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HEALTH EDUCATION PURSUED AFTER THE EVALUATION PROCESS IN PHYSICAL EDUCATION CLASS

Urichianu Bogdan Andrei[1],
Jurat Valeriu[2],
Costina Ramona Radu[3],
[1]University of Medicine and Pharmacy Carol Davila, Bucharest, Romania
[2]
[3]Secondary School "Vasile Alecsandri" Bucharest, Romania

Health education at school level Education is one of the main ways to promote correct knowledge on various aspects of the case and also the health training skills and attitudes essential to responsible and healthy behavior. In many countries health education is mandatory in schools since first grade to twelfth, and are using every development programs and age-appropriate teaching materials. Health education is a motor component, achieved with exercise. Physical education aims at developing a normal and harmonious body, better health and physical qualities necessary to cultivate and enhance sport activities. The Lesson of Physical Assessment Data provides education about the importance of health of students.

We carried out the Study on index values cause Ruffier preparatory classes and I- IV Secondary School "Vasile Alecsandri" of Bucharest in 2015-2016 school year, second semester.

The study objectives are to: promote a better health status of a student's development in producing results and prevention of accidents and promoting a healthy behavior reducing negative and interpersonal attitudes.

The aim of this study was to assess the status in which physical students detect possible health problems but also for children selection of sports.

Hypothesis study finds psycho-promoting education through capacity assessment of school children, using and creating functional somatic measurements. Research methods consist of: bibliography study, observation pedagogical test method (Test Ruffier), statistical and mathematical methods for processing and interpreting the data. The study results show us that a motor fitness and Full Time Record Level parameters are dynamic progressive, confirm obtained results hypothesis study but obtained results confirm study kypothesis.

Analysis of research results revealed that school curricula are limited in provisions for multilateral training of students and that the driving ability of students is satisfactory.

Keywords: *assessment, education, lesson, student, motricity, health.*

Introduction. Physical education with health education are components of general education [7, p.37]. The right to health is one of the fundamental human rights. According to the World Health Organization (WHO), health is defined as, individual wellbeing physical, mental and social wellbeing and not merely the absence of disease or infirmity. "From the perspective of public health is due to its immense implications for individual as well as social and demographic, one of the most targeted government policies and the strategies worldwide [5, p. 114]. To this end, in 1977 Member States of the World Health Organization (including Romania) decided anonymously as, principal goal of governments and who in the next decade to be achieving the health of the entire population of the globe, enabling all people to live a productive life from economically and socially" point of view.

One of the great successes of the last century is also to promote this approach to health issues, it has been a considerable increase in life expectancy among people in many countries of the world. The determining factor of this shift is the development of preventive and educational programs to promote health in these countries [9, p. 47].

Health education at school level is one of the main ways to promote correct knowledge on various aspects of health and also forming attitudes and skills essential to responsible and healthy behaviour [2, p. 29]. In many countries health education is mandatory in schools since first grade until the twelfth, using for each cycle of development programs and age-appropriate teaching materials [6, p. 117].

There are several arguments that can be made in favor of achieving health education in the schools. First, one of the purposes of activity in education itself is authorized to inform children and adolescents on various fields of culture and science, parallel with the development of practical activities [4, p. 84]. In this regard, health ed-

ucation as part of the medical sciences, targeting not only the transmission by students of a scientifically correct information baggage, and especially the creation of healthy individual behaviours, the attitudes corresponding to educational ideal [3, p. 93].

School is a perfect place for transmitting knowledge abut health education of students and has the ability and capacity to address a representative percentage of the population [8, p. 68].

According to the United Nations Convention on the Rights of the Child, in 1989, every child has the right to: harmonious physical and mental development; to - express options in all matters that concern him; to be protected against physical and psychological violence and against all forms of abuse; Education should prepare the child for life, develop his spirit of understanding and tolerance; the protection against the use of drugs; to protection against sexual exploitation, sexual abuse, against prostitution and pornography; no child should be subject to cruel or degrading treatment; any child who has been subject to physical and psychological abuse has the right to physical and psychological recovery and social reintegration [1, p. 63].

Methodology and research organization. Given the above considerations, we studied the Secondary School "Vasile Alecsandri" in Bucharest on 100 pupils in preparatory and I-IV th classes. The experiment was to determine measurements index Ruffier in somatic and functional knowledge judgments on physical condition of students.

Ruffier test is a test of physical fitness assessment, which is based on variations in heart rate in three stages: rest; after exercise; return. This evaluation consisted in performing 30 squats for 45 seconds and tracking heart rate during recovery, lasting one minute.

Methodology:

• the student sitting position, measuring the heart rate at rest for 15 seconds; the obtained value is multiplied by four, the result is marked in the appropriate column – P1;

• Measure heart rate after exercise, after performing 30 squats in 45 seconds; flexion of the hip and the knee joint is performed up to 90^0;

• student seated in the last 15 seconds, the heart rate is measured again; the obtained value is multiplied by four, the result is marked in the appropriate column – P2;

• the student sitting position, measuring the heart rate of return, measured in the last 15 seconds of the first minute post-exercise, the obtained figure is multiplied by four, the result is marked in the appropriate column – P3.

Resources: stopwatch.

Remarks: The student must be fitted loose.

Ruffier index values were calculated using the formula below and were compared to the reference values in the table.

Ruffier index calculation formula is as follows:

$$\frac{(P2-70) + (P3-P1)}{}$$

wherein: P1 = the resting pulse; P2 = stress pulse; P3 = the return pulse.

Table 1. Values compared to the index marks Ruffier

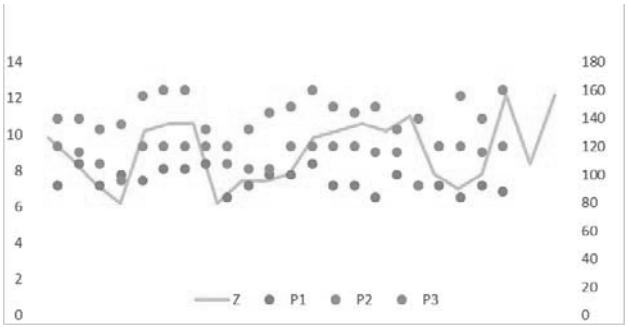
Qualification	Value
Very good	< 0
Good	0-2,9
Medium	3-6
Satisfacatory	6-15

Samples were supported by all medical fit students and the results obtained by students in assessment tests were recorded in record files.

Results of research and analysis. In II thend Sevrester the 2015-2016 school year were tested for Ruffier sample the preparatory pupils I- IV, as follows.

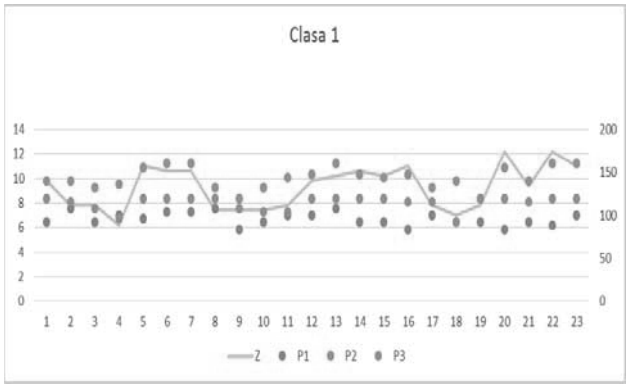
In preparatory class were tested a total of 20 pupies aged 6 years. Ruffier index values are calculated in chart 1.

Chart 1. Ruffier index values in preparatory class.



In the first chart we notice that Ruffier index values in 0 class are grouped in the range of values 6,2 and 12,2 which shows that the physical condition of students is a gently rising dynamics most results are appreciated as satisfactory. In the first class there were tested a total of 20 pupils aged 7 years. Ruffier index value is calculated in the chart. 2.

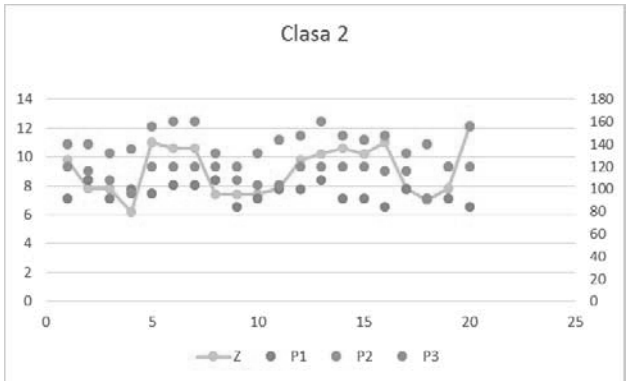
Chart 2. Ruffier index values in the 1st class



In the IInd Graph we notice that Ruffier index values in the 1st class are at the level of satisfactory rating but 10 of the 20 tested pupils are closer to average qualifier values, which entitles us to believe that the physical condition is superior to younger pupils.

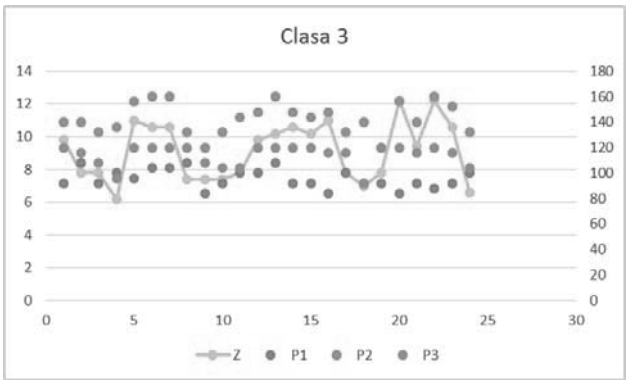
In the IInd class there were tested a total of 20 pupils aged 8 years. Ruffier index values are calculated in chart 3.

Chart 3. Ruffier index values in the IInd class



The ratings of II nd pupils are clustered around the average level, children aged 8 years are within the normal value of the Ruffier index. In the IIIrd class there were tested a total of 20 pupils aged 9 years. Ruffier index values are presented in chart 4.

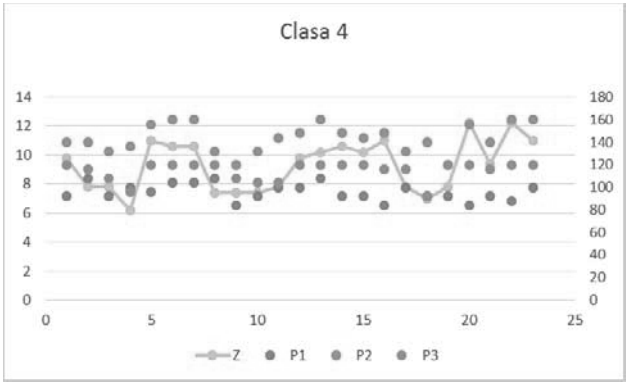
Chart 4. Ruffier index values in the IIIrd class



In the IIIrd class the pupils achieved satisfactory results, Ruffier index values are between 6 and 12 which shows that they have a physical condition below normal for their age.

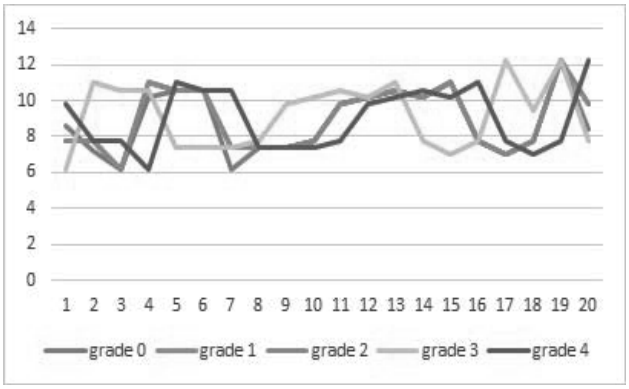
in the IVth class there were tested a total of 20 pupils aged 10 years. Ruffier index values are calculated in chart 5

Chart 5. Ruffier index values in the IVth class



In the fourth class the pupils have satisfactory Ruffier index values for their age. They do not practice any performance sport, they perform sports activities only at school, during physical education lessons.

Chart. 6 Centralization of the Ruffier index results in the 0-IV classes



There are presented in chart 6 the results at preparatory classes and the Ist-IVth ones, and namely Ruffier index values obtained from testing pupils. According the graph we see that the indicators of adapting the body to effort are grouped to the range of 6 to 12 which corresponds to satisfactory rating. The IVth class has a greater number of pupils with results closer to average rating.

Conclusions. The tests carried out have made a comprehensive and coherent view on the actual level of the primary pupils biometrical development of Vasile Alecsandri Secondary School in Bucharest. The results of testing are satisfactory and show proper qualification that pupils have a motor capacity below their age.

Motor ability reflects physical condition of pupils and satisfactory rating and show that they can perform daily activities without installing an early fatigue without overloading the body's physiological functions.

In order to get high ratings, pupils should regularly carry out a physical effort appropriately for their age, represented by practicing a kind of sport. In the health education framework , pupils-will be informed on sports activities recommended for their age, and will bring positive examples among pupil-athletes who represent the school.

It should be noted that the system for assessing the effects of physical education and sports activities on pupils from Romania does not include, as in all developed countries, evidence and criteria for assessing the effects of these activities on the health education of pupils.

Sports activities for health education are the most representative and favored by young pupils. Therefore, we recommend that in the Secondary School "Vasile Alecsandri" in Bucharest and in schools from primary cycle to focus on proper formation of basic motor skills and capabilities with applicative character and specific to different branches of sport and even the possibility of systematic preparing for performance sports.

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