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The level of health perceptions among teachers of physical education and sports for the secondary stage. A field study in the central province of Algeria

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Abstract:

The purpose of the study is to investigate the level of health perceptions of teachers of physical education and sports in the secondary stage. To achieve the objective of the study, the descriptive approach was applied, and the Health Perceptions Scale was used as a tool for data collection on a random sample of (100) teachers for the 2020-2021 school season. Data have been processed by means of percentages and arithmetic averages. The results revealed that the level of health perceptions of physical education teachers was low. The study concluded by presenting a number of recommendations, the most important of which is the need to reconsider the training programs that are related to health sciences, as well as the need to adopt the philosophy of continuous training and periodic training courses for teachers of physical education and sports.

Keywords: Health, health perceptions, teacher of physical education and sports.

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1. INTRODUCTION

The school is one of the most crucial institutions of socialization in the formation and preparation of young people who represent a significant portion of the population. It is now included as an important locus for the development of educational strategies in health in order to promote pupils' health awareness, so that they can have greater control of their health habits. Thus, many societies adopt this philosophy, which leads to the consolidation of an integrated set of values and principles which are health orientated for the purpose of enhancing the health awareness of community members, which in turn contributes to solving health problems that face them in their daily life.

Dr Tedros Adhanom Ghebreyesus (Director of the World Health Organization)(2021) says:“Schools play a vital role in the well-being of students, families and their communities, and the link between education and health has never been clearer”. These newly launched global standards aim to prepare schools that foster education and health, and provide students with the knowledge and skills necessary for their future health and well-being, their suitability for work, and their chances in life.”

UNESCO Director-General Audrey Azoulay (2021) said, “Education and health are two interrelated fundamental rights of all people, at the heart of any human right, which is indispensable for social and economic development. A school that does not promote health is no longer justified or acceptable. I call on everyone to reaffirm our commitment by making every school a health-promoting school, and emphasizing our role in that.” (Ghebreyesus & Azoulay, 2021)

The essential role of schools in this field is clearly apparent in the different educational programs and activities designed by schools in addition to the subject of physical and sports education, which is one of the most important subjects of the educational system as it works on developing young people from various angles, including the health field due to the close link between physical sports and health. Therefore, the teacher of physical education and sports is responsible for promoting the health aspects of students in various related aspects by providing them with theoretical knowledge and raising health issues that develop students' attitudes towards adopting healthy behavior, in the form of regular practice of sports activity, healthy nutrition, and following healthy habits.

Maxime Gruet & Denis Loizon (2011) also refer to the relationship between physical education and sports and health education. According to Tribalat (2005), the teacher of physical education is responsible for teaching three broad categories

of knowledge, the first category is about health knowledge, i.e. theoretical knowledge related to the human body (the anatomy of the human body). The second category of knowledge is related to personal health (good nutrition, adequate food), and finally knowledge related to kinetic behavior and body preservation for the purpose of completing established training programs or knowing warming-up methods (Loizon & Gruet, 2011, p. 68)

Pantler and Helen insist that the teacher of physical education and sports faces many responsibilities related to the health of students, which calls for the teacher's interest and readiness in health awareness. In the same context HAMAN refers to the existence of correlation between the health trends of the teacher and the health habits of the students. Therefore, he recommended the need to use lectures, laboratories and appropriate teaching aids which are important means in communicating health information to the teacher and the health habits to students, in order to modify and develop their health concepts, attitudes and perceptions. (Mitoualy Abd Allah, 2017, p. 225)

The health perceptions and concepts are the basis of a healthy life, as the individual, especially the student in the educational stage, is able to acquire them, know their importance and how to apply them, and then be able to avoid various causes of disease, and the ability to promote personal health to the best conditions.

In the light of this explanation, we decided to open the field of research by investigating the level of health perceptions of the teacher of physical education and sports for the secondary stage.

Based on this perception, we proceed from the following main question:

Does the teacher of physical education and sports in the secondary stage control health perceptions?

Under this main question, we have the following sub-questions:

- Does the teacher control nutritional health perceptions?
- Does the teacher control the preventive health perceptions?
- Does the teacher control the emergency health perceptions?

Study hypotheses are represented in the following:

-The general hypothesis: The health perceptions of the teacher of physical education and sports for the secondary stage are not controlled

-Partial Hypotheses:

- The nutritional health perceptions of the teacher of physical education and sports in the secondary stage are deficient and uncontrolled.
- The preventive health perceptions of the teacher of physical education and sports in the secondary stage are deficient and uncontrolled.

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-The emergency health perceptions of the professor of physical education and sports in the secondary stage are deficient and uncontrolled.

-Research aims:

-Assessing the level of nutritional health perceptions of teachers of physical education and sports in secondary schools.

- Evaluating the level of preventive health perceptions among teachers of physical education and sports in secondary schools.

Assessing the level of emergency health emergency perceptions among teachers of physical education and sports in secondary schools.

2. Research terms:

2.1 Health:

Conceptual Definition: The World Health Organization defines health as a definition adopted by all public health workers, which is: “The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”.(S'lama, 2011, p. 19)

Operational definition: Health is defined as the real state of the individual, which is expressed in degrees, at its maximum; it is referred to as the ideal health. On the other hand, the lowest degree which represents an increase in disease to the maximum degree that usually ends with death.

2.2 Health Perceptions

Conceptual definition: “It is the knowledge of health information, data and facts that are related to health and disease, but the individual may not use it in his life or benefit from it, and it remains as a healthy culture without affecting his life and behavior” (Djoumaa, 2019, p. 1)

Operational definition: The researcher defines health perceptions as the health knowledge and concepts that an individual possesses and controls, either for the purpose of personal benefit, or using them for the purpose of health awareness.

2.3 Teacher of Physical Education and Sports

Conceptual definition: “The teacher of physical education and sports is defined as that person who is balanced and conservative, tends to plan and takes life’s affairs seriously, loves a well-organized lifestyle, does not get excited easily and helps the student to achieve a good educational attainment. He is always moving and active, and also helps others to build a perfect and stable personality.(Aldjouaid, Azeddin, & Soaoudi, 2021, p. 186).

Operational definition: The researcher defines the teacher of physical and sports education as one of the main agents in the field of education who helps students to develop in many aspects like psychomotor, social, emotional and health development.

3. Previous Studies:

3.1 The study of FahrnkFaradj Muhammad Gharib(2013):

The study was entitled” The level of health perceptions of physical education teachers in the center of Sulaymaniyah governorate”. The research aimed to identify the level of health perceptions in general; food health and sports health among teachers of physical education in the center of Sulaymaniyah governorate. The researcher used the descriptive approach by applying the survey method, through a scale form. After the amendment, the form included (55) items, divided into three parts. The sample of the study consisted of (52) physical education teachers in the center of Sulaymaniyah governorate who work in middle and secondary schools. After collecting the data, the researcher carried out statistical transactions (SPSS).The researchers found a difference in the levels of health perceptions and according to the items specified in the questionnaire, the level of health perceptions of physical education teachers in secondary schools was good. (Gharib, 2013)

3.2 The Study of Hanan Ali Hassanein et al. (2018):

It was entitled” Studying the Health Perceptions of Football Players in BeniSweif Governorate”. The study aimed to analyze the health perceptions of football juniors in sports clubs in BeniSweif, which were represented in: personal health (body care and posture), comprehensive periodic medical examination, prevention of infectious diseases, first aid public health services, nutrition, curative services, social and psychological care. The descriptive approach was used along with a health perceptions questionnaire consisting of (80) items and distributed over eight dimensions. The study sample consisted of (100) junior football players enrolled in the Egyptian Football Association for the sports season (2018-2019). The study concluded that general health perceptions and the requirements for practicing sports activity are of great importance as they help in improving the physical competencies of the human body and good health practices and habits that help maintain an ideal body and a harmonious athletic body that serves public life, the individual and sports life in particular.(Hasnin, Abd Alaziz, & Djoumaa, 2018)

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3.3 The study of Man Yee Emmy Wong & Nga Yee Irene Cheng (2015)

Its title was “The knowledge and attitude of school teachers towards promoting a healthy lifestyle for students” which aimed at examining the level of knowledge and attitude of school teachers towards promoting the healthy lifestyle of students in Hong Kong, People's Republic of China. The descriptive analytical approach was used and a questionnaire was conducted to evaluate a sample of (148) pre-service and (79) in-service teachers, who were in the process of taking a health education course to prepare them to teach the content of healthy living in Hong Kong. The results revealed that the level of knowledge related to some health issues was generally lower than the average. The study also showed that teachers who have experience in health promotion tend to participate more in health promotion practices of students. Although teachers considered that healthy lifestyle modification and health promotion for students was an effective way to ensure a healthy and happy life for students, they were reluctant to take responsibility. (Cheng & Wong, 2015).

3.4 The study Jūratė Česnavičienė & Vida Gudžinskienė (2013):

The study was entitled “Teachers' knowledge of health and healthy living as a prerequisite for teaching students a healthy lifestyle in Lithuania”. The study aimed to discover the teachers' assessment of their knowledge about health and a healthy lifestyle, and their role in promoting the healthy lifestyle of students. The researchers used the descriptive method with a questionnaire which was conducted on a sample of (395) teachers to measure the level of knowledge and health concepts. The results showed that less than half of the research participants believed they were ready to develop a healthy lifestyle for students. Almost half of the research participants admit that they lack sufficient knowledge about issues of prevention of many diseases such as: allergies, cancer and heart disease. (Gudzinskiene & Česnavičienė, 2013)

4. Research methodology and field procedures:

4.1 Pilot Study:

The exploratory study is considered the basic building block in the researcher's work as it paves the way and shows him the milestones of his research by providing him with much information about the subject of the study that he was not aware of before. It also enables the researcher to discover the applied research environment, through field contact and identifying all the obstacles that can stand in his way, and then try to overcome all these difficulties.

Based on this, we conducted an exploratory study, the purpose of which was:

-Knowing the size of the statistical community of the study which consists of most of the teachers of physical education and sports for the secondary stage of the province of Algeria Centre in the middle of the academic season 2020/2021.

-Adjusting the sample size based on the size of the statistical population for the study.

-Ensuring the validity of the research tool for the application, and knowing the clarity of the items constituting the dimensions of the scale.

- Verifying the psychometric properties of the tool used by calculating the validity and reliability coefficients in different ways.

-Recognizing and revealing the reality of conducting the basic field study, which would help us avoid potential obstacles in this study.

4.2 Basic Study:

4.2.1 The scientific method:

Every study or research has its own method which must be characterized by objectivity and its own scientific conditions which differ from one study to another and are controlled by the nature of the subject being treated.

To achieve the goals and objectives of the study, the researcher relied on the descriptive approach as it is appropriate to the nature of the research. It is defined according to Muhammad Shafiq (1985) as “The organized method for studying current facts related to a phenomenon, or the position of individuals, events or certain situations with the aim of discovering new facts or verifying the validity of old facts and their effects and the relationships that relate to them and their interpretation and reveal the aspects that control them. (Omrani & Mokrani, 2021, p. 256).

4.2.2 Study Population and Sample:

Study community:

The study community consists of all the similar elements on which the researcher wants to apply his applied study according to the method and the tool used. The community of our study consists of teachers of physical and sports education for the secondary phase of the central province of the state of Algiers Centre, which consists of 135 teachers distributed over 46 secondary schools for the 2020/2021 school season.

The study sample:

The study sample in this research consisted of 100 teachers of physical education and sports who were chosen by simple random method. The Stephen-

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Thompson equation was applied to extract the sample size from the population size, using the EXCEL statistical processing program.

4.2.3 Research Tools

This study relied on the health perception scale in the dimensions of healthy nutrition, prevention and first aid. The scale was designed by Aissam El Din Metwally Abdallah 2017 and was adapted and developed to suit the Algerian environment and field of study by rearranging items according to the dimensions to which they belong, naming the dimensions of the scale, linguistic reformulation of some items, changing the answer alternatives, changing some terms to suit the Algerian environment, adding some terms in a foreign language, adding some items that serve the scale.

In the end, the scale consisted of (33) items distributed on three dimensions according to a five-graded scale (strongly agree, agree, neutral, disagree, strongly disagree).

Table 01: The number of dimensions, the number of statements and their pattern.

Dimensions	Number of statements	Positive statements	Negative statements
Nutritional health perceptions	11	05	06
Preventive health perceptions	12	08	04
Emergency Health Perceptions	10	05	05

Source: Prepared by the researcher

When correcting the scale statements, the five-point Likert scale is used (agree with a strong 5 degrees, agree with 4 degrees, neutral 3 degrees, disagree 2 degrees, strongly disagree with one degree). The highest degree of the scale is 165 degrees while the lowest degree is 33 degrees

Table 2: Scale correction method

Responses	Strongly agree	Agree	Neutral	Strongly disagree	Disagree
Degrees(+)	05	04	03	02	01
Degrees(-)	01	02	03	04	05

Source: Prepared by the researcher

In order to interpret the results, the following arithmetic averages and descriptions were used:

Table03

First Nutrition		Dimension: Second dimension: Prevention		Third dimension: First aids	
Description	Range of averages	Description	Range of averages	Description	Range of averages
Very low	12- 21.6	Very low	9 - 16.2	Very low	10 – 18
Low	21.7-31.2	Low	16.3 - 23.4	Low	19 – 26
Medium	31.3-40.8	Medium	23.5- 30.6	Medium	27 – 34
High	40.9- 50.4	High	30. - 37.8	High	35 – 42
Very high	50.5 - 60	Very high	37.9 - 45	Very high	43 – 50

Source: Prepared by the researcher

4.2.5 Psychometric properties of the scale:

The concept of the psychometric properties of scientific research tools is based on two basic parameters: validity and reliability, because the quality of the research tools adopted in any study depends on the availability and application of these two indicators, which are necessary indicators for the purpose of a more accurate application of the research tool.

Thus, we relied on measuring the psychometric properties of the scale according to several methods:

4.2.5.1 Face validity:

We have presented the research tools (Health Awareness Scale and Health Perception Scale) in their initial form to a number of arbitrators with experience and competence to evaluate the extent to which the study tools fulfill the purpose for which they are intended, regarding the extent to which the items fit with the dimensions to which they belong, as well as the clarity of the linguistic wording to be appropriate to the Algerian environment

The process ended up with the approval of the dimensions along with some observations, which were:

- Changing response alternatives.
- Modifying the linguistic formulation of some terms and clauses.
- Naming the dimensions of the scale.
- The need to arrange items according to the dimensions to which they belong.
- Add some items that serve the scale aspects.

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- Translating some terms into French to clarify the meaning.

In light of the instructions given by the expert arbitrators, the scales were modified to suit the study sample and its objective, as the percentage of agreement between the arbitrators regarding opinions and observations reached 90%.

After making the required modifications, the scales were re-presented to the arbitrators, where all items were approved with the possibility of field application.

4.2.5.2 Reliability:

Reliability means obtaining the same results after repeating the process several times on the same individuals. Safouat Faradj (2007) confirms that reliability is an important criterion of every valid test, while validity is not necessarily required for every reliable test. (Boudlel & Mouras, 2021, p. 119).

4.2.5.3 Test-Retest Method:

Assessing test-retest reliability requires using the measure on a group of people at one time, using it again on the same group of people at a later time, and then looking at test-retest correlation between the two sets of scores. Therefore, we have applied the health perception scale in its final form to a pilot sample of the population that consisted of (10 teachers), which is excluded from the basic study, and then we re-applied the scale for a second time with a time difference of 08 days on the same sample and in the same conditions, where the value of the reliability coefficient was (0.86) at the significance level of 0.01, which is considered a high value and statistically significant.

4.2.5.4 Internal consistency method:

The Cronbach's alpha equation was applied to ensure the consistency of the scale, by calculating the alpha Cronbach coefficient. Its value reached (0.81), which is very high.

Through the results obtained, the value of the Pearson correlation coefficient (0.86), and the value of the Cronbach's alpha coefficient (0.81), all of which are values exceeding 0.70, and therefore the reliability is considered strong, which makes the scale consistent and valid for study.

4.2.5.5 Intrinsic validity:

In calculating the validity of the scale, we relied on calculating the intrinsic validity, which is calculated by the following equation:

Intrinsic validity = square root of the reliability coefficient

Therefore, we find that the intrinsic validity of the Health Perceptions Scale is equal to: 0.92

Through the obtained validity and reliability coefficients, most of which exceed

the value of (0.70), which is close to the value of (1) and thus makes the scale reliable, valid and suitable for study.

4.2.5.6 Objectivity:

Objectivity is one of the important features that the researcher must possess which helps him to employ the obtained data as it is without bias or using subjectivity, whether during analyzing the data or during making judgments.

Objectivity, according to Muhammad Essaoui (2003), means “freedom from prejudice or intolerance and not including personal factors in the judgments of the researcher.(Ghazal & Bensi Kaddour, 2017, p. 194).

Therefore, the scale under application was characterized by objectivity in terms of clarity of expressions, avoidance of ambiguity and its suitability to the purpose of the study. We also made the necessary and required modifications according to the instructions of the arbitrators in order to achieve objectivity.

4.3 .Statistical processing tools:

The data of the study have been processed quantitatively by the statistical software package for the social sciences, SPSS version 22, by calculating the following equations.

- Percentages
- arithmetic average
- standard deviation.

5. Presentation and analysis of the results:

5.1 Presentation and analysis of the results of the first research hypothesis:

-The level of nutritional health perceptions of physical education and sports teachers.

Table 4: Level of nutritional health perceptions

First dimension	Arithmetic average	Standard deviation	Percentage	Evaluation
Healthy nutrition	31.18	2.73	51.96%	Low

Source: Prepared by the researcher.

By examining the data of the statistical analysis contained in Table 4, which presents us with the results of evaluating the level of nutritional health perceptions among the members of the research sample, we conclude that the latter came at a low degree regarding the value of the arithmetic average, which reached 31.18 which belongs to low evaluation of the hypothesis averages, with a standard deviation of 2.73, while the response rate was estimated at 51.96%. This indicates a lack of control over nutritional health perceptions on the part of teachers of physical education and sports in the secondary phase, and thus the researcher

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confirms the first research hypothesis.

5.2 Presentation and analysis of the results of the second research hypothesis:

-The level of preventive health perceptions among teachers of physical education and sports:

Table 5: Level of preventive health perceptions

Second dimension	Arithmetic average	Standard deviation	Percentage	Evaluation
Prevention	26.78	2.03	59.51%	Medium

Source: Prepared by the researcher.

By extrapolating the results and data of the statistical analysis contained in Table No. 5 related to the assessment of the level of preventive health perceptions (the second dimension) among the members of the research sample, we found that the degree of evaluation of this dimension was medium in which the value of the arithmetic mean was 26.78. This belongs to the range of the averages of the hypothesis with the average description and with a standard deviation of 2.03, which indicates the convergence of the values around and the lack of dispersion, while the response rate was estimated at 59.51%. Therefore, we conclude that the teacher of physical education and sports is characterized by an average level in health perceptions with a preventive dimension, and thus the researcher confirms the second research hypothesis.

5.3 Presentation and analysis of the results of the third research hypothesis:

The level of health emergency perceptions of physical education and sports teachers:

Table 6: Health Emergency Perception Level

Third dimension	Arithmetic average	Standard deviation	Percentage	Evaluation
Health emergency	26.51	2.41	53.02%	low

Source: Prepared by the researcher.

Based on the results and data of statistical analysis contained in the previous table No.6, which revealed the level of health perceptions in the emergency dimension, which was low. This was indicated by the value of the arithmetic average, which was estimated at 26.51 which lies in the field of hypothesis averages with low description, and with a standard deviation of 2.41 which indicates the convergence of the values and their lack of dispersion, while the response rate reached 53.2%. Therefore, we conclude that the research sample

members do not control the knowledge, concepts and perceptions of the first aid, and thus the researcher confirm the third research hypothesis.

6. Interpretation and discussion of the results obtained:

6.1 Interpretation and discussion of the results of the first research hypothesis: This shows that the teacher of physical education and sports does not control the perceptions of nutritional health.

Based on the data of the statistical analysis contained in the previous table No 4 which indicated the results of the first research hypothesis, the results showed that the level of nutritional health perceptions came to a low degree among the members of the research sample.

The researcher explains this result to the lack of the level of theoretical knowledge in the field of health nutrition science among physical education teachers due to the lack of good training in this section during the training stage of the teachers, as the training in this area is usually limited to one or two hexagons at most, which is little compared to the extreme importance and extensive knowledge in the field of health nutrition, which is of extreme importance in normal daily life, especially sports. In addition, the researcher relates low level of nutritional health perceptions to the lack of attention to self-training in this field, as well as to the lack of continuous training in the form of seminars and forums aimed at developing concepts and nutritional health knowledge.

This result differs with the study of FahrangFaradj Muhammad Gharib (2013) which concluded that the level of nutritional health perceptions of physical education and sports teachers was at a good level and was better than the general health perceptions and sports health. While the result agrees with the study of Man Yee Emmy Wong & Nga Yee Irene Cheng (2015) who concluded that the level of knowledge regarding some health matters was generally below average.

6.2 Interpretation and discussion of the results of the second research hypothesis: which states the teacher of physical education and sports does not control preventive health perceptions.

Based on the data and results obtained regarding the assessment of the level of preventive health perceptions of the teacher of physical education and sports, we conclude that the role of the teacher is not activated in this field, which is more than a necessity, considering that knowledge of preventive concepts and perceptions is an essential factor in health awareness in various ways and methods of prevention.

Thus, the researcher attributes this result to the deficiency and shrinkage of the

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level of knowledge of preventive health concepts and perceptions among teachers of physical education and sports, which is primarily due to the lack of specialized training in this field during the teacher training stage through the study stations in which they were formed in special training institutes and departments, in addition to the ineffectiveness of continuous training by the authorities by holding periodic seminars in the field of prevention. All of this had an impact on the level of preventive health cognitive competencies.

This finding is consistent with the study of JūratėČesnavičienė& Vida Gudžinskienė (2013) which found that nearly half of the research participants admit that they lack sufficient knowledge about the prevention issues of many diseases such as: allergies, cancer and heart disease.

While the result differs with the study of Salah al-Din Abd al-Karim Abdullah, Al-Faraa (2008), which concluded that the role of the customized educational program in teaching preventive health education was active and positive in the development of preventive concepts among male and female students.

6.3 Interpretation and discussion of the results of the third research hypothesis:

It states that the teacher of physical education and sports does not control emergency health perceptions. Referring to the statistical analysis data contained in the previous table No 6, we conclude that the level of emergency health perceptions of physical education teachers was low and was contrary to what was expected. This makes the teacher unqualified in one of the tasks entrusted to him and his specialization, as well as his role in providing the necessary first aid for some injuries that may occur during physical education and sports classes. The researcher attributes this result to the lack of control and knowledge of physical education and sports teachers of health knowledge and perceptions in the first aid aspect, whether in the theoretical or practical side. This is due to the nature and pattern of training in this field, which is only theoretical in nature with very few hours designated for this purpose. This knowledge depends on the theoretical aspect, which is the basic basis for it in addition to the practical side, which is more than necessary for the purpose of embodying and consolidating the theoretical knowledge derived from the training. Therefore, both sides are considered two sides of the same coin, and no side can be neglected at the expense of the other.

This result is consistent with the study of Haji Abdel Qader (2011), which concluded that there is a vast difference in first aid between theory and practice

and that the training in first aid is weak and did not reach the required level. In addition, the first aid aspect did not receive attention from authorities in the institutes for training and did not provide good training conditions in this field (Hadji, 2011)

The result also agrees with the study of AyoubTouami et al. (2021), which proved that the nature of the training received by physical education and sports teachers in first aid is far from the field of reality, and this is due to their purely theoretical training in the field of first aid, which does not qualify them to be paramedics in the field in case one of their students suffers a sports injury.(Touami, Attab, & Kheloul, 2021)

While the result differs with the study of KaisNairat (2013) which found that the level of awareness of physical education teachers about the principles of first aid was very high, as the percentage of response to it was (70.95). (Nairat, 2014).

7. CONCLUSION

The issue of health perceptions is one of the most important and necessary issues, especially in the educational environment, where the modern school has become a fertile medium for promoting health in the community, starting from the various courses and educational programs along with the subject of physical education and sports. Based on the results of this study, it is clear that the level of health perceptions of teachers of physical education and sports was low and did not rise to the required levels because the task of maintaining and promoting the health of students in the school is the responsibility of the teacher of physical education and sports. Therefore, the study reached the following results:

- The level of nutritional health perceptions among teachers of physical education and sports was low.
- The level of preventive health perceptions among teachers of physical education and sports was low.
- The level of emergency health perceptions among teachers of physical education and sports was low.

In light of the findings, the researcher suggests the following:

- Conducting other similar studies on the health perceptions of teachers of other educational subjects, such as natural sciences and Islamic sciences.
- Conducting other similar studies on other stages of education, whether middle or primary education, both of which are considered one of the most important basic educational stages in which children grow up in the early stages of life.

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- Holding training courses for teachers of physical education and sports in the field of health sciences on a regular basis.
- Establishing a special and independent specialization concerned with sports health sciences in the institutes for the training of teachers of physical education and sports.

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