

# Who took the **Physical** out of **Education?**

*Health educators have turned phys ed into 'Healthy Active Living.'*

By Tony Lea

Even though the Ontario curriculum still calls the subject "Health and Physical Education" (note which comes first), the recently-released grades 9 and 10 courses are both named "Healthy Active Living Education" (HALE). In the new courses, physical activity has moved from second billing to no billing at all. This is no coincidence.

Fully half of the grade 9 and 10 courses are devoted to such things as healthy sexuality, healthy eating, substance abuse, informed decision-making, conflict resolution and social skills. It gets worse in the grades 11 and 12 draft curricula where most of the courses, such as Foundations of Healthy Living, Recreation and Fitness Leadership, and Health and Exercise Sciences, include little or no physical activity.

The grade 9 course profiles (suggested lesson plans for teachers) go further than the curriculum. Even though a bit more than half of the available time appears to be earmarked for physical activity, a closer look reveals that roughly a third of one of the two "phys ed" units, Active Participation and Physical Fitness, is to be used for such things as physical fitness assessment, goal setting/action plan, healthy active living as a concept, designing a physical fitness program and final physical fitness assessment. Although we can't be sure since the complete set of course profiles isn't yet available, it seems likely that less than 40% of the grade 9 HALE course is to be devoted to physical activity.

I am not against health education per se. I believe that our children should learn about topics like diet and how to care for their teeth. Children should receive knowledge and information about how to lead healthy lives. However, I am not convinced that the Health section of the new high school curricula is in fact beneficial.

While I would not be particularly thrilled if my children wasted a lot of time in rap sessions ("demonstrate understanding of personal values that can lead to conflict," "explain their reasoning for their personal choices in actions related to health and well-being"), at least I wouldn't worry that they were being exposed to potentially-damaging material.

Not so when it comes to the discussions about sexuality, drug-taking, alcohol and the like. I do not want my kids learning to "demonstrate understanding of how to use decision-making skills effectively to support choices related to responsible sexuality" or "demonstrate and use both decision-making and assertion skills with respect to media influences and peer pressure related to alcohol, tobacco and other drugs."

Do we really want 14-year-old children *choosing* whether or not to have sex? Or smoke? Or use cocaine?

This approach — tell the children what the options are and encourage them to make the choice that is right for them — has been tried for at least ten years and it is not working. Teenage pregnancies, drug use, and smoking are on the rise. The accumulated evidence is strongly suggesting that we are on the wrong track with programs that teach students to "identify coping skills ... to deal with the internal conflict and stress that often accompanies (sic) change" or "describe the benefits of developing anger management strategies."

All students *must* take at least one health and physical education course in order to graduate from high school. In the absence of compelling evidence that the "informed choices" approach leads to more desirable behaviour, there appears to be no justification for the province's imposition of this approach on all children.

It would be far better if the province restricted its health education to fact-based programs such as proper nutrition, first aid and personal hygiene. Sensible lessons such as these need take only about five percent of the time allocated to *healthy* living—leaving the remaining 95 percent for *active* living.

There are many physical, psychological and social benefits of exercise.

**Physically**, exercise can help prevent or decrease the symptoms of diseases such as coronary heart disease, respiratory conditions, arthritis, hypertension, diabetes and osteoporosis. Exercise strengthens heart muscles, increases lung efficiency, slows the rate of bone loss, maintains the elasticity of the major blood vessels and helps weight management.

**Psychologically**, exercise lifts the spirits and leads to an increased sense of self esteem. After exercise, participants are more energetic and calmer.

**Socially**, team activities lend themselves to developing leadership and cooperation skills, as well as learning to play within the rules.

These are benefits that come from taking part. No one will receive any value if he just talks, debates, discusses and analyzes them!

- The benefits of physical activity are acknowledged by all.
- The value of pop psychology and health sexuality programs is highly debatable.

So why are we devoting less and less time to physical activity and more and more time to psychotherapy?

*(Mr. Lea is currently the executive director of the Kitchener-Waterloo Branch of St. John Ambulance. Prior to taking up this position, he taught physical education for 16 years.)*