

Physical Education Teacher Candidates' Perceptions of the Curricular Outcomes for School Health Education

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Abstract

Certified teachers are critical to the success of comprehensive health education. It is important to examine physical education teacher candidates' (PETCs') perceptions about teaching health education, since many physical education teachers also teach health education. Therefore, the study examined PETCs' perceptions of the curricular outcomes for school health education. The study utilized a qualitative research methodology. Participants included a purposive sample of 54 PETCs (41 males and 13 females) enrolled at a state university in Midwestern United States. An open-ended questionnaire served as the main data source. The questionnaire sought PETCs' beliefs about the purposes and curricular goals of school health education. Data were analyzed using constant comparative analysis and analytic induction. Trustworthiness was established through researcher triangulation and peer debriefing. Findings were grouped into three categories: health knowledge, decision-making skills, and health-enhancing behaviors. The PETCs' indicated the most important health education contents were: proper nutrition, physical activity, alcohol, tobacco and drugs. Conversely, the least important contents included: human sexuality, sexual education, and human anatomy. The findings suggested PETCs in the current study espoused narrow views about the purposes and curricular outcomes of school health education. Physical education teacher education programs should advocate the importance of health education courses.

Key Words: Health education; physical education; perceptions; teacher candidates.

1.0 Introduction

The school provides a promising environment for health promotion activities, not only because interventions in this environment are more efficient and effective (Collins, Robin, Wooley, et al., 2002). School is more than a space that occupies students to provide information about the basic subjects in the schooling experience; it also provides a terrain that allows students to build, grow, think critically, and make decisions that impact students' livelihood. In particular, the disciplines of health education and physical education can provide life-saving information that includes but is not limited to; knowledge on nutrition, physical activity, stress, and sexual education. Health and wellness programs in schools provide a broad base of knowledge that help school age students make decisions about their health and well-being. School health and wellness programs do more than teach students about basic principles of health. Rather, these programs are vital in providing accurate, effective, comprehensive information to students that inform students' decision-making skills. Today, school wellness programs are targeting a much greater scope and audience. These programs are critical in addressing larger societal problems like childhood overweight and obesity.

Quality school wellness programs are critical to the prevention of childhood and adolescent overweight and obesity. For example, poor nutrition and lack of physical activity negatively impact children's physical, social, and emotional health, and their learning (Williams, 2005). Brener, Pejavara, and McManus (2011) reported that few schools taught all essential health education topics. Certified teachers are critical to the success of comprehensive school health education. Certified teachers have passed national exams that address the physical, social, and emotional needs of children. With so many pertinent topics to address in the curriculum it is important to prepare teachers who are capable of teaching multiple topics across different disciplines. As Larson (2003) noted, many physical education (PE) teachers also teach health education. Even though over 80% of the PE teachers in Larson's (2003) study indicated health was an important subject, many described themselves as self-taught in several content areas (Larson, 2003). One approach to addressing this problem is to infuse health content in preservice programs (Myers-Clack & Christopher, 2001). Addressing health content in teacher education programs would allow teacher candidates to fully develop a comprehensive health curriculum while they are still enrolled at their respective institutions will allow professors to integrate health and physical education curriculum with the necessary information to pass national exams and meet the demands of their future students.

In addition, teachers are encouraged to integrate health education regardless the area of specialty (Wood, 1996). For example, research has shown that integrated health and physical education curricula result in increased physical activity (Clocksin, Watson, Williams & Randell, 2009), especially for children with low physical activity levels (Oliver, Schofield, and McEvoy, 2006) than traditional or non-integrated health and physical education curricula.

1.1 Purpose of the Study

Despite the recent attention on teachers' beliefs, Tsangaridou (2006) asserts that research on teachers' beliefs in physical education is inadequate. Furthermore, teachers' experiences often guide their instructional decisions (Pajares, 1992). The purpose of the present study, therefore, was to examine physical education teacher candidates' (PETCs) perceptions of the curricular outcomes for school health education. The study attempted to answer the following research questions: 1. What are PETCs' perceptions of the purposes of school health education? 2. Which health education curricular outcomes do PETCs perceive to be the most important? 3. Which health education curricular outcomes do PETCs perceive to be the least important? Many physical education teachers also teach health education. Since teachers' curricular value orientations guide their instructional decisions, it is important to examine PETCs' entry beliefs about teaching health education. Moreover, as O'Sullivan (2003) noted, this would allow teacher education programs to influence

teacher candidate beliefs about teaching and learning. An understanding of their perspectives can help teacher educators identify strategies that would improve PETCs' abilities to teach health education.

2.0 Method

2.1 Participants and Setting

Participants for the study included a purposive sample of 54 PETCs (41 males and 13 females) enrolled at a regional university in Midwestern United States. The PETCs were at various stages of their teacher preparation program at the time of the study. They included four freshmen, six sophomores, 34 juniors, and 14 seniors. Fifty of the PETCs were Caucasian, two each were of African American and Hispanic origins.

2.2 Data Collection and Analysis

The present study used an open-ended questionnaire as the main data source. The authors adapted a questionnaire used in a previous study to assess preservice teachers' beliefs about the curricular goals of physical education (Sofa, Beard, Slattery, & Howard, 2012). The current study modified the questionnaire items to pertain to health education. The questionnaire sought PETCs' beliefs about the purposes and curricular goals of school health education. Specifically, it asked PETCs: (a) the purposes of health education (b) things that should be emphasized the most in a school health education curriculum and, (c) things that should be emphasized the least or should not be included in a school health education curriculum.

The authors received Institutional Review Board (IRB) approval from the first author's institution prior to data collection. In addition, each participant signed a consent form prior to completing the questionnaire.

Data were analyzed using constant comparative analysis and analytic induction (Patton, 2002). Each author read and re-read the completed open-ended questionnaires to identify tentative categories and sub-categories. Next, all the authors compared notes and gained consensus on the categories. Trustworthiness was established through researcher triangulation and peer debriefing (Cresswell, 2003). Two Physical Education Teacher Education (PETE) colleagues and one Health Education expert did the peer debriefing (auditing) for the authors. The authors sent the tentative categories and sample excerpts to the colleagues for comments. The auditors returned comments without any suggestions for changes in the categories.

3.0 Results

Findings were grouped into three categories: health knowledge, decision-making skills, and health-enhancing behaviors. The PETCs indicated that the most important health education content included information on: proper nutrition, physical activity, and alcohol, tobacco and drugs. Conversely, the least important content included: human sexuality, sex education, and human anatomy.

3.1 Purposes of Health Education

Findings for the first research question were grouped into three categories: health knowledge, decision-making skills, and health-enhancing behaviors. All names used in this paper are pseudonyms.

3.1.1 Health Knowledge

PETCs in the present study believed health knowledge was very important in helping students to live healthy lifestyles. As James stated, "The purpose of health education is for students to gain knowledge . . . that they need to stay healthy." That is, for students to stay healthy they need to "understand how to be healthy" (Lisa).

Health knowledge, according to the PETCs, was crucial for leading healthy lifestyles not just while in school, but after graduating from high school. For example, Ben wrote, “I think that schools have an enormous responsibility for helping students develop knowledge, because it is something students will be using for the rest of their lives.”

Not surprisingly, PETCs in the current study viewed physical fitness to be an important part of healthful living. Consequently, they indicated students needed to be aware of how to develop and maintain fitness. As Jen noted, “Health education’s purpose is to provide students with knowledge of how to maintain a fit [physical] body.”

3.1.2 Decision-making skills

Data also indicated that PETCs identified the development of decision-making skills as a purpose of school health education. According to the PETCs, students need skills to make responsible choices about their health. Joseph, for example, commented “Health education should teach the students to be responsible for their own health, having the ability to make good choices.” By teaching students to be responsible, “it [health education] helps prevent children from making wrong decisions about sex education, alcohol, and drugs” (Toni). For some of the PETCs, health education is to “educate students about overall health, including diseases, eating habits, and lifestyle choices” (Jessica). Furthermore, PETCs believed students should not only learn to make informed decisions, but also be prepared to accept the consequences of their decisions. Luke, for instance stated, “. . . health education gives younger children the opportunity to learn about the benefits and consequences of health and physical activity.”

3.1.3 Health-enhancing behaviors

The PETCs identified health-enhancing behaviors as a purpose of health education. They believed students need to learn to practice healthy lifestyles. According to Sarah, “It [health education] is to teach the way people eat, exercise, and choose healthy habits of everyday life.” It is important, according to Chuck, for a child to “not only learn the importance of being fit, but also staying fit.” By learning to live healthy lifestyles, students would be “learning to reduce the risk of health problems” (Becky). As one PETC summed it, “Health is the key to happy lives” (Jen).

3.2 Curricular Outcomes to be Emphasized the Most in School Health Education

The second research question addressed PETCs’ perceptions about the health education curricular outcomes to be emphasized the most. The PETCs in the current study indicated that the most important health education content included information on: proper nutrition, physical activity, and alcohol, tobacco and drugs.

3.2.1 Proper Nutrition

PETCs in the present study viewed information on nutrition as important curricular goal of school health. They suggested that students need to learn proper nutritional habits in order to stay healthy. Amanda stressed that “Explaining how these choices [proper diet] affect their lives and prevent diseases is very important.” Larry’s account expressed similar views, Larry “Eating (what’s good, what’s bad) should be emphasized the most, since America has a non-seasonal food section in all supermarkets. Anyone can eat any food any time of the year.” Commenting on the negative impact of the proliferation fast food restaurants on the eating habits of Americans, one PETC noted “America has become the Fast Food Capital of the world. Most kids can’t even spell vegetables; so it is important to get back to basics and teach a balanced diet promoting all the food groups” (Nick).

3.2.2 Physical Activity

Not surprisingly, this group of PETCs considered physical activity to be a curricular goal that should be emphasized in school health. They explained that the knowledge and participation in physical activity would help students to lead healthy lifestyles. One participant stated, “Lifetime fitness and activity [physical] should be emphasized, because it will lead to a longer life” (Mary). Participation in physical activity would not only allow individuals to stay in shape, but would enhance their ability in “Maintaining a healthy way of life” (Joseph).

3.2.3 Alcohol, Tobacco and Drugs

Results indicated that PETCs viewed alcohol, tobacco, and drugs as a very important curricular outcome in school health. They believed that knowledge about alcohol, tobacco, and drugs would empower students to avoid them. As Lisa recounted, “Drugs should be covered in health. The more students are knowledgeable about the subject [drugs], the more likely they are to care about it.” Further, they asserted that most problems in students’ lives were alcohol and drug related. For example, one PETC stated, “Alcohol and drug usage should be covered the most. Most mistakes of people their age [school-going age] can be linked to drugs and alcohol” (David). Furthermore, for those who would make the mistakes, PETCs suggested health education programs should teach them how to seek help. This view is illustrated by Laura’s account, “Also, including ways to fight addiction or how to quit using drugs; and where people can go to get this kind of help.”

3.3 Curricular Outcomes to be Emphasized the Least in School Health Education

3.3.1 Human Sexuality

PETCs identified human sexuality as one of the health curricular goals that should be emphasized the least. First, some of the participants stated the school health curriculum should de-emphasize the teaching of human sexuality. For example, one PETC stressed that, “Schools should not focus on students’ sexual orientation in health classes” (Ben). Second, some participants in this group of PETCs believed that human sexuality would best be addressed at home. Luke, for instance stated, “Issues about sexuality would better be addressed by parents.” For the curricular outcomes they considered least important, the PETCs suggested that they be taught at home rather than at school.

3.3.2 Sexual Education

Data showed that PETCs identified sexual education as one of the least important curricular outcomes. Rather, they suggested that it should be taught at home. The excerpt that follows illustrates a PETC’s views on sexual education as a health content area, “. . . an element that could be emphasized less would be some of the sex education curriculum, because I believe this should be more emphasized in the home rather than the school” (Manuel). Similarly, another PETC stated that, “Sexual education, because that is something that should be reserved for the parents” (Laura). Others, like Chris, were emphatic about exclusion of the content, “I feel sexual education is a topic that should be covered by parents instead of the school” (Chris). However, PETCs failed to state why parents should teach sexual education at home rather than teachers at school. Mary was more specific when she indicated that, “Information about pregnancy and abortion” should not be part of a school health curriculum.

3.3.3 Human Anatomy

PETCs also identified human anatomy as one of the health curricular goals that should be emphasized the least. Their comments suggested that this content should be addressed in human anatomy and science classes, “I think body parts and functions are useless, we should emphasize overall health like eating habits and exercise” (Tina). Following the same line of argument, Mike stated that “It might not be necessary to go into such great detail about body systems because it will be covered in detail in science classes.” Similarly, Brown felt there should not be emphasis on the anatomy of the human body because, “The kids will learn that [anatomy] in anatomy class.”

4.0 Discussion and Conclusions

On a positive note, PETCs in the current study noted the importance of health knowledge, acquisition of decision-making skills, and the practice of health-enhancing behaviors in a school health curriculum. Moreover, they identified proper nutrition, physical activity, and alcohol, tobacco and drugs as health content that needed to be emphasized the most. The skills students need to sustain healthy choices are embedded in the National Health Education Standards (Lohrmann & Wooley, 1998). Physical education faculty should advocate the importance of health courses for physical education teacher candidates in their institutions. Ubbes et al. (1999) made a similar call for elementary education preservice teachers to learn health content.

Though some professionals see the disciplines of physical education and health education inextricably different, others see the parallels between the two disciplines. Some students are graduating with dual degrees in physical education and health education and are certified in both subject areas. These students are prepared with critical knowledge in both areas because they are required to take courses in the areas on human sexuality, anatomy, nutrition, and drug use and abuse. Though this may not be the norm for most institutions, it provides a context to develop well-versed physical education teacher candidates who are capable of covering health content because they took courses that covered more health related subjects.

On the downside, PETCs suggested that some important health content be de-emphasized in school health. Those content areas found of least importance are of great importance for school health educators. More importantly these topics are part of the characteristics of effective health education (Lohrmann & Wooley, 1998). This could have a grave impact on the type of information and education students receive from PE teachers who view school health in this way. middle, junior high, and high school students are particularly vulnerable during this time as it relates to sexual health. When current physical education teachers and physical education teacher candidates believe that topics like human sexuality and sexual education should be addressed at home, the assumption is that those topics are being discussed with their parents or guardians. The idea that all parents are discussing these subjects with their children in a way that is age appropriate with accurate information is a misnomer. If school age children do not get information from their parents, unfortunately they turn to peers and the media as “viable” sources of information. Many are misinformed about sexual health matters and need accurate information. If PE teachers teaching health lack empathy and content knowledge, students will continue to be misguided and misinformed. For many students the information they receive at school about sexual health may be the only information they receive.

Preservice teachers hold conservative views about health education—they prefer to teach non-controversial topics (Maney, Montheley, & Carner, 2000). In addition, many undergraduate programs do not teach such controversial topics their teacher candidates. McKay and Barrett (1999), for example, reported that less than 25% of physical and health education undergraduate programs in Canada offered compulsory sexual education.

One recommendation, based on the findings, would be for teacher education programs to possibly develop subject matter early on during undergraduate career that focuses on sexual health paying particular attention to current trends as a way to keep up to date with new information to present to students.

Based on the findings of the present study, we identify some strategies that may be used to help physical education teachers who teach school health. First, there are quite a few colleges and universities that offer a dual degree and certification in Health and Physical education. This is important for students who are interested in being certified to teach in both content areas, which is often a ‘selling’ point for these colleges and universities. One implication for this study is to help shape and develop a more holistic approach to dual majors. These findings can help institutions collaborate regionally and nationally when assessing required courses for dual majors, paying particular attention to the areas of human sexuality, sexual education, and human anatomy. A word of caution though, is that some PETCs with dual majors may only be interested in PE, and may have no desire to teach Health Education at all.

Second, the findings could be helpful in developing introductory courses that cover not just topics that participants in the study found of least importance but show how human sexuality, human anatomy, and sex education are integrated into PE courses and curriculum. Many students see Health Education as distinct and separate from PE, except those core health topics that “crossover” to PE curriculum like nutrition, drugs, and physical activity.

Finally, teacher education programs would do well to develop initiatives, courses, fieldwork, and student teaching practices that demonstrate how Health and PE are informed by each other. This approach can start with health and physical education professors sharing syllabi and discussing what subjects are covered and not covered in each course. Establishing what is currently being done is the first step in creating a paradigm shift. Faculty may have to connect with professors who teach content that overlaps with health and physical education content. For example, health and physical education faculty may have to consult with the faculty who teaches courses in human sexuality and biology. These courses may or may not be offered within their current department. If professors see the value in intentionally developing this “cross-over of disciplines, preservice teachers and their future students will find the significance in having access to this critical and necessary information.

A major limitation of the study is that the sample of PETCs was drawn from one university. A larger sample drawn from multiple settings would improve upon the findings. Another limitation is the use of questionnaire as the main data source. The use of interviews, for example, would allow future researchers to probe for more in-depth information about PETCs’ perceptions regarding the school health curriculum.

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