

WAYS TO INCREASE PHYSICAL ACTIVITY IN OLDER WOMEN

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Annotation

In old age, they often continue to engage in sports exercises, but with limited training loads and competitions. The desire for "sports longevity" should not come into conflict with the interests of maintaining health.

In this article, aging and the tasks of directed physical education in the elderly and older are written.

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Introduction. In the elderly and older age, irreversible changes occur in the systems and organs of the human body, called aging. Aging is characterized by the following functional changes. In the nervous system, the balance of inhibitory and excitatory processes, their strength changes, which is expressed in the difficult formation of new motor coordinations, deterioration in the accuracy of movements and a decrease in their variability? With age, the contractile function of the myocardium weakens, the elasticity of blood vessels decreases, their membrane becomes thinner, and the lumen decreases. With excessive physical exertion, sudden cooling, strong excitement, and for other reasons, the pressure can rise so sharply that ruptures of blood vessels are possible [1].

Literature review. The decrease in the functionality of the cardiovascular system is manifested in the slowdown of recovery processes after exercise.

Age-related changes in the respiratory system are characterized by deterioration in the elasticity of the lung tissue, weakening of the respiratory muscles, limitation of chest mobility, and a decrease in pulmonary ventilation.

Age-related changes in the muscular system and ligamentous apparatus are expressed in the deterioration of the elastic properties of muscles and ligaments, which, if the dosage of physical activity is incorrect, can lead to rupture of muscle fibers and ligaments; in a decrease in the magnitude of the exerted force, etc. Along with functional changes, muscle atrophy is observed: muscles decrease in volume and become weak [2].

Significant changes are noted with age in the bone and joint apparatus. Articular cavities narrow, formations grow along the edges of the epiphyses of bones, bone tissue loosens (osteoporosis), and

bones become brittle. In the elderly and older, there are frequent cases of deformation of the spinal column (kyphoscoliosis).

In the process of aging, the metabolism gradually changes, becoming less intense due to the slowing down of oxidative processes. Age-related disturbance of redox processes can be the cause of various metabolic disorders. The most common of these is obesity. Body weight usually increases by the age of 50, and decreases at an older age. With age, thermoregulation also deteriorates, the body's resistance to the so-called colds decreases.

The totality of the noted age-related changes of a morphofunctional nature is manifested in the deterioration of working capacity and in the decrease in the indicators of individual physical qualities. The formation of new motor skills in elderly and older people is slow, while the newly acquired ones are quickly violated [3].

Thus, the older the age, the less the possibility of progressive development of physical qualities and mastery of new complex forms of movements. However, other things being equal, this possibility is determined by the level of preliminary physical fitness and the regularity of current physical exercises. The purposeful use of physical culture means allows not only to stop the age-related involution of physical qualities, but also to prolong the progressive development of individual motor abilities. Thus, athletes often show progress in strength exercises up to 45 years and later [4].

Research Methodology. The leading social function of physical education of people aged 55 years and older is health improving. The main objectives of the directed use of physical culture in the elderly and older age are to:

- 1) promote creative longevity, maintain or restore health: delay and reduce age-related involuntional changes, ensuring the expansion of the body's functional capabilities and the preservation of working capacity;
- 2) prevent the regression of vital motor skills and abilities, restore them (if they are lost), form the necessary ones;
- 3) to replenish and deepen the knowledge necessary for the independent use of physical education means: to consistently translate this knowledge into practical skills [5].

Particular and additional tasks are determined depending on age, nature of labor activity, functional state and adaptive capabilities of the body, level of physical fitness, individual inclinations and living conditions.

In the elderly and older age, many of the means of physical education used in adulthood are used. However, preference should increasingly be given to hygienic and natural factors of healing, as well as to those physical exercises that make relatively low demands on the body and can easily be accurately dosed according to the load.

For general health purposes and to target the functions of the cardiovascular and respiratory systems, dosed walking, moderate-intensity running, skiing, cycling, swimming and other cyclic exercises are widely used, respectively regulated by the intensity and duration of the load. Other games such as tennis, badminton, gorodki are also used.

Analysis and results. At this age, breathing exercises are an affordable and effective remedy, which has three main purposes:

1. Improve breathing during exercise: ventilate the lungs, eliminate possible oxygen debt and help the heart in its enhanced work.
2. Improve the breathing apparatus and maintain its performance at a high level.

3. Develop the ability to breathe correctly, thereby providing a constant massaging effect on the internal organs (alimentary tract, liver, etc.).

In old age, they often continue to engage in sports exercises, but with limited training loads and competitions. The desire for "sports longevity" should not come into conflict with the interests of maintaining health. Therefore, competitions are justified only under the condition of especially careful medical supervision and only in those sports in which a healing effect can be guaranteed with full confidence, or which do not belong to high-intensity types of motor activity.

Conclusion/Recommendations. In general, the proportion of physical activity in the mode of life of elderly and older people may not only not decrease compared to the previous age period, but also increase, although the intensity of the motor mode becomes less. With retirement, leisure time increases significantly, which is advisable to devote to daily physical exercises, active tourism and other forms of physical culture. There is also an increase in the possibility of using the healing factors of the natural environment, observing an adequate regimen for classes, rest, sleep, nutrition and other special hygienic conditions.

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