

Poverty and physical culture: social, physical and mental well-being of the human resource

Pobreza y Cultura Física: bienestar social, físico y mental del recurso humano

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Abstract

This study addresses the issue of poverty and its relationship with the culture of sport in individuals, reflecting on how sport contributes to improving certain indicators of poverty such as health, where exercise plays a significant role; there are a number of diseases that permeate the life of the human being, such diseases are known as non-communicable and avoidable that by integrating a sport and / or physical activity to their daily life can improve, prevent, minimize and in some cases avoid them. Having a discipline in relation to physical culture will have a significant impact on the life of the human being in a significant way on health and therefore on the quality of life of the citizen. Therefore, an analysis of the activities, tastes, lifestyles and preferences that human resources have was carried out, making a division into three age categories to know and identify at what stage of the human being there is a greater presence of physical exercise, but at the same time identify the sedentary lifestyle and consider what are the causes that cause it.

Poverty, Physical Activity, Sedentary Lifestyle, Sports culture

Resumen

El presente estudio aborda el tema de la pobreza y su relación con la cultura del deporte en los individuos, haciendo una reflexión de como el deporte coadyuva a mejorar ciertos indicadores de la pobreza como lo es la salud, en donde el ejercicio juega un papel significativo; existen una serie de enfermedades que permean en la vida del ser humano, a tales enfermedades se les conoce como no transmisibles y evitables que al integrar un deporte y/o actividad física a su vida cotidiana puede mejorar, prevenir, minimizar y en algunos casos evitarlos. El tener una disciplina en relación con la cultura física va a repercutir en la vida del ser humano de manera significativa en la salud y por ende en la calidad de vida del ciudadano. Por tanto, se realizó un análisis de las actividades, gustos, estilos de vida y preferencias que el recurso humano posee, haciendo una división en tres categorías de edades para conocer e identificar en que etapa del ser humano existe una mayor presencia del ejercicio físico, pero a la vez identificar el sedentarismo y considerar cuales son las causas que lo provocan.

Pobreza, Actividad física, Sedentarismo, Cultura deportiva

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Introduction

This work attacks poverty in Mexico and makes an analysis of the expenses that the country has with respect to total spending on health, at the same time that it manages to raise awareness of the importance of physical culture in this century where cardiovascular diseases, diabetes, high cholesterol, obesity, stress, high blood pressure, as well as the COVID-19 pandemic, are present and complicate the health, quality of life and well-being of people today, making it a way to improve lifestyles it is precisely physical activity during all stages and life cycles of individuals.

A cross-sectional analytical investigation was carried out that consisted of identifying which segment of the population of the city of Acapulco, Gro. Mexico; is more likely to contract non-communicable diseases derived from sedentary lifestyle, for which a questionnaire was applied that consisted of analyzing the ways of life of the inhabitants.

For this, the division was made into three age categories, the first being 15 to 25 years old, which included young people who are studying the upper and upper secondary education level and those who are practically graduating, but also those who are They no longer study but are relatively young.

In the second age range it was from 26 to 45 years where the human being is more productive in relation to work jobs, but they also have family responsibilities that entails a marriage and / or forming a family, according to the INEGI (2019), Mexican men marry at the average age of 31.8. years and women 28.9. years (1), which increases the commitments of each one.

In the last group, it is made up of people aged 46 years and over, which is where the person is an adult, has an established family or with the obligation to provide support to the children such as food, education, health, home, among many others.

According to the World Health Organization (WHO), it defines in its charter that health "is the complete state of physical, mental and social well-being and not only the absence of diseases or illnesses." (two)

Consequently, a physical activity provides functional aspects of motor skills and health, being an important preventive factor for the deterioration of aging and increasing the quality of life in individuals. According to Arrasca (2002), it indicates that the practice in physical activity provides well-being and contributes to personal and social development because it helps and strengthens feeling good about oneself and gives the sense of belonging in a group, filling with satisfaction and thereby achieving good mental health. (3)

Context of poverty and sport in Mexico

Taking into account that the study of poverty includes a series of areas in the social problems that affect the individual, it is important to raise awareness and know the causes that generate them in order to contribute to the improvement of the quality of life of the citizen.

From the economic perspective, poverty is understood as the lack of goods and services necessary to satisfy the basic needs of a person, from the classical point of view it is the lack of income and education; The National Council for the Evaluation of Social Development Policy (CONEVAL) indicates that 43.9% of Mexican citizens in 2020 were in a situation of poverty; indicates that for the same year the indicators of social deprivation of poverty are presented as follows: educational lag with 19.2%, access to health services 28.2%, access to social security 52%, quality of housing spaces 9.3 %, access to basic services in housing 17.9% and access to quality nutritious food 22.5%, but also 52.8% of the population has an income below the income poverty line.

Authors such as Viales and Fallas C (2005) consider that it is essential to study poverty from different perspectives such as health, education, sufficiency and perceptions in order to better understand the phenomenon and achieve a better approach and understanding in a way to seek alternatives that minimize social problems and improve the quality of the individual. (4)

In the opinion of Hilhorst and Bankoff (2004), poverty is a social vulnerability caused by situations of crisis and stress (5); For Santos (2006), poverty is the single greatest determinant of poor health. (6).

This brings us to the analysis with reference to the expenses destined for health; In Mexico in 2017 there was a total health expenditure as a percentage of the Gross Domestic Product (GDP) of 5.52%, of which 2.84% was solely for public spending. (Table 1); It should be noted that when referring to total health spending, both Federal Public spending and Private health spending are included.

Private spending on health is made up of:

- 1) The expenses of households and Non-Profit Institutions.
- 2) Recovery fees (they are reported by the SESAS and the Decentralized Organizations of the Secretary of Health).
- 3) Payment of Health Insurance Premiums.

While Federal Public spending is made up of the following Institutions and Funds:

- 1) Health Secretary.
- 2) Contribution Fund for Health Services (FASSA / Branch 33).
- 3) IMSS with the Prospera Program.
- 4) Secretary of National Defense (SEDENA / Branch 7).
- 5) Secretary of the Navy (SEMAR / Branch 13).
- 6) State spending.
- 7) Mexican Institute of Social Security (IMSS).
- 8) Institute of Social Security and Services for State Workers (ISSSTE).
- 9) Petróleos Mexicanos (PEMEX).
- 10) Social Security Institute for the Mexican Armed Forces (ISSFAM).
- 11) Social Security Institutions of the Federative Entities (ISSSEM).

Thus, we can also warn that from 1993 to 2017 health spending has never exceeded 7% as a percentage of GDP, being the years 2001 and 2002 where there is the highest expenditure with respect to Health. (Table 1)

Year	GDP Thousands of pesos	Total spending on health	Total Health Expenditure as % of GDP	Total Public Expenditure on Health	Total Public Health Expenditure as % of GDP
1993	1,256,195,971	69,927,623	5.57	31,430,568	2.50
1994	1,420,159,456	80,001,433	5.63	37,065,181	2.61
1995	1,837,019,067	102,730,537	5.59	43,696,836	2.38
1996	2,525,575,029	131,805,067	5.22	53,633,687	2.12
1997	3,174,275,217	170,924,177	5.38	74,741,582	2.35
1998	3,846,349,882	217,714,288	5.66	94,911,624	2.47
1999	4,594,724,235	271,438,922	5.91	122,868,370	2.67
2000	5,491,708,401	325,159,181	5.92	142,155,363	2.59
2001	5,809,688,192	368,443,016	6.34	155,194,405	2.67
2002	6,263,136,643	408,021,511	6.51	169,149,269	2.70
2003	7,868,809,553	463,443,775	5.89	195,812,894	2.49
2004	8,828,367,434	531,012,760	6.01	233,809,547	2.65
2005	9,562,648,113	569,652,227	5.96	247,281,440	2.59
2006	10,630,939,426	613,591,387	5.77	269,864,017	2.54
2007	11,504,075,512	674,351,682	5.86	301,655,815	2.62
2008	12,353,845,281	683,663,069	5.53	339,035,936	2.74
2009	12,162,762,846	729,341,323	6.00	374,834,012	3.08
2010	13,366,377,171	792,901,011	5.93	412,675,920	3.09
2011	14,665,576,472	826,796,845	5.64	446,257,008	3.04
2012	15,817,754,584	912,786,296	5.77	493,795,083	3.12
2013	16,277,187,078	959,919,530	5.90	524,372,612	3.22
2014	17,473,841,537	983,844,771	5.63	523,853,038	3.00
2015	18,551,459,266	1,075,444,280	5.80	570,887,624	3.08
2016	20,116,688,536	1,129,771,758	5.62	591,913,059	2.94
2017	21,921,241,895	1,209,294,571	5.52	622,937,399	2.84

Table 1 Health expenditure 1993 - 2017

Expressed in current price

Source: Federal Health Secretariat

Table 1 shows that the year with the highest total health spending was in 2002, with 6.51%, of which 2.7% corresponded to public spending, which is equivalent to 3.81% only for private spending; while for the year in 2013 the opposite occurred where of the total health spending was 5.9% but 3.22% was for federal public spending and only 2.68% for private spending. (7)

Health spending is palpable and significant in Mexican households, as mentioned above 43.9% of the population are in a situation of poverty and more than half of the country has an income below the poverty line, making them vulnerable, therefore an illness causes a loss in your finances.

In the National Development Plan (PND) 2007-2012, in terms of Physical Culture and Sports, the objective of "Fostering a Culture of Physical Recreation that encourages all Mexicans to do some physical exercise or sport regularly and systematically".

However, according to the Center for Public Finance Studies (CEFP), the accumulated spending from 2007 to 2011 destined to meet the objective set in the PND, indicated that it amounted to 10 thousand 438.6 million pesos, which is equivalent to only 0.1% of the Gross Domestic Product (GDP), which one might think that the spending is eloquent but if we compare it with the other countries that are also in the Organization for Economic Cooperation and Development (OECD), Mexico remains below these, since only in 2008 France and Germany designated 0.7% and 0.2% of their GDP to sports activities. (8). Which denotes that in Mexico there is less support for the promotion of sports culture.

Likewise, the World Health Organization (WHO), considers that non-communicable and preventable diseases (diabetes, cardiovascular respiratory, among others), are one of the main causes of deaths in human beings; therefore it is important to integrate a sport and / or physical and sports activities into daily life in order to reduce the risk of developing these diseases and contribute to a better quality and life expectancy "Sport can, and should be, a powerful tool to help reduce poverty and social exclusion in the world "(Olivera Beltrán, 2010 pp. 5), (9)

Sport is a cooperation instrument that allows the production of goods and sporting events, which benefits with the entry of economic resources and generates sources of employment, which impacts the Gross Domestic Product (GDP), but also strengthens and motivates the individual. leading a healthy life and thereby minimizing stress allowing awareness of a healthier way of taking care of yourself, in the part of the social relationship strengthens values, improves coexistence and social cohesion, as supported by Olivera (2010), sport it is a catalyst for economic development, channels the natural aggressiveness of the individual and fosters social development (4)

Sedentary lifestyle and its repercussions

Sedentary lifestyle is conceived in this research work as the inactive person who does not perform physical activity and / or sports practice, which can have detrimental effects on the health of the same, therefore the subject who has an inactive lifestyle is more prone to developing certain types of non-communicable diseases, such as high blood pressure, metabolic syndrome, high cholesterol, high blood pressure, heart disease, obesity, anxiety, type two diabetes, among others, which causes a risk factor and a permanent threat to human health (Varo and Martínez - González, 2006). (10)

Since 2010 when the World Health Organization (WHO) estimated that 3.2 million people had died each year due to sedentary lifestyle due to non-communicable diseases and that lack of physical activity had put them at risk death, which is why it has been considered a risk factor for these multi-causal diseases that share inflammatory pathophysiology. (eleven)

Authors such as Lavielle, Pineda, Jáuregui and Castillo (2014), point out the importance of having a physical activity because the lack of it causes health problems which makes the human being more sedentary and causes them to be more likely to suffer or develop some type of chronic disease. (12)

According to the data presented in 2019 by the World Health Organization (WHO), I state that one of the main causes of death worldwide in 2019 was non-communicable diseases, which accounted for 74% of deaths (13).

By 2020, the condition of physical inactivity has been so important that the WHO (2020), has considered it as the fourth risk factor for death, constituting an epidemic that has caused the thousands of deaths from Sarscov2 during these two years. This health organization estimates that 60% of the world population suffers from it and is predisposed to conditions such as metabolic syndrome, integrating obesity and overweight, hypertension, hypercholesterolemia and diabetes. (14)

There are also studies associating a sedentary lifestyle with behavioral factors in human beings such as aggressiveness, low self-esteem, decreased academic performance and related to health problems such as obesity and overweight, however physical activity counteracts sedentary lifestyle and Consequently, behavioral factors and health problems tend to improve, sports practice positively influences cognitive processes but also improves motor aspects, favors social skills and thereby strengthens people's confidence (Morales Benítez, Morales Hernández and Alcaraz González 2020). (15)

The National Institute for Social Security and Services for State Workers (ISSSTE) mentions that 58.3% of people over 18 years of age are being affected by sedentary lifestyle, according to the 2018 report issued by the Sports Practice Module and Exercise where it is stated that physical activity generates benefits in the short, medium and long term in the health of individuals, with this it is possible to combat obesity, it allows to control cardiovascular diseases but also reduces the risk of suffering from different types of cancer, it is for This means that the promotion of physical activity should be a priority issue and an essential objective in public policies to counteract sedentary lifestyle and strengthen the health prevention strategy and thereby achieve healthier people with a better quality of social life, physical and mental. (16)

Stress and its relationship in aspects of physical culture

Stress today is present in the daily life of the inhabitants and is defined as the imbalance that the individual perceives in the face of a demand and his ability to meet it where the fear of failure of not being able to satisfy that demand would cause consequences self-esteem, security, among others, which involves personal issues of expectations and aspirations that you have in order to achieve your goals. so too is the need to maintain a balance between what reality demands and the individual's capacity to meet those demands. (17)

According to the author McEwen Bruce (2000) defines it as:

“An actual or suspected threat to the physiological or psychological integrity of an individual that results in a physiological and / or behavioral response. In medicine, stress is referred to as a situation in which the levels of glucocorticoids and catecholamines in circulation are elevated”. (18)

This would lead us to the cognitive and behavioral coping mechanisms and capacities of people to face the threat and that being little adaptive emotional or attitudinal the physiological response is generated as a reaction to the environment. (19)

An important element that must be considered for the generation of stress is the dynamics of the organization's work, which directly influences the quality of life of the individual (Pierre R, 1982, mentioned in Sarabia-Cobo CM, Díez Saiz Z , San Millán Sierra S, Salado Morales L, Clemente Campo V, 2016), which allows to maintain or increase the physical or psychological well-being of people, affecting the level of motivation, the potential to adapt to environmental transformations, to creativity, the will to innovate or accept changes, all this affects the performance of the human being, therefore the working conditions contribute physically and mentally to the individual's behaviors. (20)

Bairero A. (2017), mentions two types of stress behavior factors, which divide them into type A and type B, where the one that is most harmful to health is what he calls type A. (21)

This is due to the response to stress activated by the autonomic, sympathetic and para-sympathetic nervous systems, being encoded by the central nervous system as a cortical stressor, also activating the limbic system and the hypothalamic axis. Pituitary-adrenal, generating high concentrations of cortisol that is related to propensities to aggressiveness, competition, impatience, urgency at work, which leads to risk factors because it directly influences coronary arteriosclerosis, high cholesterol, high blood pressure and smoking, large increase in plasma lipids and high coagulation speed.

Therefore, in order to compensate for this type of behavior derived from stress, it is important to have leisure time where the limbs of the human body are exercised and the same motor skills that can be achieved through physical activity such as walking are developed. swim among others; Likewise, moderate physical activity helps the production of endorphins, dopamine and serotonin in individuals, which allows them to feel healthier and with a pleasant sensation (22).

Therefore, it is important to carry out physical activity, which is defined by the WHO as:

(...) Any body movement produced by skeletal muscles, with the consequent consumption of energy. Physical activity refers to all movement, even during leisure time, to move to and from certain places, or as part of a person's work. Physical activity, both moderate and vigorous, improves health (23)

The same WHO recommends physical activity for all different age groups in order to achieve better health and improve quality of life standards with respect to it. Therefore, doing moderate physical activity causes improvements in physical and mental health; And although physical activities are carried out in Mexico, there is no true sports education that allows users to assess the benefits of this activity, this is evident from the high mortality due to overweight and obesity suffered by Mexicans and especially Acapulqueños. According to the Acapulco municipal health director, of the total of patients with chronic diseases in this port city, 37% suffer from obesity, aggravating the current situation of the pandemic (24).

From the perspective of sports culture, it is understood as the physical activity that must be cultivated and that is made of it, a way of life, which is why it appears associated with the ability to perform physical exercise as a lifestyle as part of the cultural rights of society (25)

Material and method

The study of the analysis was carried out in Acapulco Gro, which has a population of 779,566 inhabitants being one of the municipalities of the state of Guerrero with the lowest average of daughters and sons born alive to women 12 years and over, with a growth rate of 2.1% as well as with the largest population born in another country with 2,899 individuals, it is also the third municipality with the 9.9% with the highest average level of schooling of the population aged 15 years and over, and has 223,924 inhabited private homes. (26)

According to the National Council for the Evaluation of Social Development Policy (CONEVAL 2020), it is stated that, in 2015, Acapulco together with Chilpancingo, Chilapa de Álvarez, Iguala and Taxco de Alarcón were the municipalities where 34.5 % of people with the greatest poverty; but Acapulco was also the municipality that increased its poverty percentage by 7.5 percentage points, being the municipality with the highest increase (27)

For the investigation the quantitative method was used and the tool that was applied was the questionnaire; the size of the sample was determined according to the data of the population of Acapulco where the size of the universe was 779,566; maximum acceptable error 5% with a significance level of 94% which resulted in 380 individuals.

Analysis of data

It is important to know functional aspects of motor skills and health, so it is necessary to know what the sports culture that the individual has with respect to physical activity, therefore, the frequency with which it is carried out was questioned, finding that 53% of the population performs physical activity three times a week (31%) and daily (22%), that is, five of every 10 people exercise constantly, while only two do not do any activity. Table 2

FREQUENCY PHYSICAL ACTIVITY	Age ranges			Total	Percentage
	15 -25	26 -45	46 and over		
Once a day	43	25	14	82	22%
Three times a week	58	42	16	116	31%
Once a week	10	51	12	73	19%
Twice a month	6	4	11	21	6%
Once a month	6	2	7	15	4%
I do not perform	17	6	50	73	19%
Total	140	130	110	380	100%

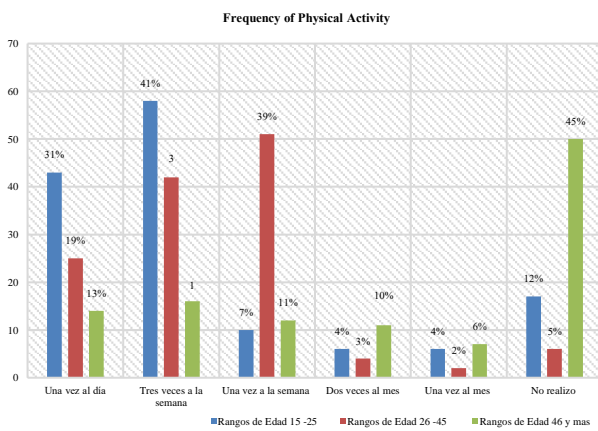
Table 2 Age ranges in relation to Physical Activity

Source: Own elaboration

However, in a detailed analysis we observe the correlation of age and physical frequency, showing that as people get older, the frequency of physical activity decreases; Graph 1 shows how those people who are in the range of 15 to 25 years their frequency percentage is 72% (daily and three times a week), which indicates that more than two-thirds of the population who are in that age category, have a greater discipline in terms of physical culture.

The level composed of the ages of 26 to 45 years indicates that half of the population that makes it up exercises regularly (daily and three times a week), however, for what they are in the hierarchy of 46 years on, this frequency drops to 28%, which indicates that the older the child, the less physical activity.

Thus, it was also observed that for people between 26 and 45 years old, the highest peak of frequency of physical activity is "once a week", mentioning that it is due to the workload and the increase in work activities for which They only have one day to exercise

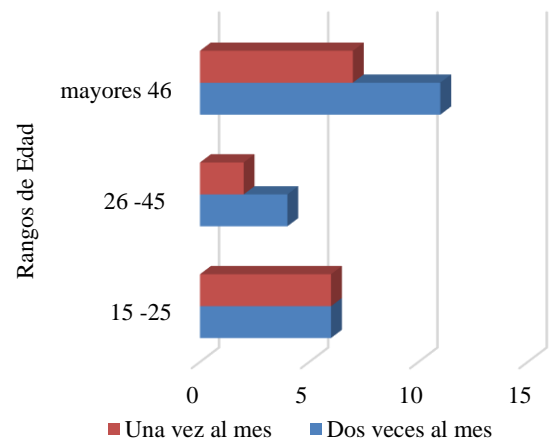


Graphic 1 Physical Activity vs Age Ranges

Source: Own Realization

It is noted that sedentary lifestyle occurs in all age ranges, but it becomes more significant when people are over 45 years of age, as shown in graph 1, where it is evidenced that people who are 46 years of age and older have the percentage of sedentary lifestyle is 45% and yet at the 15 to 25 and 26- to 45-year-old levels it is present in 12% and 5% respectively.

One of the causes indicated by which sedentarism is accentuated in people over 45 years of age, they externalized that it is due to the burden of work responsibility, stress and family problems, revealing that the time they have free for leisure is dedicated to to rest.



Graphic 2 Semi-Sedentary vs Age

Source: Own Realization

Likewise, two variables of frequency of physical activity were included: "Once a month" and "Twice a month", where they were considered as part of a semi - sedentary lifestyle since they do not have the discipline to exercise, observing that 16% corresponds to individuals with 46 years and over, there is 8% for those who are at the level of 15 to 25 years and those aged 26 to 45 occupy 5%, showing again that older people tend to be older inactive and therefore sedentary. Graphic 2

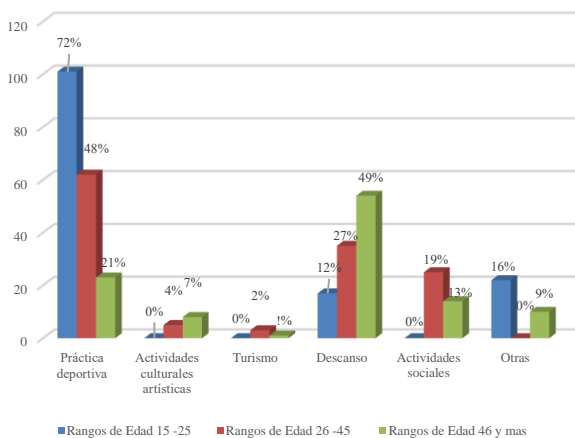
In order to know the tastes and preferences of the selected sample regarding their activities that they like to do in their free time, it was obtained that the activity with the highest percentage was sports practice followed by rest and social activities (Table 3)

FREE TIME ACTIVITY	Age ranges			Total	Percentage
	15 -25	26 -45	46 and over		
Sport practice	101	62	23	186	49%
Artistic cultural activities	0	5	8	13	3%
sightseeing	0	3	1	4	1%
Break	17	35	54	106	28%
Social activities	0	25	14	39	10%
Other	22	0	10	32	8%
Total	140	130	110	380	100%

Table 3 Activities by Age Range
Source: Own realization

In the analysis by age segments, it was found that people who are younger tend in their free time to dedicate it to sports, while the less young (46 years and over) prefer rest, it is perceived in the research that activities Social activities appear from the age of 26, which establishes the sense of belonging to a group, within the social activities indicated by the sample were: children's parties, weddings, family reunions, parties with friends, among others.

In graphic 3, it can be seen how as people become more adult, sports practice decreases, that is, when the age is within the range of 15 to 25 years, seven out of 10 people practice a sport, but when they are already in the stage 46 onwards, only two out of ten individuals practice sports, in other words, of the 7 subjects who perform exercise, 5 will stop doing it.



Graphic 3 Free time occupations
Source: Own elaboration

The main activity in free time for people over 45 years of age is resting, which leads to a sedentary lifestyle, while for those who are in the age range of 26 to 45 and 15 to 25 years of age, their main free time activity they dedicate it to sport.

However, the second activity for people between the ages of 15 and 25 indicates that they are "other activities" which are made up of watching television, checking their social networks and watching video games, by adding 16% that make up other activities and 12% from rest we obtain that 28% of the people in this range are sedentary.

In the integrated range of 26 to 45 years, rest occupies the second place with 27%, however, 19% of this population in their free time dedicate social activities, although they mentioned that in this time of the COVID-19 pandemic, it is more complicated to be able to leave.

Tension and stress are conditions that people acquire according to their social, family, work commitments, etc., and these cause health problems such as heart disease, blood pressure, mental disorders, depression among some others. Therefore, it is necessary to know the types of places and / or tourism that humans prefer to be able to release stress and tension in order to improve the mental health of the individual.

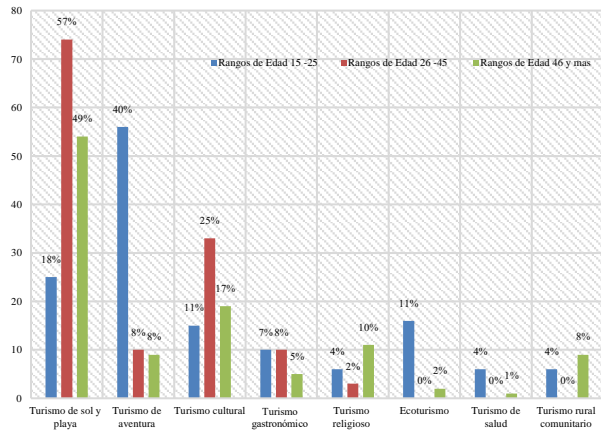
Acapulco being a port that offers different types of tourism such as gastronomic, adventure, sun and beach, but also promotes the culture of sports by offering different activities and sports such as water sports, extreme sports, among many more, it was decided to know which is the most attractive for them.

WHICH TOURISM DO YOU PREFER	Age ranges			Total	Percentage
	15 -25	26 -45	46 and over		
Sun and beach tourism	25	74	54	153	40%
Adventure trip	56	10	9	75	20%
cultural tourism	15	33	19	67	18%
Gastronomic tourism	10	10	5	25	7%
Religious tourism	6	3	11	20	5%
Ecotourism	16	0	2	18	5%
health tourism	6	0	1	7	2%
Rural community tourism	6	0	9	15	4%
Total	140	130	110	380	100%

Table 4 Travel Preferences
Source: Own elaboration

This is how they were asked the type of tourism they prefer and the first place was occupied by sun and beach tourism, stating that it is relaxing to lie down or bury in the sand and enjoy the sea breeze forgetting about any problem, as second place I occupy adventure tourism and in a third place cultural tourism. Table 4.

When carrying out the analysis by age range, people aged 26 and over prefer beach tourism, however for the youngest this is not the case, leaving it in a second term; they prefer adventure tourism to relax and have fun, they also commented that it is much more exciting.



Graphic 4 Tourism vs Age
Source: Own elaboration

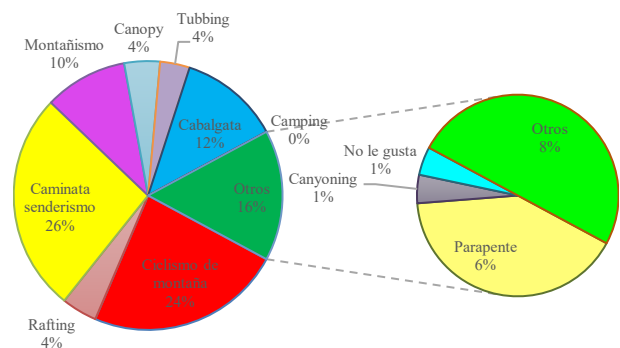
People from 26 to 45 years old are the most applicants for cultural tourism with 25%, in second place are people aged 46 and over and lastly with 11% are the youngest. The tourism that least interests individuals is health, where only 4% of young people are interested, adults only one percent and definitely those between 26 and 45 years old are not interested.

In order to identify which activities can encourage physical activity to combat leisure and sedentary lifestyle in order to help minimize non-communicable and preventable diseases, they were asked what type of activity encourages them to be less passive (Table 5).

ADVENTURE AND ACTIVE TOURISM PREFERENCES	Age ranges			Total	Percentage
	15-25	26-45	46 and over		
Mountain biking	33	23	8	64	17%
Rafting	6	0	1	7	2%
Hike hiking	37	72	32	141	37%
Mountaineering	14	8	6	28	7%
Canopy	6	0	6	12	3%
Tubbing	5	8	6	19	5%
Ride	17	0	0	17	4%
Camping	0	19	0	19	5%
Paragliding	9	0	0	9	2%
Canyoning	1	0	0	1	0%
Does not like	1	0	51	52	14%
Others	11	0	0	11	3%
Total	140	130	110	380	100%

Table 4 Sports that encourage physical activity
Source: Own elaboration

Where 37% percent of the population mentioned that they prefer walking and hiking, 17% prefer cycling and mountains, but the third place with fourteen percent mentioned that they definitely do not like anything and when comparing this figure with the one found in Table 1 where 19% of the population indicate that they do not perform any physical activity, it can be seen that a certain segment of the population is definitely sedentary and they will not change their way of life, which may cause them some type of disease discussed in this research and in case of not having their social benefits can produce a considerable financial outlay.

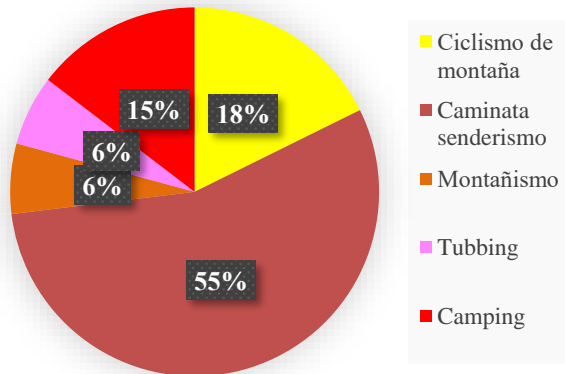


Graphic 5 Sports preferences in young people between 15 and 25 years old
Source: Own elaboration

Comparing the age hierarchies, it is envisaged that young people are attracted first of all by walking and hiking, by mountain biking and what they least appreciate is the Graphic 5 campsite, thus also in this segment of the population we find present extreme sports such as mountaineering, paragliding, rafting among others.

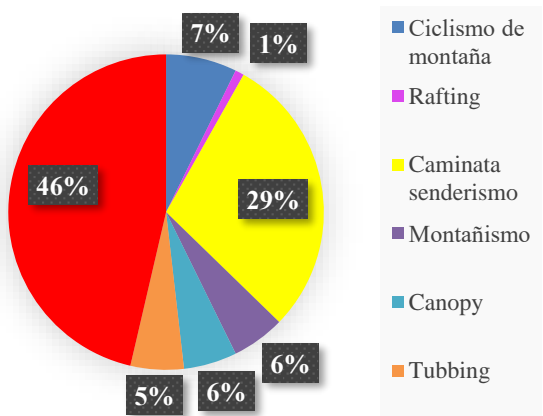
While for people who are in the category of 26 to 45 years, more than fifty percent choose walking and hiking, mentioning that this activity does not involve so much effort and audacity and in particular the walk can be practiced anywhere, in a park, on the beach, on a field near your home, etc. being very convenient for them. Graphic 6

Within the same age level there are less than 20% who indicate mountain biking, they state that it is attractive to feel the adrenaline, but we also find in this segment that they choose camping, which is a quieter activity as opposed to the Younger population that does not attract their attention, it can also be observed that extreme sports are becoming scarce. Graphic 6



Graphic 6 Sports preferences of the 26- to 45-year-old segment
Source: Own elaboration

As shown in graphic 7, the older population becomes inactive by not indulging in any sport, expressing that due to workloads and commitments they prefer to rest and sleep in their free time rather than doing any physical activity and seek to be distracted by leisure activities. television programs.



Graphic 7 Sports preferences in segment 46 years and over
Source: Own elaboration

It is distinguished that only three people out of ten in this age category like walking and hiking, stating that they prefer to walk more than hiking.

Conclusion

The study carried out shows that at a younger age there is a greater commitment to physical activity and thereby contributes to health care, but as the human being grows, this commitment decreases, which favors adults being more prone to certain diseases.

The younger the human being tends to become more active and extreme sports prevail, however, in his adulthood he considerably decreases the likes for these sports and becomes more inactive and therefore sedentary.

However, sedentary lifestyle is present in young people from an early age, which according to the study would be from 15 years of age, but on a smaller scale, however, as they get older the degree increases.

With regard to social and mental well-being, social activities appear in the second segment, which is from the age of 26 where you already have a group of friends from work and social commitments of your children, family and friends contributing to feeling part of a group which gives the sense of belonging, for what happens to mental well-being people prefer more relaxing places to forget about stress and thus improve healthy living conditions.

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