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Developing and Promoting Active Lifestyles for Healthy Living and National Development

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Abstract

Living a healthy lifestyle is a panacea to quality of life. As many people live healthy lifestyles, the national development is positively affected. This paper examined the role of active lifestyles in healthy living and national development. It first examined the concept of lifestyle in relation to health. Healthy lifestyle is viewed as life choices fundamentally driven by health consciousness. An active lifestyle has physical activity and diet at its core, interacting with other healthy lifestyle choices. The benefits of physical activity and diet are examined in relation to health and development. It is evidenced that healthy people are more productive and lead a more fulfilling life, while unhealthy people are a drain on the national economy. To promote active living for health and development areas that need to be addressed include creating enabling environments in terms of resources and policies, and providing creative leadership and supportive programmes. Specific sectors with critical roles to play in promoting active lifestyles for national development include health, education, food and agriculture, youth and sports, sanitation and water resources, business, media, NGOs, philanthropists, policy makers, district assemblies, families and individuals.

Keywords: healthy Lifestyle, physical activity, exercise, cardiovascular disease, national development

Concept of Active Lifestyle

Lifestyle is obviously a term from words of *life* and *style*, the style someone lives his or her life. *Lifestyle* is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics and social interactions, socioeconomic and environmental living conditions (Paulik, Boka, Kertesz, Balogh, & Nagymajtenyi, 2010). It is a complex behavioural strategies, routines, attitudes, beliefs, values, and norms assumed by individuals or community to score as convenient in a social context (Dima-Cozma, Gavrilută, Mitrea, & Cojocaru, 2014). These explanations imply that lifestyle is a generic concept that could mean several things to different people at different times. For example, regular physical activity, homosexuality, vegetarianism, asceticism, polygamy, gluttony, Rastafarianism, and many others, qualify as lifestyles. Therefore, in reality, there is no such thing as optimal lifestyle (Lyon, & Langille, 2000), but an act of contemporary health culture (Pakhlok, 2013).

The concept of lifestyle as applied to health, evolved from health behaviour, which also evolved from action (Green, & Kreuter, 1991). Long time ago it was believed that people's health status was largely a product of their actions. It was not long before it became clear that addressing individual actions was not very effective at improving health status and that targeting behaviour, which is an action that occurs persistently, was a better way of addressing health. The taxonomies of health behaviour was then developed and promoted in order to enhance individual and community health status (Paulik et al., 2010; Salvador-Carulla et al., 2013). We can talk about some of these health behaviours which include eating a balanced diet, exercising regularly, avoiding hard drugs, not smoking, using condoms in recreational sex, and wearing seatbelts. But after many years of pursuing

behavioural change, it is becoming somewhat clear that, although individual behaviours are important, it is the complex interaction effect of all behaviours that actually determines health status. Perhaps, it is simply not enough to pursue individual behaviours.

Indeed, some individuals have become Pharisees who pick and choose which commandments (behaviours) they can keep. Such people also go looking for others who cannot keep such commandments for condemnation- if you are not an adulterer, you look for adulterers for stoning. Similarly, some people select which health behaviours they can manage and then use it as an excuse for ignoring other behaviours or yet still engage in others deemed detrimental to health. A typical example is engagement in physical activity through keep-fit clubs. A few minutes of physical activity (for some people, it is only their presence at the exercise grounds; they do not exercise) on a Saturday is a license for quaffing several bottles of beer and munching a lot of meat and an avenue to picking a new sexual partner. They then parade themselves as the responsible ones. Similarly, those who do not smoke cigarettes or wee; those who would have nothing to do with alcohol; and those who wear car seatbelts often see the others as irresponsible.

Contemporarily, it has become clear that it is not enough to engage in only regular physical activity; nor is it enough to only eat a balanced diet, use condom during recreational sex penetration, or avoid smoking. The 21st Century thinking is that we need to pursue a lifestyle that is healthy. Wearing seatbelt and driving at 120km per hour on an 80km per hour speed limit road is probably just as dangerous and stupid as the one not wearing seatbelt and obeying the speed limit. While we acknowledged that there is no particular lifestyle that is the healthy lifestyle, there is evidence to suggest that an active lifestyle is healthy lifestyle. In this paper, we have used *active living*, *healthy living*, *healthy lifestyle*, and *active lifestyle* synonymously.

The basis for all active lifestyles is movement or physical activity. We are told and aware that individuals' basic necessities for survival are air, water, food, and shelter. However, we have forgotten to add one more important thing - movement. Right from the womb or conception, our greatest concern about life is movement; movement as evidence of life and movement as a source of life. At conception towards gestation, the movement of the foetus is of great concern to us, at birth on the delivery bed, our number one concern is movement of the new born. Throughout life we are required to keep moving, not only to show that we are alive, but also to ensure that we stay alive- healthy. Thus, as soon as a person stops moving, people would start digging a grave for their burial, life comes to a dead end. We believe quite a number of lives have been buried because they stopped moving.

Movement through physical activity is very important, and such importance has been articulated for thousands of years to date. For instance, the UN agencies and other organisations have developed hoarse voices from advocating for physical activity and exercise (WHO, 2018; 2003). Trying to justify the importance of physical activity in the 21st Century is almost as mundane as justifying the importance of breathing. To begin with, the African Union Executive Council has set aside the last Friday of every February as Africa Healthy Lifestyle Day. The theme for 2010 was *Food, Fun and Fitness: Health is Wealth*. The adoption of the day is based on the framework of the World Health Organisation (WHO, 2003) strategy for prevention and control of non-communicable (NCDs), which aims at addressing the fact that Africa is not only plagued with the scourge of preventable communicable diseases, but also with NCDs. The evidence is that most of which are preventable through healthy lifestyle practices (Mielke, da Silva, Kolbe-Alexander, Brown, 2018).

For the sake of refreshing our memory, let us briefly explain physical activity and its importance. Physical activity, in the context of health, is any activity that requires energy expenditure in repetitive contractions of major muscles of the body and resulting in stressing the muscles, joints and the heart; increasing the natural functions of these body parts (WHO, 2018; 2015). Physical activity has specific health benefits when practiced over time. Such activities can be put into three groups: for survival or work related ones, for play or leisure related ones, and exercise. The question is, which amount of physical activity is beneficial to health?

The amount of physical activity involved in work depends on the type of work and how often it is done. For example, a hawker may cover several kilometres a day while a shopkeeper may sit down all day long. One kind of farmer may do a lot of physical activity each day while another kind may drive

round the farm once a while in a pickup. In short, categorizing jobs into sedentary and non-sedentary is sometimes confusing, but the fact is some jobs are physically demanding while other are not. One kind of engineer may be moving about the field or factory making sure that things work, while another is reclining in a soft chair under air-conditioned pouring over paperwork and giving directives. Nevertheless, some jobs offer greater opportunity for physical activity and expense greater amount of energy than others. A person who plays professional sport or splits firewood would necessarily expend a lot more energy than a secretary, newscaster, or bank teller.

Play or leisure time activities are the things we do when we are not working or resting but do for their own seek. They are things or activities we do for which we cannot be paid, or we cannot pay others to do them. In other words, the benefit of engaging in such activities is in the doing. These do not include household chores (classified as work) because they are required for survival and we can be paid for doing them, or pay others to do them. A variety of play or leisure time pursuits have different levels of physical activity demands. For instance, hiking; playing soccer, tennis or beach volleyball, netball, dancing and gardening require high levels of physical activity. On the other hand, reading, listening to music, playing the guitar, and admiring nature (as in wave watching) require very less amount of physical activity. Leisure time activities may be engaged in for recreation. However, often time people use recreational methods that are injurious to health such as alcohol, narcotics, unacceptable sex, and smoking, among others.

Although physical exercise may be used in general terms to mean physical activity, it is used here to refer to physical activity that is deliberately and purposely engaged in primarily for its benefits, with emphasis on health. Exercising must be professionally planned and implemented with specific guidelines in order to derive health benefits and avoid injuries. The purpose of exercise is physical fitness whose components are cardiovascular endurance, muscular endurance, muscular strength, flexibility and optimum body weight or balanced body composition. Each of these components can be addressed by specific exercise regimens. For example, cardiovascular endurance is improved mainly through aerobic activities (aerobic dance) performed at certain intensity over a certain period of time. Besides, flexibility is improved only through stretching exercises performed in a certain manner. To maintain a desirable body weight requires a combination of exercise and diet. Generally, level of physical activity (low, moderate or high) is a combination of the three forms of physical activity described in terms of work, leisure time activity and exercise. Figure 1 illustrates different levels of active living.

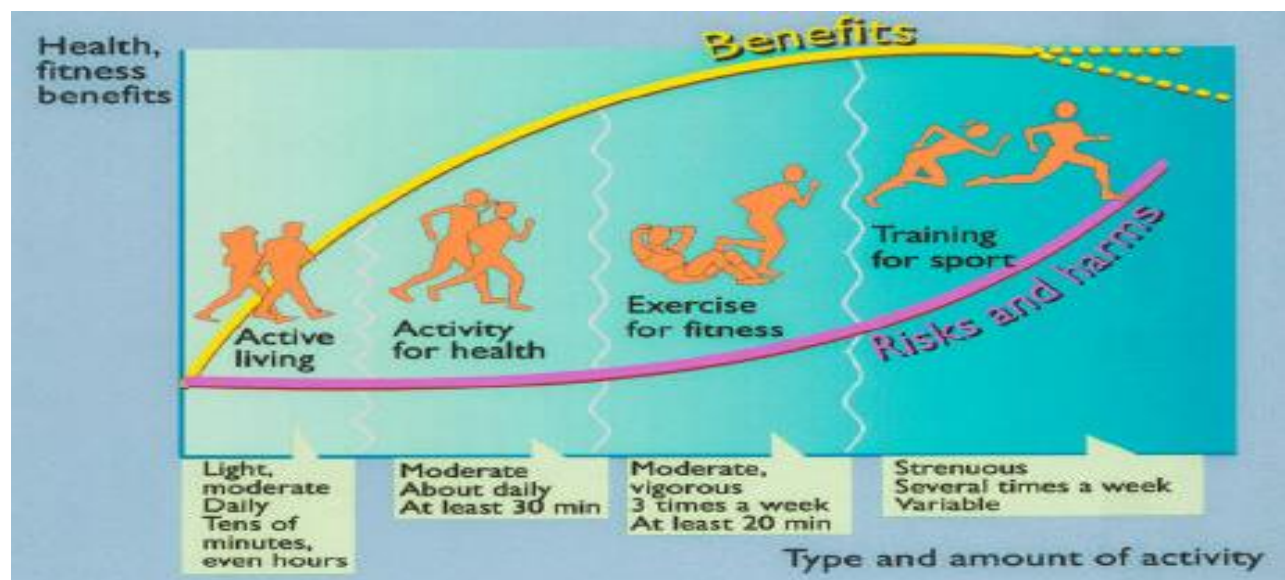


Figure 1: Levels of physical activity (WHO, 2003)
Benefits of Physical Activity

As we indicted earlier, for those of us who know, the benefits of physical activity are really not in dispute, but for the sake of refreshing our memories, the benefits of physical activity are listed below.

Regular physical activity;

1. Reduces the risk of dying prematurely, because it is the core for the functioning of the whole body its organs.
2. Reduces the risk of dying from heart diseases including stroke, heart attack, atherosclerosis, and many others, which are responsible for one-third of all deaths globally.
3. Reduces the risk of developing and managing heart diseases, colon cancer and type 2 diabetes.
4. Helps to prevent/reduce hypertension, which affects one-fifth of the world's adult population, and increasing in the both children and young adults in developing nations, including Ghana.
5. Helps control weight and lower the risk of becoming obese, obesity being the underlying risk factor for many chronic illnesses.
6. Helps to prevent/reduce osteoporosis, reducing the risk of hip fracture in women, as it promote calcium metabolism and retention in the body.
7. Reduces the risk of developing lower back pain and can help in the management of painful conditions, like back pain or knee pain, because it strengths and increases the flexibility of such muscle groups.
8. Helps build and maintain healthy bones, muscles, and joints and makes people with chronic, disabling conditions improve their stamina.
9. Promotes psychological well-being, reduces stress, anxiety and depression, probably it social cohesion and self-image and lowers stress controlling hormones like cortisol.
10. Helps prevent or control risky behaviours, especially among children and young people, like tobacco, alcohol or other substance use, unhealthy diet or violence.

Dimensions of Active Lifestyle

Active lifestyle as an angle to health does not involve only physical activity, it requires that attention is paid to other aspects of living. The dimensions of active lifestyle are briefly presented below. Appropriate nutritional practices are compatible to active lifestyle and promotion of health. Nutrition requirements differ from person to person and from time to time, in terms of health status. Factors including physical activity level (determined by work, leisure time activity and exercise), genetic makeup, age, gender, life stage, health status, current nutrition status, and many other determine nutritional requirements of persons. Apart from fruits, vegetables and water, which are needed by all persons almost in equal quantities, the rest of the food groups are consumed according to individual needs.

Another important aspect of an active lifestyle is its resemblance with illegal or inappropriate legal drug use. The use of tobacco (smoking, snuff, etc.), alcohol, narcotics, and inappropriate use of prescription and over-the-counter drugs are inimical to active lifestyle and unhealthy. Such behaviours are underlying factors to many illnesses such as lung, colon and liver cancers, and hypertension and type-2 diabetes. Personal and environmental safety consciousness are key forms of living an active lifestyle. In addition to observing known safety precautions such as wearing car seatbelt, a person with an active lifestyle is good at assessing risk and taking quick actions to prevent injury not only to themselves but to others as well as the environment. Stress and its management is integral to active lifestyle. Active living itself comes with normal stress which should be managed, via the various forms of living active lifestyles, and prevented from turning into distress or chronic stress. A person with an active lifestyle knows the value of rest, sleep, relaxation and recreation and practices them by making time. Rest is not a leisure time activity- it is a requirement for survival because the body is designed to function properly with rest.

Social responsibility is a key component of active lifestyle. An active person would have to act in a socially responsible manner in terms of community service and volunteering to contribute to developing self and others. Such a person is an active contributor to community development efforts because active lifestyle should function effectively in a social context. Frohlich and Potvin (1999) refer to a collective lifestyle heuristic. Identity, choices and lifestyle are defined largely by a person's

interdependence (Salvador-Carulla et al., 2013). Thus, healthy lifestyle is not just about personal skills but also about competencies for creating a mutually supportive environment for healthy living for oneself and others (Lyons, & Langille, 2000).

Developing a sense of purpose and meaning in life or having a positive outlook, is a complementary aspect of an active lifestyle. People who see no good in life and think the entire human existence is up to no good, are very unlikely to be interested in active lifestyles that benefit self and others. Such people say, “everybody will die anyway, so, what is the point?” Finally, the overall determinant of a healthy lifestyle is finding balance. Life is not all about health; there are strong economic, social and cultural demands on life, some of which compromise health. Finding balance means giving health an important place in our lives and perhaps, prioritise health. This balance will differ from person to person, life stage to life stage and time to time. It may mean postponing some goals or simply pursuing smaller or different aspirations but remember, “first thing first”, and health is in the centre of all others.

An active lifestyle model is presented in the wheel-like in Figure 2. At its core is physical activity, interacting with the other factors in a complex manner for each individual or community. The key is to find a healthy balance for all the components. Depending on the combination, the entire wheel may be rolling toward the positive or negative health end of the continuum, or be motionless- keeping health constant. Active lifestyle, therefore, is a decision to strive to create a wheel and roll it towards the active end of the continuum at a speed that is sustainable. Indeed, individuals, families, communities and nations should endeavour to get their wheels rolling towards the active side, that is an act of development.

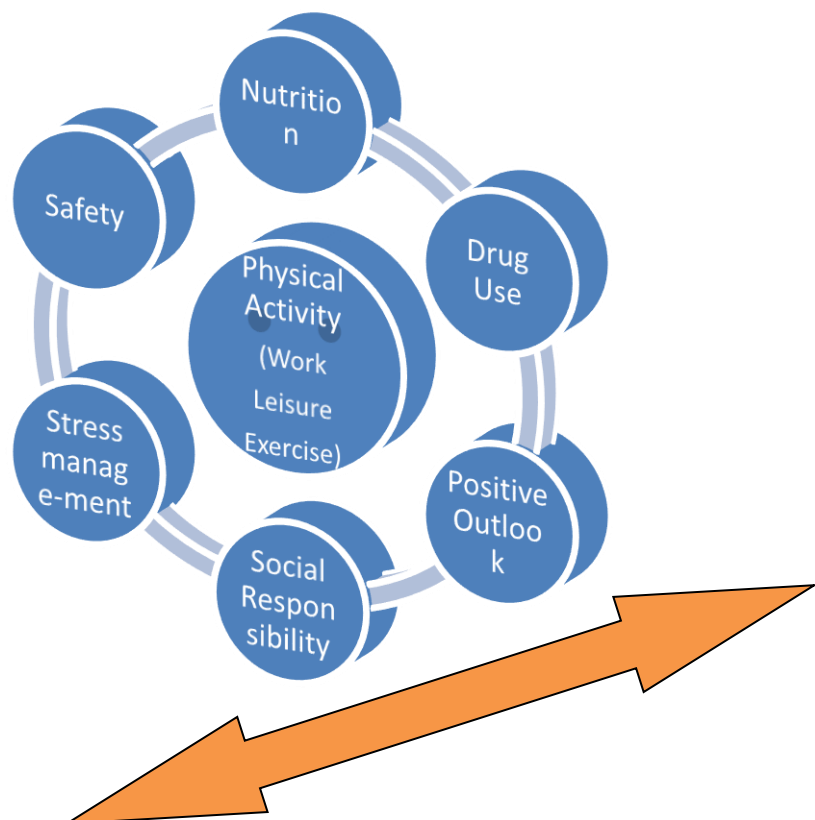


Figure 2: Wheel of Active Lifestyle for Healthy Living (Source: Authors)

Active Lifestyle and Development

In order to articulate the role of active lifestyles in national development, the concept of development is briefly examined. Rather than go into the theory of development, the goals and characteristics of national development are listed below. Development is seen to;

- be about people, individually as well as collectively;
- be about the pursuit of happiness through self-actualization via creation of opportunities;
- be about improved conditions of living (economic development – access to adequate, good quality food, water, housing, etc.);
- be about improved quality of life (quality health care delivery system, health status, quality education);
- be environmentally sustainable (river bodies, forests, natural resources, etc.);
- occur in peace (social development, security,);
- promote social equity.
- be about the next generations

The relationships between active lifestyles, and healthy living and development are direct, indirect, simple and complex. These relationships are summarised in the following statements:

- Level of physical activity correlates both directly and indirectly with health risk levels (CVD, stress, depression, etc.), which may lead to level of health status.
- Improved health status leads to improved quality of life (absence of pain, misery, disability, etc.).
- Improved health status leads to reduced disease burden (savings in cost of managing diseases).
- Improved health status leads to higher productivity through enhanced quality of work, fewer lost hours due to fewer absences, presenteeism, premature death, compensation claims and re-training of new employees. These are determined through the calculation of years of potential life lost (YPLL) and disability-adjusted life years (DALYS), amount in compensations claims funeral costs, and presenteeism.
- Improved health status allows for full participation in education, acquiring the appropriate skills and getting the available jobs. Some career and job opportunities are more open to people with active lifestyles, for example, such persons can pursue careers that are physically demanding. Jobs in sports performance, fitness instruction, coaching, security services, firefighting, etc., are reserved for people who are physically active and are considered to be healthy from onset. For instance, for President JEA Mills nearly missed being president because some people perceived him to be unhealthy and his untimely death and that of the Vice President Kwesi Imissah Arthur and many national leaders speak of health to national development.

WHO (2003) estimates that mortality, morbidity and disability attributed to major NCDs currently account for approximately 60% of all deaths and 43% of the global burden of disease. These are expected to rise to 73% of all deaths and 60% of the global burden of disease by 2020. Overall physical inactivity is estimated to be the leading factor for premature death and causes 1.9 million deaths globally (Guthold, Stevens, Riley, & Bull, 2018). Physical inactivity causes globally, about 10-16% of cases each of breast cancer, colon and rectal cancers and diabetes mellitus, and about 22% of ischemic heart disease. The risk of getting a cardiovascular disease increases up to 1.5 times in people who do not follow minimum physical activity recommendations.

A combination of improper diet, insufficient physical activity and tobacco use are estimated to be the cause of up to 80% of premature coronary heart disease globally. In populations as diverse as in China, Finland and in the USA, studies have shown that even relatively moderate changes in lifestyle, especially by increasing physical activity and improving diet, are sufficient to prevent the development of almost 60% of type II diabetes cases. It is likely that one-third of cancers can be prevented by maintaining a healthy diet, normal weight and physical activity throughout one's life (WHO, 2003).

Information about developed countries indicates that the direct costs of inactivity are enormous (Kidd, 1999). In the USA, an investment of US\$ 1 (time and equipment) leads to US\$3.2 in medical cost savings. Physically active individuals save an estimated US\$ 500 per year in health care costs, according to 1998 data. The costs associated with inactivity and obesity accounted for about 9.4% of

the national health expenditure in 1995. Inactivity alone accounted for about US\$75 billion in US medical costs in the year 2000. In Canada, physical inactivity costs about 6% of total health care cost. Workplace physical activity programmes in the USA can reduce short-term sick leave between 6% and 32%, reduce health care costs by 20-55% and increase productivity by 2-52%. Moreover, in companies with employee physical activity programmes/initiatives, the benefit of US\$ 513 per worker per year can be attained (from changes in productivity, absenteeism, presenteeism, turnover and injury).

It is evidenced that one of the reasons people become poor and/or remain poor is ill-health. The reasons are not farfetched.

- Unhealthy people may not be able to work. If you do not work, you do not earn the needed income. In 2007, there were 505,180 outpatient cases of hypertension alone in Ghana. This probably stands for as many days of missed work or under performance at work. It boils down to paying (or losing the productivity of) 210 people for 10 years for no work done. Total number of outpatient cases was 12,667,324 (Ghana Health Service, 2008).
- Unhealthy people may not work effectively though present at work, causing low level productivity and are highly injury prone.
- Unhealthy people need healthy people to care for them. One unhealthy person may keep other people from work. We may have to double some of the outpatient and inpatient cases to take care of caregivers.
- Resources are spent on unhealthy people. Such resources could have gone into infrastructure development, job creation, social services (water, energy, communication, etc.), etc., that would improve the living conditions of many people. In 2004, 13% of total Ghana government expenditure was on health.

At the 58th UN General Assembly in November 2003, the Assembly adopted Resolution A/RES/58/5 on the role of sports (physical activity) as a means to promote health, education, development and peace, and declared 2005 as the International Year for Sports and Physical Education (UN, 2003). The objectives for International Year for Sports and Physical Education 2005 were to:

1. Encourage governments to promote the role of sport and physical education for all when furthering their development programmes and policies, to advance health awareness, the spirit of achievement and cultural bridging to entrench collective values.
2. Ensure that sport and physical education is included as a tool to contribute towards achieving the internationally agreed upon development goals, including the Millennium Development Goals and the broader aims of development and peace.
3. Promote collective work promoting sport and physical education-based opportunities for solidarity and cooperation in order to promote a culture of peace and social and gender equality and to advocate dialogue and harmony
4. Promote the recognition of the contribution of sport and physical education towards economic and social development and encourage the building and restoration of sports infrastructures.
5. Further promote sport and physical education, on the basis of locally assessed needs, as a means for health, education, social and cultural development.
6. Strengthen cooperation and partnership between all actors, including family, school, clubs/leagues, local communities, youth sports associations and decision makers as well as the public and private sectors, in order to ensure complementarities and to make sport and physical education available to everyone.

Developing and Promoting Active Lifestyles for National Development

As mentioned from the beginning, the contributions of active lifestyles to development is not in doubt; the issue, then, is where we are as a nation in developing active lifestyles in the population, and what we can do to ensure that more people are involved. The level of participation in physical activities by Ghanaians is very low. This has resulted in increasing cases of obesity and CVDs in all

population including children. Diabetes and hypertension in particular have assumed epidemic proportions in Ghana with childhood cases on the increase. These have high rates of mobility, disability and mortality. It does not seem as if the problem is only with people living in affluence; it appears the demands of modern life have made life everywhere extremely stressful (Addo, Amoah & Koram, 2006). Diseases that were known to affect mostly people of a certain class and stage are now wide spread throughout the population including people in their ones, teens, 30s and 40s, resulting in extremely low life expectancy in Ghana.

Clearly, in Ghana we are not sufficiently benefiting from the positive contribution of active lifestyles when it comes our quest for development. If anything, rather inadequate active lifestyle practices in Ghana are a drain on the economy and a source of pain for many people and communities. Unfortunately, data on active lifestyle practices in Ghana are practically non-existent. Parches of information available are about individual behaviours in specific populations. In fact, conceptualising active lifestyle into one measurable entity is still inchoate. This is an ongoing challenge for the academic community.

In spite of these challenges, serious efforts are needed to promote active lifestyle adoption in Ghana. There are three areas to consider in our effort to increase active lifestyle practices in Ghana, if the aim is to develop in the present generation and in the future: creating a supportive environment, offering supportive programmes and providing critical leadership.

Critical Requirements for Creating Enabling Environment for Active Lifestyles

There are a number of critical factors that need to be addressed in an attempt to create enabling environment for promoting active lifestyles: providing critical resources and enacting critical policies.

Supportive Environment

According to WHO (2003), participation in physical activity and sport for all within a favourable and accessible physical environment is generally enhanced by a number of factors. Neighbourhood environment such side-walks are non-existence, one compute and put himself or herself in gander when attempting to jog on the road. Worst of all, empty spaces, parks or play grounds are rapidly been occupied with structures. Supportive environment requires a socio-cultural environment which values an active life and the practice of physical activity and sport, including popular traditional sports; a high quality of social support that individuals and groups can get, especially from family, peer groups, role models, local leaders and popular community groups; and personal readiness and motivation.

Creating an enabling environment for adopting active lifestyles is particularly critical in Ghana in the face of obvious challenges, including an existing culture in which we frown on activities that involve physical exertion; we value office work more than field work. Besides, our ideal body type is still skewed towards fattish, roundish, fuller body physique; activities like walking and riding bicycles are associated with poverty and our activities are largely controlled by supernatural beliefs. Unfortunately, chronic diseases are also attributed to spiritual causes; and play is exercise (recreation through play is necessary but it may or may not involve physical activity and exercise is not always play and therefore does not always have to be enjoyable). Exercise opportunities is for young or very old people virtually non-existence. Exercise is equated to training or sports and for people in school and that even Physical Education and Sports are for people with weak intellectual ability. Dealing with these misconceptions is necessary for creating a positive environment for active lifestyles.

Supportive Resources

A number of resources are needed in the right quantities to make the quest for active living a population reality. The major resources is human resources – physical and health educators, physical instructors, health counsellors, etc.; facilities – gyms, parks, open fields, etc.; and equipment and supplies – exercise machines, balls, etc. Mobilising such resources can only succeed when it takes a multi-sector approach in which every stakeholder plays a role. Communities, central and local government, businesses, organisations, families, and individuals need to contribute to the resource

mobilization effort. Perhaps, more importantly, the government and its agencies have to honestly spearhead this effort of providing the necessary resources and bring on board other players.

Supportive Policies

In the context used here, policies are guiding principles or collective resolves to action. They may appear as or in missions or vision statements, constitutions, political manifestoes or as goals, rules, regulations, laws, guidelines, standards, etc. The following are examples of policy relating to physical activity. According to Ghana's constitution, government is to provide sport facilities throughout the country. Provision of a playground is a requirement for operating a school in the country. Physical Education is a required subject at all pre-tertiary educational institutions. A critical analysis of the rationale for these policies would reveal that they were enacted not with the view to developing active lifestyles of the populace but producing sport performers for the nation. However, a time has come for a paradigm shift from the narrow emphasis on sport performance to the broad area of physical activity that also takes care of sports performance. Unless we engage the entire nation in physical activities, our efforts at identifying sport talents is bound to suffer from numerical mediocrity because we likely to be hampered in sport development agenda by the increased cost of health care from NCDs.

Supportive Programmes

Individualized or workplace and group, community programmes are required. This requires physical activity literacy at all levels of the economy. Individuals and families need to have sufficient knowledge and skills to make them follow personalized and family wide physical activity programmes in a culture of active lifestyle. People need knowledge and skills in a variety of physical activities, how to engage in them to obtain the benefits, and how to observe safety precautions with such activities. Many people would not exercise because they simply do not know how to go about it. Some are not able to maintain active lifestyles when they move from one life stage to the other because of difficulty to adjust to time changes that may come with new life. Others exercise in ways that are dangerous, or do not guarantee the benefits from the exercise activities. For instance, some people's goal in exercising is to shrink protruding bellies (not pregnancy) or big upper arm (abasa), leaving the rest of the body intact. They therefore do crunches or sit-ups to deal with the belly fat and carry or lift weight, as in bar bells. First, the objective is impossible to achieve because exercise does not burn fat only in the abdominal or stomach region in the upper arms. Second, sit-ups and weight lifting (unless done repeatedly over time) are not a fat burning activities. Thus, people need to be educated to be able to exercise effectively on their own to achieve their desired goals.

One group of enabling factors are the necessary competencies required for every person to be able to take part in physical activities to attain intended objectives or goals. These involve general planning skills as well as those for performing specific exercises. For instance, people must learn how to jog, power-walk, dance, skip with rope, swim, stretch and weight-train the right way. People must also learn how to different play games and plan them at different times. People will not just go out and exercise; they have to learn how to do it, because it is even dangerous for people to attempt to exercise without first learning how to do so. People must learn how to incorporate physical activity into their changing circumstances of life.

Group programmes are important and require that people get together and engage in physical activities. The advantage of this approach is that one person with the technical knowhow can direct and assist others to exercise. There is also a social and emotional benefit from group activities they come together. Group activities are however more difficult to organize as they may require space, other exercise equipment, and some people do not work at their own pace. Group activities need to be a complement to individualized programmes.

Physical activities may be organized by groups, communities, institutions/organizations. Schools, workplaces and communities offer unique opportunities for physical activity programming. Targeting people in educational institutions is a great opportunity to get almost the entire population of the

school not only to engage in and develop the habit of active lifestyles, but also acquire the knowledge, skills, attitudes and dispositions necessary for developing the culture of active lifestyles and develop high amount social cohesion necessary for institutional advancement. Ensuring that people in educational institutions engage in regular physical activities ensures that the critical human resource of the nation, with the potential for sedentary lifestyles, cultivate the culture of regular physical activity. Currently, this opportunity is largely not being utilized in our educational institutions.

Workplaces health promotion activities offer great opportunity to engage employees and their families in physical activities. Apart from providing resources for individuals to engage in physical activities, group activities could also be offered. This requires the services of physical activity experts on permanent or part time basis and provision of exercise facilities and equipment such as fitness centres and exercise machines. Ensuring that employees engage in physical activities serves as a continuation of physical activity programmes in educational institutions. Once again, the health of the most critical working group is enhanced and this organizational employee health promotion investments often results in higher productivity, reduce absenteeism and presenteeism, less employee turnover, improved organizational culture and less expenditure on health and funeral cost.

Community physical activity programmes may be directed at general community members as well as smaller units within the community. Such groups include the youth, women, men, religious groups and subgroups, etc. Community members can be organized to form physical activity clubs for walking and jogging, skipping, swimming, games, keep fit, and dancing.

Supportive Leadership

Leadership is key to active lifestyle for health and national development. A leader is a person or group of persons upon whom the responsibility of social action rests. While some leaders may be publicly selected or appointed and their leadership role explicitly outlined, other leadership roles are more imbedded in professions. Political leadership is of the former kind while technical leadership is of the latter. Both are required in promoting active lifestyles for health and national development.

The roles of professionals in health and physical education involve technical leadership. There has probably not been any time in history where the relevance of health and physical education have been higher. For a long time, the University of Cape Coast and University of Education, Winneba have been the sources of leadership in Physical Education in Ghana. It is expected that these institutions and others would be more vigorous in providing leadership to promote active lifestyles in Ghana. This should be done through appropriate curricular offerings, advanced degree programmes, seminars, workshops, position papers, research, monitoring, evaluation and publications. The Ghana Association of Health, Physical Education, Recreation, Dance and Sports (GHAPHERDS), formally Physical Education Association of Ghana (PEAG), needs to provide more leadership.

Political leadership is urgently and urgently needed to make the development and promotion of active lifestyles for health and national development a reality. Such leaders include not only the executive, parliament and the judiciary but also community, traditional, institutional and organizational heads. Metropolitan, Municipal and District Assemblies (MMDAs) have a major role to play in getting community members to adopt active lifestyles, provide spaces for play and physical activity. Security services and effective media work can provide supplementary leadership required in the development of an active culture in Ghana.

Leadership by example (modelling) is one major strategy for creating awareness and a supportive environment for active living. We need to show that we practice what we preach, as leaders in health and physical education need to be seen practicing active lifestyles. We also expect to see high ranking leaders such as ministers, professors, chief executives, traditional chiefs, teachers, nurses, doctors, engineers, lawyers, children, youth, retirees, etc. pursuing active lifestyles. We would like journalists to place the spotlight on key leaders, like the president, Attorney General, speaker of parliament, members of parliament (MPs) exercising. Children and students would definitely be motivated to see their heads going on a power walk or doing aerobic dance.

At the moment the question is not whether an active lifestyle is relevant for health and national development or not; the evidence abounds. The question is who is responsible for ensuring that this

happens. Developing a culture of active living requires collaborative effort that should be coordinated. We suggest a special response effort similar to the US presidential special initiative on physical activity or malaria). This requires visible structures to deal with the issue. WHO (2003) suggests that the ministry in charge of health should be the coordinator of the active lifestyle endeavour. The Ministry of Health should do more than organising occasional health walks and talks. At the moment, the Ghana Health Service does not have a clear unit that deals directly with active living; that duty appears to be subsumed under non-communicable disease management. As you may have noticed, active lifestyle is not just about disease control. Again, it appears that the Ministry of Health does not have personnel sufficiently qualified in the area of physical activity. There is the urgent need to appoint physical activity personnel, with strong research background, who should work in the health promotion unit, whose primary duty is to ensure that people adopt active lifestyles.

Other agencies involved are those in charge of education, agriculture, transport, etc. It also requires collaboration between public and private sector efforts involving businesses, NGOs, CBOs, traditional rulers as well as international donor agencies. So far, it does not seem that such a coordinated collaborative efforts are actively in place.

Major Constraints to Physical Activity Development

Listed below are some factors accounting for difficulty in increasing population adoption of active lifestyles. They are;

1. Lack of awareness and misconceptions about benefits of physical activity to the individual, family, community and the nation;
2. Insufficient data on trends, levels and determinants of participation in physical activity;
3. Lack of political commitment and support evidenced in lack of national health, sport, educational and related policies;
4. Insufficient cooperation among concerned sectors to promote physical activity;
5. Inadequate number facilities and inaccessibility to available community sport facilities;
6. Existence of strong barriers to participation in physical activity in the form of; perception of the value of sport to society, prevailing local culture, economic and other competing pressures, time constraint, personal motivation, support from family and friends, access to national sport facilities, past experiences, availability of local physical activity programmes, and for women: status of women in society.

Recommendations for Action

WHO (2003) has summarised the need for action in its guidelines for active lifestyles. Its Global Annual Move for Health Day/Initiative recommends the national and local/municipal legislation and measures for creating and managing open spaces and parks, possibly within renewed and active urban planning policy; allocating safe indoor and outdoor facilities for physical activity, play and sport for all; and promoting active transport initiatives, especially through walking, cycling, climbing stairs and greater use of public transport. It also recommends facilitating the use by community groups of existing local sport facilities such as playgrounds, fields, swimming pools and "gymnasiums" of local sport clubs and schools; strengthening appropriate physical activity and sport for children and youth in and out of school, including the development of safe routes to school allowing young people to walk and cycle between home and school; promoting physical activity and related healthy behaviours at the workplace (including health services) and encouraging walk to work initiatives; organizing regular physical activity initiatives in the community and integrating physical activity and sport for all in leisure, cultural and social programmes/campaigns, giving due consideration to the most popular and enjoyable physical activities/sport; raising awareness in society through media, professional groups, local leaders and organisations about the multiple health, social and economic benefits of physical activity and the many potential opportunities that every citizen and every community can have everywhere and at any time for the regular practice of physical activity.

The following is a list of sectors and suggested responsibilities towards promoting active lifestyle living. This list is by no means exhaustive.

Education

1. Ensure that all school going children acquire physical activity literacy;
2. Ensure that all school children meet the daily mandated minimum physical activity requirements;
3. Inculcate the habit of active living in students;
4. Incorporate inclusive active lifestyle education into the curriculum of all educational institutions;
5. Establish fitness or wellness centres for all employees and their families;
6. Produce experts and professionals in the area of health and physical education;
7. Conduct research, evaluate, and monitor physical activity levels;
8. Sensitise leaders at all other levels to include active lifestyle activities into their routine programmes;
9. Develop guidelines and standards for active lifestyle adoption;
10. Articulate progress and gains being made due to active lifestyle adoption.

Health

1. Coordinate active living agenda;
2. Establish fitness or wellness centres for all its employees and their families;
3. Run active lifestyle activities for inpatients and their caregivers;
4. Incorporate inclusive active lifestyle activities into all community health programmes (CHPS compounds offer great opportunity for community programmes);
5. Incorporate inclusive active lifestyle education into the curriculum of all training institutions and programmes;
6. Conduct research, and evaluate and monitor physical activity levels;
7. Develop guidelines and standards for active lifestyle adoption;
8. Articulate progress and gains being made due to active lifestyle adoption;
9. Collaborate with other agencies in pursuing the active living agenda;
10. Scout for resources from national and international donor agencies to support active living programmes;
11. Include a clear and commensurate line in the annual budget for healthy lifestyles.

Youth and Sports

1. Promote health related physical fitness in all sports programmes;
2. Support communities and organisations in acquiring materials for active living;
3. Promote inter-community and inter-organisational sports and recreational activities.
4. Organise sports programmes and support physical education in schools.

Media

1. Create awareness for the need for active living;
2. Advocate for appropriate policy for active living;
3. Establish fitness or wellness centres for employees and their families;
4. Articulate the economic and social benefits of active lifestyles;
5. Publicise community and organisational activities involving active living.

Business

1. Provide user friendly fee paying services in the areas fitness, recreation and sport facilities and equipment (fitness, wellness centres, gyms, parks, swimming pools, playing courts, etc.);
2. Offer user friendly fee paying services (aerobics, dance, hiking, weight training, swimming, etc.);

3. Collaborate with government and other agencies in bringing programmes to the doorsteps of community members;
4. Manufacture or import simple, inexpensive physical activity equipment (pedometers, counters, gym equipment, skipping ropes, balls, etc.);
5. Health insurance companies (especially NHS) should consider funding health promotion activities as this would normally reduce claims.

Urban Planning

1. Include sidewalks, bicycle trails, parks, open spaces, physical activity facilities, etc. in land demarcations;
2. Encourage housing units that include open areas for play and recreation;
3. Recommend building designs that provide opportunity for walking, stair climbing, etc.;
4. Ensure that safety and security issues are taken into consideration in citing facilities.

Workplaces

1. Provide fitness or wellness facilities and kitchen for workers, begin to serve fruits and vegetables at meetings, colloquiums, workshops, conferences and the likes;
2. Organise health promotion activities for all workers and their families. The evidence is clear that this would increase productivity, reduce health related absences, presenteeism, reduce health expenditure, and thus increase profit margins;
3. Incorporate physical activities into daily work schedule such as 5-minute stretching breaks; standing-meetings;
4. Large organisations can employ full time health promotion specialists. Others can use part time workers and volunteers;
5. Let employees share in the profits that come to the business as a result of healthy living styles of employees.
6. Begin to re-design desks such as adjustable stand-on desks, to prevent long period of sitting.

NGOs

1. Focus on active living programmes;
2. Incorporate active living components into other activities;
3. Advocate for policy and administrative support for active living.
4. Collaborate with the government, its agencies and other agencies to organise and promote active living.

Philanthropists

1. Devote funds to active lifestyle adoption programmes;
2. Support activities with components on active lifestyle adoption;
3. Encourage and recognise communities and organisations that promote active lifestyles.
4. Support the building of community fitness or wellness facilities to promote active living.

Policy Makers

1. Formulate policies that encourage active lifestyles;
2. Provide guidelines and regulations that direct active lifestyle activities;
3. Ensure that communities, organisations, etc. have written and visible evidence of their commitment to promoting active lifestyles to their constituents;
4. Demand accountability from those entrusted with promotion of active lifestyles;
5. Focus on policies that improve the basic conditions of living and strengthen communities.

Metropolitan/ Municipal/ District Assemblies

1. Support communities in all ways possible to assist them build communities of active living;
2. Include goals that address healthy living through active lifestyles in routine planning;

3. Mobilise and allocate resources towards achieving healthy lifestyle goals;
4. Collaborate with other agencies in pursuit of healthy lifestyle goals;
5. Include a budget line for active living activities;
6. Appoint a person to be directly responsible for active lifestyle promotion activities;
7. Target individuals as well as the physical and social environment to promote active living;
8. Recognise and award communities and people who are models in healthy living.

Community level

1. Plan active living activities for community members;
2. Organise inter-community recreational and sports programmes – emphasise mass participation;
3. Incorporate physical activities into routine and regular community activities;
4. Provide space and resources that encourage active living;
5. Focus on individuals as well as the physical and social environment;
6. Plan active living activities around community spirit;
7. Address cultural practices that do not promote active living;
8. Target all sections of the population (inclusive) – men, women, all ages, people with disabilities, etc. in active living initiatives;
9. Collaborate with neighbouring communities to address physical and social environment and also share resources;
10. Communities should work around a slogan like “our community, our health, our life.”

Families

1. Incorporate healthy lifestyle into daily activities (as in daily devotion);
2. Provide space to allow for physical activities;
3. Acquire exercise materials for family use (skipping ropes, bicycles, etc.);
4. Seek expert advice when necessary.

Individuals

1. Incorporate healthy lifestyle into daily activities (as in daily devotion);
2. Acquire exercise materials for personal use (skipping ropes, bicycles, etc.);
3. Seek expert advice when necessary;
4. Acquire knowledge and skills relevant to active living (read books, newspapers, magazines, consult experts, etc.);
5. Include active living items in personal budget;
6. Consider your health as important but bear in mind that the level and enjoyment of your health depend on the physical and social environment as well as the health of others.

Conclusion

We conclude with this Food-For-Thought from Lyons and Langille (2000, p. 43) quotation which says “A healthy lifestyle is a resource for quality of life and coping. Health is an investment whose benefits grow over time. By learning the art of being healthy, building resources for making healthy decisions, and building social capacity, a healthy lifestyle becomes a long term investment.” Therefore, it is possible to stimulate national development through proactive investment in active lifestyles. However, this can happen only when right, proactive or evidence laden approaches are followed in timely with the further generations in focus. We as nation and various communities have all that there are to effect the necessary changes for health and development but there is the need for absolute commitment to do it. Commitment from everybody; government and its agencies leading the way, community leaders steering and providing good and predictive leadership which thinks about tomorrow, corporate leaders giving back to their communities in social responsibilities that develop the people and empower them now and for the future, and individuals taking their health into their own hands by engaging in healthy lifestyles. Then, with effective collaborative efforts, which requires

coordination of all the levels, from government through to individuals in their respective communities and homes, development will not elude us. Let us all go out there to make a difference, by first of all adopting an active healthy lifestyle and then encouraging and assisting others to do so, too, for health is development, we negate it at the expense of national growth and productivity.

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