the challenge would be to impregnate citizens with the overtones of community rather than society in order to alert and claim what makes us exist in this strange and troubled world. We refer to sublimely elevating the conception of being human.

References

1. Briceno-Leon, Roberto (2003) The social sciences and health: a diverse and changing theoretical field. *Ciencia & Saude Coletiva* 8(1): 33-45.

2. Alcantara Moreno, Gustavo (2008) The definition of health from the World Health Organization and inter disciplinarily. *Sapiens University Journal of Research* 9 (1): 93-107.
3. Aguirre Garcia, Juan Carlos (2011) Cultural relativism: challenges and alternatives. *Sophia* 7: 58-66.
4. Swoyer C (2003) *The Linguistic Relativity Hypothesis*. Orest's Cogitarium.
5. Inter-American Open University (2009) Education as a process to improve the quality of life of individuals and the community ariana de vincezi fedra tudesco. Argentina.
6. L Abatte (2000) *Health Professions Education: A Bridge to Quality*.
7. Tanque Laguna Lic (2017) *Physical Education as a Promoter of Healthy Habits of Life in Children from 8 to 10 Years of Cycle 2 of the IED*. Jose Leonardo Rivera Cerquera Santo Tomas de Aquino University, Bogota.
8. Martin Alfonso, Libertad (2003) Applications of psychology in the disease health process. *Cuban Journal of Public Health* 29(3): 275-81.
9. Michael E Dunn, Tracy Burbine, Clint A Bowers, Stacey Tantleff-Dunn (2001) Moderators of Stress in Parents of Children with Autism. *Community Mental Health Journal* 37: 39-52.
10. Paluska SA, Schwenk TL (2000) Physical activity and mental health: Current concepts. *Sports Medicine* 29(3):167-80.
11. Blumenthal JA, Babyak MA, Moore KA, Craighead WE, Herman S, et al. (1999) Effects of exercise training on older patients with major depression. *Arch Intern Med* 159(19): 2349-56.
12. William Ramirez, Stefano vinaccia, Gustavo ramon Suarez (2004) The impact of physical activity and sport on health, cognition, socialization and academic performance: a theoretical review. *Journal of social studies*18: 67-75.
13. Sonstroem Robert J (1984) Exercise and Self-Esteem. *Exercise and Sport Sciences Reviews* 12(1): 123-56.
14. Laforge RG, Rossi JS, Prochaska JO, Velicer WF, Levesque DA, et al. (1999) Stage of regular exercise and health-related quality of life. *Prev Med* 28(4): 349-60.
15. Stuart Biddle JH, Trish Gorely, David J Stensel (2004) Health-enhancing physical activity and behavior in children and adolescents. *Journal of Sports Sciences* 22(8): 679-701.
16. Sonstroem RJ (1997) The physical self-system: A mediator of exercise and self-esteem.
17. Gruber J (1986) Physical activity and self-esteem development in children: a meta-analysis. *Human Kinetics* 1: 330-48.
18. Long BC, Van Stavel R (1995) Effects of exercise training on anxiety: A meta-analysis. *Journal of Applied Sport Psychology* 7(2): 167-89.
19. Doyne EJ, Ossip-Klein DJ, Bowman ED, Osborn KM, McDougall-Wilson IB, et al. (1987) Running versus weight lifting in the treatment of depression. *Journal of Consulting and Clinical Psychology* 55(5): 748-54.
20. Neeper SA, Gómez-Pinilla F, Choi J, Cotman CW (1996) Physical activity increases mRNA for brain-derived neurotrophic factor and nerve growth factor in rat brain. *Brain Res* 726(1-2): 49-56.
21. Gutierrez L, GlenMaye L, DeLois K (1995) The organizational context of empowerment practice: Implications for social work administration. *Social Work* 40: 249-58.

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