Giornale Italiano di Educazione alla Salute, Sport e Didattica Inclusiva / Italian Journal of Health Education, Sports and Inclusive Didactics - ISSN 2532-3296 - Anno 3 n. 4 - ottobre - dicembre 2019 - ISBN 9788860223746 - CC BY-NC-ND 3.0 IT - doi: 10.32043/gsd.v3i4.146

BECOMING "PHYSICALLY EDUCATED" TO IMPROVE HEALTH AND WELLBEING: THE MEANINGS OF "EDUCATION" AND "PHYSICAL" IN PHYSICAL EDUCATION

DIVENTARE "FISICAMENTE EDUCATI" PER MIGLIORARE LA SALUTE E IL BENESSERE: I SIGNIFICATI DI "EDUCAZIONE" E "FISICA" IN EDUCAZIONE FISICA

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Abstract

In this contribution, we explained the meanings of "Education" and "Physical" in Physical Education (PE) in the international framework, as there is a global confusion among PE practitioners. To date, there's a risk of doing sports, physical activity, and obesity prevention without Education, or acquiring theoretical knowledge without movement. Research indicated that social, emotional, physical, and cognitive dimensions are enhanced through PE and Physical Literacy, that is educating through movement. Thus, laying a strong "physical dimension" platform is necessary to achieve a "health and physically educated" child. In conclusion, to optimise wellbeing children must be first "physically educated".

In questo contributo, abbiamo spiegato i significati di "Educazione" e "Fisica" in Educazione Fisica (EF) nel contesto internazionale, in quanto c'è una confusione globale tra i professionisti dell'EF. Ad oggi, esiste un rischio di fare sport, attività fisica e prevenzione dell'obesità senza Educazione, o acquisendo conoscenze teoriche senza movimento. La ricerca ha indicato che le dimensioni sociale, emotiva, fisica e cognitiva sono migliorate attraverso l'EF e l'alfabetizzazione motoria, cioè educando attraverso il movimento. Pertanto, è necessario gettare una solida base di "dimensione fisica" per ottenere un bambino "sano e fisicamente educato". In conclusione, per accrescere il benessere, i bambini devono essere prima "educati fisicamente".

Keywords

Physical Literacy; Wellbeing; Health; Physical dimension.
Alfabetizzazione Motoria; Benessere; Salute; Dimensione Fisica.

Introduction

This contribution tries to explain the meanings of "Education" and "Physical" in the international framework. Research suggests that there is global confusion among practitioners responsible for Physical Education (PE) implementation (Lynch, 2016), including specialist classroom PE teachers. This has major implications as the physical dimension is significant within the education of all children. In many countries, an exclusive focus on activity levels and heart rate levels puts questions of education into the background (Sperka, Enright, & McCuaig, 2018; Williams, & Macdonald, 2015). The World Health Organization (WHO, 2010) recommends that children and adolescents aged 5 to 17 years should accumulate at least 60 minutes per day of moderate- to vigorous-intensity physical activity daily to avoid the risk of metabolic and cardiovascular diseases. Furthermore, in some countries, the academization of PE leads to students becoming more formulators of knowledge about movement than experts in or through movement (Brown, 2013). For this reason, there's a risk of doing sports, physical activity, obesity prevention without Education, or acquiring theoretical knowledge without movement (Quennerstedt, 2019).

Thus, to understand the concept of belonging, being and becoming "physically educated" and the wellbeing and health benefits that it enables, exploration of the following terms is necessary: "schooling" and "education "; "wellbeing", "wellness" and "health"; "health & physical education "; "health literacy "; and "physical literacy". These terms are defined and located within the broader PE field relating to whole child development. In this contribution, we wanted to identify the "what" of "physically educating" children and "how" this is best done.

1. Schooling and Education

Much of the confusion caused by the labels and branding within PE is grounded by the misunderstanding of the words "education" and "schooling". Often people use the word "education" interchangeably with the word "schooling", but they are fundamentally very different. Schooling traditionally refers to what is learnt and taught within the confines of the physical school walls, during the school hours and often inside the classroom. This is problematic in present society where the advances in technology and media, extra-curricular activities, experiences with family and community member connections/partnerships are accurately identified as making a large contribution to a child's education. This is affirmed by Bass and Good (2004) who express "A person who is schooled only to pass the test, is ill-prepared to cope with today's rapidly changing world. Something more is needed to make the student successful in today's world" (p. 162).

Education is derived from two Latin words: "educare" which means to train or mould and "educere" which means to lead out (Bass & Good, 2004). Bass (1997) argued that it was a balance between educare and educere, the passing on of knowledge and preparing students for the changes that they will face in the future that best represents the term "education", that is "The act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgement, and generally of preparing oneself or others intellectually for mature life". This definition also indicates that education is a lifelong process, a concept that has been referred to as education's purpose for many years (i.e. constructivist approach) and also paramount to twenty-first-century lifelong learning skills. Kirk (2014, p. 105) suggests that this notion of lifelong physical activity has been a commonplace aspiration of physical educators around the world since at least the 1940s and indeed has been the raison d'etre of PE's place in the school curriculum. Hence, education is more than schooling, it involves more stakeholders than the immediate school community and it occurs throughout the course of life. In summary, "schooling" relates to training committed to skills and competencies with a utilitarian end, whereas education is concerned with knowledge and understanding (Kirk, 2014).

2. Wellbeing, Wellness and Health

Globally, it is argued that Social and Emotional Learning should be an essential aspect of children's formal education (Durlak & Weissberg, 2005; Hargreaves, 2000; Payton et al., 2008; Zins, Weissberg, Wang, & Walberg, 2004). This is supported by the latest neuroscientific research which has confirmed the powerful role of emotions on children's cognitive mastery, indicating that emotions can either facilitate or impede children's learning process (Payton et al., 2008). Thus, wellbeing provides a strong foundation for healthy development and academic success. While this impetus in wellbeing is perceived as a priority today it has been gradually evolving over many years as an essential need in curriculum, having the strongest connections with the physical dimension (Fischetti et al., 2016).

Wellbeing is rightfully embedded in health curriculum, as evidenced by the World Health Organization's (WHO, 2010) definition of health. Furthermore, there is growing international recognition between the inter-relationship of education and health, which necessitates a more comprehensive approach to school health and coordinated action across sectors (UNESCO, 2016). However, it is argued that the introduction of the multidimensions of health within curriculums requires clarity. Griggs (2015) stated that there remains significant ambiguity around the definition, usage and function of "health and well-being" in the public policy realm and the wider world. One popular and simple definition of wellbeing is a state of feeling good about ourselves and the way our lives are going, but it is stated that there is not one single definition around the world. However, there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning (Garvis & Pendergast, 2014).

Quality of life requires an inclusive welcoming environment where members feel loved and safe, where they can develop to their potential. All members experience wellness through truly "belonging, being and becoming" within education environments. Research showed that regular physical activity promotes mental and social wellbeing and can improve cognitive memory (Zhu et al., 2014). Toddlers and pre-schoolers are recommended at least three hours of physical activity per day and children in the 5–12 years age group are recommended 60 minutes a day of moderate-to-vigorous-intensity physical activity for social, emotional, intellectual and health benefits (WHO, 2010).

3. Health and Physical Education

Literature suggests that the notion of health is reliant on the concept of wellbeing, which is explained as the complex interrelationship of physical, social and mental health; this effectively "reinstated Health and PE as an essential component of a child's learning" (Garvis & Pendergast, 2014). Bradshaw, Hoelscher, and Richardson (2007, p. 8) define wellbeing in the early years as "the realization of children's rights and the fulfilment of the opportunity for every child to be all she or he can be in the light of a child's abilities, potential and skills ". Cale and Harris (2019, p. 5) supported that "psychological and social benefits only occur if experiences of physical activity, PE and sport are positive and explicitly planned and structured to produce particular outcomes". Furthermore, Bailey et al. (2009) summarised from a review of research papers that many educational benefits claimed by PE are highly dependent on contextual and pedagogic variables. For this purpose, we must know that the National Association for Sport and Physical Education (2009) stated five premises for a PE programme:

1. The ultimate purpose of any PE programme is to help children develop the skills, knowledge and desire to enjoy a lifetime of physical activity;
2. Children should engage in physical activity that is appropriate for their developmental

levels;
3. Recess and PE are important but different parts of the school programme;
4. Physical activity and PE are not the same;
5. PE and youth sports are different.

For the PE curriculum to fulfil a role in developing lifelong participation in healthy activities, thus optimising wellbeing, it is imperative that a quality Health and PE curriculum be implemented in schools (NASPE, 2009). Improving the quality of PE in schools is the best-documented intervention approach to promoting physical activity in youth, and enjoying PE is one of the most influential factors for encouraging participation in physical activities outside school (Sallis, Prochaska, Taylor, Hill, & Geraci, 1999); if opportunities for physical activity were denied during school time, children would not voluntarily catch up on physical activity (Dale, Corbin, & Dale, 1999).

Pangrazi and Beighle (2019) state that there is no higher priority in life than health; without it, all other skills lack meaning and utility. This opinion suggests that a quality PE school programme should be given priority over other subjects/ learning areas. A quality PE school programme, rather than being neglected or relegated a minor place in the school curriculum, plays a dominant role in the development of the child from the early years of primary school, and it improves child wellbeing and the likelihood of lifelong participation in physical activities. Health and PE is the key learning area in the curriculum that focuses explicitly on developing movement skills and concepts students require to participate in physical activities with competence and confidence (Giunto, Fischetti, & Greco, 2017). The knowledge, understanding, skills and dispositions students develop through movement in Health and PE encourage ongoing participation across their lifespan and in turn lead to positive health outcomes.

Research findings suggest that if Health and PE is to be achieved, students must firstly be "physically educated" (Lynch & Soukup, 2016). Thus, while it is acknowledged that wellbeing can be achieved through all health dimensions, the physical dimension of PE is the focus within Health and PE. According to UNESCO (2016), PE forms a foundation for positive patterns of behaviour and is the best way to access and systematically engage children and youth in a rounded and healthy lifestyle. However, teachers can influence, for good or ill, students' views about the value of PE (Solmon & Carter, 1995), particularly students' beliefs about physical activity (Lee, 2002). Consequently, "fun", "participation" and "engagement" elements need to reach all children, in a class of diverse student interests and abilities; this is easier said than done. The provision of quality school PE is not just for those children who excel in sport or the competitive arena, but also for those who prefer individual activities such as bike riding, bushwalking or swimming (Boss, 2000). Physical activity benefits especially the unskilled and obese youngsters as these children need to discover suitable physical activities that they enjoy (Pangrazi & Beighle, 2019). This approach to PE is described as the "new PE" (Boss, 2000) that requires teachers to adopt a socially critical perspective for understanding "new kids" and the context of "new times'" (Tinning, 2004). Therefore, contemporary health and PE teachers need to incorporate critical pedagogy into their teaching practice (Tinning, 2004). Inclusive programmes can be implemented by assigning open-ended tasks that allow kids to progress as far as they can individually, and modifying traditional team sports so that teams are much smaller and everyone gets more opportunities to practise skills (Boss, 2000).

Schools play a vital role in the promotion and development of physical activity across a wide range of sports with a diversity of children (Cale & Harris, 2019). However, where PE is poorly or insensitively taught, it is more likely to have a negative influence on learners than a positive one (Tinning, MacDonald, Wright, & Hickey, 2001). Therefore, PE teachers need to be able to deliver and lead quality Health and PE lessons across strands of Physical Activity, Health and Personal Development. For instance, Alderman, Beighle, and Pangrazi (2006) suggested that children's enjoyment of PE is enhanced when teachers promote intrinsic motivation, perceived physical competence, and create a mastery-oriented environment. A study conducted

by Lynch (2017) found that Health and PE implementation is achievable through leadership, underpinned by clear communication and a whole-school approach. Leadership does involve the teacher having the knowledge and understanding of the various pedagogies that exist in health and PE and the awareness to choose the most appropriate for each particular learning experience (Tinning, 1999). PE teachers are often required to choose critical, socially just pedagogies rather than the traditional dominant science and performance-based pedagogies for Health and PE, which focus on technical outcomes in movement. Thus, the constructivist approach is necessary to counteract the ideologies that have existed throughout history.

Globally, PE is the entry-point for lifelong participation in physical activity and is the most effective means of providing all children and youth with the skills, attitudes, values, knowledge and understanding for lifelong participation in society (UNESCO, 2016). In summary, quality PE according to UNESCO involves movement competence to structure thinking, express feelings, and enrich understanding. Through competition and cooperation, learners appreciate the role of rule structures, conventions, values, performance criteria and fair play, and celebrate each other's varying contributions, as well as appreciating the demands and benefits of teamwork. Additionally, the learner understands how to recognize and manage risk, to fulfil assigned tasks, and to accept responsibility for their behaviour. They learn how to cope with both success and failure, and how to evaluate performance against their own and other's previous achievements. It is through these learning experiences that quality PE provides exposure to clear, consistent values and reinforces pro-social behaviour through participation and performance (UNESCO, 2016).

4. Health Literacy

Health literacy relates to lifelong education, specifically lifelong health-promoting behaviours (WHO, 2013). As the term suggests health literacy is derived from poor literacy skills and the negative influence which they have on health outcomes (Nutbeam, 2008). According to Nutbeam (2008), there are two conceptualisations of the term "Health Literacy ", that is asset and risk; both are dependent on the underlying base of literacy and numeracy and are context and setting specific. Nutbeam (2008) concludes that individuals with underdeveloped skills in reading, oral communication and numeracy will not only have less exposure to traditional health education, but also less developed skills to act upon the information received. Health literacy as a concept advocates preparation for life and wellbeing where knowledge and skills can be transferred and adapted across contexts, developing knowledge and understanding in contexts that are meaningful to them (Quennerstedt, Burrows, & Maivorsdotter, 2010).

5. Physical Literacy

As published by Lynch and Soukup (2016), the ambiguous grey area surrounding the terms PE and Health and PE has seen the rise and traction of new terms to represent and replace the original meaning of PE, one such term is "Physical Literacy". Corbin (2016) informs us that physical literacy is not a new term with references made in the early 1900s and again in the late 1950s. Earlier definitions of physical literacy referred to being able to read or write but in its broadest context "literacy" means becoming educated (Corbin, 2016). PE has been well known in the past as "education through the physical" (Corbin, 2016, p. 14), thus, there are strong links between the semantics "literacy" and "education" (Lounsbery & McKenzie, 2015). Common themes identified by Richards (2016) in the literature include Physical Literacy is a lifelong process, that acquisition (competence) of fundamental movement skills is a core component, and that it embraces knowledge, attitudes and motivations that facilitate confident movement. Lynch and Soukup (2016) propose that compared to Health and PE, Physical Literacy by defi-

nition focuses on one-dimension, also that Physical Literacy has not been positioned within the international field of PE, or body of knowledge within the discipline. This involves both learning to move (i.e. becoming more physically competent) and moving to learn (e.g. learning through movement, a range of skills and understandings beyond physical activity, such as co-operating with others). The context for the learning is physical activity, with children experiencing a broad range of activities, including sport and dance (Lynch and Soukup, 2016).

McKenzie and Lounsbery (2016) suggest that there is a lack of consensus among international physical activity/fitness experts regarding what constitutes Physical Literacy. If experts are uncertain about what physical literacy is, one can only imagine how confused the lay public and policymakers might be. Many already cannot discriminate among terms such as physical activity, physical fitness, and PE, and adding yet another term (i.e. Physical Literacy) would only add to the confusion. Kirk (2013) describes Physical Literacy as a philosophical position on PE; this position relates to the global discourse in PE, embedded within an inclusive ideology. Therefore, many of Physical Literacy characteristics are not new and have been borrowed from PE, specifically literature relating to lifelong PE. However, the literature suggests that today, classroom teachers are required to be health and wellbeing experts, but not PE experts (Griggs, 2015). This is a paradox and is in agreement with what was said in the introduction of this contribution, that is to be a health and wellbeing expert one must also be an expert in the physical dimension. Finally, Physical Literacy can have in the multilateral method a valid support to complete, on the conditional and coordinative level, the motor learning necessary for the acquisition and improvement of the basic motor patterns and the motor skills that can be built through them as shown in the previous studies with children (Fischetti & Greco, 2017a) and older age groups (Fischetti & Greco, 2017b). Studies in this direction should be encouraged.

Conclusions

This contribution explained the meanings of "Education" and "Physical" in PE in the international framework, as research suggests that there is global confusion. Furthermore, the contribution examined the concept of belonging, being and becoming "physically educated" and identified the "what" of "physically educating" children and "how" this is best done. Quantitative evidence-based research indicated that physical activities optimise children's wellbeing and physical activities that are unique to the PE curriculum, defined as "education through movement" (Pangrazi & Beighle, 2019), however, there is a great need for qualitative research to investigate PE implementation in schools. Qualitative research is commonly used in education (Lune & Berg, 2017; Merriam, 1998; Salkind, 2017) and investigates the relations between teaching, learning and socialisation by exploring theories and practice —asking questions such as who is teaching, who is learning, when and with whom. In summary, to physically educate all children entails these considerations:

Priority must be given to the movement in lessons, enabling inclusive experiences where all children are given the opportunities to develop the necessary movement skills. While having a physical and cognitive focus, children can engage and enjoy moving which sets the platform for a lifetime.

Educators are aware that child must be fully "Health and physically educated". Evidence-based research (quantitative and qualitative) illustrates how the various dimensions of holistic PE complement one another: social, emotional, physical, and cognitive. All dimensions are enhanced through quality PE and the more any one of these dimensions is enhanced the more the other dimensions can benefit.

Health and PE area must be implemented using an inclusive socio-cultural approach, consistently throughout the whole school. This requires leadership and strong communication from headteachers.

In conclusion, the message to take home is that to optimise wellbeing children must be first and foremost "physically educated". This is the nature of the learning area and educators must get this right if they are to reach all children in all schools. Thus, laying a strong "physical dimension" platform is necessary to achieve a "health and physically educated" child. A strong, clear and comprehensive grounding in quality PE is essential for both teachers and students. In schools around the world, PE has been marginalised. In the future, PE will be arguably, "the most important" learning area as there is no higher priority in life than health; without it, all other skills lack meaning and utility (Pangrazi & Beighle, 2019). Schools play a key role in children's health and wellbeing and according to education policy and global guidelines, PE must be prioritised.

Authors contribution

G. Greco has designed and written the manuscript. S. Cataldi researched the studies in literature and contributed to the writing of the manuscript. F. Fischetti supervised the bibliographic collection work and designed and reviewed the contribution.

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