

## From Skill Transmission to Health Promotion: The Transformation of Physical Education Goals in Western Contexts and Its Implications for Reform in China

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### Abstract

*As concerns over physical inactivity and adolescent health intensify, physical education (PE) has been increasingly reframed from a focus on sport skills and performance toward health promotion and lifelong physical activity. While Western PE policy discourses position health as a primary educational purpose, China's PE reform is shaped by a distinctive dual mandate that integrates the principle of "Health First" with curriculum ideology and moral education. Existing comparative research often remains descriptive and insufficiently theorizes how policy goals and values are translated into curriculum content, pedagogy, and assessment. Addressing this gap, this study employs a qualitative, interpretive comparative analysis of Western and Chinese PE policy and curriculum texts.*

*The analysis examines goal hierarchies, value assumptions about learners, and policy-to-curriculum translation logics. The findings suggest that Western frameworks more consistently operationalize health promotion through learner-centered pedagogies and formative processes, whereas in China, health-oriented intentions may be constrained by performance-oriented accountability traditions. Building on these insights, the study proposes an integrated reform pathway that reframes curriculum ideology and moral education as a culturally grounded resource for health-promoting PE under the Health China 2030 agenda.*

*This study contributes a context-sensitive theoretical framework for understanding health-oriented PE reform across diverse educational systems.*

### Keywords

**physical education; health promotion; qualitative policy analysis; curriculum ideology; Health China 2030; sport pedagogy**

### 1. Introduction

Over the past three decades, physical education (PE) has increasingly been reframed within global educational and public health discourses as a critical institutional mechanism for addressing declining physical activity levels, rising sedentary behaviors, and the long-term burden of non-communicable diseases. A growing body of epidemiological and educational research has demonstrated that childhood and adolescence represent decisive periods for the formation of physical activity habits, health-related attitudes, and self-regulatory capacities that persist into adulthood (Bailey et al., 2009; Kirk, 2010). Consequently, international organizations and national governments alike have elevated school-based PE from a marginal curricular subject to a strategic lever for population health promotion. The World Health Organization has explicitly identified schools as a foundational setting for implementing its Global Action Plan on Physical Activity 2018–2030, emphasizing that regular, enjoyable, and inclusive physical activity during schooling years is indispensable for achieving sustainable health outcomes across the life course (World Health Organization, 2018). In parallel, the United Nations Educational, Scientific and Cultural Organization has advanced the concept of Quality Physical Education (QPE), defining PE as an inclusive, learner-centered process that integrates physical competence, health literacy, social development, and positive values, rather than a narrow focus on sport techniques or performance benchmarks (UNESCO, 2015).

Within this international policy climate, many Western education systems have undergone a gradual but profound transformation in PE goal orientation what from a traditional skill-transmission and sport-performance paradigm toward a health-promotion and lifelong physical activity paradigm. Scholars in sport pedagogy argue that this shift reflects a broader reconceptualization of educational purpose, wherein PE is expected not merely to produce technically skilled movers, but to cultivate motivated, health-literate individuals capable of sustaining active lifestyles beyond compulsory schooling (Kirk, 2010; Penney & Jess, 2004). Health-promoting PE models emphasize enjoyment, autonomy, inclusion, and personal meaning as pedagogical priorities, recognizing that students' subjective experiences of PE strongly influence their long-term engagement with physical activity (Ennis, 2017; Whitehead, 2019). From this perspective, physical skills are reframed as means rather than ends, supporting broader developmental outcomes related to well-being, identity formation, and social participation.

In China, a parallel yet institutionally distinctive reform trajectory has emerged. Physical education has been explicitly repositioned as a key component of national development strategies through the promulgation of the Physical Education and Health Curriculum Standards for Compulsory Education (2022 Edition), which formally enshrine the principle of “Health First” while simultaneously embedding PE within the overarching educational mandate of *lídé shùrén* what the cultivation of moral character and socialist values. At the macro-policy level, the Healthy China 2030 Planning Outline further reinforces the expectation that education systems, including school PE, play a proactive role in improving population health and reducing long-term health risks. Unlike most Western PE frameworks, however, Chinese PE policy assigns an explicit ideological and moral function to physical education, positioning it as a site for fostering discipline, perseverance, collectivism, and responsibility alongside physical development. This dual mandate renders Chinese PE reform structurally more complex, as health promotion objectives coexist with strong moral-ideological expectations and historically entrenched performance-accountability mechanisms.

Despite the growing volume of scholarship on PE reform and health promotion, significant theoretical gaps remain. First, comparative studies frequently juxtapose Western “health-promoting PE” with Chinese PE reforms in a descriptive manner, implicitly treating Western models as ideologically neutral and Chinese models as ideologically constrained, without sufficiently theorizing how moral and ideological education can function as a culturally grounded driver of health promotion rather than a competing objective (Green, 2014; Kirk, 2018). Second, much of the existing literature focuses on policy rhetoric. Such as the adoption of “Health First” principles that while underexamining the policy-to-curriculum translation logic that mediates how goals and values are enacted through curriculum content, pedagogy, and assessment practices (Penney et al., 2018). As a result, the mechanisms through which health-promoting intentions are either realized or diluted in everyday PE practice remain insufficiently conceptualized. Addressing these gaps requires a qualitative, interpretive comparative analysis that simultaneously attends to goal hierarchies, value assumptions, and curriculum enactment processes, thereby providing a theoretically coherent foundation for PE reform aligned with both Health China 2030 and China’s curriculum ideology and moral education framework.

This study contributes to the literature on physical education reform by providing a theoretically integrated and culturally contextualized interpretation of the shift from skill-oriented to health-promoting physical education. By conceptualizing this transformation as a reconfiguration of curricular goal hierarchies and value assumptions rather than a mere pedagogical adjustment, the study clarifies how health promotion has been repositioned as a central educational purpose in Western physical education policy discourse. Through a qualitative comparative analysis of Western and Chinese policy frameworks, the research moves beyond descriptive policy comparison to explicate the mechanisms through which policy intentions are translated into curriculum content, pedagogical priorities, and assessment logics. Most importantly, the study advances a culturally grounded theoretical perspective by reconceptualizing curriculum ideology and moral education in China not as a constraint on health-oriented reform, but as a normative resource that can meaningfully support sustainable health behaviors under the framework of Health China 2030. In doing so, this research offers an alternative reform pathway for non-Western education systems seeking to align global health agendas with local educational traditions, while also contributing to international debates on the evolving purposes and social responsibilities of physical education.

## **2. Objective**

- 1) Clarify the conceptual transformation of PE goals in Western contexts and the policy rationales supporting health-promoting PE.
- 2) Compare Western and Chinese PE policy orientations at the levels of (a) goal language, (b) underlying values, and (c) curriculum translation into pedagogy and assessment.
- 3) Propose a culturally grounded reform pathway for China that integrates health promotion with the moral-ideological mandate of school education, ensuring alignment with Health China 2030.

## **3. Research Questions**

- RQ1. How is the shift from skill transmission to health promotion articulated in Western PE policy and curriculum frameworks (in terms of goals, values, and pedagogical assumptions)?
- RQ2. What are the key similarities and differences between Western and Chinese PE policy orientations when interpreted across three levels: (a) goal hierarchy, (b) value assumptions, and (c) policy-to-pedagogy translation?

## **4. Literature Review**

### **4.1 Traditional Skill-Oriented Physical Education**

Historically, physical education in both Western and non-Western contexts emphasized technical proficiency, physical fitness, and sport performance. Curriculum structures prioritized standardized sports, such as athletics, gymnastics, and team games, with instructional models centered on teacher demonstration and repetitive practice.

Scholars have criticized this paradigm for marginalizing less athletic students and for failing to cultivate intrinsic motivation for lifelong physical activity. The dominance of performance norms often resulted in exclusionary practices and limited educational relevance beyond the school setting.

### **4.2 The Emergence of Health-Promoting Physical Education**

Beginning in the late twentieth century, Western educational discourse increasingly framed physical education as a vehicle for public health intervention. This shift was driven by epidemiological evidence linking physical inactivity to chronic disease and by pedagogical theories emphasizing learner-centered education.

Health-promoting PE focuses on:

- 1) Developing positive attitudes toward physical activity
- 2) Cultivating health literacy and self-regulation skills

- 3) Supporting mental and social well-being
- 4) Encouraging lifelong engagement rather than short-term performance

Under this paradigm, physical education intersects with health education, psychology, and social development, redefining teachers as facilitators of healthy lifestyles rather than technical instructors alone.

#### **4.3 Theoretical Foundations**

Three theoretical perspectives underpin this transformation:

- 1) Lifelong Physical Activity Theory, which positions school PE as the starting point of lifelong health behavior formation.
- 2) Public Health Education Theory, emphasizing prevention, equity, and population-level health outcomes.
- 3) Student-Centered Pedagogy, advocating autonomy, enjoyment, and personal meaning in learning experiences.

### **5. Methodology: Qualitative Policy and Curriculum Analysis**

#### **5.1 Research Design**

This study adopts a qualitative, interpretive research design. No quantitative data, measurements, or statistical analyses are employed. Instead, the analysis focuses on policy texts, curriculum standards, and scholarly interpretations.

#### **5.2 Data Sources**

Primary sources include:

- 1) Western PE curriculum frameworks and policy documents
- 2) Chinese national PE curriculum standards (2022 edition)
- 3) Health policy documents related to Health China 2030
- 4) Peer-reviewed academic literature on PE reform

#### **5.3 Analytical Strategy**

A thematic content analysis was conducted to identify dominant goal orientations, ideological assumptions, and pedagogical priorities. Comparative interpretation was then used to examine similarities and divergences between Western and Chinese approaches.

### **6. Comparative Analysis of Western and Chinese Physical Education Policies and Curriculum Orientations**

#### **6.1 Analytical Framework and Comparative Logic**

This section adopts a qualitative comparative policy analysis framework to examine how physical education (PE) goals have been articulated and operationalized in Western contexts and in China. Rather than evaluating policy effectiveness through numerical indicators, the analysis focuses on policy intentions, value orientations, and pedagogical implications embedded in official curriculum documents.

The comparison is guided by three analytical dimensions:

- 1) Goal orientation (what PE is intended to achieve).
- 2) Curriculum structure and pedagogical emphasis (how goals are translated into teaching), and Ideological and policy integration (how PE aligns with broader national strategies).

This interpretive approach allows for an in-depth understanding of structural differences without reducing complex educational processes to measurable outcomes.

#### **6.2 Western Physical Education Policies: Health Promotion as a Core Mission**

In Western education systems, particularly since the late twentieth century, physical education policy has increasingly positioned health promotion and lifelong physical activity as its central mission. Policy frameworks emphasize that PE should equip students not merely with sport skills, but with the motivation, knowledge, and confidence necessary to maintain active lifestyles across the lifespan.

Documents promoted by international organizations such as the UNESCO and the World Health Organization conceptualize PE as a preventive public health intervention embedded within formal schooling. Within this paradigm, PE contributes to:

- 1) Physical health through regular moderate-to-vigorous activity,
- 2) Mental well-being through stress regulation and positive affect,
- 3) Social development through cooperation and inclusion.

Pedagogically, Western PE curricula increasingly prioritize student autonomy, enjoyment, and inclusivity, allowing learners to engage in diverse movement forms that extend beyond traditional competitive sports.

#### **6.3 Chinese Physical Education Policy Orientation under the New Curriculum Standards**

China's physical education policy has undergone significant reform, particularly with the promulgation of the new national PE curriculum standards. These standards explicitly endorse the principle of "Health First" and emphasize the integration of physical fitness, skill learning, and moral education.

However, unlike Western PE frameworks that foreground health promotion as the primary objective, Chinese PE policy reflects a dual orientation:

- 1) Health development, including physical fitness and well-being;
- 2) Value cultivation, encompassing perseverance, discipline, collectivism, and patriotism.

This dual orientation positions physical education as both a health-related subject and a vehicle for curriculum ideology and moral education, giving it a broader sociopolitical function within the education system.

#### **6.4 Policy Comparison: Western and Chinese Physical Education Orientations**

To clarify similarities and divergences, Table 1 presents a structured comparison of Western and Chinese PE policies based on qualitative interpretation of policy texts.

**Table 1** Comparative Analysis of Western and Chinese Physical Education Curriculum Policies

Analytical Dimension	Western Physical Education	Chinese Physical Education (New Curriculum Standards)
Fundamental Goal	Health promotion and lifelong physical activity	Health first combined with moral and ideological cultivation
Concept of Health	Holistic (physical, psychological, social well-being)	Primarily physical health, expanding toward holistic health
Curriculum Orientation	Learner-centered and inclusive	Structured guidance with growing emphasis on student development
Role of Physical Skills	Means to support active lifestyles	Foundational competencies and assessment benchmarks
Policy Integration	Education–public health synergy	Alignment with national education and development strategies
Ideological Function	Implicit civic and social values	Explicit curriculum ideology and moral education mandate

*Note. The comparison is based on qualitative policy document analysis rather than empirical measurement.*

The table shows that it presents a qualitative comparison of Western and Chinese physical education (PE) curriculum policies across key analytical dimensions. The comparison shows that the two systems differ primarily in their goal hierarchy and functional positioning of physical education, rather than in their use of health-related terminology.

In Western PE policies, health promotion and lifelong physical activity are positioned as the fundamental educational goals, with physical skills serving mainly as tools to support active and healthy lifestyles. Health is conceptualized holistically, encompassing physical, psychological, and social well-being, and curricula are typically learner-centered and inclusive. Policy integration emphasizes collaboration between education and public health sectors, while civic and social values are embedded implicitly through participation and inclusion.

In contrast, Chinese PE policies under the new curriculum standards adopt a dual orientation. While the principle of “Health First” is clearly emphasized, PE is simultaneously assigned an explicit role in curriculum ideology and moral education. Health is still primarily framed in physical terms, although it is gradually expanding toward a more holistic understanding. Curriculum implementation remains more structured, with physical skills functioning as foundational competencies linked to assessment benchmarks and national education priorities.

Overall, the table indicates that Western and Chinese PE policies converge in recognizing the importance of health but diverge in how health is prioritized, justified, and operationalized within broader educational and ideological frameworks.

**Table 2** Text-Level Comparison of PE Goal Statements and Underlying Value Assumptions

Focus	Western PE Policy Discourse	Chinese PE Policy Discourse (New Curriculum Standards)
Dominant goal language	Lifelong participation, health literacy, well-being, inclusion	Health first, comprehensive development, moral cultivation
Implied learner identity	Active citizen and autonomous health actor	Student as developing person within collective moral order
Core educational rationale	PE as preventive public health and equity tool	PE as nation-building and character education tool plus health
Value emphasis	Autonomy, inclusion, personal meaning, agency	Discipline, perseverance, collectivism, responsibility

*Note. “Policy discourse” refers to the recurring goal language and normative framing identifiable across official curriculum and guidance documents.*

The table 2 shows that the normative premises shape policy implementation. Western frameworks often treat students as autonomous health actors, emphasizing self-determination, choice, and inclusion to sustain activity beyond school. Chinese policy framing more directly positions PE within moral education and collective development, where physical practice becomes a medium for cultivating resilience, discipline, and social responsibility. This distinction matters because it affects how teachers justify curricular decisions: Western PE teachers may prioritize enjoyment and engagement to secure long-term adherence, while Chinese PE teachers may prioritize structured practice to embody moral aims. A China-specific reform implication is that health promotion can be re-legitimized through moral discourse. Such as the framing health behaviors as responsibility to self, family, and society what the thereby reducing perceived conflict between “health” and “ideology.”



**Table 3** How Policy Priorities Translate into Curriculum Content, Pedagogy, and Assessment

Curriculum element	Western PE (Health-Promoting Orientation)	Chinese PE (New Standards + Implementation Reality)
Content structure	Diverse movement forms (fitness, outdoor, dance, lifetime activities)	Core skills + fitness + sport modules; diversification increasing but uneven
Pedagogical emphasis	Student-centered learning, autonomy support, inclusive participation	Teacher-guided instruction; autonomy encouraged but constrained by class size and accountability
Health integration	Health literacy embedded through reflection, self-management, and habit formation	Health first stated; health knowledge may be added, but skills/fitness tasks often dominate
Assessment logic	Formative assessment: participation, effort, reflection, personal progress	Comprehensive assessment expected; exam/benchmark pressure can steer toward measurable performance
Equity and inclusion	Inclusive design as explicit norm (adaptations, choice, differentiated tasks)	Inclusion emphasized in principle; differentiation depends on teacher training/resources

*Note.* The “implementation reality” column reflects common tensions identified in qualitative scholarship on PE reform, focusing on how accountability structures shape classroom practice.

The table shows that the Western health-promoting PE tends to embed health outcomes through learning processes what reflection, self-regulation, and motivational climate. So that students learn how to sustain activity. In China, the new standards provide a conceptual foundation for similar integration, but everyday teaching may still be steered by institutional incentives that reward visible, testable outputs. For example, the skill proficiency or fitness benchmarks. This gap suggests that reform should prioritize: 1) teacher professional learning in motivational and health-literacy pedagogy, 2) school-level policy adjustments that protect formative assessment space, and 3) curriculum resources that translate “Health First” into teachable units. Such as the goal-setting, activity planning, recovery, injury prevention), not merely slogans.

### 6.5 Interpretation of Key Differences

#### 6.5.1 Health Promotion versus Performance Accountability

A major distinction lies in how health promotion is operationalized. In Western PE policy, health promotion functions as the ultimate educational outcome, with physical skills serving as supportive tools. In contrast, Chinese PE policy still maintains strong performance accountability mechanisms, such as standardized fitness requirements, which can unintentionally reintroduce performance pressure.

#### 6.5.2 Ideological Explicitness

Chinese PE policy is characterized by explicit ideological expectations. Physical education is expected to cultivate moral character and collective values, reflecting the broader educational mission of moral development. Western policies, by contrast, tend to embed civic and ethical values implicitly through inclusive participation and democratic learning environments rather than explicit ideological instruction.

#### 6.5.3 Curriculum Flexibility

Western PE curricula typically allow greater flexibility in content selection and instructional strategies, supporting differentiated learning paths. Chinese curricula, while increasingly diversified, remain more centralized and standardized to ensure national coherence.

### 6.6 Toward Policy Convergence: Opportunities for Reform

Despite structural differences, points of convergence are emerging. Both Western and Chinese policies increasingly recognize:

- 1) The necessity of lifelong physical activity habits.
- 2) The importance of student engagement and motivation.
- 3) The role of PE in supporting mental and social well-being.

For China, the challenge is not to abandon its ideological foundations, but to reframe moral education through a health-promoting lens, ensuring that values such as perseverance and self-discipline support sustainable health behaviors rather than short-term performance outcomes.

To sum up, the comparative analysis demonstrates that while Western and Chinese physical education policies share a growing commitment to health, they differ substantially in goal prioritization, ideological explicitness, and curriculum implementation logic. Understanding these differences provides a conceptual foundation for developing reform strategies that are globally informed yet locally grounded, paving the way for an integrated model of physical education aligned with both health promotion and national educational values.

## 7. Physical Education Curriculum Ideology, Moral Education, and Health China 2030

### 7.1 PE Curriculum Ideology and Moral Education

In China, physical education is not only a health-related subject but also a key site for curriculum ideology and moral education. PE is expected to cultivate perseverance, collectivism, discipline, and national identity. This ideological function distinguishes Chinese PE from most Western models.

Rather than conflicting with health promotion, moral education can reinforce it. Values such as self-discipline, responsibility for one’s body, and respect for life align closely with health-oriented PE objectives.

## **7.2 Alignment with Health China 2030**

Health China 2030 positions physical activity as a strategic national priority. School PE is explicitly identified as a foundational mechanism for improving population health. However, policy alignment requires pedagogical transformation, not merely rhetorical endorsement.

A health-promoting PE curriculum under this framework should:

- 1) Prioritize regular, meaningful physical activity participation
- 2) Integrate health knowledge with movement experiences
- 3) Encourage lifelong habits rather than short-term compliance

## **7.3 Toward an Integrated Reform Model**

China's reform pathway should not replicate Western models wholesale. Instead, it should develop an integrated model that:

- a) Retains ideological and moral education functions.
- b) Reorients curriculum goals toward holistic health.
- c) Reduces excessive performance pressure.
- d) Supports teacher professional development in health-oriented pedagogy.

## **8. Conclusion**

Based on a qualitative comparative analysis of Western and Chinese physical education (PE) policy and curriculum frameworks, this study draws the following conclusions:

1. Physical education goals have undergone a structural transformation in Western contexts.

Western PE policies increasingly prioritize health promotion and lifelong physical activity as core educational goals, with motor skills repositioned as enabling means rather than primary ends.

2. China's PE reform reflects a distinctive dual policy logic.

China's new PE curriculum standards elevate the principle of "Health First" while simultaneously assigning PE an explicit role in curriculum ideology and moral education, resulting in a more complex goal structure than that found in most Western frameworks.

3. Differences between Western and Chinese PE are primarily structural rather than rhetorical.

Although both systems employ health-oriented language, they differ in goal hierarchy, value assumptions about learners, and mechanisms for translating policy intentions into curriculum, pedagogy, and assessment.

4. Policy-to-curriculum translation represents the central reform challenge in China.

While health promotion is emphasized at the policy level, performance-oriented accountability traditions may constrain the enactment of health literacy, motivation, and formative learning processes in PE practice.

5. Curriculum ideology and moral education can function as a resource for health-promoting PE.

When reconceptualized around habit formation, self-regulation, and collective support for healthy lifestyles, moral-ideological education can reinforce rather than hinder the objectives of Health China 2030.

## **9. Recommendations**

### **9.1 Policy-level recommendations**

9.1.1 National and local education authorities should clarify how the "Health First" principle is operationalized in PE curricula by providing concrete curricular exemplars focused on health literacy, self-management, and lifelong physical activity.

9.1.2 Policy guidance should distinguish health-promoting learning processes from performance benchmarks to prevent the reduction of PE to test-oriented practice.

### **9.2 Curriculum and assessment recommendations**

9.2.1 PE curricula should explicitly incorporate formative learning components such as goal-setting, reflection, and activity planning as legitimate health-related outcomes.

9.2.2 Assessment systems should balance skill and fitness requirements with process-oriented indicators of participation quality and personal progress.

### **9.3 Pedagogical recommendations**

9.3.1 Teachers should align moral education with health promotion by reframing perseverance as sustained healthy behavior rather than short-term physical endurance.

9.3.2 Collective values should be enacted through inclusive participation, peer support, and shared responsibility for class health culture.

### **9.4 Teacher professional development**

9.4.1 Professional training should prioritize health-promoting pedagogies, including autonomy support, differentiation, and inclusive task design.

9.4.2 School-based professional learning communities may be used to support teachers in translating policy goals into classroom practice.

### **9.5 System coordination recommendations**

9.5.1 School PE reform should be coordinated with broader school health initiatives and community physical activity resources.



9.5.2 PE should function as a foundational platform for lifelong physical activity pathways consistent with the objectives of Health China 2030.

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