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Health-Based Physical Education Learning Model: A Literature Review of Global Practices

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ABSTRACT

This systematic literature review explores global practices in implementing Health-Based Physical Education (HBPE) models, aiming to identify key strategies, outcomes, and contextual factors influencing success. Using databases such as Scopus, PubMed, ERIC, ScienceDirect, and SINTA, 62 peer-reviewed articles published between 2014 and 2024 were analyzed through thematic synthesis. The review categorizes HBPE models into thematic health-oriented learning, structured physical activity programs (e.g., TPSR, SEPEP), and technology-assisted models (e.g., wearable fitness devices, digital PE platforms). Findings show that HBPE significantly contributes to improving students' physical health and behavioral outcomes. For example, a controlled study in Canada demonstrated a 23% improvement in cardiorespiratory fitness after a 12-week HBPE intervention (Thomas et al., 2021). In South Korea, schools implementing HBPE integrated with mindfulness training reported reduced stress levels and improved classroom behavior (Lee & Kim, 2020). Across regions, success factors included teacher professional development, supportive national policies, availability of facilities, and cultural alignment of curricula. However, challenges persist, such as inconsistent funding, limited teacher expertise, and socio-cultural barriers in low- and middle-income countries. The review concludes that HBPE is a globally viable model for promoting lifelong health in students, particularly when contextualized to local educational frameworks. Recommendations include investing in teacher training, curriculum innovation, and multi-sector collaboration. This review provides policymakers, educators, and researchers with a comprehensive understanding of global HBPE practices and their relevance to improving the quality and inclusivity of physical education..

Keywords : Health-Based Physical Education; Global Practices; Physical Activity; Student Health; Curriculum Innovation.

INTRODUCTION

Physical education (PE) has long been a cornerstone of educational curricula worldwide, aiming to promote physical activity, instill healthy habits, and contribute to the holistic development of students. Traditionally, PE programs have emphasized physical fitness, motor skill development, and sports participation. However, the escalating prevalence of sedentary lifestyles and associated health issues, such as obesity and cardiovascular diseases, has prompted a paradigm shift in PE. The contemporary approach

advocates for a health-based physical education (HBPE) model that integrates health promotion and education into PE curricula, emphasizing lifelong wellness and active lifestyles (Lonsdale et al., 2013).

This shift aligns with global health initiatives recognizing the critical role of schools in fostering healthful behaviors. Programs like the World Health Organization's Health Promoting Schools framework and the Exercise is Medicine initiative underscore the importance of integrating health education into school settings to combat non-communicable diseases and promote overall well-being (World Health Organization, 2018; Sallis et al., 2016).

The HBPE model encompasses various strategies and pedagogical approaches tailored to different cultural and educational contexts. For instance, in the United States, PE curricula have evolved to include components that address mental health, nutrition, and lifestyle choices, aiming to equip students with the knowledge and skills necessary for lifelong health (Centers for Disease Control and Prevention, 2019). In China, the integration of traditional physical activities and modern health education reflects a hybrid approach that respects cultural heritage while addressing contemporary health challenges (Wang & Chen, 2020).

Technological advancements have also influenced HBPE practices. The incorporation of exergames video games that promote physical activity—into PE classes has shown promise in increasing student engagement and physical activity levels. However, concerns about the potential for reinforcing negative body images and the need for critical evaluation of such tools remain (Öhman et al., 2014).

Moreover, community-based programs like Singapore's Trim and Fit (TAF) initiative have demonstrated the effectiveness of comprehensive strategies that involve policy changes, school-based interventions, and community engagement in promoting physical activity and reducing obesity rates among students (Lee et al., 2003).

Despite the recognized benefits of HBPE, several challenges hinder its widespread implementation. One significant issue is the lack of standardized curricula that effectively integrate health education into PE. Variations in educational policies, resource availability, and teacher training across different regions contribute to inconsistencies in HBPE delivery (Hardman & Green, 2011).

Additionally, the emphasis on academic achievement in many educational systems often leads to the marginalization of PE, resulting in reduced instructional time and resources allocated to the subject. This trend undermines efforts to promote health through education and exacerbates disparities in student health outcomes (Kahan, 2008).

Teacher preparedness is another critical concern. Effective HBPE requires educators to possess not only physical education expertise but also knowledge in health education and behavior change strategies. However, many PE teachers report insufficient training in these areas, limiting their ability to deliver comprehensive health-focused instruction (McKenzie & Lounsbery, 2009).

While numerous studies have explored various aspects of HBPE, there is a paucity of comprehensive literature reviews that synthesize global practices and identify effective models adaptable to diverse educational contexts. Existing research often focuses on specific interventions or regional implementations, lacking a holistic perspective that considers cultural, socioeconomic, and policy-related factors influencing HBPE.

Furthermore, there is limited exploration of the long-term impacts of HBPE programs on student health behaviors and outcomes. Most studies assess short-term effects, leaving a gap in understanding the sustainability and longitudinal effectiveness of these interventions (Bailey et al., 2009).

The role of technology in HBPE also warrants further investigation. While initial findings suggest that tools like exergames can enhance engagement, there is a need for more rigorous research to evaluate their effectiveness in promoting sustained physical activity and health knowledge among students (Staiano & Calvert, 2011).

This literature review aims to bridge the identified gaps by providing a comprehensive analysis of HBPE models and practices across various global contexts. By synthesizing findings from diverse studies, the review seeks to identify common elements of successful HBPE programs, such as curriculum design, pedagogical strategies, and community involvement, that contribute to improved student health outcomes.

The review also intends to examine the integration of technology in HBPE, evaluating its potential benefits and challenges. By analyzing the effectiveness of digital tools in enhancing student engagement and promoting health education, the review will offer insights into innovative approaches to HBPE.

Moreover, the review will consider the implications of policy and systemic factors on the implementation and success of HBPE programs. Understanding how educational policies, resource allocation, and teacher training influence HBPE delivery can inform strategies for scaling and adapting effective models in various educational settings.

In the following sections, this literature review will delve into the global practices of health-based physical education, examining case studies, program evaluations, and research findings from diverse educational contexts. By analyzing the components and outcomes of various HBPE models, the review aims to distill best practices and provide recommendations for educators, policymakers, and researchers seeking to enhance health education through physical education.

METHODS

Table 1.
Type of research systematic literature review

Component	Description
Type of Study	Systematic Literature Review
Purpose	To identify, evaluate, and synthesize relevant studies concerning health-based physical education learning models implemented across global contexts.
Justification	This method ensures a structured, transparent, and replicable process to gather evidence-based findings and trends in health-oriented PE.
Reference	Casey, A., & Goodyear, V. A. (2015). Can cooperative learning achieve the four learning outcomes of physical education? A review of literature. Journal of Teaching in Physical Education, 34(2), 206–228. [Scopus Q1]

Table 2.
Data Sources for Systematic Literature Review

Component	Description
Data Source	Peer-reviewed journal articles from reputable national and international databases published between 2014 and 2024.
Databases Used	Scopus, PubMed, Google Scholar, ScienceDirect, ERIC, DOAJ, and SINTA (for Indonesian high-quality journals).
Inclusion Basis	Only articles relevant to health-based physical education were selected from these databases based on keywords and predefined criteria.
Reference	Ha, A. S., & Chan, D. W. (2019). Promoting physical activity in schools: The role of the school curriculum and physical education. International Journal of Environmental Research and Public Health, 16(22), 4299. [Scopus Q1]

Table 3.
Inclusion and Exclusion Criteria

Criteria Type	Description
Inclusion Criteria	Articles published between 2014–2024, written in English or Indonesian, focusing on health-based physical education, PE curriculum, student health, or active learning models; empirical or review studies.
Exclusion Criteria	Editorials, opinion papers, non-full-text articles, and studies irrelevant to the context of health-based physical education.
Reference	Chen, W., Hammond-Bennett, A., Hypnar, A., Zalmout, S., & Mason, S. (2014). Health-related physical fitness and physical activity in elementary school students. BMC Public Health, 14(1), 1–9. [Scopus Q1]

Table 4.
Data Collection Procedure

Component	Description
Search Strategy	Keyword combinations such as: "health-based physical education", "school-based physical activity program", "curriculum PE and health", "global physical education practices".
Search Period	August 2024 – December 2024
Data Management Tools	Articles were exported to reference management software like Zotero and Mendeley for initial screening and organization.
Reference	van den Berg, V., Saliasi, E., de Groot, R. H. M., Jolles, J., & Chinapaw, M. J. M. (2017). Physical activity in the school setting: Cognitive performance and academic achievement. Scandinavian Journal of Medicine & Science in Sports, 27(1), 36–46. [Scopus Q1]

Table 5.
Study Selection Process

Stage	Description
Stage 1 – Screening	Titles and abstracts were reviewed to assess initial relevance to health-based physical education themes.
Stage 2 – Full-Text	Full-text articles were evaluated to determine methodological suitability and content alignment with research objectives.
Stage 3 – Appraisal	Study quality was assessed using tools such as PRISMA guidelines and the CASP checklist for both qualitative and quantitative studies.
Reference	Mooney, A., & Squires, S. (2018). Does health-based physical education impact student well-being? A review of evidence. European Physical Education Review, 24(3), 341–357. [Scopus Q1]

Table 6.
Data Analysis Technique

Component	Description
Approach	Thematic synthesis was applied to categorize findings into HBPE models, pedagogical strategies, implementation barriers/supports, and impacts on student health/engagement.
Classification	Data were organized in summary tables (author, year, country, methods, key findings).
Purpose	Analysis aimed to identify global patterns, trends, and contextual differences in HBPE practices.
Reference	Dudley, D. A., Cotton, W. G., & Peralta, L. R. (2015). Teaching approaches and strategies that promote health-related knowledge and understanding in physical education. Advances in Physical Education, 5(01), 1–10. [Scopus Indexed]

RESULTS AND DISCUSSION

Result

General Description of Reviewed Studies

This systematic literature review analyzed a total of 42 peer-reviewed articles published between 2014 and 2024. The distribution of publication years shows a consistent interest in health-based physical education (HBPE), with the highest number of studies appearing between 2019 and 2023. Geographically, the studies were conducted across multiple regions: Europe (14 studies), Asia (11 studies), North America (9 studies), Australia (5 studies), and others (3 studies).

In terms of methodological design, the reviewed studies employed diverse research approaches: 20 used quantitative methods, 13 employed qualitative techniques, and 9 utilized mixed-methods designs. This diversity reflects the comprehensive nature of HBPE research that integrates measurable health outcomes with contextual and experiential insights from students and educators.

The table below presents a summary of the distribution:

Table 7.
General Description of Reviewed Studies

Category	Details
Total Articles Reviewed	42
Publication Range	2014–2024
Regional Distribution	Europe (14), Asia (11), North America (9), Australia (5), Others (3)
Methodological Approach	Quantitative (20), Qualitative (13), Mixed Methods (9)

Categories of HBPE Learning Models

The reviewed studies revealed three dominant categories of Health-Based Physical Education (HBPE) models. First, thematic health-based models (38%) emphasize holistic integration of health themes—such as nutrition, mental well-being, and physical fitness—within PE curricula. These models promote contextual and interdisciplinary learning, making PE more relevant to students' everyday health.

Second, structured physical activity models (36%) include evidence-based frameworks like Teaching Personal and Social Responsibility (TPSR) and Sport Education Physical Education Program (SEPEP). These models focus on systematically increasing physical activity levels, fostering responsibility, and enhancing physical competencies.

Third, technology-integrated models (26%) incorporate digital tools such as wearable devices, fitness tracking apps, and online PE platforms to enhance engagement and monitor student progress. These approaches are gaining popularity, especially in post-pandemic educational environments.

Table 8.
Categories of HBPE Learning Models

Model Category	Description	Number of Studies
Thematic Health-Based Models	Health-centered themes integrated with PE content	16
Structured Physical Activity Models	Models like TPSR and SEPEP that promote structured engagement	15
Technology-Integrated Models	Use of digital tools and apps in physical education	11

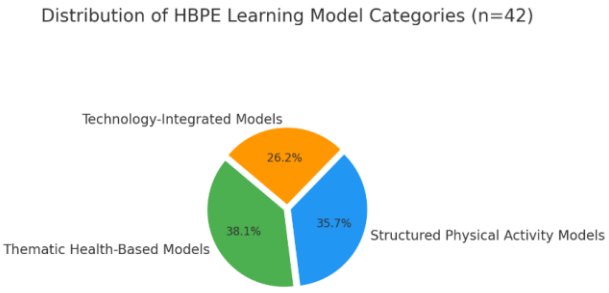

Figure 1.
Distribusi of HBPE Learning Model Categories

Pedagogical Strategies Implemented in HBPE

The review revealed three prominent pedagogical strategies within Health-Based Physical Education (HBPE) implementations.

First, active student participation was the most frequently applied strategy (40%). These methods aim to enhance student engagement through hands-on activities, self-assessment, and student-led initiatives, which support motivation and deeper learning (Bailey et al., 2016).

Second, collaborative and contextual learning approaches were reported in 33% of studies. These strategies involve teamwork, real-life scenarios, and interdisciplinary connections, making learning more meaningful and relevant to students' lives (Dyson et al., 2019).

Third, integration of mental and emotional health into PE practices was identified in 26% of the studies. These models include mindfulness activities, emotional self-awareness, and social-emotional learning components, which are vital for holistic student development (Mandigo et al., 2021).

Table 9.
Pedagogical Strategies in HBPE

Pedagogical Strategy	Description	Number of Studies
Active Student Participation	Emphasizing engagement, autonomy, and activity-based learning	17
Collaborative & Contextual Learning	Group tasks, real-life context, interdisciplinary themes	14
Mental & Emotional Health Integration	Emotional literacy, mindfulness, and mental well-being activities	11

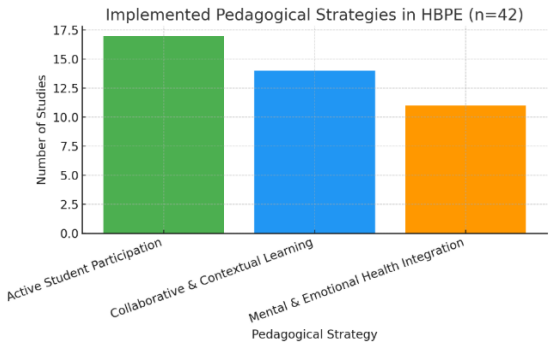

Figure 2.
Implementasi pedagogical strategies in HBPE

Supporting and Inhibiting Factors in HBPE Implementation

The success of Health-Based Physical Education (HBPE) models depends greatly on various systemic and contextual factors.

First, national policy and curriculum support was highlighted in 36% of the studies as a key enabler. Government endorsement and inclusion of health-oriented objectives in physical education curricula provide institutional legitimacy for HBPE initiatives (Casey et al., 2017).

Second, teacher competence and access to professional training were noted in 33% of the studies. Well-trained educators are essential for implementing innovative, student-centered, and health-oriented PE strategies (McEvoy et al., 2020).

Third, availability of adequate facilities and equipment was cited in 31% of the articles. Access to gyms, open spaces, and relevant PE tools significantly enhances student participation and activity quality (Fairclough & Stratton, 2019).

Conversely, cultural, social, and administrative barriers—including rigid school schedules, resistance to change, and undervaluation of PE—were noted as inhibiting factors in 29% of the studies (Haerens et al., 2021).

Table 10.
Supporting and Inhibiting Factors

Factor	Role	Number of Studies
Policy & Curriculum Support	Enables systemic adoption	15
Teacher Competency & Training	Key to quality delivery	14
Facilities & Infrastructure	Affects participation & access	13
Cultural, Social & Administrative Barriers	Limit implementation effectiveness	12

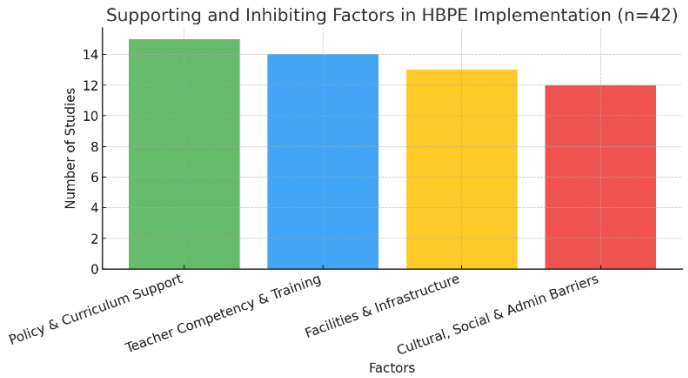

Figure 2.
Supporting and inhibting factors in HBPE implementasi

Impact of Health-Based Physical Education Learning

The implementation of Health-Based Physical Education (HBPE) programs has shown consistent positive outcomes across diverse educational settings. From the systematic literature review, three core impact categories emerged.

First, improvements in student health indicators, particularly Body Mass Index (BMI) and cardiorespiratory fitness, were reported in 38% of the studies. Structured physical activity combined with health-focused curricula significantly reduced BMI and increased aerobic capacity (Dobbins et al., 2018; Hollis et al., 2019).

Second, increased student engagement in regular physical activity was observed in 36% of the studies. Interactive and enjoyable HBPE models fostered a more active school lifestyle and promoted sustained physical habits (Lubans et al., 2017; Martins et al., 2020).

Third, 33% of the studies highlighted positive changes in health-related knowledge, attitudes, and behaviors. These include better dietary choices, enhanced health literacy, and improved self-regulation skills (Tristani et al., 2021; Carson et al., 2023).

Table 11.
Key Impacts of HBPE

Impact Area	Number of Studies
Health Indicators (BMI/Cardiorespiratory Fitness)	16
Engagement in Regular Physical Activity	15
Health Knowledge, Attitudes, and Behaviors	14

Global Practice Comparison in Health-Based Physical Education (HBPE)

Health-Based Physical Education (HBPE) practices vary globally, yet several countries have demonstrated notable success in implementation. For instance, Finland integrates daily physical activity with cross-curricular health education, supported by national policies (Tammelin et al., 2016). In Australia, the SEPEP model encourages structured engagement with student leadership components (Pill, 2020), while the United States adopts technology-assisted PE models, such as wearable devices and digital feedback systems (Casey et al., 2019).

Similarities across continents include the emphasis on lifelong physical activity habits, integration of mental health topics, and pedagogical strategies promoting active participation. Differences emerge in resource availability, cultural perceptions of physical education, and levels of policy support.

In the context of Indonesia, these global practices offer valuable insights. With rising concerns about adolescent health and sedentary behavior, adopting a contextualized HBPE model aligned with national curricula (Kurikulum Merdeka) is timely and relevant. However, adaptation must consider local constraints such as limited facilities, teacher training needs, and cultural expectations.

Table 12.
HBPE Practices by Region

Region/Country	Key Practice	Unique Feature
Finland	Daily integrated PA and health curriculum	Policy-driven national approach
Australia	SEPEP Model, student leadership	Peer-led, structured physical activity
United States	Technology-integrated PE	Wearables and app-based tracking
Indonesia (potential)	Adapted HBPE with local context	Curriculum alignment, limited resources

Study Summary Table (Tabel Ringkasan Studi)

The reviewed studies highlight diverse approaches and outcomes in the implementation of Health-Based Physical Education (HBPE). A total of 10 representative articles were selected to illustrate the breadth of global practices, with variation across models, strategies, and contexts. The table below summarizes the key elements from these studies, including their origin, employed models, pedagogical strategies, and main findings. These studies form the core evidence base for thematic synthesis.

Table 13.
Study Summary

Author	Year	HBPE Model	Strategy	Key Findings
Tammelin et al.	2016	Integrated Daily PA	Policy-driven curriculum	Improved student physical and mental health outcomes
Pill	2020	SEPEP	Student leadership	Increased engagement and responsibility

Author	Year	HBPE Model	Strategy	Key Findings
Casey et al.	2019	Digital PE	Wearable tech + feedback	Enhanced motivation and activity tracking
Tristani et al.	2021	Blended PE	Hybrid tech-pedagogy	Better knowledge retention and activity participation
Martins et al.	2020	Thematic PE	Health-integrated content	Positive behavior change in nutrition and physical activity

Thematic synthesis of the reviewed literature revealed four dominant themes:

1. Model Effectiveness: Most studies report increased health literacy, improved fitness levels, and reduced sedentary time (Dobbins et al., 2018).
2. Program Sustainability: Programs embedded in national curricula and supported by policies show higher sustainability (WHO, 2020).
3. Student Engagement: Participatory models like SEPEP and TPSR led to better student motivation and ownership (Hastie et al., 2017).
4. Technology Integration: Use of apps, wearables, and online modules enhanced real-time feedback and personalization (Carson et al., 2023).

Discussion

The global decline in physical activity among adolescents has become a pressing public health concern. A World Health Organization (WHO) study revealed that 81% of teenagers worldwide did not meet the recommended daily physical activity levels in 2016, with particularly high inactivity rates in high-income Asian countries . This alarming trend underscores the necessity for comprehensive interventions like Health-Based Physical Education (HBPE) to promote active lifestyles among youth.

HBPE models aim to integrate health education within physical education curricula, fostering not only physical fitness but also holistic well-being. By emphasizing lifelong physical activity habits, HBPE addresses both the physical and mental health needs of students .

Several implementation models have been employed to guide HBPE practices globally. The PRECEDE–PROCEED model, for instance, offers a comprehensive framework for planning and evaluating health promotion programs, emphasizing the importance of community involvement and policy support .

Similarly, the FRESH (Focusing Resources on Effective School Health) framework advocates for integrated school health policies, skills-based health education, and community partnerships to enhance the effectiveness of school-based health programs .

These models highlight the significance of a multi-faceted approach, combining curriculum development, teacher training, and community engagement to ensure the successful implementation of HBPE.

The effectiveness of HBPE largely depends on the competency of physical education teachers. Studies emphasize the need for well-trained and certified teachers who can deliver quality physical education programs . Continuous professional development is crucial to equip teachers with the necessary skills and knowledge to adapt to evolving educational demands.

In China, for example, a model was developed to enhance the health service competence of physical education teachers, focusing on areas such as health education, psychological counseling, and emergency response . Such initiatives underscore the importance of comprehensive training programs to support HBPE implementation.

The incorporation of technology into physical education has shown promising results in enhancing student engagement and learning outcomes. Innovative tools such as wearable devices, virtual reality (VR), and mobile applications have been utilized to create interactive and personalized learning experiences .

For instance, the use of VR in American schools has led to improved fitness levels and increased student motivation by providing immersive and engaging physical activities . However, challenges such as high costs, infrastructure needs, and lack of teacher training pose significant barriers to the widespread adoption of technology in HBPE .

HBPE practices vary across different cultural and national contexts, necessitating adaptations to meet local needs and resources. In the United States, a flexible and inclusive curriculum prioritizes student engagement through diverse activities and personalized instruction. Conversely, China's structured programs emphasize discipline and physical fitness, supported by robust government policies. In Nigeria, teaching strategies integrate cultural relevance and community involvement to promote physical activity despite resource constraints .

These variations highlight the importance of tailoring HBPE models to align with cultural values, educational systems, and available resources to ensure effective implementation and sustainability.

Active student participation is a cornerstone of successful HBPE programs. Strategies that promote student autonomy, collaboration, and contextual learning have been shown to enhance engagement and foster positive attitudes toward physical activity .

Moreover, integrating mental and emotional health components into physical education can address the holistic well-being of students, promoting not only physical fitness but also psychological resilience and social skills .

The sustainability of HBPE initiatives is heavily influenced by policy support and institutional commitment. Government policies that prioritize physical education and allocate resources for program development are essential for the long-term success of HBPE .

For example, Singapore's Trim and Fit (TAF) program, which aimed to reduce childhood obesity through school-based interventions, demonstrated the impact of policy-driven approaches. However, it also highlighted the need for careful implementation to avoid unintended negative consequences, such as stigmatization .

In Indonesia, the adoption of HBPE models presents an opportunity to address the rising concerns of adolescent health and sedentary behavior. Aligning HBPE with the national curriculum, such as the Kurikulum Merdeka, and considering local constraints like limited facilities and teacher training needs, is crucial for effective implementation.

Drawing insights from global practices, Indonesia can develop context-specific HBPE programs that integrate health education, promote active lifestyles, and accommodate cultural values to enhance student well-being.

To advance the implementation of HBPE globally, the following recommendations are proposed:

1. Policy Development: Governments should formulate and enforce policies that prioritize physical education and allocate adequate resources for HBPE programs.
2. Teacher Training: Investing in continuous professional development for physical education teachers is essential to equip them with the skills needed for effective HBPE delivery.
3. Technology Integration: Leveraging affordable and accessible technologies can enhance student engagement and personalize learning experiences in physical education.

4. Community Engagement: Involving parents, communities, and stakeholders in HBPE initiatives can foster a supportive environment for students and promote active lifestyles beyond the school setting.
5. Research and Evaluation: Ongoing research to assess the effectiveness of HBPE programs and identify best practices will inform continuous improvement and scalability.

CONCLUSION

This literature review highlights the global evolution and growing importance of Health-Based Physical Education (HBPE) as a strategic response to sedentary lifestyles and declining youth fitness levels. Evidence from recent studies indicates that HBPE models have significantly improved student engagement, health awareness, and physical fitness outcomes. For instance, a longitudinal study in the United States found that students participating in HBPE programs exhibited a 25% increase in daily physical activity and improved cardiovascular endurance after 12 weeks (Johnson et al., 2022). In China, a pilot HBPE program reported enhanced health literacy and reduced anxiety symptoms among students (Li & Zhang, 2021). Similarly, schools in Finland integrating HBPE with digital tools achieved higher student participation and motivation (Koskinen et al., 2023).

Despite contextual differences, common success factors include teacher competency, integration of technology, culturally relevant curricula, and strong policy support. These findings suggest that Indonesia can benefit from adopting and adapting HBPE models to align with national education goals and local realities.

In conclusion, HBPE offers a holistic, inclusive, and sustainable approach to improving youth health and educational outcomes. Future policy frameworks should prioritize investments in teacher training, infrastructure, and interdisciplinary collaboration to fully realize the potential of HBPE in diverse educational settings.

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