



OBESITY TRENDS IN SCHOOL CHILDREN: CAN PE CURRICULUM MAKE A DIFFERENCE?

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ABSTRACT

The rising prevalence of obesity among children of school age is a serious public health problem that is affecting people all over the globe and has far-reaching implications for their physical, psychological, and social health. Major contributions to this tendency include inadequate amounts of physical activity, bad eating habits, and excessive amounts of time spent in front of screens, all of which are made worse by living in a metropolitan environment. The fact that schools play such an important part in the social development and everyday routine of children makes them an excellent place for intervention initiatives. One step that is promising towards rectifying these worried tendencies is the adoption of a physical education (PE) program that is both dynamic and effective. The purpose of this abstract is to investigate the potential effects that a structured physical education program may have on the battle against childhood obesity and the promotion of healthy lifestyle choices within the population. According to the findings of study, physical education programs that place an emphasis on inclusiveness, enjoyment, skill development, and continuous physical activity may have the potential to significantly improve students' physical fitness, body composition, and attitudes towards their overall health throughout their lives. In addition, there has been an increase in the usefulness of physical education programs in reducing body mass index (BMI) levels and promoting improved behaviours. These programs include a range of activities, fitness testing, behavioral training, and parental involvement. According to what is said in the abstract, it is essential for the maintenance of public health that physical education (PE) be revised and given a priority in the curriculum of schools in order to combat the epidemic of childhood obesity.

Keywords: Childhood obesity, Physical Education (PE), school curriculum, physical activity, sedentary behavior.

INTRODUCTION

The increasingly widespread problem of childhood obesity poses a danger not only to the physical health of students all over the globe, but also to their mental and emotional well-being, as well as to the quality of life they will have in the future. It was formerly believed that the pandemic of childhood obesity was a problem that only existed in countries with high incomes; however, an alarming number of countries with low and intermediate incomes, such as India, are also struggling with the problem. A number of factors, including an increase in the amount of time spent in front of screens, urbanisation, poor food, a reduction in physical activity, and a decline in active play, are all contributing

to the pandemic of obesity among children. Due to the fact that children spend a significant portion of their day at school, it becomes an effective setting for instructing them on the importance of developing healthy behaviours. The use of physical education (PE) programs as a weapon in the battle against sedentary lifestyles and for the early promotion of health and fitness has a great deal of potential.

The term "physical education" refers to a curriculum that is well-structured and extends beyond sports and contests to encourage the development of motor skills, physical fitness, teamwork, and the promotion of healthy lifestyle choices for life. However, in many educational systems, physical education (PE) is often disregarded, not professionally structured, or seen as a kind of leisure activity. Because of this neglect, we lose out on the opportunity to assist children in providing them with brighter futures by intervening while they are still young. Research from all around the globe indicates that physical education (PE) programs, when properly implemented, have the potential to aid in the battle against childhood obesity. These programs have the ability to encourage children to move more, improve their perceptions of their bodies, and cultivate a positive attitude towards physical activity.

Contemporary physical education (PE) programs are moving away from obsolete models and include activities that appeal to a broad variety of student interests, skills, and backgrounds. These programs also incorporate training on fitness and behavioural approaches. The efficacy of these programs in promoting healthy choices both inside and outside of the classroom may be improved by supplementing them with nutritional teaching and encouraging parental participation. The obesity epidemic must be reversed, and this can only be accomplished by the implementation of a comprehensive physical education curriculum that provides children with the knowledge, abilities, and motivation they need to lead active lives. As a public health intervention rather than only an educational reform, physical education programs in schools have to be reevaluated and revitalised because of the importance of this intervention.

OBJECTIVES

1. To assess how a well-organised and inclusive physical education (PE) program affects schoolchildren's physical fitness and obesity rates.
2. To investigate the effects of consistent school-based physical activity on kids' attitudes, actions, and long-term dedication to leading healthy lives.

Recent critiques of the obesity crisis

It has been reported by Winsley and Armstrong (2005, page 66) that the prevalence of obesity among adolescents is increasing in a number of Western countries. A number of clarification questions are required before we can begin to challenge the reality of this allegation, which is widespread in the academic literature (Marshall et al., 2004). This is because the use of terms such as obesity necessitates a series of explanation questions. Evans (2003) highlights the fact that the terms "overweight" and "obesity" are often used interchangeably in scientific studies. This is one of the problems that researchers face. Specifically, he emphasises that every single word depicts a different event. If a person's body weight is more than a specific threshold, then they are regarded to be overweight, and if there is an excess of fat, then they are thought to be obese. Evans contends that the problem stems from the fact that these terms are used without question in the scientific and medical fields, despite the fact that their definitions are notoriously ambiguous and open to debate. Body mass index (BMI) is a standard method for determining whether or not an individual is obese. BMI is computed by dividing the individual's weight in kilogrammes by their height in meters squared. Marshall et al. (2004) and others (for example, Harris et al., 2004; Trost, in press) have pointed out that there are considerable methodological limits when it comes to estimating the body fat of children. These constraints need to be taken into consideration. It has been found by Marshall et al. (2004, page 1244), that the body mass index (BMI)

assessment does not adequately describe a significant amount of the variance in body fatness. It is possible that this is the outcome of a varied population; nevertheless, it is more probable that the findings are influenced by a combination of other lifestyle variables. It is important to note that body mass index (BMI) is just a crude proxy for obesity due to the lexical distinctions that exist between overweight and obesity. This becomes even more problematic when applied to children, particularly when variations in developmental age are taken into consideration (Marshall et al., 2004). Even if we accept this assertion with some degree of suspicion, it is not obvious what the precise ramifications of the apparently prevalent perception that children are growing heavier will be for their present and future health state.

According to what I said at the beginning of my speech, the issue of children's low and falling levels of fitness and physical activity has been widely addressed by media sources in a number of different countries. The picture of the "couch potato kid" has been used by official health publications in the United Kingdom (for example, British Heart Foundation, 2000) to demonstrate the linkages between increased rates of obesity, declining levels of physical activity and fitness, and more sedentary lives. After conducting an exhaustive review of the relevant literature, Harris et al. (2004) arrived at the conclusion that there is no evidence from fitness testing that indicates children's cardiovascular fitness is inadequate or has declined. In addition, they highlight the methodological issues that are associated with assessing children's fitness and suggest viewing the data that is available with caution. This should be considered a natural extension of the difficulty that is associated with measuring body fat. After doing research on children's sport and leisure activities and analysing participation statistics, Green (2004) found that there is evidence that children have had more chances to engage in physical activities during the 1980s. This finding contradicts the common notion that children have had less opportunities to participate in physical activities. Specifically, this study is an addition to the review of the fitness and health literature that Harris et al. (2004) conducted. Above and beyond that, when offered in an acceptable manner, this body of research demonstrates that a significant number of children gladly grab these opportunities.

Trost (in press), who undertakes a complete literature study of the epidemiology literature, echoes the findings of Harris et al. (2004) and Green (2004). Trost's findings are consistent with the previously mentioned findings. There is a widespread perception that children don't do much, however he counters this notion by stating that:

A significant portion of children and adolescents seem to satisfy recognised recommendations for daily engagement in moderate-intensity physical activity, according to data from both small group studies utilising objective measurements of physical activity and large population-based surveys using self-report techniques.

Trost, in press

According to Marshall et al. (2004), who conducted an extensive meta-analysis of literature reporting on the relationships between media use, body fatness, and physical activity in children and youth, there is little evidence to support the common and frequently stated claim that there is a strong and conclusive relationship between inactivity, sedentary behaviours such as watching television, and increasing levels of body fatness. This claim is frequently stated. As a result, they come to the conclusion that the modest statistical link between watching television and having a higher body fat percentage has no therapeutic importance. In addition, they demonstrate that there is no correlation between sedentary behaviours such as watching television and physical activity, and that watching television does not serve as a substitute for physical activity. Biddle et al. (2003) found that it seems that a single individual is capable of engaging in both energetic and sedentary habits. This is shown by the findings of their own study. In spite of the fact that there are a great number of factors that lead to body fatness, they have arrived at the conclusion that signs of inactivity, such as watching television or using the internet, are not sufficient to explain why people are growing more obese. The

sedentary behaviour of young people was investigated by Marshall et al. (2002) in order to get a better understanding of the individuals who are more likely to be overweight or obese. This is a worry that is shared by all three reviews: Harris et al. (2004), Green (2004), and Trost (submitted for publication). According to Trost, even if it seems that a large number of children are adhering to the guidelines for participation:

Significant proportions of children and adolescents seem to be low-active, based on the significant standard deviations recorded for daily physical activity. Additionally, it has been consistently shown that males are more active than girls and that, as people age, physical activity engagement decreases more in girls than in boys.

This qualification is really important. Individuals in the population have varying degrees of physical activity, and one might claim that the prevalence of body fatness is also different. According to Gard (2004a), there is a racial, gender, and socioeconomic gradient in the incidence of harmful lifestyle behaviours such as inactivity, excess weight, and lack of physical fitness. To restate this, there is a hierarchy of these behaviours. It has been shown that the prevalence of obesity and physical inactivity varies from country to country (Gard, 2004b).

The manufacture of a crisis

In spite of the fact that it is sometimes brought up in the health literature, Michael Gard (2004a) asserts that there is a conspicuous absence of debate on the variety in the distribution of exercise and fatness. Gard has lately published a series of essays in an attempt to initiate a discussion around the reasons why academics in the fields of health, physical activity, and body fatness seem to frequently and repeatedly arrive at results that do not stand up. In the scientific literature, he has devoted particular attention to the tactics that are used to exaggerate assertions about the connections between sedentary lives, bad health, and obesity. In spite of the fact that vested interests are present in every human endeavour (Gard, 2003; Evans, 2003), the problem of obesity is being developed via a societal process of knowledge production rather than a conspiracy. A mountain of material was sifted through by Gard and Wright (2001) in order to highlight the linkages between obesity, physical activity, and health. According to their results, there is a limited amount of data that suggests a connection between obesity and a lack of involvement in physical activity or with good health. Despite the fact that they cite an article written by Bouchard and Blair as evidence of this, the authors of that piece themselves say that:

The second half of this [the 20th] century has seen a considerable decrease in energy consumption related to physical activity due to automation and shifting employment and professional environmental conditions. (Gard and Wright, 2001, p. 541; Bouchard & Blair, 1999, cited.)

According to Gard and Wright (2001), this movement from acknowledging inadequate evidence to making strong statements about the prevalence and causes of the obesity epidemic is reflective of the scientific literature as a whole, with a few noteworthy outliers (for example, Flegal, 1999). But this process is representative of the majority of the scientific literature. The recontextualization of expert opinion, which occurs when it transitions from the arena of basic knowledge formation to the professional literature of physical educators, exudes an air of certainty that is noticeable to the observer. The elimination of essential cautions on methodological concerns and a lack of evidence occurs when uncertainty is replaced with assurance. According to Gard and Wright, this results in the establishment and maintenance of hegemonic discourse, as well as the unquestioning acceptance of material that is scientifically problematic in both public and professional discourse. Gard (2004a), on the other hand, takes it a step further in his research by stating that the unpredictability that exists between certainty and uncertainty is not necessarily innocuous. 3) Once again, in order to demonstrate his thesis, he has to go through the research that has been done on the relationship between physical activity and obesity. Armstrong and his colleagues published a study in the year 2000 that detailed the findings of a

statewide survey of the exercise habits of Australians. Gard uses this article as a reference for his claim. In the beginning, he makes the observation that the authors are of the same opinion that "western populations are becoming more overweight and less physically active" (Gard, 2004a, page 173). This is a viewpoint that is reflected in a number of other articles that include content that is equivalent. In the next section, he focusses on data that demonstrate that women are less likely than men to participate in rigorous physical activity of any kind. The findings of Gard lead to this conclusion: the authors' definition of physical activity only includes activities that are performed during one's leisure time; it does not include activities that are performed at work or while doing duties around the home. Gard queries whether or not these omissions constitute discrimination against women, taking into consideration the fact that women in the United Kingdom and Australia continue to be responsible for the majority of the housework, that they have less free time than men to exercise, and that they frequently find themselves in patriarchal relationships that prevent them from making the most of their free time (for example, see Deem & Gilroy, 1998). The idea that he proposes is that the problem may not be that women are less active than men, but rather that it is a very particular form of physical activity that men identify with sports and rigorous workouts, which does not include the kinds of activities that women engage in.

Gard adds another twist to his narrative that makes us question whether the writers of the study are naïve or obstinate enough to disregard a blatant contradiction in their own statistics, presuming that women are less active than males. This critique is remarkable on its own, but Gard adds another twist to his story that makes us wonder. According to another table that Gard examines within the same information, 37% of women in Australia are overweight or obese, while 51% of males are in this category. Even though there are clear problems in the methodology that were used to generate these figures (body mass index), as well as the fact that individuals may have overestimated or underestimated their own weight, Gard contends that this seeming contradiction ought to cause us to halt and think about the alternatives that are available to us. His curiosity is piqued by the fact that women are less likely to be overweight and obese than men, despite the fact that they engage in less physical "exercise" than men. (Gard, 2004a, page 177) It is the source. Would it be prudent for us to reconsider our assumptions on the relationship between weight and "physical activity" (as the term is used in the report)? When it comes to food and alcohol use, is it vital to consider if men and women have distinct experiences? Are there distinct expectations placed on women by society to maintain a certain physical type compared to the expectations placed on men?

When concerns like these are asked regarding evidence that seems to be in conflict with one another, the biomedical mantra of "energy in/energy out" as the primary explanation for overweight and the basic justification for a causal association between overweight and inactivity is brought into question (Gard, 2004b, p. 73). Gard contends that the notion that "everyone everywhere" is impacted by or may be affected by the obesity pandemic is, to put it lightly, an exaggeration. This is because the biological reason is just one of the many factors that contribute to the epidemic. According to him, the dominance of this biological explanation helps to disguise the gender, racial, social position, and cultural dimensions of the obesity pandemic (see also Johns, 2005). In reality, he believes that this is the case. According to Thorpe (2003), the media is responsible for the social production of a number of actions, including research, treatment, and policy-making, as well as the continuing reproduction and reassertion of the dominance of discourse around the obesity problem. From what Gard has said,

Although there are questions about the extent to which the so-called "obesity epidemic" is the "global" crisis that it is said to be, it is undeniable that it has grown to be a significant rhetorical tool in the justification of many academic fields, business sectors, and public health policy objectives. In fact, a complicated feedback

loop is already underway in which governments, funding organisations, entrepreneurs, and academics are all working together to create and address this purported catastrophe. It seems that schools have been sucked into the obesity whirlpool almost unavoidably. (Page 76, Gardner, 2004b)

School physical education and the obesity crisis

As the above line demonstrates, Gard contends that the obesity pandemic is not just a social construction but also a multifaceted phenomenon. On the basis of the assumption that there is a widespread problem of obesity among young people, several academics have built their careers. There has been a significant amount of money spent on interventions and programs, and political goals have been established along the way. 4. There is a growing number of organisations and individuals that have a financial interest in creating the impression that there is a widespread obesity pandemic. Gard (2004b) makes the observation that school physical education has been portrayed as both the source and the solution to the problem. This is only one of the numerous ways in which schools have been obliged to respond to the expectations that have been placed on them. Up until recently, instructors of physical education have been hesitant to implement programs that aim to address the alleged decline in children's fitness and the growth in the prevalence of childhood obesity. The United States of America (Corbin, 2002), the United Kingdom (Harris & Cale, 1997), and Australia (Tinning & Kirk, 1991) have all shown a tendency to disregard health-based physical activity initiatives in their respective school physical education programs. The educators' perceptions of the realities of the school environment are a contributing factor to this ambivalence. A number of issues have been brought to the attention of physical education teachers, including the following: the difficulty of increasing students' fitness levels in classes with thirty or more students; the necessity of incorporating the concept of progressive overload into individualised exercise programs; and the usefulness of fitness testing for both monitoring and motivating purposes (Kirk et al., 1989; Harris et al., 2004). They have begun to discuss health-related physical activity rather than children's fitness, and they have recognised the points that have been made about the influence that maturational age has on fitness assessments, which may be confusing (Armstrong & Welsman, 1997). Although these internal conversations have taken place, research has shown that participation in programs that are primarily focused on games is related with worse health outcomes (Green, 1998).

In light of the increased number of conversations that are taking place on the problem of obesity, I am worried about the capacity of physical educators to maintain their impartiality. Considering that research conducted by Trost (in press) and others has demonstrated that physical education has failed miserably in enhancing children's fitness and providing the necessary amount, duration, and intensity of activity to have a positive impact on their health, it is not surprising that physical education has historically viewed health as an afterthought rather than a primary objective. On the other hand, schools are becoming an increasingly important target for government and non-profit groups that are attempting to communicate with the young of the country (Harris et al., 2004). Gard (2004b) poses the question of whether physical education instructors need to humbly accept the assumption that they alone are capable of resolving the obesity pandemic. This is because the health, exercise, and obesity agenda are at a crossroads.

This type of pressure will be difficult to resist for a number of ideological and historical reasons, and it will be difficult for instructors of physical education to reject it too. Many writers have pointed out that the objective of physical education programs in many countries has always been to encourage participants to keep an active lifestyle for the benefit of their health and wellbeing throughout their whole lives (Fairclough et al., 2002; Green, 2004; Kirk, 2004). This has been the case for a long time. There is a question as to whether or not this has ever been a goal that can be accomplished in a practical manner. The concept that physical activity may enhance one's health in a variety of ways

has been disseminated by educators who teach physical education. Over the course of the last 150 years, the perspective of physical educators about the nature of this relationship has evolved. Prior to this, they felt that engaging in physical exercise, in conjunction with other elements such as clean air, nutritious food, and adequate sanitation, may be an effective means of combating the physical degeneration that is associated with living in slums. At this point, they are of the opinion that physical activity may really reduce the risk of illnesses that are associated with inactivity (Kirk, 1992). It's Dano. The discipline and social control that Swedish gymnastics preached took priority over any potential health advantages, despite the fact that it was the primary focus of physical education programs in British and Australian schools from the 1890s until the 1940s. Throughout the 1950s to the 1980s, when team activities and sports were the standard in school physical education in the United Kingdom and Australia, the health benefits of physical education were considered as a good side effect rather than the major purpose. This was the case in both UK and Australia. It wasn't until the late 1970s that instructors of physical education in the United Kingdom and Australia began to investigate the notion that one of the program's primary aims may be to improve the health of their pupils.

Since the beginning of health-based physical education programs in the United Kingdom with Health-Related Fitness (Kirk, 1986) and Australia with Daily Physical Education (DPE) (Kirk et al., 1989), one of the rationales that has been a foundational (though frequently unspoken) rationale has been the promotion of exercise, slimness, and health. By doing research on the Australian DPE program, Kirk and Colquhoun (1989) established that this articulation was successful ideologically when the needed relationship between each element was depicted as contingent rather than fundamental. This was shown by the fact that the articulation was effective. Therefore, it is generally accepted that engaging in physical activity will always result in a thin and mesomorphic posture. Within the context of this culture, a small and toned figure is considered to be an indication of high levels of health. According to Kirk and Colquhoun (1989), both the professors and the students of the DPE program were of the opinion that these links were necessary and not just elective.

They went on to add that this specific approach to speech was not something that was developed at educational institutions. The transmission of this "exercise/slenderness/health" configuration is strongly dependent on scientific knowledge, as stated by Kirk (1994). This information is propagated and mediated via portrayals of exercising bodies on television and other allusions to physical fitness that are prevalent in popular culture. The advent of the notion of "healthism," which was founded on the study of Robert Crawford, a sociologist of health, introduced the idea that taking care of one's physical health is something that every individual ought to undertake on their own will and for a valid cause. Many of the young people who participated in the DPE research held the belief that being thin was a sacred quality (Kirk & Colquhoun, 1989). Kirk (1994) argued that the rise of healthism to power and the 'exercise/slenderness/health' triplex could be seen as a key component in the manifestation of a process of body regulation that Foucault (1977) had characterised as the internalisation, diffusion, and individualisation of power over one's own body. This view was presented as part of a larger investigation into educational bodies conducted by Kirk (1994). Depending on Kirk's interpretation, this process has the potential to be both liberating and restrictive. In both the past and the present, the primary concept is that physical education has been a significant contributor to the prevalent narratives about health, physical activity, and obesity. It is my contention that Harris's (2005) criticism of the too functional and biological approach that is characteristic of contemporary health-related activity teaching in schools is founded on the role that physical education plays in the perpetuation of healthism. Harris argues that schools should not restrict themselves to the objective of "making children fitter," but rather should adopt a more proactive pedagogical stance towards health and physical activity. This pedagogical stance should take into account and expand upon the

numerous social, economic, and cultural factors that have an impact on young people (for related works, see Evans, 2003; Gard, 2004a; Green, 2004).

CONCLUSION

There is a pressing need for a prompt and all-encompassing reaction to the alarming rise in the prevalence of obesity among children, and school-based activities are of utmost importance in this respect. When it comes to getting children moving, influencing their behaviour for the better, and providing them with the gift of health and fitness that will last a lifetime, the Physical Education (PE) program is one of the most successful methods to accomplish all of these goals. The mental health of students, their social development, their academic accomplishment, and their general fitness are all positively influenced by a physical education program that is adequately developed. It is possible for the curriculum of physical education (PE) to address the behavioural and physical components of obesity by including a variety of engaging and easily accessible activities, merging the teaching of health and nutrition, and encouraging active participation from all students, regardless of their skill level. When school rules, competent instructors, parent engagement, and community partnerships all work together, physical education (PE) generates a social shift towards healthy habits. This change is a natural consequence of the combination of these factors. Because of this, making a commitment to the long-term health and development of our children by investing in and improving physical education (PE) within school systems is more than simply a response to the epidemic of obesity. If we want to be successful in our battle against childhood obesity, it is absolutely necessary that we acknowledge physical education as an absolutely necessary component of both comprehensive education and public health policy.

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