



P-ISSN: 2394-1685

E-ISSN: 2394-1693

Impact Factor (RJIF): 5.38

IJPESH 2022; 9(4): 142-147

© 2022 IJPESH

www.kheljournal.com

Received: 13-03-2022

Accepted: 21-04-2022

Brahima Ouedraogo

Research Unit on Sport, Health and Evaluation (RU/SHE), National Institute of Youth, Physical Education and Sport (NIYPES), University of Abomey-Calavi, Republic of Benin

Zongo Ouambi Charles

Social Dynamics, Education, Sport, Human Development Laboratory (LADYS-ES-DH), National Institute of Youth, Physical Education and Sport (NIYPES), University of Abomey-Calavi, Republic of Benin

Moussouami Simplicie Innocent

Research Unit on Sport, Health and Evaluation (RU/SHE), National Institute of Youth, Physical Education and Sport (NIYPES), University of Abomey-Calavi, Republic of Benin

Issiako Bio Nigan

Research Unit on Sport, Health and Evaluation (RU/SHE), National Institute of Youth, Physical Education and Sport (NIYPES), University of Abomey-Calavi, Republic of Benin

Corresponding Author:

Brahima Ouedraogo

Research Unit on Sport, Health and Evaluation (RU/SHE), National Institute of Youth, Physical Education and Sport (NIYPES), University of Abomey-Calavi, Republic of Benin

Analysis of the Texts Framing the practice of Health-Promoting Physical Activities in Burkina Faso

Brahima Ouedraogo, Zongo Ouambi Charles, Moussouami Simplicie Innocent and Issiako Bio Nigan

DOI: <https://doi.org/10.22271/kheljournal.2022.v9.i4c.2582>

Abstract

Physical inactivity and sedentary lifestyle are recognized as risk factors for non-communicable diseases and avoidable mortality. It is in this context that the promotion of physical activity and sport has become a real public health issue and is included in most medical recommendations of learned societies. Multiple determinants affect the adoption of a physically active lifestyle. This situation has led to the development, implementation and coordination of public policy documents that promote the practice of health-promoting physical activities. In this context, the World Health Organization (WHO) has developed the Health Enhancing Physical Activity Policy Analysis Tool (HEPA PAT) to support countries in developing and evaluating strategies and policies that address all the determinants of health-enhancing physical activity. Burkina Faso, like other countries in the world, is confronted with the problem of physical inactivity with its corollaries on health. In order to find palliative solutions to this scourge, the government, through the ministry in charge of sports and leisure, has developed texts to stimulate the practice of physical activities and sports. The objective of this study is to evaluate the policies governing the practice of physical activities and sports in Burkina Faso. To this end, the HEPA PAT tool was used as an analysis model. It was found that the policies governing the practice of physical activity and sport contain only eight of the 17 criteria required to create an appropriate context for the development of health-promoting physical activity and sport. Therefore, it is necessary for the government of Burkina Faso to integrate the nine other criteria without which the expected results cannot be achieved.

Keywords: Physical activity, prevention, health, Policy, Burkina Faso

1. Introduction

The current level of physical inactivity, as a public health problem, is characterized as a global pandemic and is an important risk factor for non-communicable diseases (NCDs), independently of poor diet, smoking or alcohol abuse ^[1]. Conversely, regular physical activity is important for health and well-being at all ages and has been shown to contribute to the prevention and treatment of NCDs ^[2]. To reduce the harmful consequences of physical inactivity, the World Health Organization (WHO) has established a Physical Activity Promotion Action Plan 2018-2030, which outlines targets to ensure a 10% reduction in physical inactivity by 2025 and 15% by 2030 ^[2]. This action plan urges countries around the world to implement policy actions that will support efforts to reduce physical inactivity levels ^[2]. In addition, the WHO has developed recommendations for health-enhancing physical activity to provide national and regional policy makers and professionals with guidance on preventing non-communicable diseases ^[3]. In the context of promoting health-enhancing physical activity, the International Society for Physical Activity and Health (ISPAH), an institution composed of health-related physical activity professionals, produced two consensus documents. The Toronto Charter for Physical Activity released in 2010 and the Bangkok Declaration released in 2016 elaborated on the direct and indirect health benefits of investing in policies and programs to increase physical activity and the importance of a multi-sectoral approach and national coordination ^[4, 5]. Despite these efforts, 28% of adults or 1.4 billion people worldwide are still insufficiently physically active to protect themselves from common chronic diseases or to improve their physical, mental and social health and well-being ^[6]. In Burkina Faso, the results of the WHO STEPS survey on the prevalence of the main risk factors

common to non-communicable diseases report a prevalence of physical inactivity of 25.7% in rural areas and 38.4% in urban areas [7]. The phenomenon of urbanization that the country is experiencing, associated with the increasingly sedentary nature of professional activities and the motorization of means of transport, is accompanied by a decrease in the physical expenditure of workers [8]. This situation could have harmful consequences at the origin of chronic diseases resulting directly from the changes in the lifestyle of the population. It is aware of this scourge, which affects most metropolises, that the Burkinabe government has opted for preventive health. Within this framework, the government, through the Ministry of Sports and Leisure (MSL), has set itself the objective of preventing these chronic non-transmissible diseases by popularizing the practice of Sport for All (SPT) throughout Burkina Faso. SPT is a formal physical activity carried out in sports facilities (fields, sports halls, stadiums) where participants, generally civil servants, perform movements to the rhythm of music once a week on Thursday. At the institutional and regulatory level, there are texts adopted that guide the practice of sports and leisure activities in order to offer the possibility to every Burkinabe to practice the sport of his choice. It is in this perspective that the National Sports Policy (PNS) and the National Sports and Leisure Policy (PNSL) were adopted in 2007 and 2017 respectively. One of the strategic axes of the PNSL 2017, is the improvement of the health of the population by adapting the field to international requirements in terms of professionalism and development of the practice [9]. It is clearly assigned to the Ministry in charge of Sports and Recreation the mission to promote and create conditions for the development of physical and recreational activities in the public administration in order to contribute to the maintenance of workers in good health. In the same sense, Law 050-2019/AN of November 21, 2019, on the orientation of sports and recreation stipulates that "Any Burkinabe or any person living in Burkina Faso has the right to practice physical, sports and recreational activities of his choice..."[10]. In spite of these different efforts, the diagnosis made by the PNSL reports that the practice of Sport For All is very unsatisfactory throughout Burkina Faso [9]. Other survey results show that Burkina Faso is confronted with the

emergence of NCDs, whose consequences in terms of morbidity and mortality are significant [7]. Moreover, physical activity is a beneficial prevention and treatment tool for most chronic diseases. Evidence of the public health and economic benefits of physical activity is prompting governments around the world to develop policies to increase the population physical activity [11]. However, studies have shown that the changing of behaviour is a gradual process and each stage requires different set of supports [12]. According to studies conducted by the WHO in several states, public action to promote physical activity is further complicated by the need to address multiple determinants [13]. It requires the development of a multi-faceted strategy in several sectors. Analysis of the determinants suggests that physical activity with positive health effects falls under the purview of a broad spectrum of government departments, agencies and institutions. For this reason, WHO has developed the Health Enhancing Physical Activity Policy Audit Tool Pat (HEPA PAT) [13] to help states assess the quality of their policies and take into account the different criteria in policy development. The objective of this study is to assess the policies governing physical activity and sport in Burkina Faso using this tool.

2. Material and Methods

This is a cross-sectional study of analytical type conducted at Sport, Health and Evaluation Research Unit, (UR/SSE) at the National Institute of Youth, Physical Education and Sport (NIYPES) of Porto-Novo, an entity of the University of Abomey-Calavi (UAC).

The documentary research took place from February to June 2021 and involved two types of documents. Documents related to the regulatory and institutional framework governing the practice of health-promoting physical activities in Burkina Faso and policy documents and action plans associated with this theme that ministries and learned societies have published. For reasons of availability and accessibility of information, we focused only on national policies related to physical activity and sport published after 2007 in Burkina Faso. The WHO HEPA PAT tool [13] was used as a model for the analysis of our collection of national policies and action plans and the information extracted was put into a matrix form (Figure 1).

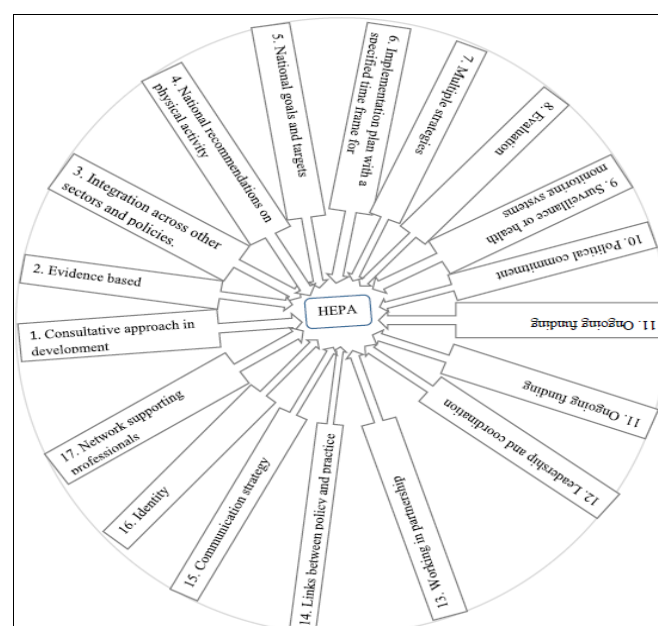


Fig 1: Diagram adapted from the Health Enhancing Physical Activity Policy Audit Tool Pat with the 17 criteria for developing healthy activity policies [13].

2.1 Results

The literature search of ministries and other structures in Burkina Faso identified two policy documents on the practice of health-promoting physical activity and sport. We then identified three documents, including the HEPA PAT tool, which was used as a model for analysis. It was found that only eight of the 17 criteria appear in the policies governing the practice of physical activity and sport in Burkina Faso, including an evidence-based approach, political commitment, an implementation plan with specific deadlines, multiple strategies, evaluation, financing, leadership and coordination, and a communication strategy (Table I).

Table 1: Matrix of national policies (PNS, PNSL) analyzed against the 17 core criteria of the WHO HEPA PAT tool

Policies HEPA PAT Core Criteria	PNS	PNSL
Consultative approach in development	-	-
Evidence based	-	+
Integration across other sectors and policies	-	-
National recommendations on physical activity levels	-	-
National goals and targets	-	+
Implementation plan with a specified time frame for implementation	-	+
Multiple strategies	-	-
Evaluation	-	+
Surveillance or health monitoring systems	-	-
Political commitment	+	+
Ongoing funding	-	+
Leadership and coordination	-	+
Working in partnership	-	-
Links between policy and practice	-	-
Communication strategy	-	+
Identity (branding/logo/slogan)	-	-
Network supporting professionals	-	-

(-) absence of the criterion in the policy; (+) presence of the criterion in the policy; PNS: National Sports Policy 2007; PNSL: National Sports and Leisure Policy 2016-2020

3. Discussion

3.1 Objectives and Main Results

The objective of this study was to assess the policies which govern the practice of health promoting physical activity and sport in Burkina Faso. To this end, the Health Enhancing Physical Activity Policy Audit Tool Pat was used as an analysis model. It is a reliable tool and constitutes a basic reference in an international Framework of action plans for the development of national policies promoting the practice of health-promoting physical activity ^[14].

3.1.1 Existing criteria in the policies framing the practice of physical activities and sport in Burkina Faso

Only eight of the 17 criteria appear in the policies governing the practice of physical activity and sport, including the factual approach, political commitment, an implementation plan with specific deadlines, multiple strategies, evaluation, program financing, leadership and coordination and communication strategy. The absence of the other criteria in the development of the health-promoting physical activity and sport policies can be attributed to a lack of good literature research that would have allowed for the integration of these criteria and the absence of experts on physical activity and health or the country's priority programs related to the socio-economic situation. The socio-economic situation in Burkina Faso is characterized by many deficits, which raises the issue of the effectiveness of public policies. The general objectives pursued through these public policies concern the fight

against poverty, good governance, improving the performance of the productive and competitive sectors, increasing investment, land use planning, human resource development and participatory approaches ^[9]. It is in this context that the PNSL intervenes with the objective of being consistent with the existing reference frameworks, the implementation of priority actions allowing the department to participate in socio-economic development, to ensure the development of actors and the international influence of Burkina Faso.

It appears from the criteria taken into account for the elaboration of policies on physical activities and sports that the emphasis is much more oriented towards the promotion of competitive sports. There appears to be few headings oriented towards the promotion of health-promoting physical activities. This is the same observation made by the Global Physical Activity Observatory (GoPA) following a study carried out in 76 countries on the availability, completeness, implementation and effectiveness of policies on physical activity and sedentary behaviour. The study found that formal written policies on physical activity are limited, mainly in low- and middle-income countries ^[15]. In addition, in many low- and middle-income countries, the lack of research on physical activity and health ^[16] may explain the lack of interest among policy makers in supporting physical activity promotion. Regarding to political commitment, there is a real will at the level of the authorities in the promotion of Sport For All within the public administration in Burkina Faso. This is evidenced by the adoption on June 10, 2016, in the Council of Ministers of a report aimed to encourage the practice of sport in public services every Thursday evening from 4 pm as well as the involvement of the top officials of ministerial departments and institutions ^[10]. This political commitment can be seen in history of physical activity and sport in Burkina Faso, with the institution of mass sport since 1984. A watchword officially launched by President Thomas Sankara on September 24, 1984, under the National Council of the Revolution (CNR), the practice of mass sport was an obligation for all civil servants. Mass sports had popular support. The whole government and President Thomas Sankara set an example and were assiduous in the different sessions. Mass sport was practiced from 1983 to 1986. Burkina Faso received an honorary distinction in 1986 from the African Union of Sport for All, the Nelson Mandela trophy ^[17]. After this period, mass sport fell into a lethargy until 2006 with the creation of the Directorate of Sport For All and the adoption of the National Sport Policy in 2007, one of the stated objectives of which is the practice of sport for all for social welfare ^[18].

The PNSL was developed on the basis of existing research and practices that have proven to be effective in the practice of mass sport, hence the consideration of the evidence-based approach in its design. The PNSL was developed according to the principles of Results-Based Management, which led to the establishment of an implementation plan with specific deadlines, implementation and monitoring-evaluation provisions ^[9]. The actions planned are clearly defined and deadlines set, as these are necessary to monitor the progress of policy implementation. The creation of the Directorate of Sport for All, a single national entity that coordinates all approaches to the practice of sport for health at the national level, is also an asset for the management of physical activities for health. In the PNSL, there are communication strategies that allow for the transmission of information to the population through annual conferences organized in the 13 regions of the country on the health benefits of physical

activity. In this regard, an advertising spot on the health benefits of practicing sports is broadcast on national television. The promotion of health-enhancing physical activity has multiple and varied approaches to address the issues in their entirety. The development of infrastructures, the education of the public, the accompaniment of the practice are components of these multiple approaches that appear in the PNSL. Sport for All is marked by the dynamization of the practice and the establishment of management and organization structures, greater visibility through the media and popular sessions throughout the country. However, the practice of Sport For All remains unsatisfactory throughout the country [9]. According to the PNSL, the constraints that hinder the practice of Sport For All are mainly socio-cultural constraints, lack of knowledge of the benefits of sport, lack of effective involvement of local authorities, lack of adequate sports infrastructure, lack of qualified personnel and lack of awareness [9]. Moreover, the PNSL shows that sport and leisure activities are still marked by real constraints that have repercussions on the acquisition of quality sports and leisure infrastructures that are accessible and ideally distributed throughout the country, on the adoption and implementation of a coherent training program for managers and participants, and on the availability of legislative and regulatory texts that provide a framework for the sector and ensure the security of actors and practices [9].

The financing of policies is a strong indicator of political support and the success of their implementation. All policy action plans can only be operational if sufficient funds are made available on an ongoing basis, and this heading appears in the PNSL. Funding is provided by resources from the state budget and by contributions from partners who support the field of sports and recreation. However, the overall funding remains low, the mismatch between the volume of funding for sport and the real needs, is a limiting factor for the development of sport [9]. Moreover, with Burkina's socio-economic situation marked by numerous deficits and a deleterious security situation due to the resurgence of terrorism, policy funding is most often directed to priority sectors. These results are limited in creating a context conducive to the development of health-promoting physical activities and sports in Burkina Faso.

3.1.2 Criteria absent in the policies governing the practice of physical and sport activities in Burkina Faso

In the policies framing the practice of physical activities and sports in Burkina Faso, there is a lack of a consultative approach in the implementation of these different policies for the promotion of health-promoting physical activities in accordance with the recommendations of the WHO HEPA PAT tool [13]. As health is a cross-cutting issue, all relevant stakeholders should be consulted and involved in the process of developing health promoting physical activity policies. There is a lack of integration across sectors and policies. The development of policies promoting health-promoting physical activity must be based on a consultative and multi-sectoral approach, taking into account all stakeholders in the process and not limited to the Ministry of Sports and Leisure. According to studies carried out in several European countries, the sport, health and education sectors were the main promoters of physical activity policy [15]. In addition to the mentioned ministries, the ministries and departments of recreation, research and transport are also involved in the promotion of physical activity [15]. In this context, the Bangkok Charter signed in 2016 on Physical Activity for

Global Health and Sustainable Development emphasizes the importance of a multi-sectoral approach and national coordination [15]. An approach that integrates other sectors and departments of other ministries will contribute to the success of promoting activity at the national level [15]. Policy and regulatory actions implemented in other countries have taken into account several sectors in a coordinated manner [14]:

- the education sector, whose policies promote an education system with a compulsory and quality physical education program where non-competitive sports have a prominent place in which the emphasis is on the pleasure of being active.
- The transportation and development sector with policies that prioritize and fund infrastructure for walking, cycling and transit. Building standards that encourage physical activity.
- The urban planning and environment sector whose urban design policies promote walking, cycling and recreational activity. Access to green spaces in urban and rural areas, and to national parks to provide opportunities for people of all ages to engage in outdoor physical activity and recreation.

The labour sector whose policy agendas support and encourage employees to adopt an active lifestyle and facilities that facilitate physical activity.

- The sport and leisure sector whose policy agendas support the practice of Sport for All, i.e. also for those who would be least likely to participate in physical activity and sport, whether for reasons of health, income or accessibility. Infrastructure, physical and recreational activities that are accessible to people of all ages, genders and disabilities. Training and capacity building for those involved in the management of physical activities and sport;
- The health sector, whose political programs prioritize and make available the necessary resources for prevention and health promotion through physical activity. Finally, the evaluation of the physical activity level of patients and the establishment of physical activity programs adapted to each pathology and the follow-up of contraindications.

In order to feed policies with the concrete needs of the population and to help their implementation, the existence of links between policy and practice is necessary. In addition, an efficient communication strategy needs an identity to help the rapid recognition of the messages transmitted and the ease of memorization. To boost the practice of health-promoting physical activities, access to and sharing of resources and information by professionals working in physical activity and sport projects are also essential. In addition, the policies governing the practice of physical activity and sport in Burkina Faso lack national recommendations for physical activity levels. The availability of recommendations shows the intention of the government to support the promotion of more physical activity [15]. Recommendations on physical activity and sport levels are needed for different age groups and populations such as those published by the WHO [3]. These guidelines are necessary because they provide guidance on the conditions for practicing health-promoting physical activities and express the modalities of practice according to age in terms of frequency, intensity and duration [3]. According to the study carried out in 76 countries by the Global Physical Activity Observatory (GoPA) 62% have

national guidelines on physical activity ^[15].

In order to monitor the progress of the level of health and practice of physical activities and sports, the content of the policies should also have national objectives clearly defined by the country as those established by the WHO i.e. to ensure a reduction of physical inactivity by 10% by 2025 and 15% by 2030 ^[2]. This makes it possible to set targets for reducing physical inactivity. The Global Physical Activity Monitor (GoPA) study shows that 52% of countries have quantifiable national targets out of 76 ^[15].

Finally, in order to observe if the practice of physical activity has an impact on the level of health of the population, it is important that the section on health monitoring and follow-up systems be included in the policy. In France, the collective expertise published by the National Institute of Health and Medical Research in 2008 on physical activity, its contexts and effects on health represents a basic scientific reference that provides a broad collection of arguments regarding the role of physical activity and health ^[19]. The HEPA tool has also been used in Germany, France and the United Kingdom in the analysis of different policies promoting physical activity for health. When applied to the French policies, the analysis of the different criteria shows that these policies are based on the contribution of many stakeholders and propose complex, multisectoral strategies aiming at the development of an environment globally favourable to the practice of physical activity ^[20]. However, the analysis shows that the situation is characterized by a low level of coordination, insufficiently defined action plans, lack of evaluation criteria and sustainable funding. In Germany, the analysis shows that policies are centralized at the national level by the Ministry of Health in a plan called "InForm". Sport and health in companies is developed within the framework of prevention, health and well-being programs at work. In addition, sport on prescription has existed for several years ^[21]. In the United Kingdom, the determinants of the HEPA tool appear in the construction of the different policies developed around the legacy of the 2012 Olympic and Paralympic Games: "Moving More, Living More". It has been realized through a joint work between the Ministries of Health, Digital, Culture, Media and Sport, Education and Transport. This policy sets out clear actions by the UK government to increase the number of people meeting the WHO recommendations for regular health promoting physical activity each year ^[22]. The recognition by the Department of Sport and Recreation of the impact of physical activity on health is already an important asset in the promotion of physical activity in Burkina Faso. Nevertheless, the consideration of criteria that are not included in the policies will help to create an environment that is more conducive to the practice of health-promoting activities.

4. Conclusion

The objective of this study was to evaluate the policies governing the practice of physical activities and sports in Burkina Faso. The HEPA PAT tool was used as an analysis model. At the end of this study, eight of the 17 criteria tools were found, including an evidence-based approach, political commitment, an implementation plan with specific timelines, multiple strategies, evaluation, program funding, leadership and coordination, and communication strategy. Health-promoting physical activity in Burkina Faso is still in its infancy and is mostly linked to fluctuations in the socioeconomic and political environment. The analysis based on the HEPA PAT tools has undoubtedly revealed the shortcomings but also the strengths of the policies governing

the practice of physical activity and sport in Burkina Faso. The development of future texts should be taken into account the missing criteria in order to make the practice of health-promoting physical activities more effective. Future studies should take into account the different actors opinions (institutions and practitioners) in the implementation of these policies and the current state of practice.

5. Conflict of interest

The authors declare that they have no Conflict of interest.

6. Acknowledgements

The thanks are addressed to the persons in charge of the ministry in charge of the sports and the leisure to have facilitated us the acquisition of the texts for the realization of this work.

7. References

1. Tudor-Locke C, Craig CL, Brown WJ, Clemes SA, De Cocker K, Giles-Corti B, *et al.* How many steps/day are enough for adults? IJNPA. 2011;8(1):79. doi: 10.1186/1479-5868-8-79.
2. WHO. Global action plan on physical activity 2018-2030. Geneva: world health organization, 2018. Available on <http://www.who.int/ncds/prevention/physicalactivity/gap/pa/>
3. WHO. Physical activity country work, United Kingdom of Great Britain and Northern Ireland, 2018. Available on <https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-fact-sheets/physical-activity-country-factsheets/united-kingdom-of-great-britain-and-northern-ireland>.
4. The Toronto charter for physical activity: A global call for action. JPAH. 2010;7(s3):S370-3. doi: 10.1123/jpah.7.s3.s370.
5. International Society for Physical Activity and Health. ISPAH. The Bangkok declaration on physical activity for global health and sustainable development. Br J Sports Med. 2017;51(19):1389-91. doi: 10.1136/bjsports-2017-098063
6. Guthold R, Stevens G, Riley L, Bull FC. World wide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants. Lancet Global Health. 6, 10, PE1077-E1086, 2018.
7. Organisation Mondiale de la Santé. Rapport enquête steps Burkina Faso. 2013. Available on www.who.int/ncds/surveillance/steps/Burkina_faso_2013_steps_report.pdf.
8. Doulougou B, Kouanda S, Bado A, Nikiéma L, Zunzunegui MV: Hypertension in the adult population of Kaya health and demographic surveillance system in Burkina Faso: Prevalence and associated factors. International Journal of Tropical Disease and Health. 2014;4(1):94-110.
9. Art. 2. Portant loi d'orientation des sports et des loisirs du 21 novembre 2019. 050-2019/AN.2p
10. Politique Nationale des Sports et des Loisirs 2016-2020. Ministère des sports et des loisirs,109p
11. Klepac Pogrmilovic B, Ramirez Varela A, Pratt M, *et al.* National physical activity and sedentary behaviour policies in 76 countries: availability, comprehensiveness, implementation, and effectiveness. Int J Behav Nutr Phys Act. 2020;17:116. <https://doi.org/10.1186/s12966-020->

- 01022-6.
12. Bouton ME. Why Behavior Change is Difficult to Sustain. *Prev Med.* 2014 Nov;0:29- 36.
 13. Health-enhancing physical activity (HEPA) policy audit tool (PAT) version 2, 2015. Available on: <https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2015/health-enhancing-physical-activity-hepa-policy-audit-tool-pat-version-2-2015>
 14. Ungureanu J, Toussaint JF, Breton É. Améliorer les politiques nationales de promotion de l'activité physique favorable à la santé. *Sante Publique.* 2018;30(2):157-67.
 15. Klepac Pogrmilovic B, *et al.* A global systematic scoping review of studies analysing indicators, development, and content of national-level physical activity and sedentary behaviour policies. *Int. J Behav Nutr Phys Act.* 2018;15:123.
 16. Vancampfort D, *et al.* Chronic physical conditions, multimorbidity and physical activity across 46 low- and middle-income countries. *Int. J Behav Nutr Phys Act.* 2017;14(1):6.
 17. ZONGO C. L'histoire du sport au Burkina Faso. Ed1, Vol. I, Sankofa et Gurli, Ouagadougou, 2015, 420pp.
 18. Politique nationale de sport du 25 septembre 2007, 15 Décret n° 2007-590/PRES/PM/MSL/MEF
 19. Institut national de la santé et de la recherche (INSERM). *Activité physique : Contextes et effets sur la santé.* Les éditions Inserm, 2008. Available on <http://www.ipubli.inserm.fr/handle/10608/97>
 20. WHO. Physical Activity Country Work, Germany, 2016. Available on <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/country-work>. Available on: <https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-fact-sheets/country-work/germany>
 21. WHO. Physical activity country work, United Kingdom of Great Britain and Northern Ireland, 2018. Available on <https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-fact-sheets/physical-activity-country-factsheets/united-kingdom-of-great-britain-and-northern-ireland>