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► **To cite this version:**

Philippine Ruffin, Olivier Sirost, Bernard Andrieu. 30 minutes physical activity a day! Daily Sustainable Health Olympics to combat sedentary behaviour. *Diagoras: International Academic Journal on Olympic Studies*, 2023, 7, pp.81-95. <hal-05554990>

HAL Id: hal-05554990

<https://hal.science/hal-05554990v1>

Submitted on 19 Mar 2026

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30 minutes physical activity a day! Daily Sustainable Health Olympics to combat sedentary behaviour

Philippine Ruffin^a, Olivier Sirost^a, Bernard Andrieu^b

^a *University of Rouen Normandy, CETAPS UR 3832*

^b *University Paris Cité, I3SP*

Corresponding author : philippine.ruffin1@univ-rouen.fr

Abstract

The major national concern of Paris 2024: “Move for 30 minutes every day!” This is an up-to-date reflection of the sports & health political construct.

A veritable mishmash of the confusion among elected representatives and their wide-ranging actions: 30 minutes of daily PA at primary school; two additional hours of sport per week at secondary school; reform of the Sports Pass; reconciliation of body and mind; encouragement of the practice to least active audiences; support funds from the Agence Nationale du Sport.

The lexical articulation of sports & health is unique in the world and provides a political lens for redefining sport, as demonstrated in March 2023 by the INJEP surveys and the growth of sport on prescription to combat the sedentary lifestyle.

Keywords

Bio-political bodily self-control, Paris 2024, Move 30 minutes a day, Sports and health

Introduction

The relationship between body and mind was at the center of the Paris 2024 candidacy. Between 2019 and 2024, sport-health was a public health program for the management of chronic diseases but also a vector for sustainable health education. The search for better health is a harmony to be achieved between dietetics, gymnastics and gentle mobility: the body-mind relationship is here a daily management of health more than a sporting performance to be achieved: the objective is to maintain oneself.

With less than a year to go until the opening of the Paris 2024 Olympic Games, France is rolling out its sports & health strategy, conjugating two terms whose contradictions are reflected in the polemical media appearances of ministers such as J.M. Blanquer, who, in the wake of the success of team sports at the 2020 Olympics, praised the work of Physical Education) teachers (Unac, 2021) before being rebuked by professional players exiled to foreign leagues.

The same minister who, a few months earlier, was seen along with the sports minister working up a sweat in the gymnasium surrounded by schoolchildren, to whom he pledged to provide 30 minutes of P.E. a day at school as part of a strategy for gradually resuming lessons after COVID 19 the Sport-Health-Culture- Civism system 2S2C scheme). Then he once again provoked controversy in a forum of PE teachers and STAPS (Science and technology of physical and sporting activities) researchers (Le Monde, 2020) pointing out that trained civil servants were already carrying out this mission but did not have enough practice areas, teaching hours or human resources.

At Regional academic delegations for youth, engagement and sports DRAJES conference on 20-21 January 2021, the Minister for Sport, Roxana Maracineanu, in her opening speech entitled: “the place of sports educators and coaches in public health policies; the potential health benefits from professional training in sports and coaching”, recalled the desire to engage the French in sports through the deployment of sports & health centres and the generation 2024 label. In her speech she mixed APA (Adapted Physical Activities) APA-S (Adapted Physical Activities & Health), PE (Physical Education), community sport, professional sport and recreational sports activities. (It seems interesting to identify the different ministries in France concerned with the physical or even psychomotor life of children and adolescents, in order to allow readers of the Review to better understand the French context. Moreover, in the development of the article it seems necessary to explicitly situate it in the European context).

The sports & health project in sports politics in France

The confusion fostered by political rhetoric is fuelled by a scientific literature that places all physical activities and sports on the same level, and makes it impossible to compare the results of researchers, given the disparity of the population groups recruited, the approximation of the tools used to measure physical activity, the variability of the programmes and the reference values for pathology. In February 2019, Inserm (The National Institute of Health and Medical Research) published a new report: “Physical activity: Prevention and treatment of chronic diseases”. Experts in the fields of medicine, exercise physiology, sociology and psychology retained only the notions of physical activity and adapted physical activity, but dropped that of sports & health, aligning with the major international health bodies. The term sports & health, terminology which is exclusive to France (*sport-santé*), is used more in a socio-political context than in the medical world. We can describe the existence of a significant gap between education and health policies and “good educational practices”. An analysis of the processes that contribute to this discrepancy (and some confusion) deserves to be offered in the context of sport health in the period of JOP 2024.)

The landscape is further complexified by superimposed layers of administrative and other bodies recognised as competent to foster the sport & health approach Sport-Health- Culture-Civism system 2S2C system, ICAPS (Intervention with middle school students focused on Physical Activity and Sedentary lifestyle) label, CNDAPS (National Center for Support for Deployment in Physical Activity/ Fight Against Sedentary Life), national sports & health strategy, Prescription sport, National Nutrition and Health Program (PNNS), Move at home, post COVID support and guidelines, etc.). Same vagueness and ambiguity in the recognition of sports health professionals, combining the paramedical sector (occupational therapists, physiotherapists, motor therapists), sports clubs and STAPS (Science and technology of physical and sporting activities) graduates (APAS coaches). This sports & health project comes in the wake of years of decline in the modern sports model, which was dealt a brutal blow by the pandemic: sports club memberships fell 30%, 50% of private sports halls were threatened with closure, economic impact on major championships (Euro football, ATP tournaments, NBA championships) and the media (e.g. ESPN/Disney), and on sports distributors (closure of GO Sport, reduction in the retail space of Decathlon). A number of studies identified a shift in sports practice towards the informal and self-organised (Camy, Chantelat, Adamkiewicz, 1993) and with the impact of the pandemic (Feras AlSamhori J., Ali Alshrouf M., Rahman Feras AlSamhori A., Maytham Alshadeedi F., Anas Salahaldeen Madi A., Alzoubi O., 2023).), with

young French people leaving sports clubs (Gatouillat, 2009). The IOC's initiatives to introduce new sports (skateboarding, hip hop, surfing, climbing, esports, etc.) to maintain or increase audience are a step in the same direction: IOC's initiatives influence informal and self-organised practices and propose a sportivization of informal and self-organized practices by the initiative of sportsmen and sportswomen.

French Decree no. 2023-234 of 30 March 2023 on the conditions for prescribing and dispensing adapted physical activity extends the prescription of sporting activities to people at risk from a sedentary lifestyle (youth with the time spent in front of video games, adults too often sitting to work in front of screen). Chronic illnesses are no longer the only pathologies - now our health is imperilled by lack of physical activity. This turning point is illustrated by the legislator adopting the World Health Organization 2020 guidelines on physical activity and sedentary behaviour (Bull & al, 2020) for defining intensity, frequency and duration. After having preached food prevention without echo (Ungureanu J., Toussaint J.F., Breton E., 2018) there emerges a new generic definition of physical activity, which is neither APA, nor APAS, nor PE, nor sport... but sport & health.

The national sports barometer published by the INJEP (National Institute of Youth and Popular Education) in March 2023 (Müller J./, Lombardo P., 2023) expounds on this new ideology. It proposes to measure the major spheres of sports activity in France and to consider frequency, regularity and intensity. The Sports Ministry has thrown out the majors sports categories and typologies produced by historians, sociologists, anthropologists, geographers, economists, epistemologists, physical therapists, etc., to create new spheres of sports practice such as running and walking, fitness and gymnastics, soft mobility, etc. As part of the finance law for 2024, the appropriations from the Ministry of Sports and the Olympic and Paralympic Games intended for sports-health centers are increased to 6 million (+ 2 million euros compared to 2023).

Ultimately, the picture painted by choosing arbitrary figures shows an increasingly sporty France, but with no clearly defined disciplines, so ambiguous and vague are the boundaries between practices that are in total contradiction with the World Health Organization 2020 guidelines on physical activity and sedentary behaviour! There remains the idea of the threshold, the idolatry of the number by which, as Georges Canguilhem showed in his day (in *Le normal et le pathologique* (1943, trad angl.,1991), normality is decided upon and diseases

are manufactured. This comment is particularly apposite in the light of the media campaigns promoting sport as medicine and sedentary behaviour as a deadly epidemic (Owen N. Bauman A., Booth M.L., Oldenburg B., Magnus P., Serial 1995).

2024: “Move for 30 minutes daily!” in public school

The major national concern in France of 2024: “Move for 30 minutes daily!” is an up-to-date reflection of the political construct. A veritable mishmash of the confusion among elected representatives and their wide-ranging actions: 30 minutes of daily PA at primary school; two additional hours of sport per week at secondary school; reform of the Sports Pass (The “Pass’Sport” is a sports aid of 50 euros per child to finance all or part of their registration in a sports structure); reconciliation of body and mind; encouragement of the practice to the least active; support funds from the ANS (National sports agency). Everything is amalgamated, with no concern for the socio-historical and cultural roots of practices or people¹.

The National Observatory on Physical Activity and Sedentariness (Onaps)² reported that, as of 21 December 2018, 96 schemes had been identified in France, most of which were run at local level (Taiana, Depiesse, Doha, 2018). The need for a guide had become the means of linking social practices and sport & health. Officially launched on 22 October 2015 by Thierry Braillard, the Secretary of State for Sports from 2014 to 2017. Onaps will help to gather and improve knowledge about the levels of physical activity and sedentary behaviour in the French population, as well as the various determining factors.

The 2018 edition of the “c.o.d.e to sport & health” (Behavior-Organization-Discovery-Effects) is a guide divided into four sections – Conduct, Organisation, Discovery, Effects – which looks at sport & health through prevention, recommendations, good practices and social fabric, with the support of the Ministry of Sports, the *Pôle ressources national sport santé bien-être*, the Onaps³, French sports federations (rowing, swimming, athletics, sports for all), the National Union of school sports and the *Mutualité Française*.

¹ See the press release “30 minutes can change everything”, Spécial l’Equipe / Amaury Media; the press pack “presentation of the national concern/ grandcause-sport.fr, Ministry of Sport and the Olympic and Paralympic Games.

² <http://www.onaps.fr/1-onaps/objectifs-et-missions/>

³ <http://www.onaps.fr/news/le-c-o-d-e-sport-sante-dans-tous-ses-etats-edition-2018/>

In March 2018, an *evaluation of action implemented in terms of physical activity for health purposes published* by IGAS (The General Inspectorate of Social Affairs) questioned the State's ability to effectively motivate three million people to move and to create 500 sport & health centres in the country as promised in Emmanuel Macron's campaign and announced by the Minister of Sport the Olympics champion Roxana Maracineanu. The desire to create 500 sport & health centres, promised by Macron, is in reality a far cry from the Athens Charter (1933 Athens Charter produced by Le Corbusier) for, as the report reveals, "While the goal of creating 500 'health & sports centres' over the next five years was set by the President of the Republic himself, is it normal that the creation of a sports & health centre in Furdenheim is today largely supported and financed by non-profit organisation *Siel Bleu*, which receives no financial support from the State and is 90% self-financing?" (Belhaddad, 2016). Beyond this quotation which refers to a French city and an organization whose history is significant of a "remarkable" French socio-historical context, we can understand Belhaddad's arguments: "The role of the sports-health centers which will be set up will be important. They will serve as real support for developing sport on prescription. The Minister of Health had specified this during her wishes: that these houses could be used in particular for people who are in Long-term illnesses, illnesses that are often serious and require long and expensive care. When it is said to be exempt, ALD is covered in full by Social Security. Today there are 30 recognized ALDs. More than 10 million French people benefit from it. ALD and could be taken care of in these structures"⁴.

The failure of "eat less, move more" in 2023

Three information campaigns under the aegis of the French Health Education Committee (CFES), then the National Institute of Prevention and Health Education (INPES), further the combat against sedentary lifestyles: "Your health also depends on you" (1980), "Move your health" (1984) and "Move your heart" (1985-1986). As sociologist Antoine Radel (2012) analyses in his thesis and elsewhere, campaigns over the last fifty years at least have been evolving from moralising on health to a sense of responsibility for physical management" (Radel, 2013).

Daily physical activity, i.e. "30 minutes a day", is now recommended by the World Health Organisation (WHO). The National Nutrition and Health Programme (PNNS) was set up in 2001 (Ravel and Morales, 2013). Since then, it has been renewed twice, PNNS 2006-2010 and

⁴ <https://maladesdesport.fr/belkhir-belhaddad-faut-valoriser-prevention-medecin/>

PNNS 2011-2015. The PNNS4 2019- 2024 engage prevention by acting on the various levers of nutrition: “diet, physical activity including active mobility (walking, cycling), and the fight against a sedentary lifestyle, the promotion of good nutritional status contributes to the reduction of risk factors. risk of the most common diseases that the population suffers from, such as cardiovascular diseases, many cancers, obesity, diabetes, etc. To be effective, it is important that the actions implemented to improve the nutritional status of the population can also act on positive values such as conviviality and pleasure”⁵. The French Agency for Food, Environmental and Occupational Health Safety (ANSES) was asked on 5 April 2012 by the Directorate-General for Health (DGS) to update the nutritional benchmarks of the PNNS. The referral reads as follows: “ANSES is asked to propose a new formulation of the PNNS’ nutritional guidelines, including those concerning physical activity [...]”.

Nutrition guidelines are a way of tackling the rise in corpulence, obesity and sedentary lifestyles: “The subject is also of concern to French institutions, hence the creation in 2004 of the “*Manger-bouger*” campaign, promoting the PNNS and the brochure *Health comes when you move*, published in September 2004 by a PNNS team. Unlike the WHO programme, the French programme has two targets: nutrition and physical activity. This programme was launched in 2001 and renewed in 2006 and 2011, but despite its longevity, it has encountered a number of obstacles. In April 2010, the PNNS2 evaluation report (2006-2010, p. 87) highlighted the difficulties in implementing the project, particularly because of the “marginal role” given to physical activity in the fight against sedentary lifestyles”.

The counterpart of controlling one’s nutrition is to “encourage different types of physical activity (cardio-respiratory, strength training, flexibility) and identify all the opportunities to practice at any time of the day, it being understood that activity should not be limited to sports: moving around, carrying weights, going up and down stairs, being active at home, etc., are all physical activities”⁶. In the face of the directive to lose weight, through campaigns that promise the loss of up to forty kilos just by dieting, prevention and the fight against overweight and obesity.

⁵<https://sante.gouv.fr/prevention-en-sante/preserver-sa-sante/le-programme-national-nutrition-sante/article/programme-national-nutrition-sante-pnns-professionnels>

⁶ <https://www.anses.fr/fr/content/plus-d'activite-physique-et-moins-de-sedentarite-pour-une-meilleure-sante>

With the obesity plan launched in 2010, “the Commission for the prevention and management of obesity has been tasked by the President of the Republic with making concrete proposals in these areas, particularly with regard to children, adolescents and disadvantaged groups. The report published in 2009 endeavoured to describe the extent of the obesity situation in France. It emphasised the multifactorial nature of obesity, the major consequence of which is that prevention requires the coordinated involvement of a large number of players. Current policies were described and analysed on the basis of almost 90 interviews and the documentation gathered. Taken together, these factors were used to draw up a series of coherent, concrete proposals for a new obesity prevention and care plan: the 2010-2013 Obesity Plan”⁷.

Jean Paul Callède explains the mechanics of this shift towards connecting sport, health and well-being: “The Ministry’s 2012 Activity Report (completed in Oct. 2011) focuses on promoting health through physical activity and sport and the role of the new “pôle ressources”. This promotion was transformed into a National “Sport - Health - Well-being” Plan in October 2012, which drew on the expertise of the National Sport, Health and Wellbeing Resource Centre (PRN2SBE) set up in June 2013. Target groups were identified (for example, the over 65s, with a report produced by Pr. Daniel Rivière). An instruction dated 24 December 2012 provided for a regional approach, with DRJSCS and the Regional Health Agency (ARS set up at the beginning of 2010) in charge” (Callède, 2017).

The Court of Auditors’ reports, which verifies the effectiveness of public spending, show the meagre effect of the PNNS on the health of young people, and in particular the ever- increasing obesity rate. The phenomenon is exacerbated in times of economic crisis - particularly among the populations already most at risk - and by the unchallenged reign of large-scale food distribution. In this context, it is curious to note the lack of questioning of the lobbies that finance major sporting events and whose brands are increasingly visible in everyday life. And yet the origins of the PNNS initially identified the issue of diet before adding a directive to be active physically (Defrance, El Boujjoufi, Hoibian, 2021).

The PNSSBE was drawn up in collaboration with the Minister for Sport, Valérie Fourneyron, and the Minister for Health, Marisol Touraine. In practice, the decentralised departments of these two ministries, the ARS (Regional Health Agencies) and Regional and departmental

⁷ http://www.afero.fr/FR/centres_specialistes_de_1_obesite/le_plan_obesite_2010-2013.asp

directorates of youth, sports and social cohesion (D-RD-JSCS), are responsible for implementation at regional level. This plan is based on the construction of a local, cross-

sectoral network of health professionals and local physical activity “providers”. As access to physical activity and sport is still linked to class, and this plan targets people less likely to practise traditional sport, whether for health (illness/age/disability) or economic reasons (precarity).

To compensate for sedentary behaviour, “Move for 30 minutes each day”

In 2010, the WHO published “Global recommendations on physical activity for health”⁸, establishing, for the first time on a universal scale, the “dose” of physical activity deemed necessary and sufficient to maintain health, as defined by the WHO itself. For adults and the elderly, it recommends a minimum of 150 minutes of physical activity per week at moderate intensity, or 75 minutes at high intensity. For children, the aim is to achieve a minimum of 60 minutes of daily physical activity by accumulating several short periods of moderate or intense activity throughout the day. Today, however, the slogan “30 minutes of physical activity a day” is being widely disseminated by the IOC and the French government. In France there are the institutional relations about sport health that exist between the CNOSF (Comité National Olympique et Sportif Français- French National and Olympic Sports Committee) and the French government as the new standard, legitimized mainly by the WHO Europe’s 2016-2025 strategy on physical activity. The CNOSF medical commission, under the leadership of its new president, Doctor Alain Calmat, Olympic champion, developed MÉDICOSPORT-SANTÉ© in 2015, in close cooperation with the French Society of Medicine, Exercise and Sport (SFMES).

Political recommendations backed up by guidelines (WHO, INSERM, *Académie de médecine, Haute Autorité de Santé*) demonstrate (Inserm 2008) the benefits of physical activity as a non-drug therapy for a number of diseases (breast and colon cancer, type 2 diabetes, cardiovascular disease, among others). According to the 2010 WHO report, a large percentage of chronic diseases could be prevented by taking action on four main risk factors: smoking, physical inactivity, alcohol consumption and poor diet: “Today, Germany, Italy and France have the highest burden of insufficient physical activity on health care expenditure in the EU. The WHO/OECD report estimates that these 3 countries will spend on average €2 billion PPP, €1.3 billion

⁸ <https://www.who.int/publications/i/item/9789241599979>

PPP and €1 billion PPP respectively on treating diseases linked to insufficient physical activity each year between 2022–2050”⁹. But these figures, which set the limits of the normal and the pathological by the chronic disease criterion are taken from by generalization by complex multimorbidity patterns (Alvarez- Galvez, Vegas-Lozano, 2022).

The recommendations for physical activity set out by the WHO in 2010 are the result of two research projects carried out in parallel in the United States and Canada. WHO experts used the data collected by the United States as the central pillar of their scientific approach, considering the Center for Disease Control’s “Physical Activity Guidelines Advisory Committee Report” as a key resource, recognised for its depth, comprehensiveness and high quality (WHO, 2010). In addition to this work, the analyses resulting from the revision of the Canadian guidelines were also considered.

Taking into account the various scientific references used in these projects, physical activity, practised under certain conditions, certainly seems to have a positive impact on several aspects of health. However, many authors agree that the poor quality of the data available (Skovgaard, Wadmann, Hoeyer, 2019), combined with the notorious presence of methodological bias, makes it difficult to draw any definitive conclusions. Moreover, few studies seem to agree on the quantity or nature of the activities to be recommended.

The changes introduced by home working, video games and industrial food are now being measured in scientific and sociological studies: a sedentary lifestyle, with an average of 15 hours spent sitting, leads to chronic apathy towards movement; yet studies show that sedentary behaviour is a factor in mortality and disease (cardiovascular disease, diabetes, obesity, certain cancers), regardless of our level of physical activity (Mazéas, Blond, Chalabaev, Duclos 2023). Sedentary behaviour in children has become a public health concern in Europe (Hoofman, Kobel, Wartha, Kettner, Dreyhaupt, Steinacker, 2019) for, in the space of 40 years, young people have lost a quarter of their cardiovascular capacity, and therefore their health capital. In 1971, a schoolboy ran 600 metres in 3 minutes; in 2013, for the same distance, he needed 4 minutes (Ortega F.B, al., 2023). However, the WHO (2021) recommends 60 minutes of physical activity a day. The campaign launched for the 2024 generation is now to practise at least 30 minutes a day, as the target of one hour of physical activity seems so unrealistic: “The 30

⁹ <https://www.who.int/europe/news/item/17-02-2023-new-who-oecd-report--increasing-physical-activity-could-save-the-eu-billions-annually>

minutes daily physical activity at school scheme is part of the Generation 2024 programme, the Health-Promoting Schools approach and the National Sport and Health Strategy (NSSS)”¹⁰.

Moving differently on foot or by bike has become a way of increasing slow travel. The CNOSE, the MJS (Ministry of sport youth) and the cycle industry have also signed agreements aimed at increasing sport in companies from 2017. The spread of soft mobility (walking, cycling, scooter) and the promotion of active lifestyles has considerably accentuated this policy over the last 3 years (e.g. 200% increase in sales of bicycles since COVID) (Büchel, Marra, Corman, 2022).

Sport is no longer the most sought-after practice since leisure activities, such as gardening are a means of living actively. From this point of view, the State is still struggling to assimilate the cultural revolution in free time, so well predicted by J. Dumazedier (1988) and analysed by J. Viard (2015) in contemporary anthropological transformations. Housework, which should be a gender-neutral activity, “is a significant physical activity”¹¹. Here too, the serious leisure perspective developed by Robert A. Stebbins (2020) could provide decision-makers with further insights. They show, however, that what were idle occupations are now taken seriously as work, and vice versa.

30 minutes of daily physical activity (30’ APQ): an olympic self health in a French context

The 30 minutes of daily physical activity at school scheme is part of the:

- Generation 2024 programme¹²
- Health-Promoting School approach 30’ APQ¹³
- National Sport and Health Strategy (NSSS)¹⁴

The introduction of 30 minutes of daily physical activity (30’ APQ) at school is a major step forward in the fight against sedentary behaviour among children. In line with the Paris 2024 Games, they also help motivate them to discover the Olympic and Paralympic disciplines. This measure is being implemented to encourage support for a shared objective that serves the well-

¹⁰ <https://generation.paris2024.org/30-dactivite-physique-quotidienne>

¹¹ <https://onaps.fr/la-parole-est-donnee-a-martine-duclos/#>

¹² <https://generation.paris2024.org/30-dactivite-physique-quotidienne>

¹³ <https://eduscol.education.fr/2569/30-minutes-d-activite-physique-quotidienne>

¹⁴ <https://www.sports.gouv.fr/strategie-nationale-sport-sante-2019-2024-85>

being (Favier-Ambrosini, Delalandre, 2018) of pupils and benefits their learning in general (ability to concentrate, classroom atmosphere) (Zanna 2023).

The previous reforms, which provided for 4 hours of PE per week for junior and 3 hours for senior secondary school classes, were never applied. The question of the national health myth (Andrieu, 2021) which, as A.M. Thiesse (1999) reminds us, in Europe drew on the development of sports and physical education, no longer refers to the framework of Thomas Carlyle's heroes (2010) or C. Kingsley's Christian muscularity and is faced with a socio-anthropological problem of changing standards for bodies and their ideal measurements.

The "30 minutes of daily physical activity" programme has been rolled out across 36,250 primary schools in France since September 2022. Supporting this transformative initiative is one of the priorities of the roadmaps of the Ministries of Sport & National Education and Youth in France: "This measure partakes of the building of a sporting nation. It is designed to give children the opportunity to take part in regular physical activity and to encourage them to take up sport to counteract the serious and massive increase in sedentary behaviour and insufficient activity. Educational resources for school teachers have been produced"¹⁵.

For this reason, making the physical body active and moving is central to non-sporting physical activity: socialising and smoothing out tensions go hand in hand with activating physical alertness:

- "Development of motor skills and physical abilities
- Improving the classroom atmosphere: movement helps children combat fatigue and eases tension
- Improved attention and concentration; greater availability for learning."

The qualities expected simply echo the idea developed in the DRJSCS (Regional Directorate of Youth, Sports and Social Cohesion) reform of sport as a social band-aid, and school overwhelmed by social change (lack of discipline, hyperactivity, screens and the web rivalling for attention, pushing irrelevant knowledge, the order to professionalise, etc.). This is undoubtedly because the political approach to social institutions and practices has been sanitised. The succession of doctors holding the post of Minister for Sport, such as J.F. Lamour

¹⁵ <https://www.education.gouv.fr/30-minutes-d-activite-physique-quotidienne-dans-toutes-les-ecoles-344379>

(the olympic champion), A. Calmat and V. Fourneyron is certainly no coincidence. The same applies to physical education, often placed under the authority of the Ministry of Health.

Physical activity, to be served by teachers or educators, is based on a “sports kit” since 2020 made up of small multi-purpose items suitable for use in the school environment. The first schools to sign up for the scheme will find: 1 pear whistle / 1 stopwatch / 20 cones / 40 cups / 15 hoops / 20 marking strips / 3 mini vortexes / 1 elephant skin ball / 3 multi- activity balls / 1 sound ball / 10 tennis balls / 10 skipping ropes / 10 mini hurdles / 20 vests / 15 game scarves”¹⁶.

The exemplary nature of top-level athletes, based on the De Coubertin model (Clastres 2005) is also emphasised as an incentive to practice: “To embody the roll-out of the 30 minutes of daily physical activity at school, the French Ministers for Education and Youth, & Sport and the Olympic and Paralympic Games, have decided to put together a pool of top-level athletes, a “French 30 Minute Team”(Raingaud, 2021)¹⁷, to promote physical activity at school through assistance to the 30 minutes’ physical activity at school scheme.

Each top-level athlete has undertaken to make at least one visit to a school of their choice during the 2023 school year, to talk to pupils about the benefits of practising sport every day for their physical and mental well- being. Following the discussion, a session will be organised, with the consent of the teachers and headmasters of the schools”. Given the antics of top-level athletes in recent years and the underlying ethical issues, it would appear that this idealisation or hero-worship is a thing of the past (Andrieu, 2020) Once again, it has to be said that the models chosen by politicians are not the ones young people prefer, or at least not for the same reasons, as P. Duret (1993) and R. Recours (2011) have shown.

Bio-political bodily self-control

From unifying sport & health to prescription sport, a bio-political shift has taken place (Callède, 2017). Sports medicine is said to be “part of the development of preventive medicine” which is “interested in physical education and sport, and this is how what we will call “Sports Medicine” came into being (Vacher, Perie, Foure, 1989).” The Ministry of Sports’ 2000 activity report refers to sport as health, but more in the sense of the health of athletes, especially in the context

¹⁶ <https://generation.paris2024.org/30-dactivite-physique-quotidienne>

¹⁷ <https://www.theses.fr/s341767>

of performance-enhancing drugs: “This large- format, 95-page volume details the action of the Ministry, and for the occasion introduces a new layout designed for wider distribution.

The issue of physical activity and health is mentioned in a single paragraph entitled: “Action for sport & health” (p. 57)¹⁸. The 2004 Ministerial activity report mentions “promoting health through sport” (p. 37), which takes up the issues raised by the programme launched the previous year. The Houlgate CREPS has now been given the status of a national pilot site for ‘sport & health’ initiatives” (p. 32).

In 2002, the creation of the Cnaps (national council for physical activities and sport), chaired by Edwige Avice and abolished in 2008 by Minister Laporte, established a link between “Promoting sport and Sport for All” by proposing to go “from physical education to sport & health”¹⁹. A scientific committee led by Professors Michel Rieu (medicine) and Wladimir Andreff (economics) produced a report that also raised the issue of inequality and discrimination in access to sport through primary prevention.

In the European Union²⁰, the recommended guidelines on physical activity (Kornbeck, 2013) constitute a benchmark defining what is considered to be good political practice, a benchmark which now serves as a framework for a policy coordination process (Council of the European Union, 2013). Here are a few excerpts: “*Guideline 6 – When public authorities (national, regional, local) support sport through public budgets, particular attention should be given to projects and organisations which allow a maximum of people to engage in physical activity, regardless of their level of performance (“sport for all”, recreational sport)*”. Guidelines for recreational sport that is sport & health²¹ are a way of combating the over- performance and doping that accompanies top-level sport.

¹⁸ Inserm report, Fondements politiques du sport. « Activités physiques. Contexte et effets sur la santé », p.31 <http://www.ipubli.inserm.fr/bitstream/handle/10608/97/?sequence=8>

¹⁹ <https://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/034000693.pdf>

²⁰ European Commission (2008): Brussels, 10 October 2008. EU Physical Activity Guidelines. Recommended Policy Actions in Support of Health- Enhancing Physical Activity. Approved by the EU Working Group “Sport & Health” at its meeting on 25 September 2008. Confirmed by EU Member State Sport Ministers at their meeting in Biarritz on 27-28 November 2008. https://ec.europa.eu/assets/eac/sport/library/policy_documents/eu-physical-activity-guidelines-2008_en.

²¹ Council of the European Union(2013): Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors. Official Journal of the European Union, C 354, 4.12.2013, 1-5.

Conclusion

The French National Authority for Health (HAS) recognised physical activity as a non- drug therapy in 2011 (HAS does not use the terms sport & health). In April 2011, the HAS published a guidance report on the spread of prescriptions of approved non- drug treatments²², in which it confirmed the importance of prescribing regular physical activity in the management of cardiovascular disease and sleep disorders.

An ageing population, the search for health practices that are sustainable and eco-friendly, the growth of techniques for well-being to counteract stress and fatigue at work are the new backdrop against which research into sport for health and well-being is progressing.

This is the hidden side of sport & health. Sport is seen, on the one hand, as the dynamics of a young population frequenting sports clubs and competitions, when in fact the age pyramid in France is reversing, and the proportion of over-60s is surpassing that of under-20s. When France organised the 1968 Grenoble Olympics, under-20s represented 1/3 of the population and fell under the sports policy set out in Mr Herzog's essay on the doctrine of sport Today, the figure is just 23%.

The social theory of biopower, rightly, according to the works of Michel Foucault (2004)) and his disciples (Fassin, Memmi, 2004), finds in this the means to denounce the instrumentalisation of the body through quantitative and objective analysis. The sports enterprise of the self-pursues the liberal injunction to constantly adapt (Stiegler, 2019) in response to the fluidity and flexibility of the employability market. In this way, the involvement of managers in a company can therefore be measured the biopolitics.

²² http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-06/developpement_de_la_prescription_de_therapeutiques_non_medicamenteuses_rapport.pdf

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