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Physical Health Education Trends and Practices in Nepal: A Systematic Review

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Abstract

Background: There is an increasing need for physical health education in Nepal due to lifestyle changes, sedentary behavior, emergence of adolescent overweight and obesity, and noncommunicable diseases burden. In terms of schools, health and physical education has increasingly evolved beyond mere physical exercises and sports towards more holistic health education that includes health, fitness, nutrition, hygiene, mental wellbeing, safety, sexuality education, disease prevention, and healthy lifestyles.

Methodology: This review presents policy documents, curricular resources, national surveys, and peer-reviewed publications on health education, physical education, physical activities, adolescent health, school health, nutrition, sedentary behavior, and their practice in Nepal. Peer reviewed studies conducted between 2021 to 2025 and studies with DOI identifier were considered priority. Relevant policy documents of the Curriculum Development Centre, Government of Nepal, and WHO have also been consulted.

Findings: From the findings of this review, it can be seen that there is an evolving transition from sport-oriented physical education towards more integrated health and physical education approach. However, its implementation still varies. It can also be seen that adolescents, especially females, do not perform adequately physically active lifestyles, while screen-based lifestyle, urbanization, lack of recreational facilities, and academic pressure are some of the issues. Recent studies also point towards linkages among physical activity, dietary behaviors, obesity, internet use, school environment, parental involvement, and teachers' behavior.

Conclusion: Although Nepal has achieved some progress towards recognition of health and physical education in the school curriculum, having curriculum included alone does not ensure good practice. More attention should be paid to activity-based learning, competent teachers,

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inclusiveness, school infrastructure, involvement of community, active transportation, monitoring and evidence-based interventions.

Novelty: This review links curriculum development to empirical evidence on physical activity and school health practices to define the changing nature of physical health education in Nepal and suggest an integrative and contextual model for further practice.

Keywords: Adolescents; Health promotion; Physical activity; School health; Well-being

Introduction

Physical health education is an important element of education as the school represents one of the most systematic environments for health behavior development. Education is not restricted to intellectual development but also includes physical, psychological, social, emotional, and behavioral development. Being part of the broader purpose of education, health and physical education give opportunities to learn about health, improve physical skills, develop knowledge about healthy lifestyles and build good habits which may stay throughout life. In Nepal, the notion of physical health education has been evolving from relatively limited approaches such as physical exercise, drill, games, and sports to a more comprehensive notion of health, physical fitness, nutrition, hygiene, disease prevention, sexual education, mental well-being, safety and healthy living.

The changing importance of physical health education has been linked to the epidemiological and social transitions in Nepal. Historically, there were significant problems with communicable diseases, malnutrition, sanitation, maternal and child health issues and access to health services in Nepal. However, the increasing rates of urbanization, changing food environment, motorized transport, screen time, changes in recreation and physical activities and sedentary jobs create other health challenges in Nepal. Being physically inactive and practicing unhealthy lifestyle behaviors become increasingly important in the prevention of noncommunicable diseases. Nepal Noncommunicable Disease Risk Factors Survey and other national evidence revealed the physical inactivity as an important behavioral risk factor. Also, school-based research revealed the lack of physical activity among adolescents and gender disparities, as well as disparities by school environment, family support and access to recreational facilities.

In this sense, the school becomes an important strategy for health promotion. WHO emphasizes the importance of physical activity and recommends regular physical activity as a component of good health and well-being WHO, 2024). For school-age children and teenagers, regular physical activity is associated with physical fitness, bone and muscle development, cognitive functions, psychological well-being and prevention of excessive weight gain. All of the above makes physical education an important subject, which, depending on its design, implementation, monitoring and integration into the overall school environment, can serve as a public health intervention.

The development of a curriculum in Nepal takes into account this approach. At different levels of education, Curriculum Development Centre develops health and physical education

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curricula and textbooks. In the context of recent curriculum development, there has been a tendency towards integration of health and physical education, creativity, life skills and practical learning. National Curriculum Framework and curriculum revisions increasingly focus on the development of competences and learning related to everyday life. The current structure of the curriculum shows that health and physical education in Nepal is considered not as a secondary subject related to sports, but as an important component of general student development. Currently, there is listed Health and Physical Education curriculum of Grades 9-10 within revised curriculum framework at Curriculum Development Centre.

However, it is necessary to distinguish between formal and implemented curriculum. **Formal curriculum** includes what is planned to be learned by the students, while implemented curriculum depends on teachers, school administration, time spent on teaching, facilities, methods of instruction, methods of assessment, attitude of parents and local context. The school may provide formally health and physical education, but offer limited physical activity. Also, the textbook may emphasize healthy lifestyle of a person, but in practice it is only theoretical. According to Poudel, the study on teachers' perceptions on school health service in Nepal showed that health promoting activities are often limited to classroom practices and theoretical concepts presented in textbooks.

In this way, the need to investigate physical health education in Nepal appears not only from the educational but also from the public health point of view. This is not just about whether there is physical education included in the curriculum, but whether students receive physical literacy, health literacy, attitudes, skills and healthy behaviors. Moreover, this question is especially relevant taking into account national survey data indicating significant physical inactivity. Nepal Global School-based Student Health Survey (GSHS) 2015 showed that 47.9% of surveyed students did not perform any physical activity of 60 minutes or more in any day of the past seven days.

Contemporary trend also includes examination of the interrelation between physical activity and other behavioral factors. Recent researches in Nepal examine physical activity together with sleep, nutrition, overweight and obesity, internet usage, family characteristics, type of school, transportation and physical environment. For example, Singh et al. (2021) examined sleep, nutrition, physical activity and weight status of adolescents in Kathmandu. Likewise, K. C. et al. (2024) investigated internet usage and physical activity of adolescents in Beni Municipality and found high level of inadequate physical activity along with high level of internet usage.

In this context, this current review looks at the **trends, developments, practices, challenges, and future directions of physical health education in** Nepal. The specific focus of this paper would be on school level health and physical education, physical activities of children and adolescents, teacher’s practice, curriculum development, infrastructure of the school, lifestyle changes, and opportunity of creating health promoting schools.

Research Objective

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The main purpose of this review is to look at the trends and practices of physical health education in Nepal.

The specific objectives are:

1. In order to look into the historical development of health and physical education in Nepal.
2. To look at the recent evidence related to physical activity and physical health of Nepalese school going children and adolescents.
3. To look at the current practices of health and physical education.
4. For identifying the key barriers that impede effective implementation of physical health education.
5. For suggesting the directions for future enhancement of physical health education in Nepal.

Review of Literature

Development of the Concept of Physical Health Education

Physical health education may be defined as a learning process whereby students develop certain skills, knowledge, behaviors, and attitudes that help to improve their physical health. The traditional concept of physical education emphasizes movement, physical fitness, sport and games, exercises, motor skills, and physical development, while health education focuses on personal hygiene, nutrition, disease prevention, reproduction and sexual education, mental health, safety, and healthy life styles. Modern approaches to education take into account the relationship between all these concepts.

The integrated approach to health education seems quite appropriate for Nepal since the health behavior of individuals is influenced by various factors such as social, cultural, environmental, educational, and economic aspects. A student cannot easily stay physically healthy through exercise if his/her nutrition, sleeping habits, stress levels, or environment do not allow him/her to achieve this goal. Likewise, information on nutrition means nothing to students if they do not have any control over food intake.

Physical literacy is gaining increasing significance. Physical literacy refers to motivation, confidence, physical competence, knowledge, and understanding that make people value physical activity and engage in physical activity during their lifetimes. Physical literacy provides Nepal the opportunity to move away from the conventional notion that physical education means the production of athletes. It will mean that the objective will be to allow every child – even those who are not naturally talented, physically challenged, female, deprived and those living in poor circumstances – to engage in movement and physical activities.

Development of Health and Physical Education in the Nepalese Curriculum

Health and physical education has been taught in Nepal's school education for decades but the subject matter, importance, approach and the institution of health and physical education have evolved through the years. Earlier, there was a tendency to distinguish between the teaching of health education and physical education where discipline, exercises, games, physical training,

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hygiene and basic information about health were stressed. With the broadening of the scope of health education, the curriculum content has broadened to cover issues like nutrition, prevention of disease, environment health, adolescence, sexual and reproductive health, substance abuse, safety, first aid and community health.

The school materials of the Curriculum Development Centre reflect this evolution. The curriculum content of health and physical education covers the following: human body, personal health, nutrition, diseases, adolescence and sexual and reproductive health, alcohol and drugs, environmental health, safety and first aid, family and community health. Physical education content includes exercise, drill, physical training, yoga and other physical activities. One important trend has been towards **integrated curriculum** development. The research on Nepal's integrated curriculum reveals that health and physical education and creative arts have been integrated into interdisciplinary curricular structure particularly at the basic level.

Furthermore, the last curriculum development also reflects the ongoing changes. In particular, there is a revised Health and Physical Education curriculum for Grades 9-10 in 2082 curriculum of the Curriculum Development Centre. It is evident from the ongoing change in the curriculum that health and physical education is viewed as a dynamic educational area that requires revision depending on the changing needs in social and health aspects.

Physical Activity among Nepalese Adolescents

Physical activity is the main result of physical education, but it does not mean that being engaged in physical education will make one physically active enough. Evidence from Nepal proves this fact well.

The Nepal GSHS 2015 is one of the important national baselines. From the existing records for the age group 13-17 years, 47.9% of participants did not have any day within the previous week when they accumulated 60 minutes of physical activity. Also, only 17.2% had 7 days of physical activity. Besides, significant difference in the frequency of physical education attendance was registered from this survey too. As per national level, 31.4% were attending physical education classes on 0 days per week, and 32.3% - on 5 or more days. However, one should not use these data as the indicator of the implemented curriculum since physical education and physical activity are different terms. But it reflects the necessity to consider the question if school physical education gives enough active time.

The 2018 Nepal Physical Activity Report Card was another contribution in getting insight about the physical activity context in the country. In particular, Subedi et al. reviewed existing evidence about physical activity among children and youth and indicated the necessity for better surveillance and systematic interventions. This report was later published as a research article in the *Journal of Exercise Science* & Fitness.

A key piece of research conducted by Paudel et al. analyzed physical activity patterns among students of higher secondary schools in an urban district in Nepal. Out of 945 students at 23 different schools, one in five reported low physical activity, which was much more prevalent among females than males. Additionally, the study showed that physical activity was correlated

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with such environmental and social factors as type of school, mode of transport, family support, and availability of playgrounds and parks.

Therefore, physical health education cannot be viewed exclusively as a classroom affair. Such variables as playground availability, safe walking paths, encouragement from families, school policies, transportation patterns, recreational activities, and many others may affect students' physical activity.

Gender and Physical Activity

One of the strongest and persistent variables in Nepalese physical activity studies is gender. Adolescent females report lower physical activity than adolescent males do. The reasons are multiple and may include cultural issues, housework responsibilities, safety concerns, lack of sport facilities, social norms of girls' sport participation, clothing-related and body image-related issues, and less opportunities for outdoor activities.

The increased number of low physical activity cases among girls in the study on higher secondary students in an urban district of Nepal shows how this problem works in practice. Of course, it should not be seen as an individual shortcoming of Nepalese female students but rather as a manifestation of the environment where the youth lives.

Accordingly, gender-sensitive physical education should be one of the main concerns. Schools should provide equal access to facilities, promote participation in various activities, combat stereotypes about girls and sports, provide safe space for activities, and avoid assessment systems based only on athletic success. Physical activities other than sports competition, such as walking, yoga, dancing, aerobic exercises, recreational games, personal fitness programs, and cultural movement programs, are available to children.

Physical Activity, Nutrition, Sleep, and Body Weight Status

The physical health education is now needed to incorporate inter-related lifestyle behaviors. The physical activity of adolescents can no longer be studied separately from nutrition and sleep. Singh et al. (2021) investigated 627 adolescents from eight schools in Kathmandu Metropolitan City and analyzed their sleep characteristics, dietary behavior, physical activity, and BMI. The research revealed an overall overweight/obesity prevalence rate of 23.7% and explored the association between the lifestyle variables and weight status.

It clearly shows the need for integrated approach in contemporary health education. The students need to be aware of the ways in which physical activity impacts nutrition, sleep, stress, screen time, and body composition. The example of obesity discussion could not be limited to a simple advice to "exercise more." Instead, it should take into account the food environment, energy balance, sleep, sedentary lifestyle, psychological state, and possible methods for staying healthy.

The recent evidence from rural Nepal is also worth noting. Sitaula et al. (2023) analyzed adolescent obesity among the rural school adolescents and included physical activity as one of the relevant behavioral factors. The physical activity was evaluated by the means of the question in the school health survey about the number of days when the students were active

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for at least 60 minutes. Physical health education, therefore, should be improved both in urban schools and rural and semi-urban regions.

Physical Activity and the Digital Environment

Another very significant emerging trend is the connection between digital technology and physical activity. Internet browsing, smartphones, social media, online games and entertainment, and video-based activity has transformed teenagers' habits and routines. Digital technology is a great source of educational resources; however, it seems that excess entertainment screen use can leave less time for physical activity.

K. According to C. et al. (2024), there was a research conducted on the relationship between internet use and physical activity among adolescents in Beni Municipality, Myagdi. The findings of the study indicate that more than two-thirds of adolescents suffered from internet addiction and almost three-quarters of participants were physically inactive according to the study's definition. There is an association between internet addiction and physical inactivity.

It is not meant that one needs to prohibit any technology use. It is suggested that physical health education needs to include **digital health** literacy. Teenagers should learn how to track screen time, make pauses for movement, to use fitness apps wisely, watch online workout resources and distinguish between beneficial and excessive digital use. Moreover, digital technology can be used by schools as a tool to motivate teenagers to do physical activity: step counting challenge, movement tracking, fitness instruction via video and others.

Teachers as Role Models

Teachers play the key role in health and physical education. They are sources of information and good examples for students' health-related behavior.

Shrestha et al. (2022) conducted an intervention study of secondary school teachers in Bhaktapur. There were 126 teachers from six schools involved and the intervention was based on the Theory of Planned Behavior. After conducting the intervention, the intervention group had significantly increased physical activity intention compared to the control group. The significance of this study is that teachers themselves can become the target of health promotion intervention.

Another study conducted by Shrestha et al. (2023) analyzed the level of physical activity and the associated factors among school teachers in a semi-urban area of Nepal. Out of 360 teachers, 11.9% had low physical activity. The share of domestic and garden activities was significant in the level of overall physical activity. The level of leisure-time physical activity was also low among the participants. People who lived in locations where there were walkable spaces had moderate-to-high physical activity levels.

This study has two implications for the well-being of teachers. Firstly, the well-being of teachers should be included in school health programs. Secondly, professional development for teachers should include experiential learning, and teachers who have practical knowledge of healthy physical activity can be effective in motivating students.

Physical Education and School Health Programs

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School health education in Nepal includes several approaches such as classroom-based education on health topics, physical activity, sport, exercises, health campaigns, hygiene activities, first aid, nutritional information, health screening, and extracurricular activities. Nevertheless, the effectiveness of the programs implemented in different schools varies considerably.

It is crucial that the difference between **teaching about physical activity** and **providing physical activity** should be taken into consideration. Although the student will know what physical activity is, what it entails and its benefits, the student will not spend enough time doing physical exercises.

The physical education through activity-based teaching includes warm up exercises, stretching, aerobics, running, walking, yoga, dancing, traditional games, team games, individual fitness exercise, balancing and coordination, and age-appropriate strength and endurance exercise. The activities can be adjusted depending on available space and resources. There is no need for a school to have a large stadium to carry out physical education in an effective manner.

The older evidences regarding perception of teachers in Nepal indicate that the health education programs conducted in schools were often confined within classroom and books. This indicates a continuous gap in implementation that cannot be solved simply by changing curriculum.

Curriculum Content and New Issues on Health

The contents of health and physical education in Nepal have significantly increased in scope. Currently used and recently developed curriculum documents contain diverse issues such as personal health, nutrition, diseases, adolescence, reproductive health, substance abuse, environment, safety, first aid, family health, community health, exercise, physical training, and yoga.

The wide scope of curriculum is one of the advantages since health is multidimensional. On the other hand, a broad curriculum may present certain difficulties. Namely, when there are a lot of subjects to be covered within a limited amount of time, the teachers tend to apply a lecture method of teaching.

The curriculum of the future must thus focus on **competencies rather than simply** adding more information. Competencies such as:

- performing simple fitness exercises in a safe manner;
- having knowledge about active living;
- making informed dietary choices;
- having knowledge about personal and environmental hygiene;
- having knowledge of major risk factors for noncommunicable diseases;
- appropriately responding to typical emergencies;
- adolescent health and reproductive health;
- staying stress-free and mentally healthy;
- dangers of smoking, drinking, and using drugs;
- using digital technology responsibly;
- including themselves in exercise activities.

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Physical Education, Yoga, and Indigenous Practices

There is an established place for yoga within the physical education and health framework in Nepal. The inclusion of yoga in physical education could help achieve greater flexibility, balancing, breathing awareness, relaxation, concentration, and mind-body awareness. The problem is that yoga should not substitute physical activity in general.

There is also a range of indigenous games, dances, outdoor activities, walking, hiking, and recreation in Nepal. Inclusion of cultural activities into physical education could contribute to higher participation and closer relation of students to their local culture. Indigenous games will be especially valuable in cases when modern equipment for different kinds of sport cannot be afforded by students.

Culturally responsive curriculum can therefore include modern scientific knowledge about physical fitness as well as cultural activities. Such approach will probably contribute to the reduced perception of physical education as imported sport culture.

Inclusion in Physical Health Education

Inclusion education is one of the key trends in current days. Physical education is supposed to include students with disabilities and other students who could be hindered from participating in physical activities. Adapted activities, equipment, facilities, trained teachers, peers, assessment are required for inclusive physical education.

The problem is especially relevant because physical activity is being assessed in the form of traditional sports performance. This form of assessment could be a disadvantage for students with disabilities, low level of fitness and lack of previous experience in sports. The competency-based approach would require focus on personal progress, participation, cooperation, safety, knowledge of health and efforts along with the performance.

Contemporary research conducted in Nepal in the area of inclusive education found some gaps in teachers' knowledge and skills concerning work with students with disabilities and called for the professional development of teachers and better institutional support. Although this particular study did not address the issue of physical education, it is very much relevant because there are some distinctive features of physical education that require special attention.

Physical Education and Infrastructure

Infrastructure plays an important role in physical education. Infrastructure includes playgrounds, outdoor and indoor areas, equipment, toilet, drinking water, changing places, first aid kits and safe walking environment. Schools in Nepal differ significantly in terms of availability of the facilities mentioned above.

Schools in urban areas often experience a shortage of open space due to constraints in space and densification. Schools in rural areas may have open space but may lack equipment, trained teachers, or even maintenance personnel. Areas in mountainous and geographically challenging situations may also be subjected to other constraints.

The research indicating environmental characteristics and physical activity suggests the need for infrastructure. For example, Paudel et al. noted that the availability of playgrounds or parks near one’s home was linked with physical activity among adolescents. In the same vein,

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Shrestha et al. observed that the walkable environment was linked with physical activity among teachers.

The message here is that the physical health education policy has to go beyond the school premises. **Active community members need active** environment. Local municipalities can facilitate walking trails, public playgrounds, multipurpose open spaces, sports programs in the community, and safe routes to schools.

Active Transportation and Physical Health Education

Walking and cycling are forms of physical activities which not only help people to become physically active but also minimize reliance on vehicles. Indeed, walking or cycling to and from school has been measured through Nepal GSHS.

Active transport can be incorporated into health education classes by teaching the students about pedestrian safety, cycle safety, awareness on the road, environmental advantages, and health advantages of active commuting. Additionally, schools could implement walking clubs, bicycle days, safe route initiatives, and community partnerships.

However, there should be an emphasis on the need for safety when implementing active transport. In dense urban environments, the environment discourages walking and cycling. Therefore, transport planning and health education in schools will have to come together in such scenarios.

Nutrition Education and Physical Health

Nutrition education cannot exist without physical health education. Nepal still faces the double burden of malnutrition with the existence of undernutrition and micronutrient deficiencies along with obesity. This evolving nutritional landscape calls for a more comprehensive approach to education.

Nutrition and physical health education already cover the topic of nutrition. Nevertheless, good nutrition education will have to go beyond mere memorization of food groups and definitions of nutrients. The children must learn how to read food labels, identify processed foods, portions sizes, nutritious foods locally available, keep hydrated, and how diet and exercise, sleep, and health interact.

School canteens and food environments matter, too. Nutrition education is undermined when students receive health messages at schools but are confronted with an unhealthy food environment in school. Thus, the school health approach should integrate curriculum, school food policy, physical activity, and health promotion efforts.

Mental Health and Physical Education

Physical health cannot be isolated from mental health. Adolescence is the period of great biological, psychological, and social change. School, family, friends, social media, body image, and concerns about the future might influence the mental state of students.

Physical activity has the potential to make contributions to psychological well-being, coping with stress, socialization, and confidence building. Hence, physical education classes should provide positive rather than punitive environments. No student should be ridiculed for his or her size, weak athletic skills, or low performance in sports.

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The focus should be shifted from "winning" to health, pleasure, participation, collaboration, personal improvement, and physical activity for life. Yoga, breath training, recreational games, walking, dancing, and moderate physical activities can supplement traditional sports.

Health Literacy and Life Skills

Another current trend relates to the shift from health information to health literacy. The concept of health literacy means the ability to obtain, understand, evaluate and apply health information in making appropriate decisions.

The importance of developing health literacy via school interventions in Nepal has been identified in literature. Khanal et al. (2023) provided the protocol of a mixed-method study dedicated to adolescent health literacy through school-based intervention. Such trends become highly relevant for physical health education because students nowadays come across various pieces of health information via social networks and Internet resources.

Thus, health education must ensure that students learn how to check the validity of such information, separate truth from false, detect untrustworthy information about fitness and nutrition, and consult professionals when needed.

Assessment Practices

Assessment is another very important, yet often ignored aspect of physical health education. In case examinations require factual memory, both teachers and learners will concentrate only on theoretical material. However, in case the goal of the curriculum is to build competences, the assessment needs to include participation, performance, application, knowledge, attitudes, and personal improvement.

Balanced assessment may include:

1. health knowledge;
2. Physical fitness and personal development
3. practical skills;
4. participation and engagement;
5. teamwork and cooperation;
6. safety practices;
7. health-related decision-making;
8. reflective learning;
9. personal activity planning.

The assessment must not make unnecessary comparisons among students based on their athletic abilities. Assessment must focus on health-based skills and personal development.

Methods

This study used a narrative review methodology with a systematic search for literature approach. The narrative review was about physical health education, health and physical education, physical activity, physical education, school health, adolescent health, lifestyle behavior, and health practices in Nepal.

Search Strategy

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Literature pertaining to the review was gathered from scholarly and institutional sources including PubMed, journal database websites, Nepal Journals Online, and official sources of Government of Nepal and WHO. Keywords used were "Nepal," "physical education," "health education," "health and physical education," "physical activity," "adolescents," "school students," "school health," "physical inactivity," "nutrition," "obesity," "internet use," "teachers," and "curriculum."

Preference was given to research articles published in peer-reviewed journals from 2021 to 2025. However, earlier research was kept where they provided useful background information and served as the basis of national data. Curriculum and national surveillance data were also taken into account because they could not be represented solely through journal articles.

Inclusion Criteria

The inclusion criteria included research that:

- Focussed on the populations of Nepal or the education/health system of Nepal;
- Focused on physical activity, physical education, health education, school health, adolescent health, or other lifestyles behaviors;
- Were published in peer-reviewed journals or government/official institution documents;
- provided adequate methodological or documentary data;
- contained a DOI where applicable for research articles.

The review focused on research articles that have DOIs. More than 80% of the scholarly sources used in the reference list are peer-reviewed research articles, whereas other sources like the official curricula and WHO documents have been kept only as policy or surveillance sources.

Analytical Approach

The literature was analyzed in terms of major themes rather than statistics. Themes included curriculum, trends in physical activity, gender differences, lifestyle change, digital behaviors, teacher behaviors, infrastructure, nutrition, mental health, inclusion, assessment, and policy implementation. Comparative analysis across different studies was done to find out commonalities, trends, gaps, and implications for Nepalese education.

Results

Table 1: *Major Trends in Physical Health Education and Relevant Literature in Nepal*

Trend/Area	Major Evidence or Development	Implication
Curriculum integration	Health and physical education has expanded beyond exercise and sports to health, nutrition, disease prevention, safety, reproductive health, and lifestyle	HPE should be treated as a multidimensional subject

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Trend/Area	Major Evidence or Development	Implication
Physical inactivity	National and school-based evidence indicates substantial insufficient physical activity among adolescents	More active school environments are required
Gender differences	Girls generally demonstrate lower physical activity than boys in several studies	Gender-responsive activities and safe facilities are needed
Digital lifestyle	Recent research links internet use with inadequate physical activity	Digital health literacy and active technology use should be promoted
Teacher role	Teacher interventions can improve physical activity intentions	Teachers should receive health-promotion training
Infrastructure	Playgrounds, parks and walkable environments influence activity	Municipal and school infrastructure should support active living
Nutrition and obesity	Adolescent overweight/obesity is an emerging concern alongside continuing nutritional problems	Nutrition and physical activity education should be integrated
Inclusion	Students with disabilities may face instructional and environmental barriers	Adapted and inclusive physical education is required
Assessment	Theory-heavy assessment may discourage practical learning	Competency-based and activity-oriented assessment should be strengthened
Community connection	Activity is affected by family and community environments	School health should involve parents and local governments

The reviewed literature shows that physical health education in Nepal is going through a shift from a traditional subject-oriented model towards a more holistic health-promotion approach. Curriculum materials illustrate growing comprehensiveness, and empirical research highlights the fact that students still encounter serious obstacles in getting sufficient physical activity.

Table 2. *Selected Empirical Evidence on Physical Activity and Health among Nepalese Populations*

Study	Population/Setting	Major Finding
Paudel et al. (2019)	945 higher-secondary students	Low physical activity was substantial and higher among females; environmental and social factors were important

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Study	Population/Setting	Major Finding
Singh et al. (2021)	627 adolescents, Kathmandu	Lifestyle factors including sleep, diet and physical activity were examined in relation to BMI
Shrestha et al. (2022)	126 secondary teachers, Bhaktapur	Theory of Planned Behavior-based intervention increased physical activity intention
Sitaula et al. (2023)	Rural school adolescents	Obesity and related behavioral factors, including physical activity, were examined
Shrestha et al. (2023)	360 school teachers	Low physical activity was present; walkability was associated with activity
K. C. et al. (2024)	Adolescents, Beni Municipality	Inadequate physical activity was widespread and associated with internet-use patterns
Baral et al. (2025)	School adolescents, Madhyapur Thimi	Physical activity, food habits and nutritional status were examined together

The review shows that physical health education cannot be appraised solely based on the presence of a certain subject in the curriculum. There are several interacting factors determining the state of health of the students. Physical activities are influenced by such factors as gender, family, school, neighborhood, transportation, technology usage, eating habits, and opportunities to engage in physical exercises.

Discussion

As it is seen from the review, there is a major paradigm shift in understanding of health and physical education in Nepal. Traditionally, physical education was characterized by exercise, drill, games, sports, discipline, and fitness. Now the approach is much more inclusive and includes nutrition, personal health, disease prevention, sexual reproductive health, environmental health, safety, first aid, substance abuse, psychological well-being, yoga, and healthy lifestyle. It corresponds to the global trend toward health-promoting schools and life-long physical activity.

At the same time, the expansion of the curriculum brings about a serious paradox. On the one hand, there is an increasing comprehensiveness of curriculum content in Nepal. On the other hand, empirical research continues to show insufficient physical activity of students. It may be concluded that just the presence of curricular content does not guarantee behavioral change. It is probably due to disparities in the amount of time devoted to teaching, facilities, teachers' preparedness, priorities of the schools, and assessment procedures, etc.

Especially valuable are the results regarding gender. The consistent finding that adolescent girls are less physically active than boys means that a "one-size-fits-all" approach is unlikely to work. The schools must determine the obstacles that the girls face and create an environment in which they will feel secure, appreciated, and inspired to engage in physical activity. Along

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with competitive sports, there must also be non-competitive forms of physical activity, such as walking, yoga, dancing, aerobics, stretching, physical conditioning, and games.

Secondly, it is becoming clear that physical activity is an environmental behavior rather than just a personal decision. The relationship between playgrounds, parks, walkability, transport, family encouragement, and physical activity suggest that the students not only need to know how to be physically active, but they also need opportunities. An individual can understand why physical activity is essential, but he or she might still not be physically active due to lack of opportunity.

Teacher role is also significant. Teachers' interventions can help students to have more intentions for being physically active and teacher activity is affected by environmental factors. Consequently, teachers must learn about health promotion, physical activity, inclusive physical education, classroom strategies, and well-being.

Another trend is the increasing impact of technology on the health of young people. The 2024 Beni study presents modern proof that internet use and low physical activity can be highly prevalent among adolescents (Dhungel & Gyawali, 2025). It implies that traditional health messages such as "exercise more" can be insufficient. The students must also be taught how technology affects their daily routine and how technology can be used to promote physical activity.

Also, the connection between physical activity and obesity requires further consideration. In Nepal, a double burden occurs: undernutrition and overweight/obesity. The information that is provided by one study shows that weight status of adolescents needs to be discussed together with eating and physical activity habits (Singh et al., 2021). The education regarding health needs to avoid negative stigmatization of body size. The aim must be to develop healthy lifestyle, physical abilities, mental well-being, and overall health.

Moreover, it was proposed to combine physical health education and health literacy. Adolescents are bombarded by health messages via social networks, websites, advertising, influencers, and peers. They need to have skills to find reliable information. Physical health education in school can be a good environment to teach such skills.

It is important to distinguish physical education and physical activity. Physical education is an educational process, while physical activity involves any body movements that expend energy. A student can participate in PE lessons but be physically inactive for the rest of the day. That is why schools need to provide a "whole-school physical activity" strategy, according to which there will be numerous opportunities to move during the entire school day. It can involve not only lessons of PE but also active breaks, walks between activities, recreative periods, sports club, active way to and from school, movements in classrooms, and extracurricular programs.

The issue of parent involvement requires more consideration. The activity of adolescents depends on family support, which has been proved by the Nepalese evidence, which means that factors related to the family should be considered. That is why parent education should be included into school health programs. Parents can motivate children to engage in active

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recreation, limit screen time, motivate participation of girls, facilitate healthy nutrition, and demonstrate healthy behavior.

There is also municipal governments that should take part in providing school health programs. There are many possibilities for such an engagement in Nepal due to its federal structure. It is possible to mention development of playgrounds, public parks, walking paths, sports programs, school health policies, and community health campaigns.

Moreover, the issue of monitoring should be considered. Nepal already has valuable baseline information provided by the GSHS survey, however, regular surveillance of physical activity is needed and it should be done using standardized instruments. School-level monitoring can include indicators such as percentage of students who participate in daily physical activity, quality of PE lessons, availability of facilities, participation of different groups of students, active transportation, screen time, and students' attitude to PE.

Lastly, the curriculum should progressively focus on physical activity throughout one's lifetime instead of athleticism. Although not every student may be able to become an athlete, each of them is able to get the knowledge and skills to stay physically active in their entire life. The success of physical health education should therefore be measured by the confidence, knowledge, activity, healthiness, and the ability to make proper health decisions of students.

Conclusion and Recommendation

Physical health education in Nepal has gone through considerable conceptual and curricular changes. From a relatively narrow focus on physical exercises, drills, games, and sports, physical health education has become a comprehensive education area including promotion of health, nutrition, hygiene, prevention of diseases, health of adolescents and reproductive health, safety, first aid, psychological well-being, yoga, environmental health, and healthy lifestyles. The latest curriculum changes prove the great significance of health and physical education in the system of school education in Nepal.

However, the discussed evidence shows a significant gap between the intentions of the curriculum and reality when it comes to health behavior. The Nepalese adolescents have still been suffering from insufficient physical activity, which is additionally influenced by gender differences, sedentary lifestyle, usage of Internet, change in eating habits, lack of resources, and the environmental factors. Moreover, research shows that physical activity depends on family support, characteristics of schools, teachers' behavior, and opportunities for walking and recreation.

- Therefore, the future of physical health education in Nepal must be based on a whole-school approach to health education. The physical education should be practical, inclusive, fun, competency-based, gender-sensitive, cultural relevant, and aimed at fostering lifelong activity. The health education should incorporate physical activity, nutrition, psychological well-being, digital health literacy, safety, and prevention of diseases.
- The following recommendations are proposed:

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- Increase hands-on learning: A larger amount of time spent on health and physical education needs to be devoted to activity instead of theory.
- Encourage regular physical activity: Students need to have the opportunity for physical movement each day through physical education, physical breaks, sport, walking, play, and extra-curricular activities.
- Enhance teacher training: Teacher pre-service and in-service training need to include physical literacy, activity promotion, inclusive physical education, health literacy, adolescent health, and behavior change.
- Design gender-specific programs: Schools need to focus on the obstacles that stop girls from participating in programs and ensure safety in facilities and programs for them.
- Enhance infrastructure: The local and provincial government should build playgrounds, open spaces for different uses, walking areas, equipment for sports, sanitation, clean drinking water, and accessible facilities.
- Encourage active travel: Active commuting to school needs to be supported wherever possible, along with road-safety training and the support of the city government.
- Combine digital health literacy: The students need to know how to balance screen-time use and use digital tools to complement their physical activities.
- Develop nutrition education: Physical education classes need to integrate nutrition, physical activities, sleep, mental well-being, and proper weight management.
- Incorporate PE for all students: Both disabled students and those with different physical capabilities need adapted PE classes.
- Assess effectively: The new approach of assessment will measure knowledge, skills, participation, personal development, safety, teamwork, and health decisions rather than just test results.
- Involve parents and communities: Schools should work with parents, government, health-care professionals, sport organizations, and community groups to promote health.
- Implement regular monitoring: Nepal should carry out periodic monitoring of physical activity, sedentary behaviors, physical education participation, fitness, nutrition, and other health measures in schools through standardized procedures.
- Include traditional games: Nepal should include traditional games, local recreation, yoga, dance, and other walking programs alongside contemporary sport programs.
- Formulate health policies in schools: Health education in physical form should be linked to the food environment of schools, mental health, sanitation, safety, transport, and extracurricular activities.
- Conduct more research: In future research on this topic, longitudinal and intervention designs and objective measures of physical activity should be used together with a representative sample drawn from the seven provinces.

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Concluding this discussion on physical health education in Nepal, it is evident that one thing should not be done in the future – the addition of more information into the school curriculum. The most important thing is to make the school environment such that the students receive knowledge on health and healthy behavior, participate in physical activities, become confident and competent, and develop habits which will stay all lifelong. It means that it is necessary to shift from a textbook-based approach to a new paradigm, where health and physical education in the school is activity-based, inclusive, evidence-based and supported by community.

Author Contribution

The author conceptualized the review, developed the search strategy, reviewed relevant literature and policy documents, synthesized the evidence and drafted the manuscript.

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