

A CASE FOR PHYSICAL EDUCATION/LIFE ORIENTATION: THE HEALTH OF A NATION

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ABSTRACT

The Worldwide Audit on the state and status of Physical Education (PE) in 1999 provides a clear picture of the threat under which the school subject seems to be on a worldwide scale. In the aftermath of the World Summit on PE, held in Berlin in 1999, it was deemed necessary to investigate the health status of populations and the current international and national trends regarding quality PE as a school subject. The research was conducted by means of a literature study in the field of health, education and PE. In the United States (US) the 1996 Surgeon General's report on physical activity and health as well as the 1997 subsequent recommendations from the Centres of Disease Control and Prevention (CDC) clearly made a plea for quality daily PE in school programmes to promote physically active and healthy lifestyles among the youth. However, childhood obesity is currently plaguing the US and although the US seems to be the world leader in obesity among the youth, Europe, Australia and Canada do not seem to lag behind. South Africa (SA) is also following the world trend with our youth becoming increasingly inactive and obese. A number of initiatives were launched in various countries to provide quality PE programmes in schools, but in SA only sport is regarded as an important component for the overall development and upliftment of previously disadvantaged communities. To ensure favourable medal counts at elite sports competitions the limited funds available have to be allocated, bearing these national priorities in mind. Against this backdrop the sports delivery network finds it economically and politically 'profitable' to promote elite sport at the expense of PE and 'sport for all' community projects (Burnett & Hollander, 1999). Attempts were made to reinstate PE as a school subject with full status, but in the Revised National Curriculum Statement (Grades R-9) of 2002 it is one focus (physical development and movement) among four other foci in the Life Orientation (LO) learning area. The National Curriculum Statement for Grades 10-12 is still in draft form but it seems that PE will also be a focus (recreation and physical well-being) of LO. Taking the initiatives and health status of children worldwide into account, Hardman (2002) and Chernushenko (2003) wonder whether reports on quality PE programmes in schools and communities are not just lip service. The key word to serve the mutual best interests of physical and health education as well as sport, is partnerships. The challenge for PE is to embrace initiatives at school, local community, national and international levels. These stakeholders need to stipulate detailed strategies to obtain short- and long-term objectives regarding health habits and physical activity patterns for the youth.

Key words: Health; Education; Physical Education; Life Orientation; Partnership.

INTRODUCTION, PROBLEM AND METHODOLOGY

It has been four years since the International Council for Sport Science and Physical Education (ICSSPE) initiated the Worldwide Audit on the state and status of Physical Education (PE). The process culminated in the World Summit on PE held Berlin in 1999 under the patronage of the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the International Olympic Committee (IOC) co-sponsored by the World Health Organisation (WHO). The Berlin Agenda and its Call for Action by Ministers and Senior Officials responsible for Education and Sport was adopted by 250 delegates from 80 countries representing governments, inter-governmental and non-governmental organisations as well as academic institutions from all regions of the world (ICSSPE, 1999).

The Worldwide Audit on PE of 1999 clearly indicates that although good practices of PE does exist it appears “to be under threat in many countries in all continental regions of the world” (Hardman & Marshall, 2001: 32). Worldwide PE is being marginalised and undervalued by authorities, it is suffering from decreasing curriculum time allocation, budgetary controls with inadequate financial, material and personnel resources and have low subject status and esteem (Hardman & Marshall, 2001).

We clearly have an international problem with only one solution, namely international action (Hardman & Marshall, 2001). Although unified action on a world scale is necessary to enhance the situation of PE for all children the real test will be whether leaders of the PE profession are able to address the issue in their own countries and affect change (Doll-Tepper, 2001). She believes that by “Building on the current knowledge base, examples of good practice and the indisputable effects of quality Physical Education, co-ordinated action steps in the future can enhance the quality of life of children worldwide” (Doll-Tepper, 2001: 12).

All the delegates at the summit were unanimous on two fundamental issues:

1. Physical Education is a right for all children and a fundamental component of their development and education.
2. Strategies for action are needed to ensure that quality Physical Education is implemented and supported worldwide (Doll-Tepper, 2001: 11).

Several international policy statements have been declared with a focus on the case for PE whether it being access to quality PE, good health habits and well-being, lifelong active living, for enjoyment, fun and social interaction, as a tool for the development of sport (ICSSPE, 1999). In the light of all these international policy statements the question remains whether anything has changed for the good of PE?

The research problem focuses on the health status of learners worldwide and the current international and national initiatives regarding quality PE as a school subject before and in the aftermath of the world summit on PE. The research was conducted by means of a literature study in the field of health, education and PE. The article can thus be typified as a review article.

HEALTH STATUS OF LEARNERS

International

Major progress was made during the 20th century regarding public health and medicine. However, health for all like sport for all remains out of the reach of the majority of the world's people (Darlison, 2001).

In 1999 Lambert and Siedentop reported on the implications of the United States (US) Surgeon General's Report (SGR) on physical activity and health of 1996 and the subsequent recommendation from the Centres for Disease Control and Prevention (CDC) in 1997 (Lambert, 1999; Siedentop, 1999). The SGR of 1996 established the scientific basis for a number of health risks of which inactivity and obesity were the main problems in the US (Siedentop, 1999; Feingold, 2002). This report made it clear that the health benefits of participation in physical activity are not limited to adults (Burgeson *et al.*, 2003). It is obvious that positive attitudes and lifestyle behaviours have significant links to childhood years (Emmel, 2001; Hills, 2001; Feingold, 2002; Hardman, 2002; Schantz, 2002; Telama, 2002; Amusa & Toriola, 2003; Chernushenko, 2003; Stegeman, 2003). Notwithstanding all the numerous health consequences of obesity during childhood both fatness and elevated cardiovascular risk factors track through into adolescence and then adulthood (Hills, 2001; Kidd, 2003). It is estimated that 40 to 60% of obese school-aged children become obese adults (Hills, 2001).

Obesity, a serious health problem which causes heart attacks, strokes, diabetes, colon and breast cancer, is becoming a worldwide public health concern so much so that the World Health Organisation (WHO) has declared it as a global epidemic (Hills, 2001; Kidd, 2001; De Klerk, 2002; Engel, 2002; Kidd, 2003; Power, 2003). America seems to be the world leader when it comes to obesity, but Europe does not seem to lag far behind and although obesity is regarded as the rich people's disease of the developed world it is spreading to Third World countries (Gleick, 1999; Nash, 2003; Power, 2003). Table 1 provides the Body Mass Index (BMI) ≥ 30 in percentage of America and some European countries.

Obesity is not confined to adults although it is somewhat harder to measure in children. The WHO estimates that close to 10% of school children in some European countries are obese (Gleick, 1999). Nash (2003) purports that 20% of European children between the ages of five and 17 are either overweight or obese. Childhood obesity is currently plaguing the US (Feingold, 2002). It is estimated that more than 50% of the children in the US are not getting enough exercise for cardiovascular and health benefits and that 40% are obese (De Klerk, 2002; *Sunday Times*, 2002). In Australia 12-31% of children 6-12 years of age are at risk of overweight and a further 6-14% is obese (Emmel, 2001; Hills, 2001). Ten percent (10%) of Canadian children are classified as obese, while 30% are classified as overweight (Kidd, 2003). In Britain one in 10 children are classified as overweight (*Sunday Times*, 2002).

Modern technological developments gave rise to physically less active lifestyles and young people are less active due to the advancement of television, computer games and internet and the decrease in safe outdoor playing grounds. The increased level of inactivity has devastating effects on the costs of health care and the general economy (Darlison, 2001; Hills, 2001; Feingold, 2002; Hardman, 2002). Obesity consumes 12%, or \$100-billion a year, of all the

US health-care costs and is said to be responsible for 300 000 American deaths a year. In America obesity is recognised as a disease allowing patients to claim their treatment from their medical schemes (Spain, 2000; Feingold, 2001; Engel, 2002). In Germany \$179 million is spent on obesity treatment each year while another \$177 million is spent on the temporary disability of obese patients (Gleick, 1999).

TABLE 1. BODY MASS INDEX ≥ 30 (in percentage)

Country	Male	Female
America	20.0	25.0
Belgium	12.1	18.4
Czech Republic	16.3	20.2
Denmark	10.0	9.0
England	17.0	20.0
Finland	19.0	19.0
France	9.6	10.5
Germany	17.2	19.3
Italy	6.5	6.3
Netherlands	8.4	9.3
Russia	10.8	27.9
Scotland	15.9	17.3
Spain	11.5	15.2
Sweden	10.0	11.9

Source: Adapted from Gleick (1999: 54)

Neglecting physical inactivity can have devastating long-term costs such as more disease prone populations that are less productive, while the cost of treating illnesses, absences and delinquency will only grow. In Canada, as in other parts of the world, it seems that children only learn the knowledge and skills of active physical activity and sports in private clubs and expensive teams and leagues outside the public school. This means that the invaluable health, educational and cultural benefits of physical activity will only go to the well-to-do. The flight of parents with sports-conscious children to private schools only compounds the problem (Kidd, 2003).

National

In South Africa (SA) women are in danger of becoming as obese as their US counterparts. Half of South African women, of which 59% Black women, are overweight or obese (*Sunday Times*, 2002; Power, 2003). The *Sunday Times* (2002) reports that a study conducted among 5 000 children between the ages of 12 and 18 in the Western Cape found that 35% of the girls will be overweight by the time they reach 18. For the boys in this study it was about 10% across the board. Du Toit and Pienaar (2003) found that the prevalence of obesity (11.81%) among pre-school urban children corresponds with the reported 12% in SA and that these figures are higher or consistent with the reported prevalence of obesity among pre-school children in the United Kingdom, Canada and the US.

De Klerk (2002) found that the body weight of 288 boys and girls between the ages 11 to 13 in the Western Cape was more than what the norms suggest. The BMI of these children was clearly higher than those tested in a previous South African study (1990) in the same region. The triceps skin folds indicate very high deposits of subcutaneous fat (>20%) in 19% of the subjects and the boys and girls that were tested had a higher mean percentage body fat compared to another study of 1996. Of all the subjects 18.06% had a systolic blood pressure reading, indicating mild to moderate hypertension (130+), while 4.17% indicated severe hypertension. When comparing the systolic and diastolic blood pressure 19.44% of the subjects indicated mild to moderate hypertension and 5.56% indicated severe hypertension (De Klerk, 2002).

It is assumed that pre-pubescent children are naturally active. It was found that 30.52% of the boys and 36.57% of the girls aged 11-13 years were inactive and that a significant difference existed between the activity levels of the girls and the boys (De Klerk, 2002). A study consisting of 1 243 boys and girls between the ages of 13 to 17 years was conducted in some Western Cape high schools to determine youth lifestyle patterns. The results indicate that, irrespective of race, the actual participation in school sport (38%) and physical leisure activities (27%) are not considered to be important. White learners, as was expected, place a higher priority on participation in school sport than the other racial groups. It was also found that boys place a much higher premium on participation in school sport than girls (Van Deventer, 1999). Nel (1998; 2002) purports that 98% of the South African youth prefer passive to active leisure pursuits and that only 10% of the school going population participate in sport.

Insufficient gross motor development of the preschool child could be a different kind of health risk. If associated with obesity it could influence the child's overall development and well-being (Du Toit & Pienaar, 2003). A study which included 7 500 boys and girls found that 50% of all primary school learners experience motor problems which form the basis of academic learning and participation in sport (Nel, 1998; Nel, 2002). A study including 335 Grade 1, 2 and 3 learners found that 64% of them performed under average in motor skills such as kicking, catching, throwing, skipping and rope skipping. These activities form the base of sports participation and the development of writing and drawing skills (*Rapport*, 2003). The gravitational unsafe and unsure learner with weak bilateral integration of the vestibular systems find it difficult to handle the body, resulting in weak postural reactions that lead to poor movements as well as academic problems (Nel, 2002).

Rapport (2003) refers to this new modern generation as the Internet-generation. A number of articles in *Newsweek* of 25 August/1 September refer to these children as bionic kids (Guterl, 2003). Computers and television rule these children. Crime is another factor that impacts negatively on the health of children. For their own safety children are locked in their homes, and because both parents work these children cannot be transported to extra-mural sport activities at school and it is unsafe for them to walk. Their movement space becomes restricted and their world becomes technological rather than social that leads to a dysfunctional, closed social life (Guterl, 2003; *Rapport*, 2003). It was found that Grade 1 learners in SA cannot carry out tasks, solve simple problems, do not know how to work with other children and are emotionally very immature (Coetzee, 2002). Kalb (2003) believes that children who play imaginatively in their early years are more likely to think creatively and are better problem solvers as they grow older.

All the above-mentioned problems are actually First World problems and SA has a mixture of these children. Some children have to walk for kilometres per day to get to and from school in the rural areas. In the rural areas malnutrition is also a problem which leads to physical inactivity and similar consequences (*Rapport, 2003*).

Schools are in a favourable position to educate children regarding healthy lifestyles (De Klerk, 2002; Stegeman, 2003). Unfortunately the downscaling of PE and extra-curricular sport activities in SA is a reality due to the total lack of qualified PE specialists and limited funds available for PE at schools. The insufficient time allotted for PE has a negative impact on children's coronary risk profiles. On the other hand, the downscaling of teachers negatively affects the extra-curricular sports programmes at schools, while technology promotes sedentary behaviour in children (De Klerk, 2002).

INTERNATIONAL AND NATIONAL INITIATIVES

International

In the aftermath to the World Summit on PE a number of articles were published regarding developments in the field of physical education. These developments will be briefly discussed.

The European Physical Education Association (EUPEA) is presently investigating ways to develop the quality of PE in a more proactive way by seeking more extended and mutually productive associations between the sport and education sectors. Developing in-service networks to support teachers in the development of quality PE remains one of the key issues to be addressed (Fisher, 2001). In 2001 the Professional Development Board for Physical Education (PDB-PE) was established in England to assure the high quality of the Continuing Professional Development (CPD) of all PE teachers (Gilliver, 2003).

In 2000 in England a few secondary schools were designated as Specialist Sports Colleges. The goal was to give priority to PE and school sport on the school curriculum. As these schools are at the forefront of developments in PE and sport all of them will work with other schools to share their expertise, resources and good practice. This will ensure that locally a 'family of schools' are working together to provide training and support for teachers in secondary and primary schools and to maximise opportunities for children. By 2004 110 and by 2006 400 such schools/colleges will be established (Gilliver, 2003: 13).

This partnership model comprises of a Partnership Development Manager (PDM) who manages the local partnership, a School Sport Co-ordinator (SSCO) who co-ordinates school sport in the family of schools and a Primary Link Teacher (PLT) who implements the agreed programme in their schools. It is anticipated that by 2006 there will at least be 600 schemes involving 3 000 SSCOs and 18 000 PTLs. This initiative is funded by the Lottery Fund (Gilliver, 2003).

The US Congress approved a bill for the year 2001 which includes a \$5 million grant for the Physical Education for Progress Act (PEP). The American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), the National Association for Sport and

Physical Education (NASPE), the State and District AAHPERD Associations, the Sporting Goods Manufacturers' Association and the American Heart Association sponsored the original bill. The PEP Act authorises the Secretary of Education to award grants to initiate, expand or improve PE programmes for learners from kindergarten up to the 12th grade (Feingold, 2001).

In the US the President's Council on Physical Fitness and Sports (PCPFS), consisting of private citizens appointed by the President of the US, promotes physical activity/fitness by motivating Americans of all ages to be active. The Council was established in 1956. The PCPFS works with scholars and professionals in various programmes of which some are: The President's Challenge Physical Fitness Award; Healthy People 2000/2010, The Presidential Sports Award; and the PCPFS Research Digest (Spain, 2000: 30).

The Australian Council for Health, Physical Education and Recreation (ACHPER) has strategic partnerships with the National Heart Foundation and Sports Medicine Australia (SMA) as well as government (in education, health, sport and recreation) and the corporate sector. These partnerships were fostered through the education grants of Kellogg Australia. To emphasise the importance of and to give recognition to schools, ACHPER co-ordinated the Active Australia Schools initiative that is funded by the Australian Sports Commission (Emmel, 2001). A partnership between SMA, ACHPER and the Australian Society for the Study of Obesity (ASSO) made obesity a strong focus in the Active Australia campaign (Hills, 2001). Another action taken by ACHPER was to lobby the Australian Government to exclude the proposed Goods and Services Tax (GST) from all healthy foods and recreational or sporting services and activities (Emmel, 2001).

ACHPER believes that the best investment that can be made is in an educated nation, comprising active and healthy young people. In this endeavour alliances and partnerships are crucial for success. Governments, Health, Environment and Transport Agencies, The Australian Sports Commission, Departments of Sport and Recreation, Education Systems, Schools, Associations, Clubs, Teachers and Parents all have a vested interest in increasing the activity levels of the population. Although the summative force of all these agencies is acknowledged schools are recognised as a critical environment where enjoyable participation and health related physical activity should be promoted (Emmel, 2001).

The Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD) in partnership with Canadian non-profit organisations such as the Commonwealth Games Association of Canada has been involved in the Commonwealth Sport Development Programme, funded by Canada's International Development Agency for a number of years. The Canadian Sport Leadership Corps is a new development. The programme funds 9-12 PE graduates, or recently retired national athletes (with tertiary qualifications) to work in developing countries for up to one year (Higgs, 2001).

Quality Daily Physical Education (QDPE) is the flagship activity of CAHPERD whereby all Canadian schools are lobbied to offer daily PE, taught by trained specialists, throughout the year. Excuses from teachers and school principals lead to CAHPERD developing several publications including *No room in the Gym* designed to show how quality programmes can be taught in small spaces without a gymnasium. The *No room in the time table* was developed to show how daily PE can be incorporated into the time table without a reduction in academic

performance. The Canadian Active living Challenge and Quality School Health are two projects also run by CAHPERD (Higgs, 2000: 31).

In future all primary schools in the Netherlands will have specialist PE teachers and in secondary schools learners can choose PE as an optional examination subject apart from the regular lessons. However, in the technical and vocational training section for 16 to 20 year olds PE has come under much pressure (Stegeman, 2003). In Austria a number of positive examples of the ways in which the provision and delivery of PE takes place exists (Marshall, 2003).

National

History reveals that the low institutional priority of PE, in short, can be attributed to three problem areas. The availability of *qualified PE teachers* is a major problem in especially former Black schools. In the past *facilities* were allocated along racial lines with the result that in former Black schools, PE was taught irregularly or not at all due to a lack of the most basic educational facilities. The *non-examination status of PE* made it much less of a priority when it came to the provision of qualified teachers, material and resources and learners never took the subject seriously (Walter, 1994; George, 1995; Kloppers & Jansen, 1996; Keim & Zinn, 1998; Amusa, 1999; CEPD/EPU, 1999; Van Deventer, 1999).

Notwithstanding the low institutional status of PE, it is believed that the former South African government viewed it as an instrument to control its ideological agenda. Some authors are of the opinion that in the former White schools, PE encouraged a vigilant White militarism to prepare White South African boys for the total onslaught waged by Blacks and communists against White SA. Youth Preparedness Programmes, Veld Schools and Cadets in White schools, as programmatic expressions of PE, openly declared the linkage between physical and mental preparedness (Kloppers & Jansen, 1996; Kloppers, 1997).

Under the new dispensation only sport is recognised as an important component for the overall development and upliftment of previously disadvantaged communities. International aid was received from England and Australia to accomplish this. In September 1994 the United Kingdom-South Africa Sports Initiative was launched to contribute to a sustainable and equitable sports development system in these communities. The whole process was monitored by a study conducted by Burnett and Hollander (1999). The results indicate that the absence of telephones and/or fax facilities and transport placed severe limitation on the implementation of the programmes. This placed severe constraints on the delivery of sport volunteers. Instead, employed people with access to resources were recruited as volunteers who found it difficult to carry a double burden. The communities involved, expected to have social problems addressed, but it became clear that only national sports interests were served (Burnett & Hollander, 1999).

In 1995 the Australia-South Africa Development Programme between the Australian Sports Commission and the National Sports Council (NSC) of SA was launched. This programme was channelled through the sports federations (elite sport) and the education system ("sport for all") whereby children were afforded the opportunity to participate in sports and physical activity at schools (Burnett, 2000).

A study conducted by Burnett (2000) indicates that the effect of the programme was diminished by a lack of opportunities to be active, too many children in the groups, not having enough presenters or access to suitable and adequate fields and sports equipment. One of the primary constraints was the lack of in-service, continued or local training and support (Burnett, 2000).

For the new government it is important to present a representative racial picture in high profile sports, while emphasising the redistribution of resources and broadening the base of youth participation. However, to ensure favourable medal counts at elite sports competitions, the limited funds have to be allocated with these national priorities in mind. Against this backdrop the sports delivery network find it more economically and politically 'profitable' to promote elite sport at the expense of PE and "sport for all" community projects (Burnett & Hollander, 1999: 97). The same has happened in Australia prior to the 2000 Sydney Olympic Games. The trend was funding in support of a small and elite number of performers in a narrow range of sports (Kirk, 1997). The same situation is found in England (Talbot, 1999). According to Hardman (2002: 46) the heavily state subsidised elite sport implies "sport for the best and neglect of the rest". Talbot's (1999) main concern is that the role PE played in schools will ultimately be filled by sports agencies.

Many governments are led by politicians to provide substantial funding in the effort to establish some kind of national, political and cultural supremacy by seeking to win medals in Olympic and other world-level elite sport championships (Hardman, 2002). As Hardman (2002: 47) states:

Perhaps, it was that great God, 'Sport' (in its highly competitive form), which concentrated the political mind at federal level in Australia: the initial multi-million Australian dollar investment in preparation for winning 60 medals in the Sydney Olympic Games 2000 was accompanied at the time by under-resourcing of physical education in several Australian states.

A perceived priority would be to link "sport for all" programmes to PE offered in schools. The narrow focused sports programmes outside formal education present a substantial drain on scarce resources and may exclude the majority of children from the potential positive educational effects of PE (Burnett & Hollander, 1999: 97).

Since 1995 a number of initiatives took place to ensure that PE and school sport has a place in South Africa's education system (Van Deventer, 2002). With the publication of the Revised National Curriculum Statement (RNCS) in 2002 it became clear that PE as a school subject 'disappeared' from the national curriculum. The only resemblance to PE is found in the foci of Life Orientation (LO). In both the General Education and Training (GET [Grades R-9]) and the Further Education and Training Bands (FET [Grades 10-12]) LO is compulsory for all school going learners. It should be kept in mind that the FET National Curriculum Statement of 2002 is still in draft form.

Fortunately the integrated approach of the RNCS makes it possible to integrate the foci of LO as well as LO with other learning areas or subjects. The focus *physical development and movement* in the GET Band can easily be integrated with *health promotion* and to a certain extent *social development, personal development and orientation to the world of work* within

the learning area LO. In the FET Band *recreation and physical well-being* can be integrated with *personal well-being* and to a certain extent *citizenship education and social justice* and *careers and career choices*. Integration implies that time can be made up to serve the purposes of PE.

The current state of affairs is that PE specialists are no longer being appointed at schools. This means that generalist teachers, who have neither knowledge nor understanding of PE, might be required to teach LO (Hardman & Marshall, 2001). Another area of concern is the fact that the development of learning programmes is the responsibility of schools and teachers (DoE, 2002a). This scope could entail that the "PE" focus of LO is ignored (CEPD/EPU, 1999) or that widespread variations in the actual delivery of "PE" will occur (Marshall, 2003). Another factor is that educational rationalisation gave rise to larger classes with the result that teachers in the Foundation Phase (Grades R-3) has less time to spend on learner's motor development or designing movement programmes (Nel, 1999).

The contact time that the RNCS allocates for LO in the GET Band, shows a decreasing trend as learners increase in age (Pote, 2001). In the FET Band the languages are allocated 4.5 hours, mathematics 5 hours, core subjects 4.5 hours and elective subjects 4.5 hours, while LO only has 2 hours (DoE, 2002b).

"PE" as a focus of LO is compulsory for all schools, but, due to its low priority no implementation and monitoring strategies are in place to ensure delivery. It is therefore becoming more difficult to practise PE in historically disadvantaged schools, since the lack of qualified teachers and facilities is not being addressed (CEPD/EPU, 1999).

Taking the health status of children and the initiatives provided earlier into account one wonders whether reports on quality PE programmes in schools and communities are not just lip service (Hardman, 2002; Chernushenko, 2003). Despite all these initiatives "sport for all" remains "sport for some". There is not much evidence of practical programmes for all with *adequate* financial support (Kirk, 1997; Hardman, 2002: 46,47). As Hardman (2001: 26) states "economically developed countries also show significant gaps between policy requirements and actual implementation". This viewpoint is also supported by Kidd (2001) and Marshall (2003).

THE WAY FORWARD

It is clear that the goals set by many national and international policies and actions cannot be met because the time allocated to PE in the curriculum and the resources, including human resources, for teaching quality PE are inadequate in most countries. It seems that the importance of PE is simply ignored by policy and decision makers and other concerned groups who have no knowledge of PE and its benefits for the present and future health and well-being of young people (ICSSPE, 1999).

No matter how strong the research-based evidence of the value and benefits of quality school PE is, it cannot be assumed that developing countries could give high priority to PE in their education policies (Darlison, 2001). The dilemma for these countries in funding and delivering PE is found within the parameters of limited resources, high expectations, diverse objectives and political priorities to compete for global recognition (Burnett & Hollander,

1999). However, there is reluctance in the developing world to acknowledge the contribution PE and sport can make to economic and social development (Kidd, 2001).

To claim the rightful place of PE programmes in schools we need to take stock, activate advocacy agendas to persuade policy makers of the long-term benefits and to reconstruct PE (Hardman, 2001; 2002). We need strong economic arguments to turn the cynics and sceptics although it should be a no-brainer that an investment in physical activity yields significant dividends (Kidd, 2001). Chernushenko (2003) believes that society as a whole can benefit economically and socially by encouraging and providing access to physical activity and sport opportunities. Worldwide there is a more sustainable approach to development. Chernushenko (2003: 61) sees the goal of sustainable development as to:

...have a healthy planet, populated by healthy individuals, supporting healthy societies and economies. The goal of quality physical education, on the other hand, is to produce healthy individuals, capable of leading long, healthy and productive lives. The two goals are connected and complementary: healthy, active individuals play a key role in the creation and maintenance of a sustainable community, while sustainable development is an important contributor to the development of healthy individuals.

The challenges PE are facing include the need to embrace strategic initiatives at school, local community, national and international levels (Hardman, 2002; Van Deventer, 2002). These initiatives could have 'global' trans-national or cross-cultural applicability as long as they are suitably adapted to meet with 'local' circumstances. "Partnership ...is the key word for future directions in the mutual best interests of physical [and health] education and sport in and out of schools" (Hardman, 2002: 47). If we want to see change we need to realise that we cannot work in isolation. To achieve our objectives whether they are health promotion or social development we need to combine and co-ordinate our efforts (Spain, 2000; Darlison, 2001).

A concerted effort between different stakeholders is needed. To convince government about the numerous benefits regarding regular participation in physical activities for children now and in future a national survey could be undertaken to determine what the situation is regarding their health, movement competencies and general fitness levels. What we need is a concerted effort to form a collective perspective (Hills, 2001). The biggest professional challenge is to get all the stakeholders involved and secondly to harness the combined strengths of so many professionals, policy makers and those from other sectors for the common good (Hills, 2001). Physical activity is not politically contentious, it has few, if any, opponents; it is a highly cost effective public health and social intervention (Darlison, 2001).

CONCLUDING COMMENTS

SA needs a structured, cost-effective approach to PE and health education that stipulates national objectives and detailed strategies to obtain these objectives to aid long-term health promotion. Dietary habits as well as physical activity patterns for young children should be addresses through short- and long-term objectives (De Klerk, 2002).

Quality LO can achieve these short- and long-term objectives through schools with the necessary support from the national and provincial departments of education. The following strategies could impact on the quality of LO:

- form relationships between various stakeholders at regional, national and international levels and pool physical and human resources. To this end, communication channels should be opened between LO, sport, sport science, health care, national strategies and campaigns, community programmes, public and private sectors to ensure that resources are optimally utilised to meet the health and sport-related needs of each of these sectors, with particular emphasis on youth and school sport;
- attend to the feasibility of PE as a focus of LO, and its contribution to health and sport participation in general;
- provide a reasonable amount of curriculum time in every phase, and, ideally, daily physical activity in primary schools;
- produce qualified LO specialists. Pre-service training (PRESET) of teachers should commence immediately to ensure qualified staff in the long-term;
- provide a budget for in-service training (INSET) in order to make provision for LO teachers as a short-term solution and the maintenance of facilities and investment in new facilities and equipment, ensuring that all aspects of the curriculum can be provided whether on school premises or at locations away from school (e.g. swimming pools, sports and dance centres, and the outdoors);
- commission learning area/subject advisors and lecturers from tertiary institutions to assist in the training (INSET) of teachers interested in LO and sport;
- develop links with partner schools and community partners in sport and recreation activities;
- provide funds for research to sustain ongoing programme and curriculum development on LO and sport in the South African context, in GET, FET and Higher Education Bands;
- acknowledge that the existence of a professional association can provide a professional service to its members in collaboration with the national and provincial departments of education and national/regional sports bodies.
- involve and educate parents by promoting the concept of quality of life through healthy life-styles and their own importance as role-models; and
- allow communities to play an active role in school sport (Van Deventer, 2000).

REFERENCES

- AMUSA, L.O. (1999). Prospects and challenges in physical education and sports in Africa during the 21st century. In L.O. Amusa; A.L. Toriola & I.U. Onyewadume (Eds.), *Physical education and sport in Africa* (336-353). Ibadan (Nigeria): LAP Publications.
- AMUSA, L.O. & TORIOLA, A.L. (2003). Physical activity, leisure and recreation education in the 3rd millennium: Concepts, positions and development. *Journal of Human Movement Studies*, 44: 241-257.
- BURGESON, C.R.; WECHSLER, H.; BRENER, N.D.; YOUNG, J.C. & SPAIN, C.G. (2003). Physical education and activity: Results from the school health policies and programmes study 2000. Introduction. *Journal of Physical Education, Recreation and Dance*, 74(1): 20-36, January.

- BURNETT, C. (2000). The impact of the Australia-South Africa programme on selected communities in South Africa. *African Journal for Physical, Health Education, Recreation and Dance* (AJPHRD), 6(2): 129-141, October.
- BURNETT, C. & HOLLANDER, W. (1999). 'Sport for all' versus 'all for sport': Empowering the disempowered in South Africa. *African Journal for Physical, Health Education, Recreation and Dance* (AJPHRD), 5(2): 96-115, October.
- CEPD/EPU (CENTRE FOR EDUCATION POLICY DEVELOPMENT, EVALUATION AND MANAGEMENT AND THE EDUCATION POLICY UNIT [NATAL]) (1999). An investigation into the organisation and placement of school sport. Commissioned by the Department of Education and the Department of Sport and Recreation. Unpublished research report. Durban: CEPD/EPU.
- CHERNUSHENKO, D. (2003). Sustainable active living: Integrating sustainable development with quality physical education and sport. *International Council of Sport Science and Physical Education Bulletin*, (37): 61-70, February.
- COETZEE, C. (2002). Piep ons ons kinders op? *Baba & Kleuter*, 65-66, November.
- DARLISON, E. (2001). What does globalisation mean for sport science and physical education professions and professionals? *International Council of Sport Science and Physical Education Bulletin*, (32): 12-16, June.
- DE KLERK, D.R. (2002). The prevalence of coronary risk factors among children, ages 11 to 13, in selected Western Cape schools. Unpublished M in Sport Science thesis. Stellenbosch: Stellenbosch University.
- DoE (DEPARTMENT OF EDUCATION) (2002a). Life Orientation. Revised National Curriculum Statement for Grades R-9 (Schools). Pretoria: Department of Education.
- DoE (DEPARTMENT OF EDUCATION) (2002b). National Curriculum Statement Grades 10-12 (Schools) Overview. (Draft). Pretoria: Department of Education.
- DOLL-TEPPER, G. (2001). Introduction. Proceedings of the world summit on physical education (11-12), Berlin, 3-5 November 1999. Berlin: ICSSPE/CIPESS.
- DU TOIT, D. & PIENAAR, A.E. (2003). Overweight and obesity and motor competence of 3-4 year old preschool girls. *S.A. Tydskrif vir Navorsing in Liggaamlike Opvoeding, Sport en Ontspanning*, 25(2):37-48.
- EMMEL, J. (2001). Standing up for health and physical education in Australia. *International Council of Sport Science and Physical Education Bulletin*, (33): 8-10, September.
- ENGEL, M. (2002). Land of the fat. Obesity is the US's number-one health hazard. *Mail & Guardian*, 19, 23 May.
- FEINGOLD, R.S. (2001). PEP bill passes. *International Council of Sport Science and Physical Education Bulletin*, (31): 14-15, February.
- FEINGOLD, R.S. (2002). Making a case. *Journal of the International Federation of Physical Education* (FIEP Bulletin), 72(1-2-3): 7-13.
- FISHER, R. (2001). European Physical Education Association Forum. *International Council of Sport Science and Physical Education Bulletin*, (31): 12-13, February.
- GEORGE, M. (1995). Opening address presented at the National Sports Council's National Conference on Sport and Physical Education. National Sports Council (South Africa), Sport & Physical Education Conference, Port Elizabeth "Sport & Physical Education: The future as partners in developing the youth of South Africa", 5-7 October.
- GILLIVER, K. (2003). Quality physical education. *International Council of Sport Science and Physical Education Bulletin*, (37): 10-14, February.
- GLEICK, E. (1999). Land of the fat. It's time to shape up: Europeans are facing an obesity crisis that may only get worse. *Time*, 50-58, 25 October.

- GUTERL, F. (2003). Youth and technology. *Newsweek*, 34-37, 25 August/1 September.
- HARDMAN, K. (2001). Physical education: Deconstruction / reconstruction. *International Council of Sport Science and Physical Education Bulletin*, (31): 26-27, February.
- HARDMAN, K. (2002). Physical education and sport for all: Issues and future directions. *International Council of Sport Science and Physical Education Bulletin*, (34): 46-49, February.
- HARDMAN, K. & MARSHALL, J.J. (2001). World-wide survey on the state and status of physical education in schools. In G. Doll-Tepper & D. Scoretz (Eds.), *Proceedings World Summit on Physical Education* (15-37), Berlin, 3-5 November 1999. Berlin: ICSSPE/CIEPSS.
- HIGGS, C. (2000). The Canadian Association for Health, Physical Education, Recreation and Dance. *International Council of Sport Science and Physical Education Bulletin*, (29): 31, May.
- HIGGS, C. (2001). Globalisation physical education: The Canadian experience. *International Council of Sport Science and Physical Education Bulletin*, (32): 24-25, June.
- HILLS, A.P. (2001). Obesity - the prevention, treatment and management of a 'global epidemic.' *International Council of Sport Science and Physical Education Bulletin*, (31): 24-25, February.
- ICSSPE (INTERNATIONAL COUNCIL OF SPORT SCIENCE AND PHYSICAL EDUCATION) (1999). Results and recommendations. World Summit on Physical Education, Berlin, 3-5 November 1999. Document prepared by the International Council of Sport Science and Physical Education for MINEPS III Punta del Este, 30 November – 3 December.
- KALB, C. (2003). The end of make believe. *Newsweek*, 54-58, 25 August/1 September.
- KEIM, K.M. & ZINN, K. (1998). In-service training project in the Western Cape (INSET): A collaborative attempt to keep physical education in South African Schools. *African Journal for Physical, Health Education, Recreation and Dance* (AJPHERD), 4(2): 125-131, October.
- KIDD, B. (2001). The economic case for physical education. In G. Doll-Tepper & D. Scoretz (Eds.), *Proceedings world summit on physical education* (95-103), Berlin, 3-5 November 1999. Berlin: ICSSPE/CIEPSS.
- KIDD, B. (2003). The necessity of quality health and physical education a brief to the Ontario Education Equality Task Force. *International Council of Sport Science and Physical Education Bulletin*, (38) 8-10, May.
- KIRK, D. (1997). Performance or participation: Government funding of sport in Australia and the role of physical education. *The International Bulletin of Physical Education and Sport* (FIEP Bulletin), 67(3): 6-9, Autumn-Winter.
- KLOPPERS, W.A. (1997). The charge of the white brigade. *Journal of Community and Health Services*, 4(1): 34-38.
- KLOPPERS, W.A. & JANSEN, J.D. (1996). To move with a view: A critical review of physical education in South Africa. *Journal of Community and Health Services*, 2(2): 32-37.
- LAMBERT, L.T. (1999). A differentiated goal structure framework for high school physical education. *Journal of Physical Education, Recreation and Dance*, 70(2): 20-24, February.
- MARSHALL, J. (2003). Compliance with the 1978 UNESCO Charter on Physical Education and Sport: Comparison of physical education provision and delivery in selected countries in the European Union. Unpublished study material. Liverpool: Liverpool Hope University College.
- NASH, M.J. (2003). Obesity goes global. *Time*, 55, 7 July.
- NEL, J.A.P. (1998). Motoriek. *Die Unie*, 95(1): 7, Augustus.
- NEL, J.A.P. (1999). Motoriek (slot). *Die Unie*, 95(3): 7-8, Februarie.
- NEL, J.A.P. (2002). Televisie en rekenaar verantwoordelik vir skryf- en leesprobleme by leerders. *Die Unie*, 99(2): 1,3, November.
- POTE, N. (2001). [nadesp@freemail.absa.co.za]. "Time allocation". Private e-mail message to Karel J. van Deventer, [kjvd@akad.sun.ac.za] 12 October.

- POWER, C. (2003). Lifestyle change is spawning an epidemic of global obesity. *Newsweek*, 40-45, 11 August.
- RAPPORT (2003). 26 Januarie, p.30.
- SCHANTZ, P. (2002). Environment, sustainability and the agenda for physical education. *International Council of Sport Science and Physical Education Bulletin*, (36): 8-9, September.
- SIEDENTOP, D. (1999). Physical activity programmes and policies. Toward an infrastructure for healthy lifestyles. *Journal of Physical Education, Recreation and Dance*, 70(3): 32-35, March.
- SPAIN, C. (2000). The President's council on physical fitness and sports. *International Council of Sport Science and Physical Education Bulletin*, (29): 30, May.
- STEGEMAN, H. (2003). Physical education: The importance and the intention. *International Council of Sport Science and Physical Education Bulletin*, (37): 22-29, February.
- SUNDAY TIMES (2002). 9, 10 March.
- TALBOT, M. (1999). The contribution of physical education to the health of the nation: Core values and context. Unpublished keynote paper presented at the Schools Curriculum and Assessment Authority Conference, London, June.
- TELAMA, R. (2002). ICSSPE and initiatives for physical education. *International Council of Sport Science and Physical Education Bulletin*, (34): 10-12, February.
- VAN DEVENTER, K.J. (1999). Physical education and sport in selected Western Cape high schools. Unpublished research report. Stellenbosch: Stellenbosch University.
- VAN DEVENTER, K.J. (2000). The place of physical education and sport in schools. Unpublished draft document requested by the Ministers of Education and Sport. Stellenbosch: Stellenbosch University.
- VAN DEVENTER, K.J. (2002). Quality physical education and the partnership concept. *South African Journal for Research in Sport, Physical Education and Recreation*, 24(2): 101-119.
- WALTER, C.M. (1994). Problems and challenges: Physical education and sport in historically black South African schools. In L.O. Amusa (Ed.), *Health, physical education, recreation, sports and dance in Africa* (108-114). Proceedings of the 1st Africa Regional Conference on Physical Education, Recreation and Dance. Gaborone (Botswana): Africa Association for Health, Physical Education, Recreation, Sports and Dance (AFAHPER-SD).