

PHYSICAL EDUCATION IN THE UNITED STATES: SITUATIONS, AND TRENDS

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Physical education has been organized to provide instruction to students to promote physical fitness, health, and a vast array of motor skills. This form of education must enhance the learning process by contributing to self-esteem, self direction, cooperation. Of equal significance is the need for participation in enjoyable and satisfying experiences. This means successful outcomes gained from movement activity.

Physical education in North America is concerned with the instruction program and many recreational activities which are the direct outcome of motor skill learning. This also includes intramural, club, and interscholastic sports.

Contemporary Physical Education

Despite the platitudes made about the need for and necessary investment in physical education, the field is held in little repute and less is being done to promote the involvement of children and youth in physical activity today than ever before. Of more than 120,000 public and private schools in the United States teaching 60 million pupils, 1/4 of the students receive no physical education at all. Why should this be so when the general goals of physical education are to offer opportunities for children and youth to engage in enhancing experiences that encourage physical growth and development as well as maintaining an optimal level of health along the knowledge, attitude, and ability to sustain this condition of well-being throughout life?

The short answer is financial support. During the past 25 years, there have been numerous attempts to eliminate a variety of school programs in order to cut costs and lower taxes. These myopic efforts have succeeded by reducing such long-established curricular offerings as music, art, home economics, mechanical shops, and physical education. The consequence has been wholesale cancellation of physical education or the elimination of the requirement for students. In too many instances, physical education participation hours were drastically reduced.

In United States today, only Illinois requires daily physical education for all students, kindergarten through high school. In most school districts, physical education has been

abandoned or curtailed to such an extent that the average class period is less than 33 minutes for grades 1 through 4 and 90 minutes per week for fifth and sixth grade children. High schools require even less investment. Few pupils receive physical education more than three times each week, far from what experts perceive to be necessary in order to maintain good physical fitness and health.

The real answer to the current status of physical education throughout United States must be stated in terms of attitude, understanding, parental interest and mobility, and style of living.

Attitudes have gone from a pro-active outlook to a level of apathy that is spectacularly destructive to children and youth. American children today are fatter and less fit than ever before. Two working parents providing no supervision for activities after school have led to children sitting in front of television sets, computers, or electronic games at least 25 hours per week on average. This conduces to little physical activity and a sedentary lifestyle.

Parental mobility and a rush to suburban living has been counterproductive to rearing physically fit children; who frequently have to be driven somewhere to participate in some activity or social event. If children cannot walk to gain experiences they end up sitting.

School authorities, although mandated by several laws to provide inclusionary physical education and other curricular subjects to disabled pupils, have not been able to squeeze their budgets to offer physical education on a needed routine basis.

Changing Patterns in Physical Education

Understanding of physical education has undergone a paradigm shift since 1980. From a physical fitness goal, only, to awareness that physical fitness is merely one process of achieving a positive state of health has occurred.¹ Despite this broadened perspective, the curtailment of mandatory physical education continues apace. Perhaps the single factor dominating the state of physical education is the American orientation to response after the fact, rather than prevention of detrimental conditions before they reach alarming proportions. The nation's current and future health is at grave risk; unless there is promulgated a profound sea-change in required physical education - at least five days each week during the academic year and the promotion of vigorous physical activities outside of school in the home and communities - a public health crisis is in the making.²

For example, diabetes in the United States has risen at significant rates and an undeniable link to obesity is seen. During the 1990s diabetes incidents climbed 70% among the

30 year olds. Diabetes is clearly associated with obesity. The share of the population found to be diabetic rose 33% nationally to 65% between 1990 and 1998. The rise was across the board of races and age groups but was critical among people aged between 30 to 39. The number of Americans considered obese jumped from one in eight in 1991 to almost one in five in 1998.³

The blame lies with lack of exercise and the antipathy with which many Americans view this health threat. If any other condition, such as tuberculosis, syphilis, or AIDS, had soared in this manner, there would have been a public outcry and demand for action. That such outcry has not occurred is the result of a complacent society concerned with its material benefits, a philosophy of instant gratification, a desire to be passively entertained, and a disinclination to exert themselves in vigorous physical activity.

Inactive children become inactive adults. Therefore, the optimum time to encourage enjoyment of physical activity is childhood; when life long habits are more likely to become ingrained. That means getting children involved in aerobic activities they can pursue into adulthood.

Human Movement and Activity

The first kinetics of infancy herald a lifelong need for physical experiences. Physical activity is an integral part in the life of every human being. Unfortunately, this does not mean that everybody participates in vigorous physical activity; rather, it only suggests that movement of one kind or another is a necessity for health living. Of course, the inclusion of a systematic program of physical education, both of a resistance and stamina building type, does much to improve the quality of life for those who incorporate such training into their lives. However, the importance of participation in almost any form of kinesiology is proving to be the prophylaxis for many human vulnerabilities when used as a preventive regimen or as reparative after the fact of incident or accident.

Except in instances of developmental disability, every child is active physically in the course of normal development. Rolling over, sitting, standing, a rolling, toddling, walking, and running with all of the variations that epitomize childhood, is observed. Movement is an essential factor of growth and development. Therefore, parents, and then teachers, must assure a good foundation for learning. This consists of proper nutrition, motors skill development, and a variety of opportunities that encourage healthy living.

Assuming that this environment is created, the child will enter upon directed learning experiences and assimilate those values and objectives that can maximize potential. The

situation is ready for the physical educator to undertake a primary role in the efficacious transmission of the skills and knowledge that will effectively meet the physical and social needs of children.

Throughout the years of schooling, the physical educator can offer a program providing sequentially designed experiences to develop and encourage motor skills as well as maximizing participation and interest. If physical education programs can promote psycho-motor learning it will stimulate and reinforce intellectual skills also. Results of this type of involvement should be a well prepared student with a good appreciation for a healthy body and a mind that is capable of critical cognition. One outcome of the professional physical education curriculum is the likelihood of carry-over value of, and a lifelong commitment to, those intense physical activities which endow the participant with the capacity to revel in skilled performance during leisure.

Teaching Methods

When available, children enjoy physical education activities, specifically if the teacher presents motor skills in a way that is stimulating rather than simply requiring mechanical repetition of exercises. There appears to be a general predisposition for physical activities and it behooves the physical educator to exploit this tendency and create a positive learning environment that can sustain the student's attitude about physical engagement.

Need for Physical Education

It is unfortunate, in the United States, that physical education is no longer mandatory in many states. One manifestation of this is that 1/4 of all children cannot or do not participate in any physical activity at all, and at least 10% are obese.

Those who decry physical education and other so-called non-academic schools subjects such as music, art, and craft shops, have managed to strip schools of important experiences, which children should have for satisfying involvement during the scholastic year and in their respective leisure. This will, sooner later, translate into cardiovascular disease, diabetes, some cancers, renal and liver problems.

Physical Activity Values and Leisure

If the student carries with him or her a continuing desire for active engagement in physical activity, it will serve that individual's interest throughout their respective lifetimes; and particularly during leisure. But that use and benefits obtained from active participation in vigorous physical experiences are two-fold. First, insofar as preventive measures are concerned that can forestall physiological deterioration; and secondly, insofar as the maintenance of physiological capacity performed daily activities is involved.

Among the leading causes of death, at least in the United States, is cardiovascular disease. Among the primary risk factors is a sedentary way of life.⁷ This may also be true of other pathologies which impact upon individuals. One of the great values of physical activity is that even a moderate amount may do much to significantly decrease the risk of some cancers, osteoporosis, osteoarthritis, diabetes, and depression.

We now know that exercise can be a dramatic antidote to much that plagues human physiology⁹. Resistance exercises can increase bone mass and avert osteoporosis. Range of motion of joints can be increased by careful doses of physical activity. A great deal of information has been documented associating exercise and low-fat diets with the prevention of heart disease.¹⁰ Additionally, the onset of diabetes is closely related to weight loss for control of disease.¹¹ The problem is not so much a faulty insulin production by the pancreas as altered utilization of the insulin by muscle cells.

Epidemiological studies suggest that physical activity may offer general benefits in protecting against a variety of malignancies including colon, breast, and cervical cancers. There appears to be a positive correlation between exercise and a lowered risk of malignancy in both males and females. Vigorous physical activity is absolutely important not only for life maintenance and activities for leisure living, but for greater personal enjoyment and a higher quality of life.

Legislative Intent

In 1987 United States Congress passed resolutions encouraging the states to require daily physical education for all children and youth. These resolutions, not legislation, concerned health and fitness in American children. Unfortunately, these resolutions are not mandates and not carry the force of law. Although the level of concern was raised as to the importance of physical education in the education of all children, little or nothing was done to require daily physical education. Nor has a situation changed during the intervening years. At this late date, schools remain hard pressed by a tax conscious public to do more with less financial support.

Trends and Indications

Physical education in the United States is characterized by continued polarization. One cluster of sentiment is opposed to the continuation of any physical education program because of the desire to lessen costs and taxes. This faction is now in the ascendant and physical education is being concomitantly reduced or extirpated from public school curricula.

The opposite aggregation desire is physical education and all of the concurrent experiences and features that well-organized program contains. Except by compromise, these dichotomous conditions hold little hope for any reconciliation. There is a clear and compelling thrust for the elimination of physical education and even the dismemberment of intramural and interscholastic activities.

Much of the eliminatory work is carried on by reactionary activists who will not understand that health risks that they are persuasive arguments entail. They are only concerned with cost containment and cannot see beyond that short-sighted goal.

The real losers, of course, are the children and youth who do not obtain the vital exposure to vigorous physical activity at age where personal health habits are more easily assimilated. Instead, they are permitted to become absorbed in largely passive entertainment to their immediate and long-term detriment.

Parents have much input into the process of local schools system budgeting and subject inclusion. In some instances ease voices are heard and physical education programs are maintained; but not expanded. In too many cases little opposition to curtailment is raised and physical education is lost to another generation.

In the private sector, schools tend to retain and, in many situations, actually expand the physical education opportunities available. Of course, private schools are paid for by the users who demand and can expect to obtain the kind of educational preparation they want.

Another interesting trend has been the elimination of pedagogical departments in major state universities and replacement by Sport Studies programs or title changes to departments of kinesiology as a rubric for exercise sciences, biomechanics, health fitness, or athletic training. In such instances physical education is defunct. This situation developed as a direct result of the over supply of physical educators and an under supply of available teaching jobs in grades 1 through 12. For the most part, former teacher education institutions, now promoted to university level, have continued to produce physical educators. Although the available job market is still

tight, as older teachers retire, there must be replacements. There are still far too many physical educators being graduated insofar as available employment possibilities exist.

However, all is not a bleak outlook. As the health impact of little or no physical activity for many children, youth, and adults begins to hit home, there will be an attempt to find a solution. Politicians, educators, and taxpayers will eventually have to acknowledge their own complicity in the development of physical education in schools and the risk outcomes that were produced. Then, there will be a serious demand to counter the conditions that permitted such a health crisis to arise.

The reports, experiments, and other investigations that have been analyzing and evaluating the physical condition of children and youth and their potential pathological outcomes will finally receive the attention that they deserved when produced initially. That is the basis on which physical education will once again come to be relied upon as a cornerstone of every school curriculum. It will develop in the short-term. The future should be one of optimism as the pendulum swings back from its reactionary arc to a proactive position. In terms of stress, time, energy, and anguish the physical education situation in United States has been poorly served. It is unfortunate that an entire generation has had to learn this lesson at such a price.

Footnotes:

1. Robert A. Pestolesi and C. Baker, Introduction to Physical Education, 2 ed., (Glenview, Ill.: Scott, Foresman and Company, 1990), p. 35-46.
2. Ibid, p. 7-10. See also Robert E. Gensemer, Physical Education: Perspectives, Inquiry, Applications (Philadelphia, Pa.: Saunders college publishing, 1985), p. 7.
3. USA Today, "Physical Activity Message for Parents From New Survey: No More Excuses" (March 3, 2000).
4. Flegal, K.M., The Obesity Epidemic in Children and Adults: Current Efforts and Research Issues," *Medicine & Science in Sports & Exercise* (1999), volume 31, pp. 509-514.
5. Pescatello, L.S. and J.L. VanHeest, "Physical Activity Mediates a Healthier Body Weight in the Presence of Obesity," *British Journal of Sports Medicine* (January 5, 2000), Vol. 34: p. 0-7.
6. United States Department of Health and Human Services, "Physical Activity and Health: A Report of the Surgeon General," (Atlantic, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Promotion), 1996.

7. President' s Council for Physical Fitness and Sports (July 29, 1993).
8. Science and Technology, "The Power of Negative Thinking," The Economist (December 18, 1999), p. 127-128.
9. United States Centers for Disease Control and Prevention and the American College of Sports Medicine Physical Activity and Public Health Workshop, (Atlantic, Ga.), March 31- April 1, 1993.
10. The American College of Sports Medicine, " Older Americans Benefit from Steady Habit of Physical Activity," Medicine and Science in Sports & Exercise (1999), Vol. 31, No. 8, p. 1183.
11. Leon, A. "Patients with Diabetes Mellitus," Exercise in Modern Medicine (Baltimore, Md.: Williams and Wilkins, 1989), p. 118-145.
12. Lakka, T.A. "Relation of Leisure-Time Physical Activity and Cardiorespiratory Fitness to the Risk of Acute Myocardial Infarction in Men," New England Journal of Medicine (1995), Vol. 330, p. 1549-1554.