

L'éducation à la santé dans l'enseignement de l'EPS en marge des réformes curriculaires

The place of Health education in teaching of physical education on the sidelines of curricular reforms

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Résumé

Aujourd'hui, en marge de la réforme du système éducatif adoptée en 2003, l'éducation à la santé devraient occuper une place stratégique. Des interventions pédagogiques ont été conçues selon les principes d'une pédagogie active, basée sur l'approche par compétences en mettant l'accent sur le rôle de l'élève dans le processus d'apprentissage. L'objet de cet article porte sur l'éducation à la santé en rapport avec les réformes curriculaires, et en particulier sur l'apport de l'EPS au développement de l'enfants dans toutes ses dimensions intellectuelle motrice et plus particulièrement psychosociologique. Cette dernière qui s'apparente de manière significative à l'altérité, est-elle vraiment mise en œuvre sur le terrain par le l'enseignant d'EPS. Les résultats montrent que ce dernier lui accorde moins d'importance malgré la nouvelle réforme. Des résultats similaires ont été déjà obtenus par Cogérino et al (1998).

Mots clés : Education à la sante - réformes curriculaires -EPS, santé mentale, santé sociale

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Abstract

Today, on the margins of the education reform adopted in 2003, health education should occupy a strategic place in our education system. Pedagogical interventions have been designed according to the principles of an active pedagogy, based on the competency-based approach focusing on the student's role in the learning process. The focus of this article is on curriculum reforms related to health education, and more about the contribution of physical and sports education (PSE) to the development of the child in all its intellectual dimensions, motor, even psych sociological. Is the latter, which is like otherness, implemented in the field by the PSE teacher? The results show that the PSE teacher gives it less importance despite the new reform. Cogérino et al. (1998) which confirm that the PES teacher, focuses on physical health.

Keywords: Health education-Curriculum reforms-PES-Mental health-social health

informations sur l'article

Article info

1. 1 ALOUANE Rachid

1. INTRODUCTION

The school years represent a period of training guaranteeing the development of the individual in all its educational dimensions (cognitive, socio-affective and psychomotor). The school provides a harmonious framework for this development, which aims to improve the way of life of young people (O.M.S, 1997). Today, the need for physical and sports education is accepted to optimizing well-being. In Algeria, as part of curriculum reforms. Over the past decade, PSE has undergone a period of reorientation the role it should play, particularly in health. In the new guide to PSE (C.N.P, 2015) of middle education, the educational aims related to health are becoming clearer and clearer, such as:(providing health knowledge that consists in developing organic and motor capacities, access to knowledge related to the organization and maintenance of physical life). However, it was found that psych sociological domains that reflect mental and social health are not among the key objectives of PSE. This study leads us to analyze the interest given by the PES teacher to the health of students. The question is the curriculum reforms adopted in PSE implemented in harmony with the mental and social health of the student? Does the teacher's mission in the field of health, in the context of the new pedagogical reform in Algérie, go beyond the physical and corporal framework?

1.1 Health education and educational reform

After approving the new curricular reform by the public authorities in July 2002, new curricula and textbooks were proposed by the National Commission of the Education System, which will serve as a working tool for the teacher.

Pedagogically, the novelty lies in the student's place in the learning process. The latter, considered as an active element within the class group, is thus at the center of educational situations. The skills approach seen from the angle of a constructivist pedagogy assigns to the student a key status leading him to build the pedagogical skills sought. Knowing that constructivism is based on a logic of learning centered on the activity and the reactions of the student to the problem situations proposed by his teacher. The most important thing is not only to give knowledge, but also, and above all, to invest its capacities in problem situations that arise in its daily life.

This new pedagogical approach stands out mainly for its integration character and an opportunity to create a bridge between knowledge and skills. The implementation of the programmers of this new pedagogy of teaching was carried out simultaneously for four years in the primary and middle cycle from the beginning of the school year 2003/2004. The new pedagogical programs are based on the development of cognitive abilities and the student's analytical and deductive mind, unlike previous programs focused on learning by memorization.

Thus, the competence-based approach would be considered by the Ministry of Education as a guarantee of the quality of education. Thanks to the transversal skills they develop, which are directly linked to the student's daily life, they aim to develop various skills without forgetting to mention those related to health. Physical and sports education also seeks the same objectives, that is, the management of the physical and social life of the individual. This reform is in line with the objectives defined by the World Health Organization: «complete state of physical, mental and social well-being and does not consist only in the absence of disease or infirmity».

1.2 Health through PSE in curriculum reforms: a response to health challenges

New 2015 Second Generation Curricula Reflect the Importance of Health Education in the New Reform Physical and sports education is the appropriate field in which all the components of the individual that are aspects grow and develop; physical, physiological, psychomotor, social, moral and cultural. Also, it aims to realize the importance of preventing diseases and scourges harmful to health and society.” (P.C.N, 2015) “Physical education and sports are considered the suitable vessel in which all the aspects constituting the individual, generally represented in the physical, physiological, psychomotor, social, moral and cultural aspects, grow and develop. It also aims to realize the importance of preventing diseases and pests that are harmful to health and society”

Health has been a goal of physical education (PE) for a very long time and has taken on many different aspects at different times. There are two competing models: the first is based on a biomedical design aimed at improving physical fitness by focusing on indicators related to physical activity. The second, in line with the broader definition of health promoted by the World Health Organization, targets the different types of well-being: physical, psychological, social, emotional and mental.” (Cogérino et al, 2015).

Many research studies highlight the diversity of health education knowledge transmitted in physical, sports education (Simar & Jourdan, 2008; Turcotte Otis and Gaudreau, 2007), and show that there is a great deal of knowledge about food, hygiene, physiology, sexuality, risk behaviours...

Indeed, studies from several countries indicate a propensity among physical educators to consider improving physical fitness as one of the major objectives of health education. For example, in the United States (Manidi and Dafflon-Arvanitou, 2000) and the United Kingdom (Harris, 1997), health education in physical education is virtually synonymous with improved fitness for physical education teachers. What is the situation with the PES teacher in Algeria, since the implementation of the reform which evokes and emphasizes the importance of the mental and social aspect in the development of the individual?

2. Methodology

Two measuring instruments have been designed to answer the questions asked.

2.1 Survey Questionnaire

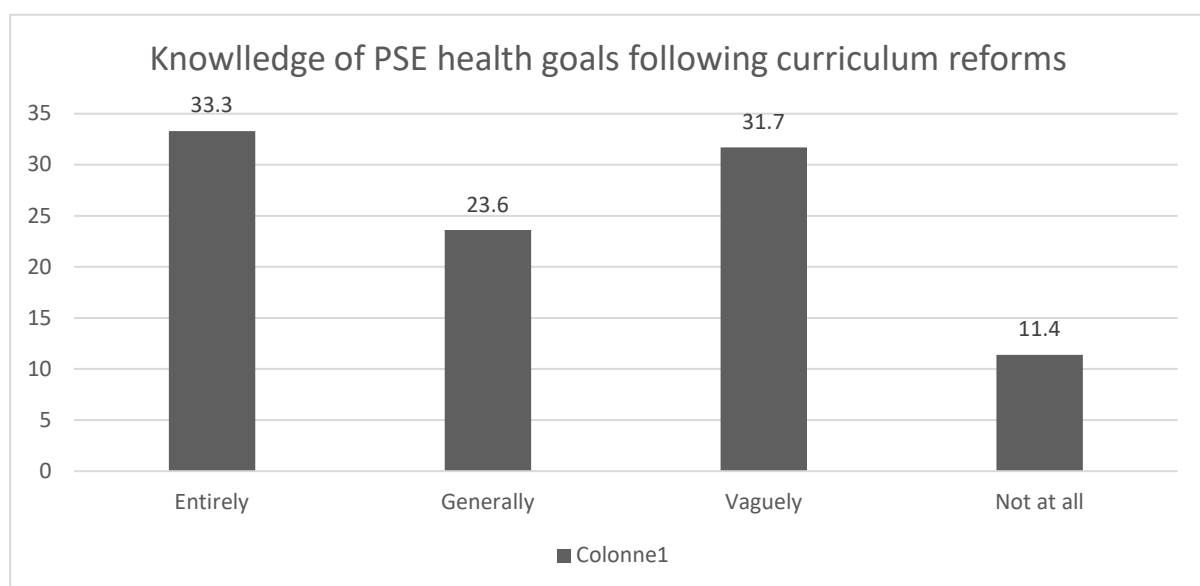
This brings together the notions of knowledge and the status of PSE that are called to be implemented by the teacher on the margins of new pedagogical reforms and that go in the direction of otherness (health education). Thirty-eight out of fifty-six physical education teachers, male, responded to the various items inherent in the notions of knowledge and the role of the teacher in his mission in health education. The questionnaire was given to teachers at the first data collection-planning meeting and instructions for completion were given and explained. It must have been completed before the teaching sessions were observed.

2.2 Observation grid

Includes three categories (personal hygiene, hydration and preventive safety) from the 31 situations described by the teachers interviewed, to which we have added those found in the literature (health; mental and social). (Michaux, 2002). Sixteen physical education sessions were filmed. Six of them took place with pupils of average grade 1, seven with those of the second year three sessions with pupils of grade 3. Data collection took place over a period of 06 months. Each participant had to answer a questionnaire and be observed during teaching.

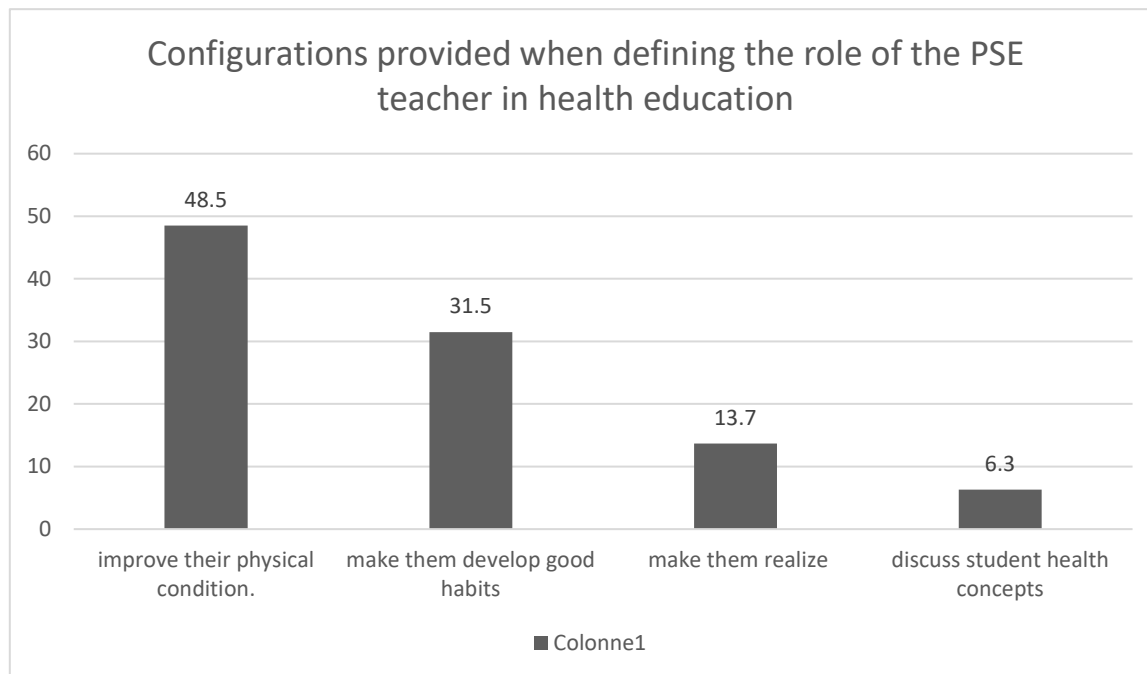
3. Results

3.1 Results of the questionnaire survey



Histogram 1. Knowledge of PSE health goals following curriculum reforms.

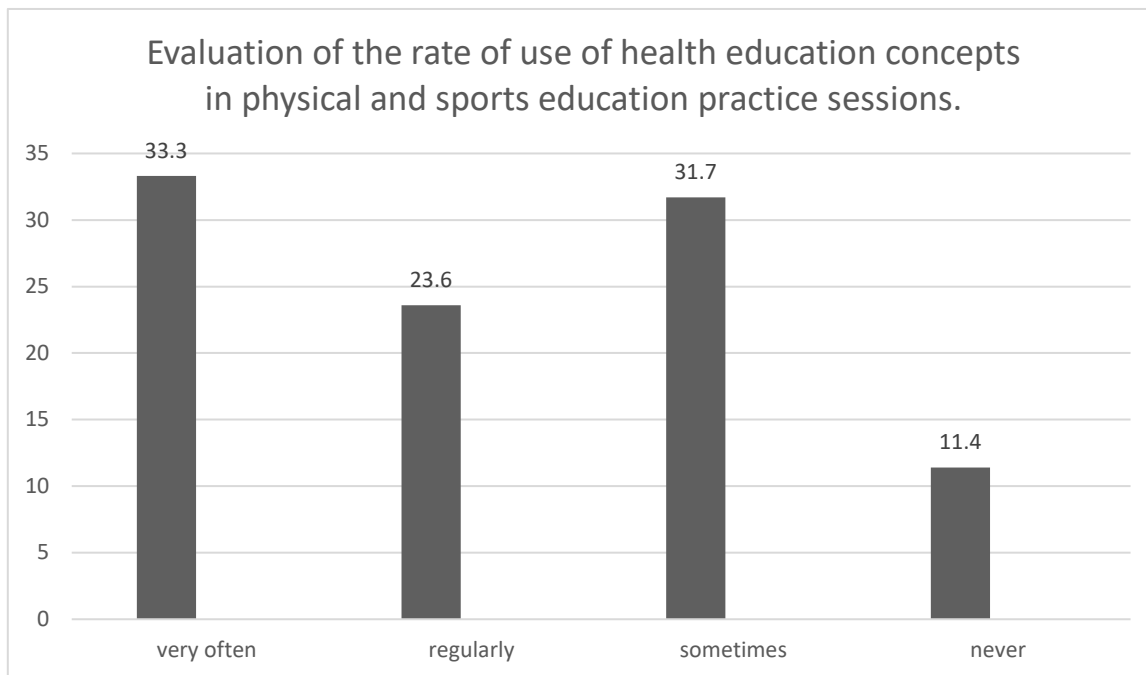
More than half of PSE teachers (51.6%) say they have learned about new educational goals. 20.7%, say they have an idea of these new curricular developments. 17.4% of teachers say they are vague and ambiguous. Finally, 10.3% of teachers prefer to ignore these objectives. These results support those found by Hassani (2013).



Histogram 2. Configurations provided when defining the role of the PSE teacher in health education.

Improving physical fitness is the main concern of teachers (48.5%). This half of the surveyed population specifies their fundamental role in health. 31% adopt a logic of transmitting knowledge in the form of advice. Finally, a low rate of teachers (13.7%) who feel that their role is only a simple awareness, followed by another low rate (6.3%) who prefer to explain the benefits of physical activities on body health. These results are consistent with those found in France. The work of Cogérino, Marzin and Méchin (1998) and de Loizon (2010) has shown that the objects of knowledge favoured by PSE teachers in the context of health education are based on improving physical abilities.

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Histogram 3. Evaluation of the rate of use of health education concepts in physical education and sports practice sessions

One-third (33.3%) of teachers say they have very often addressed health-related concepts in their CE courses, compared to 31.7% who sometimes value them. 23.6%. Finally, a low rate of 11.4% of teachers who ignore this notion. These findings highlight the average level of inclusion of health education among average physical educators. By focusing on learning activities related to regular physical activity, physical fitness leaves little room to discuss health with students.

Categories	A few examples of items	%
Personal hygiene (body care)	I ask my students to wash and change after the session	29.8
Hydration	I recommend to my students to drink during and after the session	22.6
Preventive security	I ask the students to remove the jewels, the watches and have the nails cut	47.6

Table 1. Categories of Information Identified in PSE Teacher Descriptions of Student Health Situations

Almost half (47.6%) of the situations described by PSE teachers are related to preventive safety, 29.8% are related to personal hygiene and 22.6% are related to hydration. Thus, our results state that safe physical activity is an important element for physical educators. In fact, this essential knowledge is oriented to secure the conduct of teaching-learning activities.

3.2 Result of observation

This table shows the percentages of dimensions observed among PSE health teachers

Categories	Personal hygiene (body care)	Hydration	Preventive security	Mental health	Social health
A few examples of items	I ask my students to wash and change after the session	I recommend to my students to drink during and after the session	I ask the students to remove the jewels, the watches and have the nails cut	Teacher refused that team captains select members of their team. Some students are always taken last	Teacher ensures acceptance and respect for others in team building
Observed	56.25%	43.75%	62.5%	12.5%	09.4%

Table 2. Health behaviors of Physical educational teachers.

According to the EPS (2013) Charter on Nutrition, Hydration and Sleep, these are the most important guidelines to safeguard the child's health. Our survey indicates that only 43.75% of teachers respond to this charter by encouraging their students to hydrate by advising them to carry a water bottle during physical education sessions. To prevent any incident during the practical physical education courses, safety occupies a very important place among teachers with a rate of 62.5%. The instructions given concern the prohibition of the wearing of jewels during the course, the disposal of teaching materials far from any danger, etc. In the second position, we find the personal hygiene that concerns 56.25% of teachers. Interest in mental and social health (as a basis for education in otherness) is evoked during PSE sessions. Otherness, so, in physical education attracts less interest from the teacher.

4. Discussion

Health intervention as an action relating to the protection and preservation of citizens health intervenes on two important axes, on the one hand through the structures health within the therapeutic framework which is more focused on the provision of medical care, on the other hand, it intervenes in the preventive framework through the proclamation of habits of healthy life based primarily on a balanced diet and physical activity appropriate and regular.” (Boukherraz R. & Alouane R., 2022, p.450). This can not be achieved without a real awareness of the importance on health education in general and physical education in particulier.

Data from questionnaires and observations (reported and observed practices) show a gap between what is reported and what is actually taught. The professional status of physical education teachers is much more marked by body culture. (Loison, 2012). 48.5% teachers whose practical PE sessions focus on physical and even physiological aspects recorded a reductive vision of health education. (Improve physical condition). These results confirm those already obtained by Cogérino (1990) on PSE teachers who emphasized the predominance of the physical aspect of health. Thus the other aspects that characterize mental and social health, which imply otherness, seem ignored by the teacher. This is explained despite the curriculum reforms, by the lack of control of educational intentions that call for otherness. It remains largely absent from education priorities (Kutcher, Venn, & Szumilas, 2009, p.44). The latter are the basis of an expertise. These aspects should be the subject of the educational needs of the students to be implemented in the field as part of sports and artistic physical activities (SAPA). For example, the teacher could transmit the values of otherness through practical PE courses, such as a taste for generosity, respect for others, receiving and giving, the need for cooperation, the spirit and cohesion of the group, respect for others by accepting their faults and qualities while ignoring the differences that characterize them.

Conclusion

As in most countries with underdeveloped health systems, the educational environment especially that of physical education, where receptivity is better, is particularly suitable for developing health education, physical education can be an excellent form of health education especially for middle-aged students.

The association of the teaching body is desired alongside the practitioners. The medicalized concept of school medicine should be replaced by that of health education. Thus, health education aims to promote the adoption of behaviors that make it possible to avoid what can

be harmful to health. It also provides of individuals in order to achieve a better quality on life. In Algeria, the arrival of the new teaching program, has not allowed, for the moment, a real awareness of PE teachers of the importance of health education in the broad sense of the term. A redesign and consequent transformation of the contents of initial and continuing training is essential.

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