

In search for the optimal balance between sport and education in health awareness programmes

Draft results of round I of the Sport & Development e-Debate

November 1, 2009

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Contents

ROUND 1: THE BALANCE BETWEEN SPORT AND EDUCATION	3
1 INTRODUCTION.....	3
Questions	3
Participants' responses to the statements	3
2 STATEMENTS TO SPICE UP DEBATE	3
Realistic and balanced view: Sport is not a 'lone instrument'	5
Strong conviction on the power of S&D, when done 'right'.....	6
3 HOW MUCH SPORT IS TOO MUCH SPORT? WHAT'S THE KEY TO OPTIMISE THE BALANCE BETWEEN SPORT AND EDUCATIONAL COMPONENTS IN HEALTH AWARENESS PROGRAMMES?	6
Too much sport in a literal sense	6
Sport should be life enhancing	7
Sport can both divert and attract attention to education.....	7
Sport should be core.....	8
...And don't forget about play	8
Sport as tool for developing skills for live, balancing social and sport components.....	9
Sport adds crucial elements to education efforts	9
Sport should not compete with 'regular' education.....	10
...But in some contexts sport, is the only available channel for health education.....	10
Built a true bridge and work multidisciplinary to achieve integrated health programmes	10
Integrated approach, clear aims and tailor made for target groups	11
Learn from the past and adapt to local circumstances.....	11
4 HOW CAN WE FORMULATE REALISTIC AIMS FOR S&D PROGRAMMES?.....	12
Beware of over ambitious aims	12
Thorough understanding of issues comes first.....	13
Behaviour change only realistic with comprehensive interventions	13
Local circumstances and capacity of organisations involved	14
Aims should be formulated with beneficiaries.....	14
Aim high	14
MDG offers indicators	14
Theory of change needed.....	15
5 EXAMPLES OF REALISTIC AIMS.....	15
6 HOW CAN WE PROGRESS?	17

Round I: the balance between sport and education

I Introduction

During Round I, there were 28 registered participants; 20 answered the questions (71%). In this Summary of Round I, we analyse their answers and highlight conclusions with their quotes. Please join the discussion and give your feedback!

Questions

The questions in Round I focused on determining the optimal balance between sport and educational elements in Sport & Development programmes. Furthermore, we explored how realistic aims can best be formulated.

Our experts responded to the following main questions:

- How much sport is too much sport? What's the key to optimise the balance between sport and educational components in health awareness programmes?
- How can we formulate realistic aims for Sport for Development projects aimed at improving health? Can you name examples of realistic aims?

Participants' responses to the statements

Participants were asked to what extent they agree to the following two statements:

- S&D programmes alone do not lead to behaviour change and healthy lifestyles, for instance in HIV/AIDS prevention.
- Health issues are best addressed through Education interventions instead of Sport for Development interventions

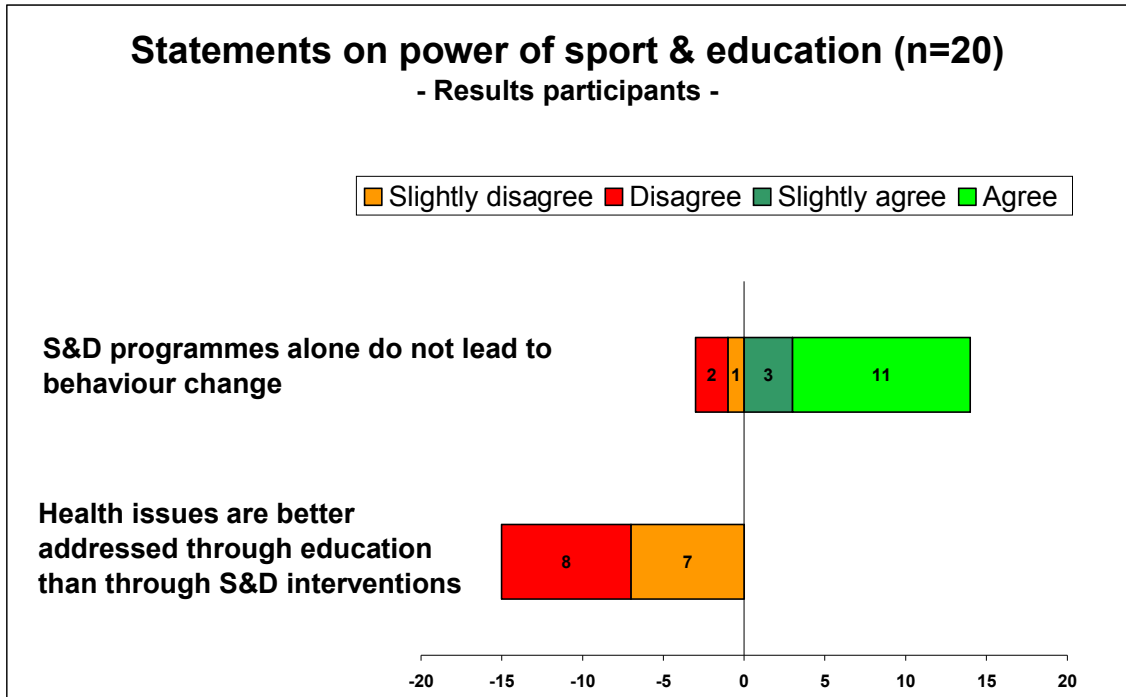
Answer categories:

- I agree
- I slightly agree
- I do not agree/disagree
- I slightly disagree
- I disagree

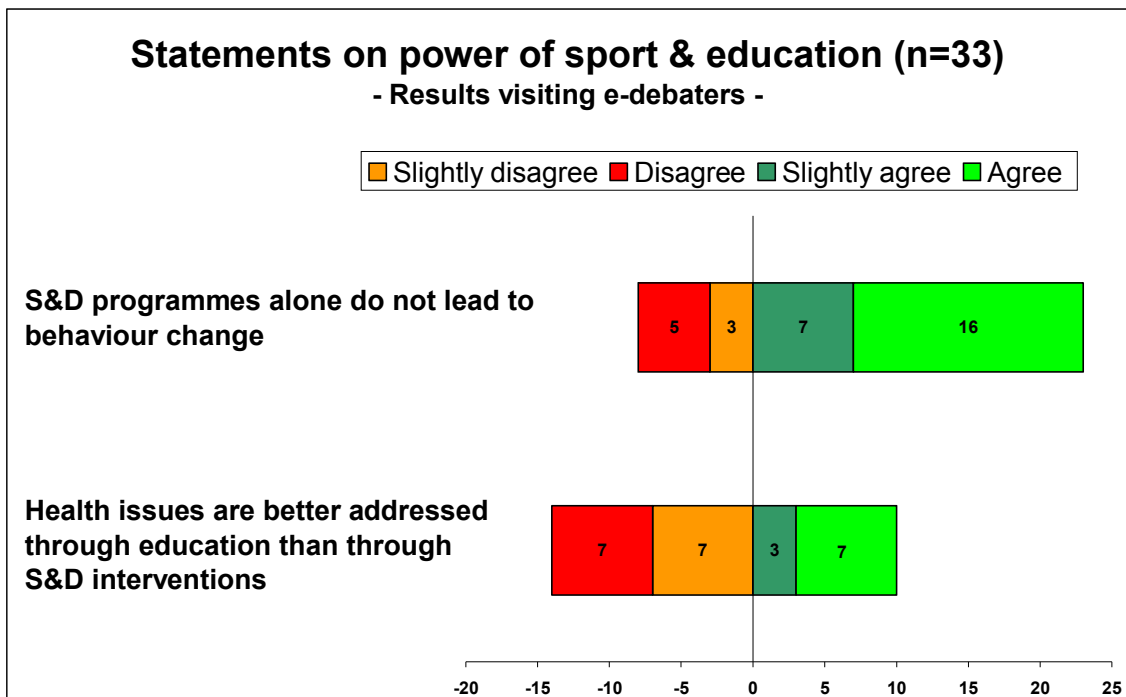
2 Statements to spice up debate

The statements we use each round are actually meant to 'spice up' the debate. We intentionally formulated controversial statements in order to provoke a strong response, which indeed we got! So even though we fully agree with Vladimir and Trevor, for debate's sake, provoking 'black and white' statements will also be used in the next rounds. Not as a scientific measurement, but to add fire to the discourse.

The figure on the next page shows the results of the votes of participants. Please note that the 'neutral' category has been left out to highlight differences (this explains why the number of participants varies).



Visiting e-Debaters also voted on the two statements (the S&D e-Debate is open anyone to vote on statements or comment on input). The graph below shows results (n=33 for the first statement; n=29 for the second statement).



From the graphs one can conclude that visiting e-Debaters more often than the registered participants believe that health issues are better addressed through education than through S&D interventions (this is just an indication, not a scientific conclusion regarding sample size).

Realistic and balanced view: Sport is not a ‘lone instrument’

The graphs shows that the majority of participants and visiting e-Debaters agree that S&D programmes alone do not lead to behaviour change. Only three participants disagree and three voted neutral.

From participants’ explanations it becomes clear that most see S&D programmes and education as an joint effort. The opposing of S&D versus education in the second statement, results in resistance: some participants state that S&D interventions are education, because education interventions should be incorporated; education should be an integral part of S&D.

Yves Vanden Auweele: “It is not a question of whether education or sport for development; it is both in joint effort; educational interventions should be part and parcel of sport for development.”

Kylie Bates: “There is considerable evidence that demonstrates that education alone has minimal impact on behaviour. It is possible that a well designed, quality sports program could support people to take on the attitudes and values that help promote decision making that leads to healthy behaviours. If this is the case then there is a strong argument for the support of sport from behaviour change perspective. Furthermore, awareness and readiness will only have an impact if it is matched by an environment that supports the healthy behaviour. The challenge remains to determine which behaviours contribute to better health decisions and how these behaviours can be promoted in sports activities.”

This claim makes a false assumption that education and Sport for Development are mutually exclusive. Sport and play programmes can enhance education and can be an excellent way to educate children about key health issues. Sport for Development and Peace programs that focus on health can produce better results than educational programs alone. When kids are engaged through sport and play in a fun an enjoyable way, they are more likely to process and retain the lesson at hand – which in turn helps to ensure that they adopt and maintain healthy.

Furthermore, some participants pinpoint the complexity of issues to be solved by development interventions. Only a well balanced mix - targeting social, economical, cultural and educational change – can result in desired changes; sport alone can not change the world. This also counts for health issues.

Helen Alderson explains: “Health issues need to be addressed through a multitude of channels. For example in order to prevent obesity, you need to educate people but you also need to create health enabling environments: provide a safe place to exercise (kids are not going to play outside if they risk getting run over or mobbed), provide healthy foods at affordable prices, work with industry to lower sodium and salt content in foods, etc. This will help people because this way, the healthy choice becomes the easier choice.”

Peter Alegi: “It is unrealistic to expect a sport development initiative to solve massive social problems by itself. In southern Africa, the area which I’ve spent time working and researching since the early 1990s, the HIV/AIDS pandemic has obviously had catastrophic effects on people’s lives. But there are multiple and intertwined factors behind the spread of what the South African author Jonny Steinberg called ‘The Three-Letter Plague.’ Similarly, treatment and prevention depend on numerous factors, not just one, and these include access to health care facilities in rural areas, need for living wage jobs, education (including sport), stigma and fear, cultural dynamics and so on. Sport development projects should speak to these fac-

tors even while they continue to strive to play an important role in assisting HIV/AIDS prevention, particularly among children, teenagers, and young adults.”

Strong conviction on the power of S&D, when done ‘right’

The results of the poll on the second statement show that the e-Debate participants value the educational power of S&D in health issues highly. Fifteen out of twenty disagree that educational interventions are better suited to address health issues than S&D interventions; five participants chose the neutral category.

Besides stressing that S&D and education should not be separate interventions but should be a joint effort with synergistic effects, several participants state that S&D is better equipped for certain elements of social change.

Firstly, it is more effective to discuss sensitive subjects because sport and play creates an open and conducive environment and because it is fun.

Pelle Kvalsund: “Many educational settings are not very open and conducive where children feel safe to share their personal challenges.”

Johann Olav Koss: “This statement makes the false assumption that education and Sport for Development are mutually exclusive. Sport and play programmes can enhance education and can be an excellent way to educate children about key health issues. S&D programs that focus on health can produce better results than educational programs alone. When kids are engaged through sport and play in a fun and enjoyable way, they are more likely to process and retain the lesson at hand – which in turn helps to ensure that they adopt and maintain healthy lifestyle behaviours over the long term.”

Secondly, to achieve behavioural change, educational activities are not sufficient because attitudes and peer pressure are aspects not easily targeted by it. Also, context is a strong influencer. A mix of education aimed at knowledge and S&D interventions aimed at context, attitudes and peer pressure can be very effective.

Jouwert van Geene explains: “For me, health issues are very complex. They are multi-faceted and some aspects of health messages need quite high levels of understanding of how life (and our bodies) work. To get that level of understanding, health issues need to be part of formal education. Building on the basic levels of understanding some knowledge and behavioural aspects are very difficult to teach at school, since they may have taboos around them, or since they need to be places with a certain context. Then sports and development is much closer to the real world and hence can bring better change.”

3 How much sport is too much sport? What’s the key to optimise the balance between sport and educational components in health awareness programmes?

There is great diversity in answers, showing that the subject is complex and multi faceted.

Too much sport in a literal sense

The first part of the question proves to be ambiguous. We meant specifically the balance between sport and educational components; however, quiet some participants reflected on the question ‘How much sport is too much sport’ also in the literal sense:

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Yves Vanden Auweele: *"'Too much' maybe relevant in professional sport even in high level sport for children but not in sport for development. Moreover it is a misconception that a sport programme is to be kept apart from an educational intervention: Sport programmes should use critical incidents happening before, during and after a session to introduce a relevant educational issue."*

Pelle Kvalsund: *"I personally think this should be assessed in individual cases, but when sport becomes so mentally and physically demanding that it starts interfering with school performance or personal health, it is too much."*

Vladimir Borkovic: *"Fortunately for healthy young people, the inherent enjoyment of playing sports rarely becomes too much. However, this of course depends on the environment in which sport is offered, the fun built into sports programmes and the social context in which activities take place. Indeed, like anything else, involvement in sport can get too much if it starts to negatively impact on a participant's life and opportunities, and we perhaps see this phenomenon with young men and women encouraged to pursue professional sport at the expense of their educations. This is all part and parcel of the competitive and potentially lucrative world of sport and symptomatic of the decline in the perceived value of recreational sporting activities. Competitive sport and having ambitions in sport are entirely valid and not without benefit."*

Kate Cowan: *"The IAYS recommends that youth sport programs should limit practices and games to no more than 1 hour a day and 3 days a week up to the age of 8, and not more than 1.5 hours a day and 4 days a week for ages 9-12. These are good general guideline for parents and program coordinators to strive for."*

Caroline Gutton: *"From my point of view, sport can be considered as 'too much', whenever it causes imbalances. Physical imbalance: when the physical limits are exceeded and when doing sport is not healthy anymore. Social imbalance: when one just focuses on his sport and himself no matter what. In sport business: sport and sports people become a 'profitable product', no longer related to sport values (e.g. violence, doping ...)"*

Sport should be life enhancing

A spiritual and practical answer is provided by Mogens Kirbey: Sport should be Life Enhancing.

Mogens Kirbey: *"The short answer is that sport should be a 'Life Enhancing Physical Activity'. Wherever we are using sport as tool for personal or society development, it would be valuable to have the perspective - is it "Life Enhancing" or not."*

Sport can both divert and attract attention to education

Another aspect is that sport and the emotions involved can actually distract from educational activities and messages. That subject is not one dimensional, illustrates the example from Jouwert van Geene – in a highly successful soccer league in Malawi, where sport became the central issue while HIV/AIDS prevention was the aim; because of its success, the issue of HIV/AIDS was taken seriously:

Jouwert van Geene: *"From my experiences in Zimbabwe and Malawi, the balance is very difficult to strike, since it is quite personal for the individuals involved. For instance, if we organise a soccer league in rural Malawi with HIV/AIDS-awareness as the key aim, for some*

teams and players the sport activity became the central issue. They really went for the games and took anything additional for granted. Obviously all the other added values of S4D came along, such as building leadership, sense of community, discipline etc, but in terms of HIV/AIDS messages, not everything could sink in with these boys and girls. On the other hand, since it became a real BIG tournament for many people, the issue of HIV/AIDS was also taken seriously.”

Dik Bol agrees: “That is a difficult question. I think it is important that everybody should be able to participate in a sort of sport. On the other hand sport is also about winning and in a team you need team mates of your own level of skills. That means that we use sport as a tool in which everyone can participate and that winning is important but it is not the overall goal (as it mostly is in sport). On the other hand if you lose too much in the idea’s of competition you also lose the interest of the participants. The secret of success is to find your way balancing these dimensions.”

Sport should be core...

A remarkable reflection by a few participants is that sport should always be the core of S&D projects, reversing the implied risk that education would get too little attention:

Frank van Eekeren: “Let’s turn the question around. How much external components are too much for sport? We should always remember why kids play sport: because of the sport itself. One rule, I would say, is never to change the ‘core’ or ‘heart’ of the sport. Yes, we can use sport as an instrument for health awareness, but without the fun of the game the message will not be heard.”

Cees Versteeg: “Too much sport for the sake of sport doesn’t exist, but when sport has also the aim of health awareness sport must, first for all, stay sport. Sport should not be abused! But it can be used to create a conducive environment whereby youngsters feel relaxed and open to discuss health awareness issues together.”

But not all participants share this viewpoint; some argue that sport needs to be adapted for education’s sake.

Caroline Gutton: “In ‘Health Awareness Programmes’, sport should be used as a teaching tool. It should favour the message we want to share. The rules of the game should be modified to reach the educational objective.”

...And don’t forget about play

Several participants stress the importance of fun in S&D activities. They warn for the risk for education activities to dominate and disrupt sport. Education should be well dosed and woven into activities with care. Furthermore, ‘play & fun’ need to be main elements.

Pelle Kvalsund: “Sport is what attracts the children and is therefore the glue. If we mess too much with sport, the glue will loosen and effects will minimise. As much as it is important to use sport to spread important health messages, we must make sure that we don’t kill sport in the process. My advice would be: try to break up the game as little as possible; only when very obvious related health issues can be perceived. And don’t do extensive debriefs after each game: children are easily bored.”

Johan Olav Koss: *“There is no set formula which dictates how much sport is too much sport – but we can safely conclude that sport alone is not enough. We must never forget that play is critical to motivate and engage children – so this must always be a central focus of our Sport for Development activities.*

Sport and play interventions that seek to promote health and educate children and youth about health issues should also be structured with clear messages and attainable outcomes. To ensure that program goals are attained, a hands-on approach to learning must be guided by positive role models who can create an inclusive space for participants to reflect on the lesson at hand, to connect that lesson to their own experience, and to apply their knowledge to a real life situation. Sport and play programs that are specially-designed to do this, while giving kids a chance to play and have fun, will be much more likely to succeed.”

Jan Rijpstra: *“If you are ‘forced’ to do sport you won’t be receptive to other inputs. So a key to optimising the balance between sport and educational components in health awareness is to use attractive forms of sport and movement and with kids, adults or elderly people. This way, you can communicate about anything.”*

Sport as tool for developing skills for life, balancing social and sport components

There are different perspectives on sport for development, participants’ answers make this clear. As said, some participants stress the intrinsic value of sport: it is educational in itself. Adding educational elements about health should only be done very limited and in a natural way if at all. It may not intervene with sport.

Another view stresses the instrumental value of sport: sport as a tool for developing life skills. By focussing consciously on the potential for social learning in sport programmes, without competing with formal education activities, optimal added value is realized. It is all about finding a good balance which remains a work in progress.

Vladimir Borkovic: *“However, the key to ensuring that no amount of sport is too much sport is to revitalise the traditional idea that sport is a tool, a method for developing skills for life, and not just an end in itself. In the context of contemporary development, the skills for life that can be promoted through sport must be carefully calibrated for the challenges faced, and the rules of sports themselves can even be manipulated to promote pressing aspects of good citizenship. As such, ‘too much sport’ does not become an issue if the sport played is largely recreational and socially beneficial, and of course does not infringe on educational components. In the field of development that streetfootballworld operate, the sports programmes offered by our affiliates are not competing with formal education (and as such, not distracting kids from school), and are in fact mostly established with the central aim of disseminating education. This educational core to sporting programmes ensures that the sports element is not excessive. However, in Development through Football programmes, sport can sometimes become too much when the relationship between the sporting and social components are not clear at the outset to those designing, delivering and participating in activities. A clear understanding of how sport is being used in education is vital.”*

Sport adds crucial elements to education efforts

Some elements needed for behaviour change are hard or impossible to influence by education alone. To change your lifestyle, knowledge and understanding is not sufficient. Kylie Bates explains that sport promotes essential factors that contribute to people choosing healthy behaviours:

Kylie Bates: *“It’s well documented in research on topics from tobacco use to safe sex that being informed about health issues is only the first and possibly the least significant step in adopting a healthy behaviour. The crucial next steps involve being convinced the behaviour is worthwhile, taking action, re-confirming the idea is a good one and maintaining the behaviour. While sport’s convening power provides an opportunity for education (and even that should be applied cautiously “We come to play netball, not learn about aids” said one young participant in a program in Zambia), the real value lies in the influence a quality sport program has on other components of behaviour change process.*

For sport to impact on the adoption of healthy behaviours, it needs to do two things well. Firstly, the sport experience needs to be “sticky” to be valued by its participants. That is, it needs to be inclusive, well organised, challenging and fun. Secondly, the sports activities need to be designed in a way that promotes the factors that contribute to people choosing healthy behaviours.

If a sports program can increase individuals’ ability to lead, network, communicate, co-operate, self determine, become more active, inform each other and develop a sense of responsibility and respect, then there is a strong argument for its contribution to the later parts of the behaviour change cycle.”

Sport should not compete with ‘regular’ education

Children need many different social and educational experiences; sport is just one of them. Every programme therefore needs to critically assess current balance of activities to be able to create a sensible and effective combination of activities for children and youth involved:

Kate Cowan: *“A child’s life needs to be balanced with many different social and educational experiences. We need to be encouraging children to be involved in a variety of activities, while at the same time ensuring a child is not over-scheduled or that activities do not distract from their academic work. School structures need to recognize the importance of health education along with basic motor skill development and ensure mediatory implementation of these programs at a primary level.”*

....But in some contexts sport, is the only available channel for health education

However, when society fails to provide proper education like in Uganda, S&D interventions can fill the gap until responsibility is taken by government, Trevor Dudley explains:

Trevor Dudley: *“In Uganda average class sizes have increased alarmingly over the last 12 years. This places pressure on teachers to complete compulsory and measurable academic courses. Sports programmes in schools have therefore been significantly reduced to enable teachers to comply with minimum academic requirements. Extra curricular sports for Development Programmes offer an attractive opportunity for children to take part in Sports programmes. Some programmes are more like academies; some however, like The Kids League try to maintain a balance by recognising that sports can be used as a magnet to attract children so that health education and peace building components can be built in.”*

Built a true bridge and work multidisciplinary to achieve integrated health programmes

Sport, health and education are separate realms of expertise and practice, with own methods, ways of thinking and language. Truly bridging these fields will result in effective interventions and new ways and methods. Vladimir Borkovic stresses the need for innovation and new perspectives.

Vladimir Borkovic: *“The key to optimising the balance between sport and education lies in overcoming the distinction between them and working towards integrated interdisciplinary programmes that utilise sport as a tool in delivering education. With regards to health awareness programmes, the benefits of using sport are threefold; the promotion and demonstration of good health through fun and physical activity, the opportunity to use sport as a learning environment in and of itself, and the attraction that sport offers as a gateway to other types of educational delivery. Ultimately, optimising the balance between sporting and educational components depends on the extent to which education is integrated with sport. It goes without saying, of course, that education is the goal in health awareness programmes, and sport should never compromise the educational message. However, it is possible that a balance need not be struck; sport can itself be the educational component in health awareness, a change that perhaps requires some to look at sport in a new way and requires us all to generate innovative methods of utilising sport as a tool in development. Most pressing for our development community, it is crucial to define as accurately as possible the scope of using sport to address the various health issues; to what extent can sporting activities themselves be adapted to integrate the relevant health messages? In defining this it would be wise to consult both health and (physical) education experts.”*

Integrated approach, clear aims and tailor made for target groups

Astrid Aafjes also calls for an integrated approach to using sport to teach and share information on health.

Astrid Aafjes: *“I think there is never too much sport if this is done in a good environment with the right equipment and with a healthy balance between different key aspects in life including sufficient and healthy nutrition, good social relationships and with respect for your body and health.*

The key is ensuring the outcomes you want from the health awareness programmes are clear and that the sports are aligned with the educational components to ensure these outcomes.

Further, it is important that the sports and educational components are designed for the target group and that when you are, for instance, addressing reproductive health with a group of young girls, that the sports and educational components are implemented in a safe space, where they are able to discuss and share issues that might be difficult to talk about openly and are connected to social stigma.”

Learn from the past and adapt to local circumstances

There is not one recipe for success balancing sport and educational components in programmes. History has shown again and again: what might work perfectly in one community might prove disastrous in another. But practice has also proven that mistakes in the past are a good prediction for failure today, if used methods remain unaltered. Again: a complex situation with complex answers.

Peter Alegi: *“As a historian, I am inclined to think that in order to find a sensible balance between sport and education components in health awareness programs one needs to think know how similar initiatives in the past have addressed this issue. This historical knowledge, where available, would help avoid the repetition of previous mistakes in strategy and implementation. Be that as it may, the balance between body and mind education cannot be optimized without effectively accounting for local conditions and needs, a process that must always be done in partnership with local, regional, and national stakeholders as well as the targeted individuals and communities.”*

Trevor Dudley: *“Sports for Development programmes do not automatically on their own lead to behavioural change and healthy lifestyles. It is how the sports programme is designed and used that determines if there is likely to be behavioural change. Some sports programmes will not focus properly on the lifestyle to be changed. It is vitally important to understand the challenges facing the community and carefully design a programme that will bring about sustainable short term and long term behavioural change.”*

4 How can we formulate realistic aims for S&D programmes?

How can we formulate realistic aims for Sport for Development projects aimed at improving health? The answers of the participants to this answer prove that Sport & Development is a complex subject that needs to be approached with great care. Development cooperation has been heavily criticized recently. Ambitions are not realized. Effectiveness and efficiency of efforts is questioned. The capacity to learn from mistakes and to innovate is crucial for further progress of the field.

Do we have this capacity? One of the key success factors for learning, is the ability to formulate realistic aims. Realistic aims - while being true to core values - make clear what we can achieve. Furthermore, innovation depends on realistic and measurable aims. Feedback is needed from practice: did we accomplish what we set out to do; what went right and what went wrong; how can we improve? Without realistic aims we fail to create a feedback loop. The learning process will be blocked.

So if unlocking this learning process starts with formulating realistic aims, how can we accomplish this? From the analysis of participants' answers a diversity of views emerges. Behaviour change is not a realistic aim according to some of them; they propagate to use indicators on awareness and knowledge. Furthermore, it should not be overlooked that other actors and factors influence targeted behaviour. Be aware of this when formulating aims.

Another conclusion is that a thorough understanding of health issues, behaviour concerned and local circumstances is a key fundament for realistic aims. This implies a lot of homework before a programme can be designed accurately.

However, knowing and understanding the current context, situation and behaviour is not enough. A theory or model of change is needed to clarify causal relations, to estimate the potential for change and to predict the outcomes of the project. A theory or model of change offers a framework and can be used to identify benchmark indicators usable for monitoring and evaluation.

Beware of over ambitious aims

Firstly, a few participants shared their opinion that sometimes S&D projects are over ambitious. As an effect, involved organizations can not live up to expectations. This should be avoided at all cost. Targeting specific health knowledge & behaviour and keeping goals 'simple', helps.

Pelle Kvalsund: *“From my experience, a number of projects are a bit over ambitious in regards to their impact. This goes for sport and peace projects as well as for sport and health projects. The simpler we keep it, the easier it is to both achieve and measure it.”*

Kylie Bates: *“Historically, sport for development has done itself a disservice by overstating it's capacity to impact on development goals. Sport should aim to impact on a specific health*

related behaviour rather than taking responsibility for presenting the entire health solution. Usually in many cases it will be necessary to keep digging until there is a single behaviour identified that can help unlock the other healthy behaviours.”

Thorough understanding of issues comes first

Several participants stress that in order to achieve social change effectively, first step is to understand the behaviour that is targeted. What is the current knowledge, attitudes and behaviour concerning certain health issues? Which factors cause this behaviour? What is the role of individual, social, infrastructural and economical circumstances? Answers to these questions are the fundament for realistic aims. Important recommendation from the participants: Think before you act!

Daniele Preti: “To formulate realistic aims, constitutive steps should be followed. Firstly, it is indispensable to have a clear understanding of health, defining whether one looks mainly at physical health or whether mental health and general well-being are taken into consideration. Secondly...”

Yves Vanden Auweele: “Sport doesn't produce 'automatically' positive effects. Good planning and reflective action is needed to give potential positive effects a chance. Therefore we need a clear operational definition of the health aspects that we want to focus on as well as of the effects we are aiming at.”

Behaviour change only realistic with comprehensive interventions

Behaviour change is very difficult to achieve; scientist widely agree on this. Furthermore, in most cases the behaviour targeted by S&D projects is caused by multiple factors outside the scope and control of the project.

According to some participants, this implies that other indicators should be used to define aims, like the number of children taking part in activities and the knowledge they gained on health issues. Baseline studies and monitoring & evaluation consequently deliver needed insights on the effectiveness of interventions.

Frank van Eekeren: “There is no general answer to this question. It all depends on the specific context of the project. Spreading a message and changing behaviour depends on a lot of variables. The power of sport is getting people together, and having shared experiences. These are necessary conditions to change behaviour, but not the only ones.”

Matthijs Huizing: “It is hard to measure the level of health in a community, especially if you want to connect it to certain activities. It starts with the conviction that sport improves the health in a community. Realistic aims can then for instance be the number of people of people participating in programs and the number of people participating in local sport clubs and activities.”

Mogens Kirbey: “Knowing is not the same as doing. This is one of the most well documented facts, we have in the field of “sport and health”. Changing behaviour often takes more than receiving the messages. However, having the basic knowledge on what is good or bad for my health – be it safe sex or how to avoid non-communicable diseases, is a human right – it is a democratic right.

I have seen a lot of projects with realistic aims and unfortunately also the opposite. I believe that formulating realistic aims are based on knowing what is possible and then stick to this. Do not pretend you will have solutions for all problems.”

Local circumstances and capacity of organisations involved

Not only the specific context concerning targeted behaviour should be starting point to define realistic goals, also the power of implementing actors, explains Kate Cowan:

Kate Cowan: “Sport for Development projects are such that no project or organization can expect to function and thrive in isolation. Every project and every community will have different realistic aims depending on their links to other organization’s structures within their community. It is important for an organization to realistically understand their expertise and not to over extend. Therefore when developing project aims –one should look at the level of expertise within the team, and partner organizations –it is important to keep that list at the top of the board to make sure to not overextend the team or partners.”

Aims should be formulated with beneficiaries

Not the whole community nor the donors or the implementing NGOs should define targets: the direct beneficiaries should be mainly involved, is the opinion of Daniela Preti.

Daniela Preti: “Secondly, the aims of a project should be related to the direct beneficiaries of an intervention and not to the broader community as such.”

Aim high

Besides warnings and precautions about aims, some participants point to the ‘proven’ value of sport for health and for mental, emotional and social well being. With the assumption that sport is intrinsically good and an effective instrument to deliver educational messages, teach life skills and propagate a healthy life style, measuring the reach and participation rates of sport activities should be sufficient, according to some participants.

Johann Olav Koss: “Sport for Development programmes can most definitely lead to behaviour change and healthy lifestyle choices, but in order to do so, they must be specially-designed with these objectives in mind. Let’s not forget that they also need to be delivered by well-trained, caring and positive adult role models and must be delivered in safe and inclusive environments. Not only can regular physical activity enhance the health of children and youth by preventing and/or delaying the onset of non-communicable diseases, sport and play can also improve young people’s mental, emotional and psycho-social well-being. The universal appeal of sport also makes it an ideal vehicle to inform, educate and empower entire communities to fight communicable disease and promote holistic life-long approaches to health. These are big goals, but they are not unrealistic.”

MDG offers indicators

Surprisingly, on one participant suggests using MDG indicators as fundament for realistic aims.

Marleen Romeny: “You can take indicators that are used to measure improvement with regard to MDGs - finally that is what your intervention should contribute to - and that is possible! For example, the proportion of population in malaria-risk areas using effective malaria prevention and treatment measures. Another example is the comprehensive correct knowledge on HIV/AIDS; we use certificates for coaches having passed HIV/AIDS trainings. Finally,

we receive statements about 'improved healthy lifestyle' from teachers and parents in interviews and questionnaires."

Theory of change needed

An important addition to above guidelines for setting targets, is that a theory or model of change is needed. A theory of change clarifies causal relations, estimates the potential for change and predicts the outcomes of the project. It offers a framework and can be used to identify benchmark indicators usable for monitoring and evaluation.

Jouwert van Geene: "What matters for me is to have a clear 'theory of change'. This means, a clear sense of the logical flow of causalities that will lead to the desired change. What needs to happen for young people to change their sexual behaviour? We perhaps assume that young people experience peer pressure and copy 'good' and 'bad' experiences from peers and 'champions' around them. We may also assume that linking youth to well trained HIV/AIDS youth counsellors can make them better aware of the consequences of risky sexual behaviour. This makes us design certain interventions in Sport for Development. So what we always need to make clear is how we think the change will happen, and how we will test the underlying assumptions along the way.

On the other hand, formulating realistic aims also have to do with practical issues of monitoring and evaluation. If we want measurable aims, we need good data."

5 Examples of realistic aims

We asked participants for examples of realistic aims. Again, answers showcase the diversity of opinions about the potential power of S&D interventions. The quotes below illustrate the wide range of possible aims:

Daniele Preti: "Depending on the above-mentioned steps, realistic aims might be:

- Increase the knowledge on HIV and AIDS among project participants.*
- Offer youth a safe and supporting environment for public health counselling."*

Pelle Kvalsund: "By xxx date all the participants in our activities should know how to protect themselves against HIV/AIDS. To create a safe environment where our participants feel that they can open up for discussions affecting them and to offer support for them on an individual basis."

Yves Vanden Auweele: "Realistic aims are for example personal hygiene and injury prevention, improvement of the (physical) self concept, respect for the body of the opponent, estimate the risks of one's behaviour for one's own and the opponents health..."

Jouwert van Geene: "One example of an HIV-AIDS awareness project in Malawi used a soccer league as the key vehicle for awareness creation (with many capacity building components). There was a good baseline survey that showed levels of awareness of youth on the topic, but also the number of youth going for voluntary counseling and testing of IVH/AIDS (VCT). The aim was to increase awareness and number of youth going for HIV/AIDS. At the end of the soccer league there as a central VCT-week in which testing was promoted, and higher numbers of youth went there. Finally, it is also important to look for the stories behind the numbers. So, for instance using stories of most significant change, or participatory video making, can help to test whether our theory of change was actually valid."

Kate Cowan: *“The best example I can think about is the Game On! project in Speyside Tobago - this project has been developed through a network of many partners, IAYS, TTASPE, UNICEF, Speyside Community Council and the Red Cross. This project has been very successful at bringing international and community organizations together to lend this community a helping hand in understanding the healthy benefits of sport, and starting conversations about HIV/AIDS, obesity, communicable diseases etc...”*

Helen Alderson: *“-Create an environment that encourages sport and physical activity for children and adults. Provide safe facilities and space for people to exercise and do sport.
- Recognize the specific need to promote physical activity among women.
- Establish partnerships to promote sports and H&S such as the partnership between UEFA and the World Heart Federation.”*

Peter Alegi: *“Small-scale improvements in health are possible. I'm not a development specialist or scholar, but I am familiar with Sports Coaches' Outreach (SCORE) and other NGOs in southern Africa focusing on HIV/AIDS education through sport. I also know that in Kenya sex education among girls is making very positive strides in Kilifi on the coast thanks to the work of Moving the Goalposts. In Nairobi, the well-known Mathare Youth Sports Association has done some wonderful projects on environmental citizenship and also on photography, which underscores the utility of culture for mental and social health.”*

Vladimir Borkovic: *“An approach with so far positive results is the integration of testing (e.g. HIV/AIDS) and general vaccination sessions in sport programmes and connected events (e.g. tournaments), always of course in cooperation with all relevant actors, such as local health institutes, community leaders, entities dealing explicitly with testing/vaccination, etc. In the case of HIV/AIDS testing, apart from the obvious benefit of knowing one's status and receiving immediate support as necessary, its application in the framework of sporting activities also greatly helps to lower the knowledge barriers and weaken or extinct the prejudices around the disease. A defined set of outcomes of such an approach (e.g. # of people informed, tested and, accordingly, medically cared for) could be an aim that is both feasible and measurable. Examples of strategies which proved effective can be a useful guide. New strategies need to be developed and field tested on a small scale. Pilot projects should be launched and approaches and results made transparent so everybody can benefit from lessons learned.”*

Kylie Bates: *“For example, in Nauru, a country with the highest rate of obesity in the world, the initial target behaviour was simply for women get to the basketball courts once a week. The focus of the program was therefore on providing transport for the women (the men would usually have the car to go to work) and providing childcare options. Once at the court, there were few barriers that would prevent the women from taking part in an hour of physical activity which could contribute to reducing the incidence of non communicable disease. Choosing a less specific behaviour change or education focused objective (for example, increasing awareness of the risk factors of diabetes) may have meant overlooking the key actions that would facilitate the participation.”*

Cees Versteeg: *“Example of a Teen HIV Prevention Programme:*

Vision: To see youths making informed decisions about their behaviour to create an HIV free generation.

Mission: To ensure that youngsters by the providing of sports activities are healthy and living in a safe environment with the best information that promote safe reproductive sexual behaviour.

Specific objectives: To delay the onset of sexual activities in youths. To promote safe sex amongst youths that are already sexually active. To reduce (unwanted) teenage pregnancies. Operational objectives: To provide young people with sport activities as a platform to: give accurate information about HIV and AIDS and other reproductive health matters. To encourage young people to explore their values and attitudes about sexuality and sexual behaviour. To teach young people skills to help them make and maintain informed decisions.”

Astrid Aafjes: “Realistic aims for sport for development projects aimed at improving health are:

- *girls and women have increased knowledge about reproductive health and also increased ability to make alternative decisions regarding reproductive health;*
- *to choose not to have a sexual relationship;*
- *to have safe sex;*
- *to postpone a pregnancy;*
- *to seek medical support when they face health problems.*

Caroline Gutton: “These objectives can be either individual or collective:

For individual objectives: Sport must teach the young men and women how to respect his/her body. Not only in minimising the risk of injuries, but also in avoiding all kinds of addictive behaviour (e.g. alcohol, drugs...)

For collective objectives: Sport is a strong means of awareness-raising on public health problems such as hiv, nutrition, hygiene. It can help to induce behaviour change, thanks to a playful approach ('edutainment').”

6 How can we progress?

Much can be learned from mistakes and successes of the past. However, best practices are often not shared; bad practices are virtually never shared: the ones involved usually prefer to keep their ‘failure’ behind closed doors. This explains why ‘bad-approaches’ remain common good even though they have proven to be detrimental.

NGOs need to be empowered and facilitated to develop capacities in this relatively new field; new knowledge, skills, and methods need to be disseminated. Examples of strategies which proved effective can be a useful guide. New strategies need to be developed and field tested on a small scale. Pilot projects should be launched and approaches and results made transparent so everybody can benefit from lessons learned. Balancing S&D interventions with other interventions, developing a multidisciplinary approach and setting realistic aims are essential building blocks.

Hopefully, the e-Debate can contribute to the progress of the field by highlighting opinions & perspectives and unlocking visions and expertise. We hope the first round is a good first step and would like to thank the participants for their inspiring input.