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Sport as a Tool for HIV/AIDS Education: A Potential Catalyst for Change

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… sport is not instinctively seen as a vehicle for social development, but used creatively; it can involve, educate, protect and mobilize the young people who participate.
— Stephen Lewis UN Special Envoy for HIV/AIDS in Africa (Commonwealth Games Canada, 2002)

Just five months following the Toronto AIDS Conference, which drew over 20,000 delegates from around the world, Canadians marked World AIDS Day 2006 with little fanfare. Perhaps we should not be surprised that the event garnered so little attention. Canadian Prime Minister Stephen Harper did not attend the Toronto AIDS Conference, and thus appears unwilling to see AIDS as a Canadian problem that demands urgent attention. Prime Minister Harper did not attend because the conference had become "too politicized" (Ubelacker, 2006). Of course AIDS is politicized, could an issue that magnifies oppression and poverty be anything but political? Such inaction further contributes to the notion that AIDS is an "African problem," not important enough for consideration within the borders of the developed world (Larkin and Mitchell, 2004). Consequently, the many faces of AIDS in Canada, especially those of Aboriginal[1] women and Aboriginal youth, remained hidden and silenced. This sad glimpse into the Government of Canada's priorities gives insight into the postcolonial legacy of shame, blame, and silence that plagues the AIDS epidemic as it sweeps the globe and makes its indelible mark on Canadian history.

What follows is a discussion of HIV/AIDS,[2] its impact on Aboriginal youth and women, an acknowledgment of the intersection of issues which magnify

1 The use of the label "Aboriginal" in this paper is problematic, as diverse populations can be included within this reference, and feminist poststructuralist practices challenge the categorization and labeling of groups that homogenize experiences. Shared identity is not an obvious product of race or class, "but discursively produced in relation to hegemonic discourses which privilege whiteness, heterosexuality and the middle and upper classes" (Weedon, 1999: 106). Within this, popular discourses can create innumerable labels and categorizations that "obscure and depoliticize the embodied nature of colonialism" (Culhane, 2003: 593). Unfortunately, through the use of such terminology, "sameness is created, which gives us access to a universal language, one that, through translation, erases difference" and perpetuates the idea of a single, universal world history (Giles, 2004: 19).

2 The term HIV is used to indicate infection with the Human Immunodeficiency Virus (HIV). HIV is a retrovirus that attacks CD4+T cells, required for the body's immune functioning. When the CD4+T count is less than 200 per microlitre, cellular immunity is compromised and the individual is considered to have AIDS (Acute Immunodeficiency Syndrome). With AIDS, the body is extremely susceptible to opportunistic infections. The term HIV/AIDS refers to the physical symptoms and social situations that apply to both HIV and AIDS (World Health Organization, 2006).

vulnerability to this epidemic and the ways in which sport[3] might be used to combat high rates of HIV infection. The international community has begun to utilize sport and physical activity as a means to address the poverty driven cycle of HIV/AIDS by creating a platform for education in Africa, Asia, and the Caribbean to initiate community dialogue and to break down barriers of stigma and discrimination that are endemic to the disease. Although Canada is a leader in the international use of sport for development, and particularly in the use of sport as a tool for HIV/AIDS education, this learning has not been applied domestically. A policy-level mandate exists to use sport for social development and health education in Canada, therefore laying the political foundation for the beginning of a domestic strategy, but issues of colonial legacy, collaboration, and power dynamics must be continually examined in the process. Although not a panacea, sport can play an innovative and creative role in reaching out to populations who may not feel connected to traditional public health or sexual education approaches. In his 2006 World AIDS Day address, Kofi Annan, the former Secretary General of the United Nations stated, "[AIDS] has become the greatest challenge of our generation" (Annan, 2006). The power of sport has been underutilized in Canada and the rates of AIDS both globally and domestically demand that we employ all the tools at our disposal — including sport — to address this challenge because, if left unchecked, HIV/AIDS will not merely define our generation, but destroy it.

This paper seeks to bring to the foreground the potential use of sport as a tool for HIV/AIDS in Canada with the hope of stimulating further dialogue as to the concerns, challenges, and possibilities of building on international initiatives and the potential to make a lasting, culturally appropriate contribution to stemming the tide of HIV infection in Aboriginal populations within Canada. Starting with an examination of the international movement of sport for development to situate the discussion of the role of sport for development in Canada, this paper will discuss the Euro-Canadian colonial legacy of domination as well as postcolonial thought and the potential for its use within the realm of sport, physical activity, and health. In particular, colonial legacies will be connected to a historical understanding of the HIV/AIDS crisis facing Aboriginal peoples today. After illustrating how the

3 Sport can be defined in the broad sense as encompassing "all forms of physical activity which through casual or organized participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships, or obtaining results in competition at all levels" (Schwery, 2003: 15).

Aboriginal sport movement has been successful in resisting colonial expressions of domination, we provide insight into potential uses of sport to tackle the issues outlined above. Specific examples of how sport has been used in the global context and a sampling of these programs' results will be provided. Finally, Canadian strategies to address the HIV/AIDS crisis will be discussed, and potential links between the health, sport, and development sectors will be proposed in order to ascertain the potential use of sport for HIV/AIDS education in Canada.

How can Sport Play a Role?

Sport for development, also known as development through sport or sport for development and peace, is a relatively new movement that uses the convening power of sport to address social, health, and development issues (Swiss Agency for Development and Cooperation [SDC], 2005; Kent, 2005). This can be differentiated from sport development, which focuses on the development of sport structures and sport capacity, for example coaching (SDC, 2005). Sport for development focuses not only on the development of the sport, but also on the development of individuals, communities, and nations. Development is a problematic term, often considered to be a finite solution to the challenges of the world. Nevertheless, development is not a linear process, but is instead a process of change that involves many factors (Fletcher, 2003) and is the site of hotly contested debates on what development is, if it is necessary, and who benefits from the often uncritically accepted hegemonic goals of development (Parpart, 2004). For the purpose of this paper, we employ a definition of sport for development that draws on community-based capacity-building practices that are committed to privileging traditional knowledge (Ristock and Pennel, 1996; Smith, 1999); connect this definition to efforts on the international stage to use sport as a tool to achieve social, health, and development goals; and then, with care, extend it to the Canadian context.

In 2001, the former President of Switzerland, Adolf Ogi, was appointed as the Special Advisor to the United Nations (UN) Secretary General on Sport for Development and Peace. Ogi was mandated to engage the world of sport to promote the work and ideals of the UN, while building connections with other UN bodies such as the United Nations Development Program (UNDP) (UN, 2006). Ogi's work has been linked to attempts to achieve the Millennium Development Goals (MDGs) — eight global development goals that, if achieved, by 2015 will radically change the face of our world, as well

as to contribute to achieving the objectives of the UN Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (UN, 2006), which both highlight the potential of sport to achieve development goals.



Sara Nicholls: Dar es salaam, Tanzania, 2004

In 2002, the UN Secretary General commissioned an interagency task force to examine the use of sport for development and peace in a coordinated and systematic manner (UN, 2003). This taskforce was challenged to identify existing sport for development activities and thus encourage UN bodies to use sport as a tool to achieve the MDGs, recognizing that, to date, the majority of activities had been "ad hoc, informal and isolated" (UN, 2003: 1). The taskforce found that "well-designed sport-based initiatives are practical and cost-effective tools to achieve objectives in development and peace" (UN, 2003: v). In addition, this task force found that sport can play a role as "a vehicle to help mitigate the spread and impact of HIV/AIDS" (UN, 2003: 22).

On 3 November 2003, Resolution 58/5 of the General Assembly titled, "Sport as a means to promote education, health, development and peace," was passed in the UN and created the impetus to declare 2005 the International Year of Sport and Physical Education (IYSPE), thus recognizing the power of

sport to make active contributions to the MDGs. Goal number six calls for the halting and reversal of the spread of HIV/AIDS (UN, 2000). Quite often developed countries do not recognize the need to commit to addressing development goals within their own borders, and instead only focus on outward development of "Others." Sadly, indicators show that the MDGs' targets are not being met; nevertheless, this declaration creates a formal mechanism for sport to contribute to the MDGs (UN, 2003).

Building on Ogi's work, the Sport for Development and Peace International Working Group (SDP IWG) was created in 2004 with a four-year mandate to "engage and work with national governments on policy recommendations to support the integration of sport and physical activity into their national and international development strategies and programs" (SDP IWG, 2006: 1). At the 2006 Torino Paralympic Games, the SDP IWG presented "From Practice to Policy." This document recognizes that many development through sport activities have sprung from the grassroots, typically in the absence of a policy framework, which has severely impeded a coordinated approach to sport for development efforts. By examining a diverse cross-section of the countries that are involved in either funding or implementing sport for development initiatives, the SDP IWG has outlined challenges and successes that can be used to formulate the policy recommendations that will shape the final report to be tabled at the 2008 Summer Olympic Games in Beijing.

Canada became involved in sport for development after the meeting of the Commonwealth Committee on Development through Sport in 1991 (SDP IWG, 2006), during planning for the 1994 Commonwealth Games in Victoria, British Columbia. As a part of the legacy of the Games, the then Chair of the Commonwealth Heads of Government Meeting (CHOGM) Committee on Cooperation through Sport, the Honorable Roy McMurty, challenged Canada to take up sport as a tool for social development and to demonstrate leadership (SDP IWG, 2006: 120). From this challenge, Commonwealth Games Canada (CGC) created the International Development through Sport Unit, mandated to use sport for social development in the Caribbean and Africa. CGC's work is supported by Patrimoine canadien/Canadian Heritage (PCH) and the Agence canadienne de développement international/Canadian International Development Agency (CIDA). Interestingly, there is no formal definition of terms or policy related to development through sport used by PCH and CIDA; however, "the operating understanding is that 'sport for development' means the use of sport for individual and social development" (SDP IWG, 2006:120), while "sport" is "used in its broadest terms and in-

cludes everything from physical activity to high-performance competition" (SDP IWG, 2006: 120).

Canada has supported development through sport from its very conception at CHOGM and presently supports international policy development though contributions to the SDP IWG, while CGC and Right to Play, an athlete-driven international humanitarian organization, receive program support. As such, Canada is in a unique position to draw on policy and program experience to create a forum for domestic use of sport for development. In 2005, the Honourable Stephen Owen, Minister of Western Economic Diversification and Minister of State (Sport) convened an "experts" roundtable on international and domestic development through sport. This meeting served as an opportunity to begin discussing the possibility of Canadian strategy for sport for development and peace. Owen stated, "With what we have learned from this roundtable, we will be able to develop a strategy for Canada to advance this important movement, both domestically and internationally" (Owen, 2005: 1). Although the roundtable provided an interesting opportunity to initiate dialogue, post-roundtable action was been limited, as was Aboriginal participation, therefore highlighting challenges and concerns to sustainability, cultural relevance and appropriate collaborative process (Kent, 2005). Policy development has been a source of oppression and assimilation of Aboriginal peoples throughout Canadian history and, as a result, any progress in the use of sport as a tool for development at both the policy and program levels, must be led by Aboriginal peoples for Aboriginal peoples. In order to understand the ways in which sport for development may move forward, it is important to understand the policies and the contexts in which they were created and how they have contributed to an uneven distribution of resources that marginalize and oppress Aboriginal peoples in Canada, thus highlighting the need for sport for development initiatives in Aboriginal communities.

Theoretical Understanding: Colonialism in the Past, Present and Future

Collaboration in the use of sport for development between government policymakers and Aboriginal peoples necessitates an understanding of colonialism and its legacy, as well as a theoretical understanding of the ways in which power can be exercised. The term "colonialism" is laden with many interpretations (Abercrombie et al., 2000) but can generally be defined as,

"the policy or practice of acquiring political control over another [country], occupying it [with settlers] and exploiting it economically" (*Oxford English Dictionary*, 2006: 282), or more simply, "a system of domination" (Frankenberg and Mani, 1993: 293). Colonialism involves the interruption and destruction of culture by European imperialism (Smith, 1999). While colonialism implies a physical presence of the oppressor, imperialism implies a hegemonic dominance from afar. Unfortunately in Canada, both colonialism and imperialism abound. As a result, conducting research into the legacy of colonialism requires "a careful, thoughtful approach towards power relations" (Giles, 2004: 12), especially in developing discussions of Aboriginal health within the context of dominance and oppression that colour colonial legacies (Kelm, 1998). Such an examination allows for a deeper understanding of the social, political, economic, and historical forces that shape the spread of HIV/AIDS within a vicious cycle of colonial oppression (Bucharski et al., 2006; Farley et al., 2005).

Colonialism's legacy is omnipresent in Aboriginal communities, especially for Aboriginal women. On 28 June 1985, Parliament passed Bill C-31, an Act to Amend the Indian[4] Act, as an attempt to bring the antiquated British North America Act (BNA) of 1876 into line with the Canadian Charter of Rights and Freedoms, after being found in breach of the Covenant on Civil and Political Rights by the United Nations Human Rights Committee (Rebick, 2005; Department of Indian Affairs and Northern Development [DIAND], 1995). Prior to 1985, the Indian Act had remained relatively unchanged, apart from a few minor amendments, existing as a compilation of all existing policies that affected Aboriginal Canadians; it also outlined the Government of Canada's responsibilities to Aboriginal people (DIAND, 1995). The BNA set the stage for social domination, political oppression, and economic marginalization. This is *the* document that defined the identity of who was — and still is, for that matter — a "status" Indian and who was (is) not. Women were greatly affected by the regulations of the Indian Act, as their status and that of their children could be removed along with all the rights and privileges guaranteed under the Indian Act if they were to marry outside of their Band (Mann, 2005). Bill C-31 attempted to change the federal registration system so that status was not based on sexually discriminatory rules which had traditionally marginalized women through marriage, divorce, and child bearing

4 The term "Indian" is used in the legal and historical sense in order to accurately reflect terminology used in the BNA and Bill C-31. We recognize that "Indian" is the colonizer's term for the colonized.

(DIAND, 1995), and thus attempted to reverse the matriarchal assimilation and patriarchal privilege of the Indian Act that some have called a genocide (Rebick, 2005). Although a positive step, Bill C-31 still excludes some women. Indeed, communities and families became "divided as Aboriginal and non-Aboriginal along gender lines" (Fiske, 2006: 256) as status was withdrawn or afforded along the Bill C-31's new guidelines. These changes added fuel to endemic poverty and marginalization, as many women lost financial and societal support when they were unable to meet new standards for status identification (Fiske, 2006).

Mohanty (1988: 61) notes, "colonization has been used to characterize everything from the most evident economic and political hierarchies to the production of a particular cultural discourse about what is called the 'Third World'." This definition of colonization implies structural domination, meaning a system of control and discursive oppression whereby the dominant discourse privileges white, patriarchal knowledge and deems inferior the knowledge stemming from the non-white and matriarchal (Mohanty, 1988; Cassidy et al., 2001; Chakrabarty, 2000). Certainly, local knowledge, especially that stemming from women, is a casualty of the colonization process, as it is not considered a valuable contribution to the colonial project (Cassidy et al., 2001). By forcing assimilation and ignoring the contribution of local culture and knowledge, the "dominant group seeks to impose its values, morality, norms and standards upon the minority" (Cassidy et al., 2001: 77), therefore disrupting and causing great harm to local cultural and community practices, including those pertaining to sport. Many scholars have turned to postcolonial theory to understand these disruptions.

Postcolonial Considerations

Generally speaking, postcolonialism is a theoretical construct used to understand society after independence from colonial domination. Postcolonial theory is valuable in that it allows for a point of reflection about the power and dominance embedded in colonial legacies through which those who have been "colonized" can challenge the "colonizer." A term that defies singular, coherent definition (Castle, 2001; Parry, 1995; Slemon, 2001), postcolonial theory signifies critical analysis directed toward colonial values (Castle, 2001) that privilege the dominant and render invisible the dominated (Slemon, 2001). The strength of postcolonial theory is that it allows for the examination of power and knowledge. In response to colonization and its ensuing discourses, postcolonial theory allows for subjugated knowledge to chal-

lenge the hegemonic practices of domination (Giles, 2005), as the "colonized" challenge meta-narratives and traditional discourses of their inferiority. Subjugated knowledge is explained by Foucault (1980: 13) as, "[A] whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity." By eliminating the opportunity for contributions of local knowledge into research and health programs, local knowledge is subjugated, thus making a major contribution to the main construct of the colonial project: assimilation (Cassidy et al., 2001). When employed in a meaningful fashion, postcolonial theory can "disrupt colonialist mainstream discourses through the surfacing of subjugated knowledges" (Giles, 2004: 13), thereby contributing to the creation of mechanisms for social change.

Though it offers important ways through which one can understand colonialism's impact, postcolonial theory is not beyond critique. An important critique of postcolonialism is that the terminology of "post" signifies that colonialism has somehow ended, when it remains all too clear that damaging remnants of colonial rule continue to persist long after independence (Mishra and Hodge, 2005; Kelm 1998). Frankenberg and Mani (1993: 294) clarify that the "post" "do[es] not signify an 'after' but rather marks spaces of ongoing contestation enabled by decolonization struggles." It is therefore useful to use the prefix "post" to mark the attempt to right the wrongs of the colonial past and to engage in strategies that acknowledge the legacy and in turn learn from it (Frankenberg and Mani, 1993). In utilizing postcolonial theory, attention must be paid to the individual experience of domination; "the colonized" should not be homogenized into one group of "the oppressed" with no attention paid to unique challenges, forms of resistance, and culture. Meta-narratives of oppression must be challenged to ensure that the individual lived experience is not lost in an attempt to bring attention to the issue, which in turn may reproduce the dominant, hegemonic assimilative practices, including sport, it seeks to address.

Understanding Discourse and Power

Colonization necessitates uneven exercises of power, and thus postcolonial theory draws heavily on interrogations of power relations. Michel Foucault was a renowned French sociologist who devoted much attention to the notion of discourse, a notion that can be particularly productive in understanding colonialism and postcolonial theory. Discourse and the ways

in which discourse transmits power (Rail, 2002) are central to Foucauldian theory. Discourse can be defined as a system of ideas or knowledge linked to specific text which is used to identify and legitimize the privileging of power of one person over another (Fairclough, 2003) or, more simply, "a body of language use that is unified by common assumptions" (Abercrombie et al., 2000: 99). It is within discourse that meanings are developed and power relations can be reinforced or challenged, including, for example, those generated through colonialism. Thus, discourses concerning the apparent necessity of sport for development through which the global South is the recipient of the global North's sporting practices privileges a particular understanding of "legitimate" sport and reflects relations of power whereby the North is able to dominate ideologies of sport. Such colonial practices, however, can be challenged when local knowledge is privileged and recognized as legitimate.

Challenging dominant discourses necessitates an examination of power to observe how "mechanisms of power have been — and continue to be — invested, colonised, utilized" (Foucault, 1975: 99). Foucault's (1975) use of the term colonized illustrates the role that power plays in the dominating group's (the colonizers') exercise of power and maintenance of its privileged position over the colonized. Nevertheless, it should be noted that resistance is a form of power and that marginalized discourses have the opportunity to resist dominant discourses and subsequently force change (Pringle, 2005). Resistance is the mechanism whereby those who experience oppression, such as class, race, gender, age, and sexual preference, can challenge the multiple axes of power. Foucault, however, recognized that the ability of some to truly resist domination can be limited, and that not all individuals have equal opportunity to challenge dominant discourses, a premise often experienced by Aboriginal peoples due to oppressive legislation and assimilative hegemonic colonizing practices that pervade Canadian history. Certainly, resistance can be located in sporting practices and, thus, can be connected to sport for development that focuses on health.

Colonially Rooted Health Crisis

The Indian Act and Bill C-31 are two pieces of legislation that are firmly rooted in colonial discourses and continue to have an impact on Aboriginal women's health. Aboriginal women's lived experiences, by the nature of their proximity to poverty, create an environment that fosters vulnerability to HIV/AIDS (Mill, 1997; Maticka-Tyndale, 2001; Barlow; 2006; Bucharski et al., 2006; Gustafsen, 2005; Waldram et al., 2006). This historical legacy contin-

ues to have a tremendous impact on social, economic and health wellness. These two pieces of legislation illustrate colonialism's impact on health service provision that has compromised the health status of Aboriginal people (Reimer, 2005) and contributed to the prevalence of HIV/AIDS in Aboriginal communities.

Given the Canadian Medical Association's statement that "Aboriginal peoples are the most marginalized group in Canadian society" (Kelm, 1998: xv), it is perhaps not surprising that Aboriginal peoples are overrepresented in the HIV epidemic in Canada, with the most significant impact being felt by the most marginalized of all: Aboriginal women (Mill, 1997; Gustafsen, 2005; Waldram et al., 2006; Public Health Agency of Canada [PHAC], 2006; Canadian Public Health Association [CPHA], 2005; Canadian Aboriginal AIDS Network [CAAN], 2006). Conditions of poverty, oppression, marginalization, and stigma are breeding grounds for the spread of HIV/AIDS (UNAIDS, 2006). Aboriginal peoples are infected younger, diagnosed later, and die sooner than non-Aboriginal peoples in Canada (Talaga, 2000; CAAN, 2006; Canadian Women's Foundation, 2005). The Canadian Women's Foundation (CWF) (2005: 26) found in its comprehensive scan of health research as applied to Canadian women and girls that, "Aboriginal youth are becoming sexually active as young as age 11, and that by age 16, 62% of those interviewed were sexually active, with more than half reporting little or no use of contraceptives." The invisibility of Aboriginal peoples, noting women and youth in particular, adds fodder to Frideres' (1994: 279) hypothesis that, "AIDS will be the leading cause of death for Aboriginal people in the near future."

Statistics show that although representing only 3.3% of the Canadian population, Aboriginal peoples comprise 5–8% of current infections and 6–12% of new HIV infections (PHAC, 2006), representing 400 new Aboriginal infections per year (CAAN, 2006). Among the Aboriginal population, 45.1% of positive HIV tests are female, while within the non-Aboriginal population this figure is 19.5% (Health Canada, 2004a). Further highlighting the disparity between Aboriginal and non-Aboriginal populations in Canada, HIV infections happen at a younger age in Aboriginal compared to non-Aboriginal peoples (CAAN, 2006): 28.6% of Aboriginal peoples infected are under the age of 30, while 17.6% of non-Aboriginal infections occur in under 30 years of age. These figures are even more startling when one recognizes that almost two-thirds of the Canadian Aboriginal population is under age 30 (CAAN, 2006)



Anne Kristine Soldvedt: Kicking AIDS Out Network. Lusaka, Zambia, 2006

Although statistics are important in understanding the nature of any disease, there are many weaknesses in the official statistics for HIV/AIDS in Canada. Delays in reporting, stigma around testing, classification of ethnic status, and the biomedical methodology of collecting such sensitive data are all detrimental to the compilation of HIV/AIDS statistics (Bucharski et al., 2006). For example, the provinces of Ontario and Quebec do not collect information on the ethnicity of people diagnosed with HIV; it is thus difficult to produce an accurate figure of HIV infections in Aboriginal peoples (PHAC, 2004). Some might say that by not demanding this information, the government again fails Aboriginal communities by masking the problem of HIV/AIDS. Further contributing to ambiguity, the figures reported by the provinces and territories only reflect the cases that are reported to public health officials; it is unknown how many cases go unreported and undiagnosed each year (PHAC, 2004). Over 50% of Aboriginal people live in urban centres (Salée, 2006), leaving the health status of a large portion of the Aboriginal population unknown. Inconsistencies in data are further exacerbated by layers of challenges faced by Aboriginal peoples, as factors such as homelessness, poverty, and distrust of research, erect powerful barriers to gathering accurate statistics (Smith, 1999). It is thus necessary to be cognizant of these barriers and their roots in the past and present colonization of Aboriginal peoples throughout Canadian history. Keeping these barriers in mind, it is

necessary to look for creative avenues to learn and share knowledge on how to reach those who do not feel connected to traditional, dominant public health methods. Sport offers such an opportunity as part of a holistic health intervention.

While sport for development can be used in health initiatives, it is important to note that sport, as mentioned above, has been part of colonial processes. Understanding the ways in which sport has been used as a form of assimilation and domination is necessary in order to create sport for development models that challenge, rather than re-inscribe, colonial legacies, including the HIV/AIDS crisis.

Sport's Colonial Intentions

In the past, sport has been used as part of broader colonizing strategies to assimilate young Aboriginal peoples into "dominant Euro-Canadian culture" (Robidoux, 2006: 267). Sport has been used for over 200 years as a means for imperial domination of Aboriginal peoples by the Euro-Canadian colonizing project (Forsyth and Wamsley, 2006; Giles, 2004; Paraschak, 1997). Euro-Canadian understandings of "civilized" behaviour were enforced through legislation laden with assimilatory intentions that outlawed participation in traditional physical cultural practices and dances with the intention of erasing the cultural history of Aboriginal people. The void was to be filled with more "civilized activities," and ultimately "recast the Indian in the image of the white man" (Forsyth and Wamsley, 2006). A relatively recent example of the federal government's attempt to use sport as a means of assimilation includes the Native Sport and Recreation Program, which was in existence from 1972 to 1981. Paraschak (1997) argues that this program attempted to oppress the expression of traditional sporting practices by connecting federal physical activity funding to participating in mainstream Euro-Canadian sport.

The initial colonial intention of "civilizing" Aboriginal peoples through sport served as a platform for resistance and cultural preservation (Forsyth and Wamsley 2006), thereby situating sport in Canada as a contested site. The mainstream focus of the Native Sport and Recreation Program was challenged by Aboriginal sporting groups that refused to concede traditional activities excluded from the program (Paraschak, 1997). The program was ultimately discontinued after Aboriginal leadership refused the federal government's call to "assimilation through sport" (Paraschak, 1997: 6). The creation of Aboriginal sporting bodies, such as the Aboriginal Sport Circle, and sport/cultural events, such as the North American Indigenous games (NAIG) and

the Arctic Winter Games, demonstrate resistance to dominant hegemonic sport and enable Aboriginal peoples to demonstrate that cultural assimilation will not succeed (Forsyth and Wamsley, 2006; Giles, 2005; King, 2006; Paraschak, 1997). By recognizing sport as an arena of resistance to hegemonic colonial ideology that has sought to erase Aboriginal culture, Aboriginally defined and implemented sport for development in Canada serves as an opportunity to reclaim culture and harness the power of sport to effect positive change.

While national sport programs and national and international competitions inculcated ideas of the superiority of Euro-Canadian ways of life, Euro-Canadian sports, such as basketball and hockey, were also prominent in residential schools. Sport played a significant role in the assimilation agendas of governments, which have been said to have "ruptured the fabric of native cultural life" (Forsyth and Wamsley, 2006: 295). Residential schools not only destroyed families and communities, but created a legacy of poverty, abuse, negative coping mechanisms, and loss of identity and culture, all of which have combined to create the ideal conditions for the proliferation of diseases such as HIV/AIDS (Barlow, 2003; Haslip, 2001).

The havoc created by the residential school system, at least part of which was facilitated through sport, has created a cycle where "wounded children grow up to be wounded adults" (Barlow, 2003: 4). Through extensive literature review, Barlow (2003) has attempted to link the residential school legacy with the rising HIV infection rate in Aboriginal communities. Although a clear link is lacking, the impact of the physical, sexual, and emotional abuse that occurred in residential schools has created barriers between residential school survivors and their families and communities, further creating conditions for isolation and negative coping mechanisms, which are ideal for spread of the HIV virus (Barlow, 2003). Every day at least one Aboriginal person becomes infected with HIV (Health Canada, 2004b), which underlines the historically rooted health crisis of HIV/AIDS, and the necessity to use all the tools at our disposal to address these issues. It is thus all the more important to acknowledge and respond to the initial colonial intentions of sport for Aboriginal peoples in order to shape a conscientious understanding of the possibility of the use of sport with Aboriginal peoples and HIV/AIDS education in Canada. Despite the use of sport as a means of assimilation, communities are beginning to call for alternatives such as sport to make positive contributions to addressing the negative outcomes of colonial legacies and hegemonic government policies (Haslip, 2001).

Aboriginal Sport Policy: Creating the Framework for Sport for Development

The Aboriginal Sport Circle (ASC) provides a national voice for Aboriginal sport and recreation in Canada. A collective of Aboriginal Sport Bodies representing all 13 provinces and territories, the ASC is dedicated to advancing Aboriginal sport and recreation at all levels (ASC, 2006). In a speech to the Standing Committee on Health, the ASC acknowledges the use of sport for social development and social inclusion:

> We refer to sport and recreation as "powerful medicine." This powerful medicine is a means of healing which helps provide our communities with strength and pride. But it is also preventative medicine which is based on our traditions of balance and integration of the spiritual, emotional, mental and physical aspects of our beings. (Jacobs, 2006, online)

Jacobs acknowledges the Maskwachees Declaration of 2000, which supports; "[s]ustainable commitment and investment in active living. Physical activity, physical education, recreation and sport are essential to promote health and address social issues facing Aboriginal/Indigenous Peoples in communities across Canada" (Canadian Heritage, 2006: 11). Further, Jacobs (2006) builds a strong case for sport not only to combat obesity, but also to promote a broader agenda for sport to shape Aboriginal communities' health and social agendas.

In May 2005, Sport Canada's Policy on Aboriginal People's Participation in Sport was released. Although not perfect, this policy creates a framework to address the barriers Aboriginal peoples face in the area of sport. This policy builds on the 2002 provincial and territorial bodies' endorsement of the Canadian Sport Policy (CSP), a policy that acknowledges that Aboriginal peoples face barriers to participation in sport and physical activity. The CSP was born out of the Physical Activity and Sport Act (also known as Bill C-54) of 2002 whereby the importance of sport as a tool for social development, both internationally and domestically, was outlined as a steadfast commitment by the federal government. Sport Canada's Policy on Aboriginal People's Participation in Sport (Canadian Heritage, 2005: 2) states, "sport has long been recognized by Aboriginal peoples across Canada as a means to combat

some of the negative factors affecting Aboriginal communities, in particular those affecting their youth."

Recognizing the importance of a holistic approach to sport balancing the physical, mental, emotion, cultural, and spiritual aspects of life, the Policy on Aboriginal People's Participation in Sport (Canadian Heritage, 2005: 3) recognizes that "the traditional Aboriginal perspective does not distinguish between sport, recreation and physical activity; all of these activities are intertwined and integral to personal and community well-being." Aboriginal sport leaders from across Canada have also identified youth sport and recreation "as one of the primary means for community wellness: as preventative medicine for the social dilemmas that Aboriginal youth face" (Canadian Heritage, 2005: 4). Outlining in the guiding principle that "sport [can act] as a vehicle for social change" (Canadian Heritage, 2005: 5), Sport Canada's Policy on Aboriginal People's Participation in Sport sets the stage for the traditional knowledge and cultural teachings of play, games, and sport to be effectively utilized in Aboriginal communities to drive health-related change, while concomitantly recognizing women's, girls', and youths' unique needs. The formal policy section in section 3.1 e) states that, "Increasing the participation of Aboriginal youth in all forms of sport will help them address social and economic challenges and provide constructive and optimistic prospects for their development" (Canadian Heritage, 2005: 7). We thus contend that the policy framework has presented itself and that the time is ripe to work with AIDS service organizations, Aboriginal sport bodies, youth, and women to move beyond lip service and devise a plan to actualize these statements of support and to further resist colonial discourses by creating tangible mechanisms for the power of sport to be fully utilized in combating the spread of HIV/AIDS.

Though it has been found that sport can make a positive contribution to HIV/AIDS interventions, as of yet sport has burgeoning policy level or community level support. Although positive, this support has not allowed sport to be utilized to its full potential. With thoughtful collaboration and a commitment to long-term sustainable programming from the grassroots — which will entail the acknowledgement and use of subjugated knowledge from Aboriginal communities — to the government level, there is an opportunity to create a mutually beneficial environment that addresses community public health needs and assists AIDS service organizations to reach those who are most adversely affected: women and youth. In order to move towards action on the use of sport for HIV/AIDS education in Canada, preliminary

evidence generated internationally must be understood and shared among interested stakeholders to foster a unique vision that has learned from the international community's challenges. Where the most potential lies in formulating this vision is in postcolonial analysis of how sport can be used to reshape, re-claim, and re-envision the potential of sport to address the colonial legacy which has wreaked havoc in Aboriginal communities.

Preliminary Evidence

Sport has been claimed to "serve as an effective tool for social mobilization, supporting health activities such as HIV/AIDS education and to be of vital importance to the development of young people" (UN, 2003: v), but supporting academic evidence is not readily accessible. Understanding the need to capture the work of local NGOs and to build on the existing scant evidence, UK Sport and the United Kingdom's Department of International Development released a consultation paper examining the role of sport to create a platform for HIV/AIDS education (Hobman, 2005). This document provides information on the value of sport in influencing society as well as case studies on the use of sport in Africa to address the spread of HIV/AIDS. The anecdotal evidence presented through case studies argues for the use of sport for development and lays the foundation for research on the intersection between sport, development and HIV/AIDS education (Hobman, 2005).

It has been widely accepted that the most effective development through sport programming comes from the grassroots level (International Working Group on Women and Sport, 2006; SDP IWG., 2006: UN, 2003), and UK Sport's initiative has sparked discussion on how to capture field practitioners' stories to promote knowledge exchange. Certainly, the bulk of printed text concerning what occurs in sport for development programs comes from donor-driven evaluations or funding reports produced for donor agencies, be they CIDA or the Norwegian Development Agency (Norad), as all development assistance programs require reporting on outcomes, outputs, challenges, and best practices; this information, however, is typically not for public viewing. That this information is inaccessible to the academic community and is accessible by only a few gatekeepers has continued to isolate the field of sport for development from academia, as academics are typically unwilling to take anecdotal evidence seriously.

The lack of research is continually highlighted as a barrier to furthering the objectives of sport for development and the UN Office on Sport Development and Peace (UNOSDP) is committed to reducing this barrier. Though Adolf

Ogi would be the first to share his perspective that sport is "the best school of life" (Ogi, 2006: 2), for many this rhetoric is not enough to inspire confidence that sport for development is an effective means of addressing issues pertaining to human health. Few grassroots programmers have access to the language or the opportunity to publish in academic journals; this does not mean that their practical understanding of how sport development works is any less valid. More researchers are needed who can bridge the existing gap between academics, policymakers, and grassroots practitioners. Bridging this gap will allow for field practitioners' subjugated knowledge to be included in research. This, in turn, will enhance the likelihood that the voices of women and youth who facilitate and participate in the use of sport for development will be included in developing programs that resist discourses that privilege Northern (in the African context) and non-Aboriginal (in the Canadian context) expertise. As a result, a strong evidence base will be developed, thereby increasing opportunities for knowledge sharing.



Sara Nicholls: Dar es salaam, Tanzania, 2004

In discussions of research, it needs to be acknowledged that "research is inextricably linked to European imperialism and colonialism. The word itself; 'research,' is probably one of the dirtiest words in the indigenous world's vo-

cabulary" (Smith, 1999: 1). The silence and distrust that this term conjures up in many Aboriginal communities illustrates that "the pursuit of knowledge is deeply embedded in the multiple layers of imperial and colonial practices" (Smith, 1999: 2). The field of sport for development is relatively new in Canada, and thus affords an opportunity for interested stakeholders to progress in a sensitive and collaborative manner that privileges Aboriginal peoples' contributions, and is mindful of the colonial legacy that continues to plague Aboriginal peoples. With thoughtful intention, the progression of sport for development in Canada holds the opportunity to build programs, connections, and a research agenda that is not hated but a collective, collaborative goal, which is principally driven by Aboriginal leadership.

What follows are examples of how holistic strategies have been employed in other countries facing HIV infection crises. These examples are shared with the intention of triggering the imagination as to the potential of what sport for development could look like in Canada. It is necessary to remain cognizant of the differences between Africans and Aboriginal Canadians, as homogenization within and between these populations occurs frequently in colonial ideology, placing the "dominated" within a monolithic "inferior" grouping. Nevertheless, this process creates the opportunity to simultaneously utilize and challenge postcolonial visions to address dominant development discourses.

Examples of Sport for Development

Although sport does not provide an all encompassing solution to stemming the tide of HIV/AIDS, it can play an innovative and creative role in reaching out to populations who may not feel connected to the traditional sexual education model of HIV/AIDS prevention. Sport in combination with HIV/AIDS education has begun to demonstrate positive results, particularly with young women in Africa. For example, the Mathare Youth Sport Association (MYSA) based in Nairobi, Kenya has been training coaches and leaders to share HIV/AIDS education in sport event forums (Koss and Alexandrova, 2005; Brady, 2005), while building an often replicated community engagement through sport model. In 1992, MYSA developed a girls' program that focuses specifically on addressing the vulnerabilities that young Kenyan women face with regards to poverty, illiteracy, and HIV/AIDS (MYSA, 2006). Now, 3,500 girls play on 250 teams in 40 MYSA girls' leagues with access to coaches trained in HIV/AIDS peer education (MYSA, 2006). The significance of this number is even more powerful when you realize that 80% of

the families living in Mathare are headed by single mothers who have little to no education (MYSA, 2006), thus making a massive contribution to breaking the poverty-driven cycle of HIV/AIDS. HIV/AIDS can be described as "both a cause and a consequence of poverty, creating a complex cycle that demands multi-sectoral emergency and long-term strategies" (Interagency Coalition on AIDS and Development (ICAD), 2006:1). Examination of what connotes a successful sport for HIV/AIDS education program shows that "a comprehensive approach to HIV prevention, one that uses various methods from which people can chose, works best" (Koss and Alexandrova, 2005: 53). By embracing a culturally sensitive educational format (Majumdar and Roberts, 1998) through the use of sport, MYSA is making not only a lasting community contribution, but is heralding the attention of grassroots organizations, national governments, and the United Nations (UN) to better understand the convening power of sport to foster social change. It is with the attention of the United Nations that the spotlight has turned toward sport to make lasting contributions to achieving global development goals.

Clarke et al. (2006) recently released an evaluation of Grassroots Soccer (GRS), an American-based NGO that works within school structures in Bulawayo, Zimbabwe. The intent of this study was to evaluate the impact of GRS health education through sport curriculum as delivered by professional Zimbabwean soccer players to students in four schools. Students from comparable schools were used as controls in this quasi-experimental design (Clarke et al., 2006). Results from this study showed significantly higher understanding among soccer participants of the stigma around HIV/AIDS, as well as an increased understanding of methods of protection (Clarke et al., 2006). Students increased their understanding of the effectiveness of condoms from 53% to 78% in pre- and post-test scores (Clarke et al., 2006: 4). Interestingly, after five months the control group scored similarly to the intervention group due to peer-to-peer interaction, causing a diffusing of information and unexpected positive effect (Clarke et al., 2006). By using Zimbabwean nationals as the main mechanism for program delivery, Clarke et al. (2006) also demonstrate a postcolonial sensitivity that values the importance of learning being facilitated in the local language and by Zimbabweans for Zimbabweans.

In Egypt, the Population Council has been leading a study since 2005 to illustrate how sport can be used creatively for sexual health education in a development context. In partnership with the International Table Tennis Federation (ITTF), the Population Council has supported the development of Ishraq, a community-based program which challenges traditional concepts of

gender-appropriate behaviors (Brady, 2005). In an experimental intervention in rural Upper Egypt, girls aged 13–15 are afforded a safe space by NGO and government partners to meet in a protected space to participate in sport and education (Brady, 2005). Ishraq focuses on the development of new leadership skills and freedom of expression and movement, essential ingredients for an empowering environment (Sever, 2005). Preliminary results from the Ishraq pilot show that 95% of female participants state that boys are wrong to believe that girls cannot participate in sport, and 88% believe that sport has changed them in a positive way, contributing to feeling healthier, developing social confidence, increasing self-esteem, and making new friends (Hobman, 2005).



Anne Kristine Soldvedt: Kicking AIDS Out Network. Lusaka, Zambia, 2006

Moving from the global to a North American context, Miller et al. (1998; 1999) and Sabo et al. (1999), at the State University of New York, have hypothesized the links between sport participation and risk of pregnancy, tying the two together with the argument that self-esteem developed through sport allows for stronger negotiation with partners concerning condom use and subsequent informed sexual decision making for American high school students. According to findings, females who participated in athletic activity were less likely than their non-athletic peers to engage in risky sexual behaviour or to report a pregnancy (Miller et al., 1998; 1999; Sabo et al., 1999).

Sabo et al. (1999) found that female athletic participation was directly proportional to reduced pregnancy risk. Miller et al. (1999) found that girls who participate in sport have a later age of first sexual intercourse, higher rate of contraceptive use, and fewer sexual partners. The rationale for this change is that in sport, young women are able to access the education and life skills development that is not available to them in mainstream society that privileges male access and opportunity (Saavedra, 2005). While these North American studies were not conducted with Aboriginal youth, the findings may offer important insight that may be useful in designing and evaluating programs for Aboriginal youth in Canada.

The work of Grassroots Soccer, the Population Council, and the researchers at State University of New York highlight encouraging research that illustrates the power of sport to affect change and create a forum for heath education. There are many other examples of innovative and effective uses of sport for development, such as the Leaders in Training (LIT) program in Swaziland; Physically Active Youth (PAY) in Namibia; and Sport Coaches OutReach (SCORE) in South Africa, Zambia, and Namibia, but their information and results cannot be found in academic journals. For example, Kicking AIDS Out is an international network of organizations that work with peer leaders from the Caribbean, Africa, and Asia to develop locally relevant HIV/AIDS education interventions using the convening power of sport (Mwaanga, 2001; Jakobsen, 2004). An African initiative, Kicking AIDS Out is widely successful in practice, but apart from conference proceedings, a website, and a few documents, Kicking AIDS Out is absent from academic literature on sport for development. Although the results of Grassroots Soccer and the research from the State University of New York are encouraging, the fact that these are the only organizations that have partnered with academics highlights further disconnects between the amount of work being done in this area and the academic activity that has resulted from it. Indeed, there are literally hundreds of organizations that are using sport for development as found on the Swiss Platform for Sport for Development and Peace (www.sportanddev.org), which is a database of sport for development initiatives that exists to raise the profile of the movement. However, few if any of these projects have the ability to access privileged academic discourses on the use of sport for development, rendering their contribution, in the eyes of the academic world, anecdotal and invalid.

Strategies for Change

Through a better understanding of the historical and theoretical contexts which contribute to the spread of HIV/AIDS in Canada, it is clear that Aboriginal women and youth are dealing with circumstances that are creating enhanced vulnerability to HIV/AIDS infection. As stated by the Blueprint for Action on Women and Girls and HIV/AIDS (Canadian AIDS Society, 2006: 1), "historical events and colonization have led to deplorable racism and to the violation of human rights of Aboriginal peoples [in Canada (First Nations, Métis and Inuit) and] across the world. This has had a severe impact on susceptibility to HIV, particularly for women and girls." The Blueprint (2006: 3) demands that there be acknowledgement of the "direct causal relationship between colonization, stigma and discrimination and Aboriginal women and girl's susceptibility to HIV/AIDS."

The Blueprint is one of many strategies created to call attention to the unique needs and the diverse faces of HIV/ADS in Canada. Such strategies are aimed at addressing the needs of the most vulnerable. Examples of such strategies are the Aboriginal Strategy on HIV/AIDS in Canada (ASHAC), the Young Eagles' Challenge created by the Assembly of First Nations, and Leading Together: the Federal Strategy on HIV/AIDS. Action plans have been developed by the Métis National Council, the Canadian Inuit HIV/AIDS Network (Stratton et al., 2006), and the Canadian HIV/AIDS Legal Network. The Canadian Aboriginal AIDS Society has also developed a community mobilization tool kit which outlines how people can share prevention and coping information at the community level (Stratton et al., 2006). This list is not exhaustive as many provincial/territorial and municipal strategies have been created recently.

The Aboriginal Strategy on HIV/AIDS in Canada (ASHAC) was developed by the Canadian Aboriginal AIDS Network (CAAN) in 2005 in an effort to coordinate provincial, territorial, and municipal HIV/AIDS strategies to create a cohesive approach at the federal level. This strategy creates a common ground through which Aboriginal people can develop tools to challenge the disease in ways that work best in Aboriginal communities (CAAN, 2005). ASHAC recognizes that women have specific needs and that programming needs to address shortfalls in the care and support of Aboriginal women both affected and infected by the disease (ASHAC, CAAN, 2005).

Leading Together (CPHA, 2005) is Canada's collective response to HIV/AIDS. Although this comprehensive strategy was developed through

widespread consultation, it is missing clear links through which provincial, territorial, and non-governmental organizations can coordinate their efforts. The consistent theme through all of these strategies is the need for culturally appropriate, community-based programming that is driven by Aboriginal peoples, recognizing the need to focus on women and youth. Aboriginal leadership has recognized that Aboriginal youth are faced with tremendous challenges and that "sport and recreation activities would be a positive contribution to individual and community development" (Forsyth and Wamsley, 2006: 303). The strategies above call for innovative approaches in the fight against HIV/AIDS, but have yet to draw on sport, even though sport and physical activity are valued by Aboriginal communities (Iwasaki et al., 2006; Forsyth and Wamsley, 2006).

We suggest that four practical steps could begin to make connections between health needs and sport policy commitments. These recommendations are as follows:

a) revisit the outcomes of the domestic "expert" roundtable and collaborate with Aboriginal leadership who were absent from this discussion to develop a consultative process that would lay a stronger foundation to understand if sport for development is of any use to Aboriginal communities;

b) commit to a community of practice that privileges the contributions and existing strategies of Aboriginal community leadership, Aboriginal AIDS service organizations, and Aboriginal sport in any and all program and policy discussions that focus on the use of sport for development in Canada

c) build on the international connections of Canadian NGOs to learn from field practitioners, instead of relying solely on dominant sport for development discourse produced at the United Nations and Northern donor level;

d) call on the federal government to realize policy objectives and ensure that sport is incorporated as part of a holistic health, social and community development strategy to address in part the colonial legacy that is fuelling the spread of HIV/AIDS in Canada.

These suggestions for process are based on postcolonial constructs that encourage resistance to dominant hegemonic practices. Any actual implementation must be created and facilitated by those for whom the programs are intended.

Conclusions

As mentioned at the outset of this discussion, on World AIDS Day 2006, former Secretary General of the United Nations Kofi Annan stated "[AIDS] has become the greatest challenge of our generation." In reflecting on the opportunity to build on the international use of sport for HIV/AIDS education, it becomes clear that if Canadians do not use all available tools to address this silent killer, our generation will be judged harshly for its apathy and neglect. Each life is valuable and the sport community has a contribution to make in reaching out to women and young people. As emphasized by Gro Brundtland, former Director General of the World Health Organization (WHO), "sports are the most popular activity among youth and have a unique chance to educate and influence the future generation of people" (Jakobsen, 2004: 7).

Further research is needed to facilitate dialogue between Aboriginal AIDS service and sport organizations, Canadian international development through sport organizations, African development organizations, Canadian policymakers, and the United Nations system to embrace the Aboriginal leadership's endorsement of "sport as a vehicle for social development" (Forsyth and Wamsley, 2006: 300). Herb George, Vice-Chief of the Assembly of First Nations, readily acknowledges that the government cannot be relied on to fight HIV/AIDS at the community level (Canadian Press News Wire, 2001). In calling for Aboriginal leadership to be proactive in the fighting the spread of the disease, George (Canadian Press News Wire, 2001) recognizes that, "We have to care for ourselves, nobody else is going to do it." George's words foreshadowed Prime Minister Harper's absence at the 2006 Toronto AIDS Conference and hold an important message: If any change is going to occur, it cannot be prescribed from the outside. It is unwise to merely transpose an African initiative into an Aboriginal community, or to create a program strategy within the confines of the federal government. What can be started, however, is the initiation of dialogue between interested parties that privileges local traditional knowledge and is cognizant of the colonial legacy that is perpetuating the cycle of HIV infection in Aboriginal communities. Within this dialogue the extent to which sport can play a role in Aboriginal communities — both on- and off-reserve — to effect positive change in the HIV/AIDS epidemic can be critically and openly examined. The tools to fight the spread of HIV/AIDS come in various shapes in forms and although sport is underutilized, the time has come to access the power of sport to fight HIV/AIDS in Canada.

Sport can play a role in improving the lives of not only individuals, I might add, but whole communities. I am convinced that the time is right to build on that understanding, to encourage Governments, development agencies and communities to think how sport can be included more systematically in the plans to help children, particularly those living in the midst of poverty, disease and conflict.
— Kofi Annan, UN Secretary General

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