Assignment One

**Developing Student Participation in Health and Physical Activity**

by

Alan Hubbard

S326012

for

Mr David Waters

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Institutional Factors influencing Health and Physical Education

Developing student participation in health and physical activity. What are some of the institutional factors influencing the Health and Physical Education curriculum in schools? How might these issues be overcome?

The discipline, within the schooling institutions, of Health and Physical Education has many barriers to its implementation, and beyond that, an adequate implementation. This does not only involve the students’ personal and social restrictions on participation, but also external restrictions from their institutions, such as the school, including their staff, policy influences and religious restrictions. These barriers can and do reduce the amount of time students spend in Health and Physical Education, that is critically beneficial to their overall education and health and well-being.

Schools and their staff are met with many competing priorities. As described by Shulman (1983) “Teaching is impossible.” The sum of activities and requirements that is expected of a teacher, is greater than the time and resources allocated to them. “Yet teachers teach.” This already shows that at the classroom level, teachers are comparing competing priorities and making critical decisions that will impact their students and others. This difficulty extends to the educational institutions and policy that determines the schools’ priorities.

It is critical to ensure that students not only are engaged with Health and Physical Education but are also engaged throughout their academic journey. Bartholomew and Jowers’ (2011) research demonstrate the academic fall out from a decline or lack of physical activity and education. It is clear that, not only healthy and physically active students have less health issues or concerns in adolescence and adulthood, but also have better academic performance throughout their education. As Bartholomew and Jowers (2011) discuss, the data should direct educational institutions to place emphasis on Health and Physical Education, however the standardised testing regimes to evaluate schools, teachers and student, has influenced schools to attempt to maximise instructional time for key areas, such as numeracy and literacy, and reduce opportunities for physical activity, such as recess, and reduce the number and length of Physical Education classes. The academic results from increased Physical Education in elementary school students versus the control showed a higher increase in reading, math and spelling scores between pre- and post-intervention. Initially this is counter intuitive, as the control group was allowed more time for traditional academic study, whilst the experiment group had less time due to participation in more Physical Education, however the techniques used to incorporate the Physical Education was a holistic approach to increase efficiency by coupling Health and Physical Education classes with math, spelling, et cetera. (Bartholomew and Jowers. 2011; Fedewa and Ahn. 2011)

France does not teach Health and Physical Education as a specialist subject, rather as a part of citizenship education. Thus, it is not a specialty amongst teachers, but a part of the curriculum for all teaching staff. Whilst the intention is to ensure all school staff are included in the Health and Physical Education framework, it is unlikely that this will maintain priority over their specialist teaching subjects. Whilst this shows a strategic policy of ensuring students are adequately prepared for life with Health and Physical Education as a life skill, ultimately, it is the responsibility and professionalism of the teachers and schooling staff to ensure this is maintained. Further, the requirement of collective action through a united faculty, unlike other disciplines, opens this framework for the education of students within Health and Physical Education to be subverted. As there is no mandatory training or education for teachers, it is more likely that teachers that are less familiar or more opposed to a Health and Physical Education in the curriculum will avoid its inclusion. Alternatively, teachers with an affinity for the discipline can either have more diversity to explore alternate teaching methodologies or be met with hurdles, in the form of other school staff. (Jourdan, et al. 2011).

Teaching has been overwhelmed by drastic increases in the requirements for paperwork and other duties related to teaching, yet not teaching in and of itself. Due to the extra demands placed on teachers, that were not necessarily present in years past, teachers, particularly new teachers, can become overwhelmed by these requirements. This creates a distraction to the education of students. (Richards, et al. 2013)

Extracurricular physical activities have been noted to decrease student dropout rates (Rasberry, et al. 2011). The benefits of Physical Education does not only reside within the field of health, rather improves the quality of work and life in all areas for those that are involved. With reference to nation-wide assessment programs, the inclusion of physical activity is well known to improve academic results, which provide better reflection on schools and their staff. This is another reason to further emphasise the need to include and promote Health and Physical Education in the academic program at all year levels. In order to counter dropout rates, teachers need to become more creative to entice student involvement and ownership.

The number one reported barrier to Health and Physical Education by several teachers in Victorian public schools was an overcrowded curriculum. Further this was reported more significantly more often as the number one issue than any other perceived barrier. This shows that, at the very least, schools provide some institutional barriers to the successful implementation of a Health and Physical Education program. Therefore, it is required to be a focus for senior teachers and staff, such as principals and heads of departments, within schools to provide sufficient space within the timetable to conduct and allow for sufficient physical activity. This, however, relies on the perspectives of these individuals to be open to change and believe that the reduction in other academic areas will benefit the students’ overall well-being. (Jenkinson & Benson. 2010)

Curry (2012) states that in New South Wales, 6-10% of the curriculum is mandated to be occupied by Physical Education; however, this is rarely met. This poses the question, “Is the requirement really mandated?” If the requirement is rarely met, then how can this be met in other ways or are schools being allowed to deviate from mandated requirements. Also, are there repercussions for schools that failed to meet the mandatory requirements, if so, what. Whilst neither, rectification nor punishment is necessarily required in these situations, if practice does not reflect policy, then one or the other must be changed to meet the needs or reality of physical activities in schools. Current Northern Territory policy relating to the recommended time allocations for Health and Physical Education is 80 hours per year at each year level from Transition to Year 10. (Northern Territory Government, Department of Education. 2018)

The attitudes towards health and physical education in childhood and adolescence, tend to be enduring into adulthood. One of the most evident factors affecting this is the school subject Health and Physical Education. When students are given a comprehensive and enjoyable experience through a well-rounded curriculum, they are more likely to lead healthier lives and a less sedentary lifestyle. In a study by Bendíková and Dobay (2017) results identified that more male responses were that they had fewer health problems than women, men evaluated their own health status as generally higher than that of women and men enjoyed physical and sport education more than women and participated more significantly in activities or classes. Whilst this is beneficial for men as a generalisation, it also identifies that the education of women needs to be more focused, in order to raise their health and physical activity. (Bendíková & Dobay. 2017)

The culture of a school is largely determined by the Principal and Senior Teaching Staff. The commitment and investiture by these key staff will influence the prioritisation of Health and Physical Education in the curriculum. Often Principles will direct that a teacher, specialising in Health and Physical Education will set the curriculum and whilst there is no inherent issue with this, the Principal must also invest into this program, rather than allowing a junior teacher set the program without oversight. For example, when determining a timetable, simply the allocation of lesson times, provides an insight into the subject specialisation priorities, that is, subjects placed early in the day are identified as a higher priority. Further a lack of direction to school staff can result in teachers avoiding delivery of Health and Physical Education, when no specialist teacher is available. (Rainer, et al. 2012)

Also, in the internal role conflict that often arises with Physical Education specialist teachers is that of the teacher/coach. Regularly, the Physical Education teacher will also provide coaching to one or more extra-curricular school sports. Whilst there are similarities between teaching Health and Physical Education subject matter and coaching sports, differences are greater. To compound the intra-role conflict, coaching successes are more noticeable than success through teaching (Richards, et al. 2013). The success in teaching, that is typically overlooked by senior school faculty, then drives teachers, not to deliberately neglect their teaching practice, but prioritise coaching.

Gendered school uniforms can cause a noticeable reduction in the participation of students in physical activity. The gendered nature of school uniforms, specifically, skirts, adds an unnecessary restriction to female participation in physical activity. Whilst this can be mitigated by sports uniforms, specifically worn for lessons requiring physical activity, the restriction remains in place for participation during extended breaks, such as lunch. Female students identified this trend not just as a physical restriction due to uniforms, but also identified it as a gendered restriction on them and facilitative for male students. Female students can unintendedly identify that the school uniform perpetuates a gender stereotype, that females are less active than males, therefore, should not be as physically active during formal and informal periods of physical activity. With the knowledge that females are less likely to participate in physical activity at school and reduce even further into adulthood, it is prudent to provide as much opportunity, or reduce restriction, as possible. Just the material used can be restrictive on female as well as male students. When the clothing is seen as too restrictive, by students, they can refer to other activities where the school uniform does not restrict their performance. (Watson, et al. (2015)

Institutional restrictions do not only lie within institutions within the educational setting but also external to them, specifically religion. As discussed above, the clothing worn can, in effect, become a physical barrier to the participation of students within physical activities. Islamic religious clothing for women is seldom facilitative to the successful and full-bodied integration into school based physical activity. Further, the religious ideals and morals can too, become a barrier to their participation. This creates a dilemma for educators and schools to attempt to incorporate their participation in physically demanding activities that will develop students into well-rounded individual citizens, when the students’ religious practice either hinders or prohibits their participation. (Laar, et al. 2019; Turkmen. 2018)

The benefits of student participation in Health and Physical Education is clear. They not only receive physical activity which increases the likelihood that they will also continue physical activity into adulthood, in an increasingly sedentary lifestyle but also their academic performance improves as a result. The list of barriers met by students, teachers, staff and administrators is far more than that of the past. The increasing demand of academic evaluation ensures that the focus of schools and administrators remains within a purely academic position, largely numeracy and literacy, which diverts focus away from health and well-being.

Policies intended to ensure that all teachers partake in Physical Education can have the unintended consequence of discouraging teachers’ participation and a further reduction in specialisation. The personal restrictions that students bring to Health and Physical Education are unintended, yet typically unavoidable. The gendered nature of school uniforms restricts female students’ participation and can perpetuate stereotypes regarding their participation, or non-participation within physical activity. Religious practice provides another restriction, sometimes reinforcing stereotypes but also through traditional clothing.

The barriers imposed on all school participants that restrict the involvement within Health and Physical Education requires constant review. Some are unavoidable, whilst others can be removed or modified to ensure that participation is maximised for the benefit of students and teachers delivering the content.

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