

SPORTS AND HEALTH TOURISM IN THE PHYSICAL EDUCATION OF STUDENTS

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ABSTRACT

The article discusses the features of the use of sports tourism in the physical education of students. The paper proposes a classification of sports and health tourism. In the pedagogical experiment, a program was tested aimed at improving the physical and functional fitness of those engaged in recreational tourism.

Keywords: Tourism, physical education student.

INTRIDUCTION, LITERATURE REVIEW AND DISCUSSION

The problem of the use of physical culture by a person in order to improve, restore and improve the quality of mental activity, increasing physical performance constantly attracts the attention of specialists [2, 4, 5, 6].

All the accelerating scientific and technological progress is rapidly changing the life of a modern person, the level of physical activity decreases, while the neuro-emotional stress increases. All this leads to a deterioration of health, to the growth of chronic diseases.

Every year the number of population increases. The current need to increase the adaptive capacity of the organism emphasizes the relevance of the study. They require further development and solution of the issues of using natural environmental factors and their combination with health-improving tourism occupations, is one of the urgent problems of the theory and practice of physical culture.

Tourism (from French tour - walk, trip), travel (trip, hike) in free time (vacation, vacation, etc.); type of active recreation, means of healing, knowledge of the spiritual and social development of the individual. This definition of tourism is taken as a basis in this study. According to the classification of the World Tourism Organization (WTO), all forms of tourism (Fig. 1.) are divided into:

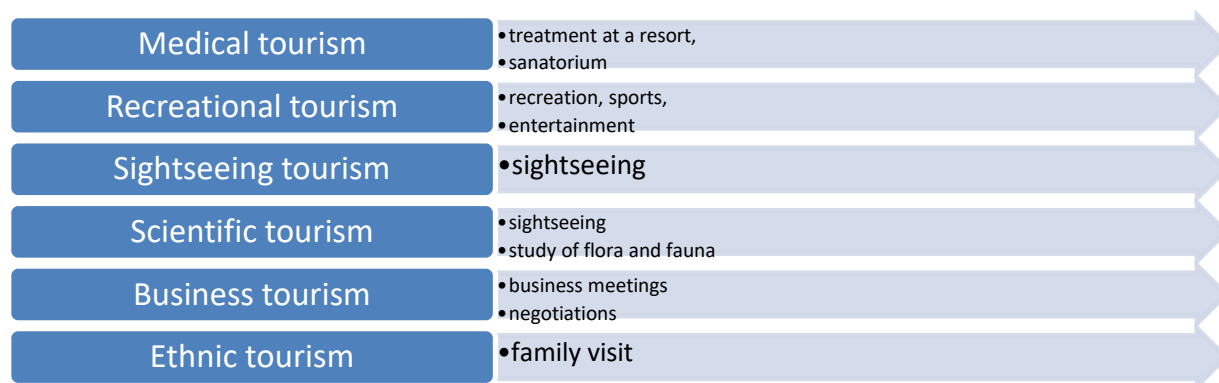
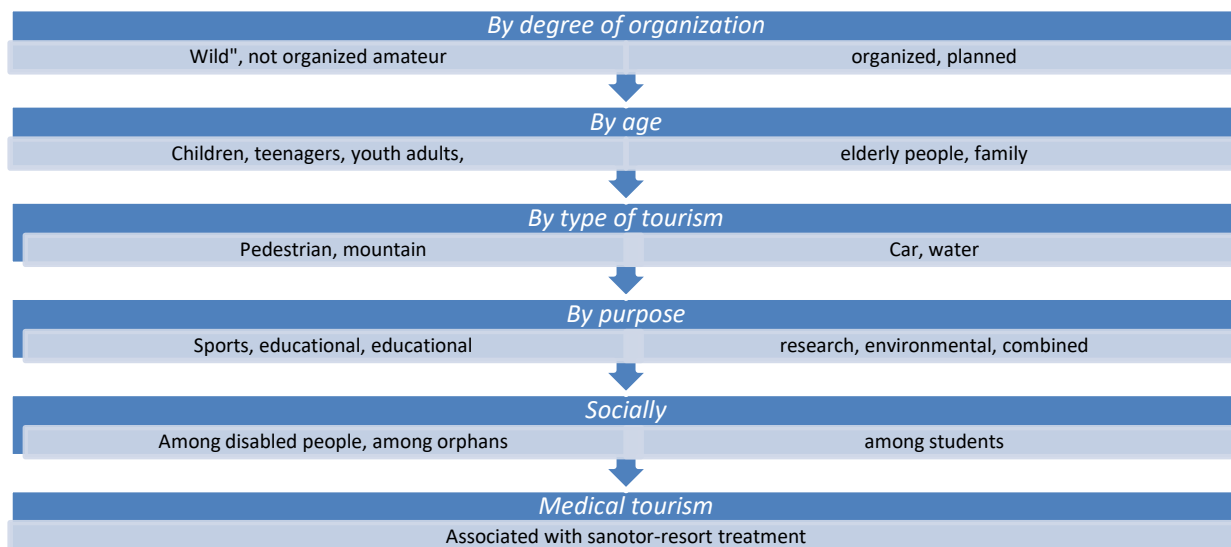


Fig.1. Classification of forms of tourism (according to the WTO)

A somewhat different classification of tourism is presented in the publication Aghadzhanian NA, (1995). Tourism is divided: by the degree of organization; by age; by type of tourism; on purpose; on a social basis; medical tourism is also distinguished (fig.2.).



By degree of organization

Fig. 2. Scheme of forms of tourism (by Aghajanyan N.A., (1995).

Having considered and analyzed the existing classifications of types and forms of tourism, tourism can be divided into two main groups:

wellness (active motor tourism, improving, developing motor abilities, etc.) and "passive", "Unhealthy" tourism is when a tourist travels in any vehicle (cognitive, not associated with movements).

In some studies, it is noted that a particularly deep and significant healing effect is achieved as a result of the use of natural forces of nature in a marching environment in combination with motor actions. Thanks to the activities of tourism, the organism of a tourist strengthens and becomes hardened, his activity improves.

cardiovascular system, resistance to adverse effects of the environment, strengthens the nervous system. It should be noted that the practice of active motor tourism is a single process of recovery and development, which is influenced by changes in activity.

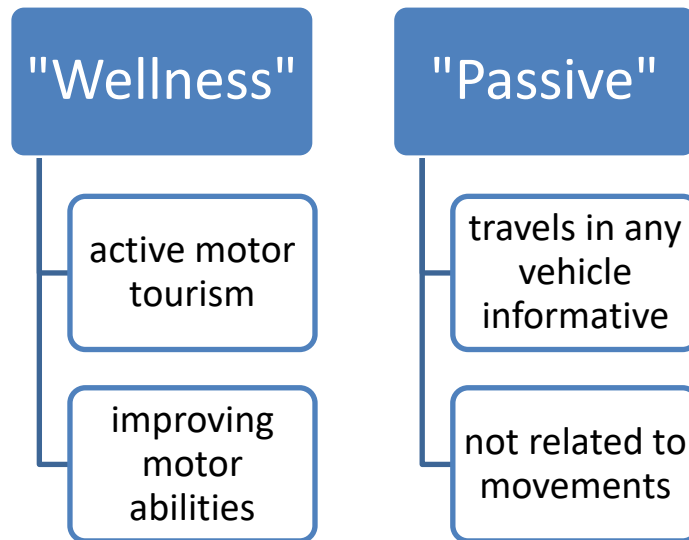


Fig.3. The scheme of the main groups of tourism.

Since the alternation of classes and their optimal duration, intensity, consistency provide not only the effectiveness of an individual's efforts in regulating their activities, in improving their working capacity, but also in improving their health [1]. It promotes a person's rest and change of activity, the transition from one occupation to another, as a result of which physical and psychological qualities develop. The promotion of a healthy lifestyle in tourism is also directly related to the health improvement function.

Numerous studies confirm the beneficial effects of active motor tourism on the morpho-functional state of a person [4, 5, 6]. The ability to correctly dispense physical activity on people, taking into account their age characteristics to the degree of physical fitness, allows achieving a significant health effect.

The healing effect on the body of people engaged in various types of tourism is far from being the same and specially organized research is required. "Passive", "unhealthy" tourism - and for the most part - these are excursion trips on various types of transport, lasting from several hours to several days, during which the participants' physical activity is minimal, and the participants' meals are rich and high-calorie. The health value of this type of tourism is not great.

The task of recovery, associated with an increase in the motor activity of the population, can be solved precisely through tourism, active outdoor recreation. Active holidays in tourist trips, conducted in the mountains, during holiday, vacation and vacation time, make it possible to improve the state of health, the level of preparedness, which was determined by tests of control tests, to ensure emotional recovery and physical performance of students.

Active rest in the mountains is a combination of various effective factors of recovery, which undoubtedly gives double the result, contributing to an increase in the level of health. A variety of forms of recreation in the mountains, satisfying all sorts of needs, allows us to talk about the forms of year-round rehabilitation and recreation involved.

For the introduction of recreational tourism program requires a number of conditions:

- development of typical cycles of recreational activities.
- active involvement of the existing tourist infrastructure.

- social and industry order for the introduction of programs of services recreational association.

Organization and preparation of hikes is a complex of parallel and sequential activities, the systematic implementation of which ensures the achievement of goals, the solution of educational, educational and sports tasks with the maximum health effect and complete safety of the hike.

The results of the study complement and expand the knowledge on the problem of using physical exercises of a health-improving orientation in the system of the scientific organization of labor, study, etc.

It was revealed that at rest under the influence of adaptation to the mountain climate, there is a tendency towards economists of physiological processes [6]. Under the influence of adaptation to oxygen starvation in the high-altitude conditions, the body at rest produces the ability for more complete muscle relaxation, especially if hypoxia is combined with low air temperature (hypothermia). In people acclimatized in the mountains, at rest, a decrease in heart rate (HR) and a kind of “relaxation” of the central nervous system are observed.

In contrast to the state of rest, physical exercise in the mountains, even among acclimatized individuals, causes a much more pronounced stimulation of the cardiovascular system and external respiration apparatus compared to the conditions of the plain.

The expansion of the reserve capacity of the organism to adapt to extreme factors with the help of the mountain climate is explained, first of all, by a decrease in the partial oxygen content in the atmospheric air, which leads to oxygen starvation of the organism. But at an altitude of 1800-2500 meters, it is quite moderate and, as a rule, a healthy person does not fall ill with altitude sickness. At the same time, acute oxygen deprivation underlies the body overheating, intense mental and hard physical work. The use of research materials can significantly improve the health effect of a tourist trip in the mountains.

It is known that participation in self-hiking in combination with natural and climatic factors significantly improves the performance of external respiration in comparison with the initial data by 200 ml, the pulse decreases from 78 to 64 beats / min, the blood pressure decreases with 135/80 mm Hg . Art. to 115/70 mm Hg Art.

In order to experimentally test the effectiveness of the proposed program of using tourism in combination with other means of physical culture for the purpose of rehabilitation, the main pedagogical experiment was conducted. For this, two groups of students of Samarkand State University were organized (on a voluntary basis); control (n = 20) and experimental (n = 20).

The participants of the experiment (the control and experimental groups), before the start of the tourist trip, practiced physical exercises for seven days to prepare for the trip (six lessons were held), the time costs of the lessons in the control and experimental groups were the same.

The main differences were that the participants of the experimental group, instead of the warm-up, performed a set of six exercises in the static-dynamic mode of the main muscle groups. Participants in the control group at this time performed the usual warm-up. The main part of the lesson was the same in both groups. Participants were engaged in athletics exercises, the

basis of which was a walking race. In the final part of the lesson, participants in the experimental group performed cold water douche.

After a day of rest, both groups took part in a tourist trip, which lasted eight days. On the first day, participants in the experiment set up a base camp at an altitude of 750 m above sea level and made an exit to the mountains to an altitude of 1900 meters. Over the next six days, mountain excursions were made to an altitude of 1800-2400 m. The exits lasted 5-8 hours (8-14 km). The routes of participants in the control and experimental groups were the same. Differences were only in the organization of traffic on the route. The magnitude of the load was determined by heart rate, which the tourists measured by palpation, on their own.

Before going on the march, the participants in the experimental group performed a set of physical exercises in a static-dynamic mode to maintain tone (one lap).

Immediately after returning to the base camp, they doused with cold water.

The initial level of physical fitness of tourists of the experimental group did not differ in all indicators ($p > 0.05$) from the level of physical fitness of the participants of the pedagogical experiment of the control group.

During the experiment, tourists of the experimental group, both men and women, experienced an improvement in their physical fitness level in almost all tests: - PWC170 by 15.6% (men) and 13.2% (women); IGST - by 18.3% and 12.8%, flexion and extension of arms in the support - by 21% and 19%, time 5 squats on one leg - 9.1% and 7.4%, in the race for 3000 and 2000 meters - by 12.6% and 8.7%).

At the same time, in the control group during the experiment, significantly less changes occurred in the level of physical fitness and made up just, respectively: - PWC170 - 5.4% (men) and 3.8% (women); WIG - 6.4% and 4.2%; bending and unbending the arms in the support - 2.5% and 1.7%; time 5 squats on one leg - 0.9% and 1.1%; in the run for 3000 and 2000 meters - 3.2% and 2.1%.

As a result of the pedagogical experiment, a program was approved aimed at improving the physical and functional fitness of those engaged in recreational tourism. Thus, the applied program, which took into account the initial level of preparedness, on the basis of which the threshold load value was established, proved to be effective.

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