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# SPORT FOR ADDRESSING HIV/AIDS: EXPLAINING OUR CONVICTIONS

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The last decade has witnessed a global (re)awakening to the role that sport<sup>1</sup> plays as an intervention for community and international development with over 260 Sport for Development and Peace (SDP) initiatives listed on the Sport and Development platform website ([www.sportanddev.org](http://www.sportanddev.org)) at the beginning of 2010. The SDP movement of the last decade constitutes a progressive social movement of revolutionary proportions when it perceived that, as part of the African Renaissance, African people are leading the way in overcoming the challenges confronting them as a continent. As such the SDP movement is also a celebration of the African renaissance and the unsung African SDP heroes including Clement Chileshe (Sport in Action, Zambia)<sup>2</sup>, Cyprian Maro (Emima, Tanzania)<sup>3</sup>, Edgar Musonda (Break through Sport, Zambia)<sup>4</sup>, Saa Moses Lamin (Youth in Action, Sierra Leone)<sup>5</sup>, Yomi Kuku (Search and Groom, Nigeria)<sup>6</sup> and others who have, under very difficult circumstances, provided the much needed inspiration to people in dire need of it. In Zambia, the celebration has been extended to those who once accused us for being an anti-Government movement, or corrupt leaders who sought to abuse donor funds for personal enrichment. By and large, this movement has come far and achieved much. For example, our contribution in the last decade had led to the inclusion of SDP in the 5th National Development Plan and policy for 2008, the development of the first National Diploma in sport studies which emphasises SDP aspects, and the development of world-renowned SDP programmes such as the Kicking AIDS Out<sup>7</sup> (<http://www.kickingaidsout.net>).

Without doubt, the global impetus — particularly the passing of the UN resolution 58/5 of the General Assembly titled, “Sport as means to promote education, health, development and peace” in November 2003 — can be linked to spirited advocacy from the global south<sup>8</sup>. This UN resolution paved the way for the global recognition of the power of sport to make active contributions to the Millennium Development Goals (MDGs). Relevant to this examination is MDG number six which calls for the halting and reversal of the spread of HIV/AIDS (UN, 2000). Sub Saharan Africa (SSA) remains the most heavily HIV/AIDS affected region worldwide, accounting for over two thirds (67%) of all people living with HIV and nearly three quarters (72%) of AIDS-related deaths in 2008 (UNAIDS, 2009). Therefore, it comes as no surprise that the majority of SDP initiatives are linked to Sport and HIV/AIDS-related work. Accordingly, SSA is also home to the Kicking AIDS out (KAO) network secretariat which is the largest global Sport and HIV/AIDS network, whose focus is the systematic co-ordination of Sport and HIV/AIDS initiatives for its members from 15 countries. As can be evidenced from conference proceedings, websites and organisational documents, Sport for addressing HIV/AIDS work has made substantial progress in the last decade. Some notable achievements include training a large number of youth leaders and the development of comprehensive curricula that articulate how sport is used to deliver HIV/AIDS preventative education. Some organisational reports have also recorded the

positive impacts of their interventions. Despite all this progress, Sport for addressing HIV/AIDS in SSA remains under-funded, poorly planned and uncoordinated and largely unsustainable and isolated from the wider HIV/AIDS community. For example, since its inception in 2001, the KAO network has been represented only twice at the world AIDS conferences.

Sports for addressing HIV/AIDS initiatives have been implemented parallel to, and sometimes competing with, educational programmes within state schools of some SSA countries. For instance, Sports for addressing HIV/AIDS methodologies remain absent in many teacher training programmes in SSA countries. In addition, the evidence base for interventions remains scanty and theoretically weak. In this article, I argue that future progress will depend on the willingness to reflect more the concepts and rationale underpinning the plethora of programmes and also on strengthening the evidence base of the practice through collaborative research between SDP activists, academics and practitioners. There are clear signs that 'evangelical' SDP is slowly giving way to theory-driven SDP as the number of SDP programmes designed through collaborative effort between activists, academic and practitioners is on a steady increase. By theory-driven SDP, I mean initiatives that are meaningfully designed with clearly articulated relationships between various facets of the interventions that are supported by evidence and logically consistent rationales.

In this article, I'll unravel and critically examine selected theoretical underpinnings of sport for addressing HIV/AIDS interventions in SSA. These analyses align with the research agenda put forth by Delva and Temmerman (2006) who argue that the current evidence base regarding the sociocultural and political appropriateness of sport programmes for HIV/AIDS prevention is limited, particularly in SSA where the HIV/AIDS pandemic is most severe. Nonetheless, research supports the utility of sport-based programmes in HIV education and risk avoidance among youth in the global south (Delva and Temmerman, 2006). I provide this examination much as a Sub Saharan African who has been directly affected by the epidemic and as an SDP activist of the last decade — what Grant Jarvie (2006 p. 384) refers to as the 'public intellectual'. According to Jarvie (2006 p. 384) public intellectuals are "...those who speak the truth to power — or at least expose silences..." , but their work never ends with exposing the truth. It seeks to promote social justice and transformation where opportunity presents. For the past 15 years, I have been actively involved in a number of sport for addressing HIV/AIDS initiatives that I discuss in this article. During the past decade, I was the founding chairman of both the Kicking AIDS Out Network and the EduSport Foundation, an SDP organisation in Zambia. Finally, I also provide this analysis because of the deafening silence of alternative and non-western voices in the general SDP discourse. Even if only for the last reason, I feel justified enough to present this analysis.

## Theoretical understanding of Sport for Addressing HIV/AIDS

All theories that underpin SDP initiatives can be categorised into two core assumptions. The first is that participation in sport automatically contributes to the development of socially desirable and transferable characteristics such as character, work discipline, team and fair play. The second assumption is that sport has inherent properties that can be manipulated for development purposes. In the following section, I present and critically examine the following theories that underpin Sport for addressing HIV/AIDS initiatives in SSA:

- Sport for moral development;
- Sport as a positive diversion;
- Sport as a hook;
- Sport as a means to foster empowerment;
- Sport as means to improve health for People Living With HIV/AIDS (PLWHA).

### *Sport for moral development:*

This hypothesis holds that mere participation in sport by itself directly socializes individuals to acquire socially desirable attributes such as good moral values. In the last decade, slogans such as "Sport stops AIDS; Kicking AIDS Out; Sporting AIDS Out" were standard sport tournament themes. This thinking was so pervasive that it became the core underpinning rationale for our funding proposals — with some, especially those we presented to sport development funders, being successful. However, those we sent to traditional HIV/AIDS funding bodies were less successful. We explained our failure to convince traditional HIV/AIDS funding bodies as evidence of conspiracy against SDP organisations by the wider HIV/AIDS community which never seemed to take us seriously. Today, these conspiracy 'theories' have become a laughing matter as many of us better appreciate the theoretical flaws and limited sophistication that was contained in our proposals.

The main flaw in this hypothesis is the assumption that all participants coming into the SDP programmes are homogenous. Diversity is ignored with focus given to selected participants who possess the desired attributes as anecdotal evidence to support the claim that sport builds the life skills needed to curb the spread of HIV/AIDS. We must bear in mind that the opposite is equally true: i.e. sports participation may work against the 'normal' development of skills needed to prevent against HIV/AIDS. For example, it is commonly alleged that young people who participate in community sport programmes which normally lack adult supervision and guidance have poor HIV/AIDS life skills, compared for instance to those involved in other community programme such as community religious programmes. The assumption that the target groups in the schemes are homogenous also implies that the participants are thought to experience sport



Participants at a Kicking AIDS Out activity day at Kalingalinga EduSport ground in Zambia.  
(Photo by Oscar Mwaanga, July 2000)

in similar ways. To complicate the situation further, there is no consensus on this issue in leisure and sport research. For example, Nichols (2004) and Sandford *et al.* (2006) have demonstrated evidence for the efficacy of such programmes, whereas others such as Long and Sanderson (2001) and Moris *et al.*, (2003) have contended that sport programmes fail to empirically demonstrate intended outcomes. Further, Christine (2008) demonstrated that empirical studies do in fact show that sport participation may impede the development of desirable social behaviour.

In Zambia this rationale (sport for moral development) is still championed by sports federations. However many SDP organisations such as EduSport Foundation and Sport in Action have advanced more sophisticated applications to explain the processes and outcomes that lead to acquisition or non-acquisition of HIV/AIDS life skills for young participants. HIV/AIDS life skills that are developed through sport come through the process of a participant's subjective interaction with coaches, leaders, teammates, parents, friends, and organisations. For example, social support through mentorship programmes and youth peer support always goes hand-in-hand with all sport programmes at EduSport Foundation and Sport in Action.

#### *Sport as positive diversion*

This hypothesis is based on the idea that sport provides an opportunity for young people to do something positive with time and energy that might otherwise be spent on unprotected sex or related behaviours such as beer drinking and drugs that increase the risk of engaging in unprotected sex. This hypothesis is strikingly popular in SSA communities and has strong community backing of key community stakeholders as such local school teachers, church leaders, health workers and parents who consider the time spent in sport literally time away from sex. One danger of applying the diversion rationale is that it becomes difficult to identify the flaws of sport itself. For example, in Zambia we hear report after report of girls, in rare cases boys, being sexually abused by male sport leaders thus exposing them to even higher risk of HIV/AIDS infection. Nevertheless, some practitioners take a moderate and realistic view, and do not take this hypothesis as the sole rationale for developing and delivering SDP programmes. For example, the EduSport Foundation's Go Sisters<sup>9</sup> programme, in addition to sport activities as positive diversion, also includes school sponsorship and micro financing as a core part of the strategy of using sport to

empower girls. In my opinion the dancing and singing associated with many SSA sport programmes also makes the sport experience more interesting and attractive which increases the efficacy of sport as positive diversion mechanism. However, this requires further investigation.

Critics have challenged programmes that are based on the diversion hypothesis. Guest (2005) contends that merely distracting people provides only a provisional solution which should not account for development per se. Also, diversion-underpinned programmes may re-enforce negative stereotypes. Guest (2005) further argues that negative stereotypes lead to others being perceived as impulsive and not empowered to manage their own behaviour, to the point that they need some kind of diversion and, hence, that they need external help. In International Development Aid programmes, the helper is usually a westerner. It can also be argued that when the HIV/AIDS problem is simplified it can be easy to make people believe that diversion programmes are sufficient as interventions. For example, parents who send their children to diversion programmes are likely to assume that by enrolling them into the programme they have done all it takes to help their children to develop HIV/AIDS life skills. At any rate, it must be accepted from the above examination “that providing purely diversion programmes may be useful but they seem not sufficient by themselves” (Green, 2009: p. 135). But there is hope for diversion programmes when they are incorporated as part of the intervention. Given the limited scientific evidence to support the efficacy of positive diversion programmes (Hartmann and Depro, 2006), our aim should be to investigate under what circumstances sport provides effective diversion in the SSA HIV/AIDS context.

### *Sport as an attractive hook*

The popularity of sport to participants and spectators of all ages across the world in general and SSA in particular is undeniable. In many SSA communities, all it takes is a ball to gather multitudes of children. Kicking AIDS Out partners and other sport for addressing HIV/AIDS initiatives that apply this hypothesis use sport as bait to attract young participants to provide core HIV/AIDS services such as voluntary HIV testing and HIV/AIDS life skills education.

The Kicking AIDS Out partnership uses sport to attract young people, and uses various possibilities within sport such as interactive movement games, leagues and motivated leaders to deliver HIV/AIDS life education (www.kickingAIDSout.net). Many practitioners agree that what you do with the target once you have them ‘hooked’ is what determines the successes of the programme. For example, you need programme designers and instructors who can create the right motivational climate and strike the balance between sport activity and HIV/AIDS life skills education (Banda and Mwaanga, 2006; Green, 2008; Mwaanga, 2001).

In recent years, non sport rewards such as T-shirts and international trips (e.g Norway cup) are increasingly being used to attract young people in the global south, a trend that

is common in the global north. One major drawback of such attractive-hook initiatives is that they create an attitude of expectation towards sport. For young people especially, the non-sporting aspects of the programmes become the main reason why many participate in the programme. More than once, I have heard parents of young participants in Zambia say, “My child has done this and that for this programme; when are you all going to give me or her something in return?”. However, many SDP practitioners are realising that the initial and intuitive appeal of sport — which is that it is enjoyable for the target group — should be respected and protected. Non sport rewards and HIV/AIDS life skills education programmes must be cleverly integrated so that the right balance between the sport and life skills education and non-reward is always effectively maintained.

### *Sport as a means to foster empowerment*

This rationale postulates that sport has inherent properties that lead to empowerment. The focus is on how, through participation, sport increases perceptions of empowerment, physical capacities and wider social control. A number of studies have supported the link between sports participation and increased physical capacities as well as positive psychological conceptions such as self-efficacy and perceived competence for disabled athletes (Pensgaard and Sorensen, 2002) and elderly people (Dinoigi, 2004). Some qualitative research evidence is emerging to support empowerment gains for HIV/AIDS at-risk young people in SSA who participate in SDP programmes (see Hanne, 2007; Mwaanga, 2003).

However, it is important to note first that empowerment at a personal level is a subjective experience and hence it is not the case that all sport participation automatically leads to personal-level empowerment. Secondly, in as much as sport possesses empowering properties, it equally possesses the opposite — i.e. disempowering properties (Mwaanga, 2003). By applying theory, it is clear how we can systematically organise activities that help to facilitate empowerment while de-facilitating those processes that lead to disempowerment. Thirdly, I have heard many young people report that they felt stronger because of sports. While it excites many, it has been a cause of concern for me because it reduces sports empowerment to simply a business of *feeling* stronger, or “pseudo-empowerment” Weissberg (1999 p. 29). Weissberg (1999: p. 29) reminds us that it is enough simply to feel empowered because “pseudo-empowerment triumphs”. Using my empowerment theoretical insight, I have always questioned what ‘feeling empowered’ means to an HIV positive person or poverty stricken youth coach in need of food or employment — as is the reality in the SSA cultural context. Sports empowerment should never be promoted only as a matter of feelings (or perceptions) of inner strength at the expense of addressing how groups can increase access to resources that in turn increase control of aspects that matter in their lives, such as addressing poverty.

### *Sport as means to improve health for PLWHA*

The research evidence and academic consensus supporting the idea that physical activity positively impact both physical and psychological health for 'normal' populations is strong (Coalter, 2005; Zukas *et al.*, 2007). Qualitative evidence suggests that the greatest gains from involvement in physical activity relate to psychological health and increased feelings of well-being (Coalter, 2005). Zukas *et al.* (2007) posit that the strong link between physical activity and the reduction in non-communicable diseases such as cardiac heart disease, chronic respiratory disease, diabetes and some forms of cancer presents sport as a viable strategy that countries from the global south should consider. Like the research evidence on the HIV negative population, research evidence on the health benefits of sport and physical activity for PLWHA looks promising. I cite a few studies and examine implications in the remainder of this section.

A number of reviews regarding exercise training in HIV infection, which were carried out before the era of Highly Active Antiretroviral Therapy (HAART), found exercise to be beneficial (Smith *et al.*, 2006). For example, a study by Mustafa *et al.* (1999) found that engaging in physical activity three or more times per week has been associated with a slower progression of AIDS. In addition, aerobic exercise interventions were found to be safe and leading to improvement in cardiopulmonary fitness in adults living with HIV/AIDS (Nixon, 2002). O'Brien *et al.* (2004) found that progressive resistive exercise, or a combination of progressive resistive exercise and aerobic exercise, appears to be safe and may be beneficial for adults living with HIV/AIDS.

The risk, however, that arises from this considerable consensus and compelling evidence on the health benefit of physical activity and health outcomes is that it feeds the somewhat evangelistic discourse that 'essentializes' sport and physical activity as the panacea for a healthy life for PLWHA — almost to the disregard of other more important factors such as diet, medication and healthy environments. Therefore, when applying this knowledge in SSA countries it must be stressed that benefits only occur in combination with other factors such as good facilities and good nutrition. Another crucial aspect of the sport and health benefit for PLWHA discourse is the deafening lack of the subjective voices of PLWHA themselves. Gillett *et al.* (2002, p. 370) argue that "despite the growing interest in the therapeutic value of sport, limited attention has been devoted to understanding the meaning that individual attributes to their use of physical activity as complementary therapy". Having dialogue around theory within the SDP community can be useful in the search for philosophical and theoretical perspectives that value the voices of end programme users.

Another criticism worth underscoring is that sport and physical activity vary in types and there are vast differences in the biophysical requirements and effects of different

activities (Zaku *et al.*, 2007). For example, scientifically monitored cardiovascular training effects resulting from the strenuous aerobic demands of Nordic skiing on a HIV+ youth in that part of the world are significantly different from those on an HIV+ youth in SSA playing a game of football, where players exert themselves only for brief moments during the game. The benefits of sport and physical activity have serious contextual implications, in that benefits will only accrue to individuals and populations in certain environments and under particular combinations of factors. Nieman (2001), writing with reference to immune functions, underscores the need for a well-balanced diet, minimal life stresses, avoiding chronic fatigue, getting adequate sleep, and avoiding rapid weight loss. But in places where people live in poverty — as is the case for many SSA countries — achieving a balanced diet or minimal life stresses are highly unlikely.

On the questions relating to type of sports, duration and intensity that are required to optimize the claimed health benefits for specific target populations, Coalter (2005) remarks that among sports participants the frequency of activity is often less than that required to achieve and sustain health benefits. Rankinen & Bouchard (2002: p. 2) support this notion when they note that different "health outcomes do not respond in the same manner to an increased level of physical activity". Coalter's review also underscores the issue of definitions and their practical implications. Accordingly, he argues that much of the research evidence relates to the health benefits of physical activity, rather than to sport per se. He notes that among many of the least active and least healthy groups, the promotion of an 'active lifestyle' may be a more useful strategy than the promotion of sports (Coalter, 2005). An important implication within the SSA context based on this theoretical analysis is that there are more opportunities for physical activity than there are for participating in sport for PLWHA, but culturally, people seem not able to differentiate between the two. For example, when we have encouraged PLWHA to be physically active their response has always been that they don't have access to sport.

### **Conclusions and Recommendations**

Two concluding remarks are worth highlighting. Firstly, an essential point to recognize as we explore the limited capacity of sport as a tool for addressing HIV/AIDS is that the power of sport does not lie in sport per se but in the people involved in sport, especially the leaders. Sport experiences have the potential to contribute towards the development of HIV/AIDS life skills, empowerment of PLWHA and building strong advocacy on HIV/AIDS issues, but the efficacy of a programme often depends upon the nature of the sport experience and the care that leaders put into the design of the programme. It is always useful to remember that some form of theory always underpins our programmes. Therefore, research must focus more on understanding the nature of SDP programme experiences, the underpinning programme theory and less on whether or not sport can address HIV/AIDS.

Secondly, to claim that sport can combat HIV/AIDS is not only to overstate the limited capacity of sport but also to dangerously ignore the complexity of HIV/AIDS, as Alan Whiteside (cited in Lawson, 1997: p. 4) asserts:

AIDS is the end result of an HIV infection and it is a health issue. But HIV/AIDS are both symptoms rather than causes. They are symptomatic of past injustices, dislocations and inequalities. I think when one looks at the AIDS epidemic one has to look both upstream at the causes — like poverty, the violence, the position of women — and downstream at the consequences. So the relationship between AIDS and development is a very complex one.

But possibilities do exist within sport to provide some effort and resources within a world ravaged by what is now called the disease of 'endless tears' in many sub-Saharan African countries. The fundamental question that confronts us — i.e. SDP activists, practitioners and academics — is: how can we better understand the interplay between sport, with its limited capacity on one hand, and HIV/AIDS, in its full complexity, on the other. I don't see how we can systematically respond to this question without evoking theoretical analysis of our plans, delivery and evaluation of sport for addressing HIV/AIDS interventions. If we agree that theory has an important place, then the next challenge is how we proceed in designing and implementing theoretically informed Sport for addressing HIV/AIDS interventions.

As the 2010 Football World Cup in South Africa looms on the horizon, many have expressed disappointment at the lack of a coordinated strategy by the SDP community to seize the opportunities that come with the first ever Football World Cup to be held in the epicentre of HIV/AIDS epidemic. To respond to changing opportunities and current conditions that present in SDP now and in the future, it is clear that we need to be sophisticated in the way we approach our work: consciousness about the role of theory in our practice is a good place to start. Encouraging theoretical dialogue and theory-based research and practice will most certainly give a nudge in the right direction. Theory-driven research and practice can however be intimidating to those outside the academic world. That is why I proclaim the need to encourage collaborative community research were SDP activists, practitioners and academics collaboratively develop research programmes that are theoretically rigorous (academics' input), culturally relevant (practitioners' input) and in tune with wider HIV/AIDS and sport priorities (activists' input). For example, at the time of writing this article, we are just completed the signing a Memorandum of Understanding between Southampton Solent University and the Network of Zambian People Living with HIV/AIDS (NZP+). This is a three-year agreement that will see the two organisations working together within the principles of participatory research to develop a sport programme that meets needs of the target group, but one that is

theoretically rigorous. The process of developing this partnership is another issue, but it must be echoed here that we shall need a total shift in the way we approach SDP research.

## Notes

1. Sport has diverse meanings, but within the SDP research the accepted definition is "all forms of physical activity that contribute to physical fitness, mental well-being and social interaction, such as play, recreation, organized or competitive sport, and indigenous sports and games." International Working Group on SDP (2003).
2. Clement Chileshe is the founder and President of Sport in Action (SIA) in Zambia. He founded SIA in 1998 and is considered one of the pioneers of Sport for Development movement in Zambia.
3. Cyprian Maro founded EMIMA in 2001 as an SDP organization that uses sport as a tool for HIV/AIDS education and community development for youth people in two of Dar es Salaam's poorest communities. Cyprian is one of the pioneers of the SDP movement in Tanzania.
4. Edgar Musonda is the founder of Break through Sport (BTS) which has been using football as tool for community development since 2003.
5. Saa Moses Lamin is the founder of Youth in Action (YIA) in Sierra Leone. YIA was founded in 2002 as an indigenous SDP organization with a primary focus on reconciliation and peace building in various local communities of Sierra Leone.
6. Yomi Kuku is the founder of a Nigerian SDP organization called Search and Groom. Search and Groom utilises football as a tool to build HIV/AIDS awareness and provide other support services for needy youth in Lagos.
7. Kicking AIDS out (KAO) is an international network of sport for development NGOs, organizations and national sport structures working as a collective to raise awareness about how sport and physical activity programmes can be adapted to promote dialogue and education about HIV and AIDS and to facilitate life skills training. KAO is also concept and methodology. Kicking AIDS Out is almost entirely dependent on Norwegian Agency for Development Cooperation (NORAD) funds. NORAD through the Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF) have been the leading 'Northern' Sub-Saharan African SDP movement financier and support in the decade.
8. Global South is sometimes referred to as 'developing economies' or the 'third world' or Low- and middle-income countries (LMIC). These terminologies are contentious. The article applies the term generally to all SSA countries mostly located in the southern hemisphere. I acknowledge the economic and cultural diversities of these countries in SSA.
9. Go Sisters is an EduSport Foundation programme that uses sport and other SDP interventions for girls empowerment.

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