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HEALTH TOURISM CLASSES IN PHYSICAL EDUCATION OF MIDDLE SCHOOL STUDENTS

ЗАНЯТТЯ ОЗДОРОВЧИМ ТУРИЗМОМ В ФІЗИЧНОМУ ВИХОВАННІ ШКОЛЯРІВ СЕРЕДНІХ КЛАСІВ

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Today in Ukraine, high morbidity rates across all age groups, various post-COVID syndromes, and elevated stress levels are some of the latest factors negatively impacting our health. The global report on physical activity among adolescents and young people aged 11–17 in Ukraine notes that the prevalence of sedentary behavior is 71% among boys and 83% among girls [7]. School-aged youth have been significantly affected by travel restrictions and distance learning during martial law in our country. These factors do not foster the development of social activity among students. Physical activity in children

has decreased considerably, while emotional and mental stress has increased. This leads to stress, sleep disturbances, dysfunction of important organs and systems, as well as deterioration of vision and reduced immune defense [5].

The low level of students' interest in physical education, sports, and their own health leads to systematic absenteeism and, consequently, a decline in physical fitness. The discrepancies between the expected outcomes of the physical education curriculum and the actual results of its practical application highlight the need to search for new forms and methods of organizing physical education for middle school students. This also calls for studying the needs and motivations of middle school students to engage in specific types of physical activity, in order to develop various options for integrating them into the educational process.

Today, tourism is one of the most popular mass recreational and physical activities, as well as a modern sport. It holds great potential for the health, recreational, and sports development of schoolchildren, as it combines various methods of physical education, physical fitness improvement, sports development, and the achievement of athletic results [4, 3]. The foundation for developing school tourism curricula is sports tourism, which includes programs for middle school-aged children [6]. However, the health-oriented focus of physical education for schoolchildren is the primary requirement today, making the substantiation, development, and implementation of programs and technologies based on health tourism both relevant and timely [5,1]. The amount of physical activity is currently limited to three physical education classes per week, which is insufficient to counteract hypokinesia and necessitates additional extracurricular activities.

Based on research on physical fitness and motivational factors, we developed a program for extracurricular tourism activities. The program includes theoretical instruction, practical training (general, special, and technical), and physical fitness assessments.

The goal of the program is to enhance the physical fitness of middle school students through health tourism activities.

The objectives of the developed program included the following:

1. Engaging schoolchildren in regular health tourism activities during extracurricular time.
2. Enhancing the development of physical qualities and overall physical fitness.
3. Improving the anatomical and physiological indicators of schoolchildren.
4. Cultivating interest and habits for regular physical exercise during extracurricular time.

Classes were held twice a week for 5 months, with each session lasting 2 hours. A total of 20 students from grades 8–9 participated. The lessons followed a typical structure, consisting of a preparatory, main, and final part.

The purpose of the preparatory part (15% of the total lesson time) was to prepare the students' bodies for the main activity and to establish a positive psychological mindset. This part included general physical training exercises.

The main part of the class (75% of the total time) was dedicated to theoretical instruction, as well as special physical and technical training.

The main topics covered in the classes included: orienteering during a hike, topographic training, compass use, azimuth determination and movement, selecting and setting up a bivouac site, preparing a fire, pitching a tent, providing pre-medical first aid and transporting a victim, local history, packing a backpack, and knot tying. The knots included straight, academic, counter, weaving, bramble, grapple, single end, double end, figure eight, middle end, stirrup, bullwhip, choke, grabbing (Prusik), and Austrian grab knots.

At the end of the main part of the lesson, time was allocated for sets of exercises, relay races, and obstacle courses aimed at developing the students' physical abilities.

In the final part of the lesson, which typically accounted for up to 10% of the total time, exercises were performed to lower the activity of the body's functional systems and accelerate recovery after physical exertion.

The main criterion for evaluating the program's effectiveness was the students' physical fitness, which was assessed based on their performance in a series of motor tests.

During the tourism classes, statistically significant improvements ($p \leq 0.01$) were observed in motor tests, such as the 60-meter run, for boys in both 8th and 9th grades. At the beginning of the study, the 8th-grade boys' average time was 9.7 ± 0.06 seconds, which improved to 8.9 ± 0.08 seconds by the end. The 9th-grade boys started with an average time of 9.1 ± 0.06 seconds, improving to 8.4 ± 0.08 seconds.

The girls also showed progress. Before the experiment, 8th-grade girls ran 60 meters in 10.5 ± 0.08 seconds, and by the end, their time had improved to 10.0 ± 0.06 seconds. The 9th-grade girls initially completed the distance in 10.2 ± 0.08 seconds, reducing their time to 9.4 ± 0.05 seconds by the end of the study.

Statistically significant ($p \leq 0.01$) improvements were also observed in the standing long jump under the influence of the tourism program. At the start of the study, the 8th-grade boys had an average jump distance of 184.3 ± 5.2 sm, which increased to 191.4 ± 3.1 sm by the end. The 9th-grade boys began with an average of 189.1 ± 6.2 sm, improving to 195.5 ± 4.3 sm by the conclusion of the experiment. The girls also showed significant improvements. Before the

experiment, 8th-grade students achieved an average standing long jump of 145.5 ± 5.1 cm, which increased to 162.3 ± 4.4 sm by the end. The 9th-grade girls started with a jump of 158.2 ± 6.8 sm, improving to 168.4 ± 3.7 sm at the conclusion of the experiment. Noticeable improvements were also observed in the endurance test, specifically jumping rope for 1 minute. The 8th-grade boys, who initially completed 64.5 ± 5.8 jumps, increased their performance to 73.4 ± 3.6 jumps by the end of the study. In grade 9, the boys' results improved from 75.8 ± 4.3 to 86.4 ± 3.9 repetitions. Before the experiment, 8th-grade girls completed the test 70.1 ± 4.6 times, increasing to 77.8 ± 3.3 by the end of the experiment. Ninth-grade girls started with 80.9 ± 4.8 repetitions, and by the conclusion of the experiment, they had increased their jumps to 88.6 ± 3.5 .

Thus, health tourism has a multifaceted positive impact on individuals. It not only improves physical health and body function but also positively affects mental well-being by reducing stress and anxiety. Regular participation in health tourism activities boosts immunity, fosters social connections, broadens perspectives, and provides a sense of emotional stability. Thus, health tourism is a powerful means of harmonizing physical and mental health, which makes it an important component of a healthy lifestyle.

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