Sport as a Pathway to Sexual Health Education:

An Exploratory Study

by

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Abstract

Background: Rooted in origins of eugenics, sexual health education (SHE) originated as social hygiene to culturally maintain and mainstream Christian purity ideology through character-building spaces such as sport, recreation, and physical activity (Ferguson, 1891; Snow, 1916). **Aim:** This exploratory study sought to understand the ways sport acts as a pathway for sexual health education (SHE) from the perspective of high-performance student-athletes. **Methods:** Through semi-structured interviews and open-ended questions, nine former and current student-athletes (3 women; 6 men) were recruited to talk about their experiences and knowledge about SHE within a sports context. The analysis of the narratives involved Willig's 6-step guide to Foucauldian Discourse Analysis (FDA). Discourses were analyzed through a biopsychosocial (BPS) approach, which recognizes the interconnectivity and holistic value of SHE as more than biomedical. **Results:** Three discursive themes were identified: 1) Biomedical, 2) Win At all Costs Mentality, and 3) Sexual Activity. These were supported by discourses such biological binarism, menstruation, winning at all costs, casual sexual activity, and sexual abuse, some of which aligned with SHE curricula objectives as outlined by the Manitoba and Ontario curriculum. **Implications:** This research may provide a new lens for sport organizations to assess their current policies which guide (student)athlete development, including mental health and equity, diversity, and inclusion for both sex and gender diverse athletes. This may also provide direction towards the creation of trauma informed prevention in lieu of crisis responses to matters related to sexual health, including sexual violence, consent, power, and sexually transmitted blood borne infections (STBBIs).

Keywords: sexual health education (SHE), sport, social hygiene, eugenics, poststructuralism, Foucauldian Discourse Analysis (FDA), biopsychosocial (BPS) approach

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Chapter 1: Introduction

Sports is affirmed as a positive space for human development and often recommended recreationally for health and social management (Appelqvist-Schmidlechner et al., 2021; K. H. Lee, 2020; Liddle et al., 2017). For decades, mainstream conversations regarding highly politicized issues such as racism, sexual orientation, sexual abuse, and gender equality have been illuminated through numerous modalities including athlete advocacy and investigative reporting (Anderson, 2011; Bennett & King, 2021; McCray & Taylor, 2022; Norman & Simpson, 2022; Parent & Bannon, 2012; Parent & Demers, 2011; Schultz, 2005; Zenquis & Mwaniki, 2019). Based on the laws and values of certain cultures in conjunction with the rules of an athletic governing body, conversations regarding human bodies of all ages have become mainstream topics of conversation through various (social) media outlets as well as academic publications, academic spaces such as class projects, and critical thinking/guided conversations among scholars and students.

Who can occupy the space and *why* or *why not*? *How* can they or *how* are they expected to occupy the space? *When* can they legally, morally, or ethically occupy the space? *What* common knowledge do we possess that informs our individual and collective opinions, understanding of the rules, and creation or dismantling of laws? Before asking these critical sociological questions, we must first question our own epistemology and ontology regarding the human body through reflexivity. How do we even know what we know about human bodies? How do we know what we know about occupying (athletic) space? For many, the answers may be from a mélange of their parents, religious teachings, sociocultural teachings, and school with such courses as physical health education (PHE) and SHE. For the elite few, their knowledge comes from first-hand experiences of being high performance athletes. First, we must define

sexual health, and SHE? According to the Sex Information & Education Council [SIECCAN] (2019), sexual health is:

> A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. (p. 11)

Therefore, the explicit definition of SHE per SIECCAN, which aligns with the United Nations (UN), and the World Health Organization (WHO) definition, is:

> To equip people with the information, motivation, and behavioural skills to enhance sexual health and well-being (e.g., having respectful and satisfying interpersonal relationships, increased self-acceptance, increased capacity to access sexual and reproductive health services) and to prevent outcomes that can have a negative impact on sexual health and well-being (e.g., acquisition and transmission of sexually transmitted [blood borne] infections [STBBIs], unintended pregnancies, sexual coercion, trauma, abuse, harassment, relationship problems). (p. 12)

In my opinion, *education* is not solely a curriculum-based, space-based event (i.e. only in a classroom). To me *education* is on-going knowledge generation and production that can be acquired at any time, by anyone, anywhere, through varied formats.

PHE is *the* experiential course that centers the body and teaches pupils through *doing*; engaging in coordination, balance, agility, strength, rules, and much more. In popular culture (i.e., movies, books, music, etc.) PHE fosters stereotypes that while intellectually inferior, athletes with exceptional athletic achievement and success are typically heterosexual, popular,

sexually desirable, and heroic (Hackman et al., 2017; MacGregor, 2018; Sailes, 2016; Simons et al., 2007). In Canada and the United States (U.S.), SHE is usually a small unit or a few classes within the larger PHE course from kindergarten through grade 12. Its purpose is to address in an age-appropriate manner, changing and growing bodies, the importance of hygiene, and making healthy lifestyle choices such as appropriate nutrition, the benefits of physical activity, and the impacts of drugs, alcohol, and tobacco on the human body (Griffiths, 1941; Huffaker & McCafferty, 1945; Manitoba Education, 2009; Ontario Ministry of Education, 2019).

SHE classes are controversial with the introduction and inclusion of content topics about puberty, sexual abuse, pregnancy, and sexually transmitted blood borne infections (STBBI's), with major outcry over content topics such as sexual activity, safe sex, the use of prophylaxis/ birth control, and consent (Action Canada for Sexual Health & Rights [Action Canada], 2020; Gilbert, 2018; Irvine & Blount, 2003; Slominski, 2021; Willis et al., 2019). In negotiating concerns of highly religiously conservative parents and organizations, many schools have limited their scope to teach within a mechanical, biomedical approach by explaining the basic biological functions of the body (Action Canada, 2020; Gardner, 2015; Hoefer & Hoefer, 2017; Laverty et al., 2021; Walters & Laverty, 2022). This model of understanding human health is reductionist as it looks only at biological factors, ignoring the psychological and social factors (Bolton & Gillett, 2019; Eisenberg et al., 2008; Wood et al., 2021). The WHO, the UN, and various organizations including the SIECCAN and Action Canada (formerly called Planned Parenthood) have advocated for a human rights approach to SHE which includes adopting and implementing the biopsychosocial (BPS) model, approach, and framework (Ollivier et al., 2019; SIECCAN, 2019; World Health Organization, 2017). The BPS model is an intersectional approach which recognizes the overlapping and interconnectivity of biological, psychological, and social factors

which creates a person's lived experiences (Bolton & Gillett, 2019; SIECCAN, 2019; van Voorthuizen et al., 2022). I believe the feigned political altruism of childhood innocence or safety for girls and women based on traditional gender roles woven into SHE is observable and heightened in sport courtesy of the proliferation of (social) media and the real-time updates in which information is shared. As a civilian, I believe sport acts as a pathway to SHE. As a scholar, I aspire to bring it into the light.

Researcher Introduction

My personal experiences with SHE in school during the 90s and early 2000s in Toronto, Canada was positive and largely educational, although I can recall controversy in the media regarding SHE based on religious outrage. I even recall discussing with my friends the late-night programming about sexual health by host Sue Johannson, a seemingly positive older, White, adult cis-sex/cis-gendered female who educated callers through the televisions. Many of us were latchkey-kids who grew up without social media in the suburbs of the city in the 1990's. Emphasis was placed on recreational activity and being outside playing games and sports. This was the era of all things girl-power, and therefore what a girl could or could not do was based on just that – her biological sex – because back then gender identity was not a mainstream concept, only sexual orientation was. Are you a girl or a boy? Are you gay or straight? Short hair on girls and girls who played with mostly boys or sports considered 'boy sports' (most sports) were discursively constructed as 'Tom-boys'. Boys who participated in 'girly' activities like figure skating, gymnastics, or ballet – or who did not do any athletic activities – were discursively constructed as gay. These real-life discourses were mirrored in television and movie programming which showed us and told us what and how to be an acceptable boy/girl and man/woman through our comportment and language. These discourses also constructed the

recreational and sport opportunities available to a person – often based on biological sex – as they grew older. This largely meant continued opportunities for athletic growth of males in various capacities and less to none for females.

Through self-reflexivity during this project, I grew frustrated with the lack of research addressing SHE *and* sport, especially since SHE content is apart of the PHE curricula, a class that teaches us how to play sports and take an interest in physical activity. A class which in my experience was co-ed until the start of grade 6 when during puberty our PHE became sex segregated. Through my frustration, I shifted the language in the search engines that orbited *what* is SHE, to *when* did SHE become a school topic? This shift introduced an old term that was new to me: *social hygiene*. Through the archives it became clear that I was correct: SHE and sport are woven together, *but* not solely in the biomedical context that we currently understand SHE. They are also related by its sociological, eugenics-based origins: *social hygiene*.

This exploratory, qualitative study examines the intersection of SHE and sport through Foucauldian discourse analysis (FDA) to explore the ways that sport acts as a pathway to the BPS model of SHE. FDA and the BPS model provide a qualitative backdrop for participants to freely express their experiences in lieu of pathologizing their experiences that would occur in a close ended biomedical model. Through interviews, nine cis-gendered participants shared their knowledge about SHE and how sport informed their understanding of certain content topics such as, but not limited to, anatomy, puberty, gender identity, mental health, and sexual activity. The responses provided by the nine participants are not representative of all student-athletes and given the mix of participants (non)contact sports disciplines further reduces the generalizability of data, as not all participants were in the same sport. Understanding how sport acts as a pathway to SHE requires a brief overview of its origins and purpose as social hygiene. A BPS framework

examining SHE will present how the discursive construction and pedagogic use of SHE via sport was and is a tool for public health and social control which equates to post structural and Foucauldian understandings of biopolitics through governmentality and biopower. This will be followed by a brief overview of some of the SHE issues observed and researched in sport which highlight its biopolitical nature.

Chapter 2: Literature Review

Researching sexual health education (SHE) and sport through multiple search engines yielded many results of a variety of forms of sexual violence. The main discourses were: 1) male athletes sexually abusing women, 2) male athletes sexually abusing other male athletes, or 3) male coaches sexually abusing male or female athletes. These discourses intertwined with research and reporting (narratives) of (student) athletes' sexual activity including sexual abuse, casual sex (hookup culture), and the fraternity lifestyle including the culture of silence (Exner-Cortens & Cummings, 2021; Kerr, 2022; MacGregor, 2018; Pépin-Gagné & Parent, 2016). Research on SHE without sport typically yielded results linked to educational curriculums viewed as controversial due to the subject matter such as birth control, STBBI's, the effects of abstinence-only education, and the underfunding and outdated material of many SHE curriculums (Astle et al., 2021; Gardner, 2015; Hoefer & Hoefer, 2017). This literature review summarizes social hygiene, critically analyzes its early use through sport and culture, explores the BPS model of SHE, and finally offers a non-comprehensive overview of current issues within sport which are legacies of social hygiene education within sport.

Social Hygiene

Social hygiene was brought into practice with the express goal of educating citizens about the consequences of sexual activity in effort to reduce the rampant spread of venereal diseases (VD) now called STBBI's – specifically syphilis, chlamydia, and gonorrhea (Clarke, 1940; Hegarty, 1999; Luce, 1930; Shah, 2015a; Short, 1947; SIECUS, 2021). Doctors (i.e., health sciences, education, etc.), governments (i.e., governance, justice, etc.), and organizations (i.e., community, for profit, non-profit, etc.) were the three pillars in which social hygiene professionals of the late nineteenth and twentieth centuries united to employ numerous mixed

method studies to inform themselves on public (sexual) health issues linked to sexual activity (ASHA, 1922; de Marche, 1952; United States Public Health Service [USPHS], 1921b; YMCA USA, 1941).

In Canada and the U.S., these pillars were comprised of prominent – and almost exclusively – White male and female government officials, religious leaders, medical doctors, judges, and academics united to (in)form governing organizations on regulating social control directed at combating VD via social hygiene education (Carstairs et al., 2018; Luce, 1930; M'Kendrick, n.d.; SIECUS, 2021; Wetherill, 1949). This education was heavily underpinned by Victorian era, heteropatriarchal Christian worldviews of moral, sexual, and spiritual purity, and Whiteness (Carstairs et al., 2018; Luce, 1930; Shah, 2015a; Winsor, n.d.; YMCA, 1961, 1962b). These views emphasized discretion and silence regarding personal matters of a sexual nature in public spaces.

The American Social Hygiene Association (ASHA) was formed in in 1914 (Clarke, 1955; Snow, 1916). The Canadian National Committee for Combating Venereal Disease was formed in 1919, renamed the Canadian Social Hygiene Council in 1922, and renamed again to the Health League of Canada in 1935 (Bates, 1970; Carstairs et al., 2018; Wilmshurst, 2015). The urgency to reduce VD was magnified by international conflict such as World War I and II (Brenyo, 2018; Clarke, 1955; Luce, 1930). Soldiers infected by VD were removed from combat to convalesce, which impeded military progress, and inflamed anxiety that the West, such as the U.S. and Canada, would lose to the enemy, notably Nazi Germany and the USSR (W. B. Anderson, 2017; Brenyo, 2018; Hegarty, 1999; The Offices of Community War Services, 1945).

Strategically, systemically, and systematically they informed the public about VD using moral panic and religious praxis (Hunton, 1902; Moxom, 1890; Shah, 2015a; Snow, 1939). This required articulating within a propagandized manner what VD was, how to recognize it, how to cure it, who contracts it, who spreads it, how to prevent it, and its short and long-term affects (ASHA, 1922; Clarke, 1947; Luce, 1930; Spencer, 1930; USPHS, 1921a, 1921b, 1922). A four-fold strategic plan was initiated to tactically progress social hygiene education: "1) Medical and Public Health Measures; 2) Educational Measures; 3) Legal and Social Protection Measures, and 4) Public Information and Community Action" (Snow, 1946, p. 8). Objectives of the era centered on maintaining healthy male bodies who were in or entering various branches of the military and who would otherwise be unfit for combat (W. B. Anderson, 2017; Brenyo, 2018; Imber, 1984; Social Protection Division, 1944).

Social hygiene training and education was purposefully both separate and unequal, divided along gender, racial, and class lines given the mandate of science and community development was openly rooted in the hostility of eugenics (Dogliotti & Scharagrodsky, 2021; Goellner et al., 2012; Luce, 1930; Wetherill, 1949). Notions of *positive* and *negative* eugenics were used to maintain the patriarchal hierarchy and superiority of Christianity, Whiteness, and masculinity (Ferguson, 1891; Hunton, 1902; Luce, 1930; M'Kendrick, n.d.; Shah, 2015b; Snow, 1916; Spencer, 1930; SIECUS, 2021; YMCA USA, 1941). Based on the works of researchers and cousins such as Charles Darwin and Francis Galton, eugenics was preached throughout a variety of lectures provided by social hygiene affiliates, including Christian churches, the YMCA and normalized in school curriculums (Bigelow, 1945; Clarke, 1940; Dogliotti & Scharagrodsky, 2021; Ferguson, 1891; Goldberg, 1954; Griffiths, 1941; Imber, 1980; Short, 1947). "Positive eugenics advocated the improvement of genetic traits by implementing educational and social

programmes that promoted higher reproduction rates for those with desirable traits, while negative eugenics sought to reduce the reproduction rate for those with undesirable traits" (Mathiason, 2021, p. 152). White, straight, disciplined, able-bodied, middle-upper class, Christian (wo)men were the desirable bodies encouraged to reproduce at higher rates (Shah, 2015b, 2015c). Ironically, those male bodies viewed as most desirable were sent off to war, creating a chasm that required duplication of the physical, mental, and social obedience training soldiers received into civilian society through regular PHE and recreational sport opportunities (ASHA, 1918; USPHS, 1920).

A rare state-wide evaluation of 350 public schools in the state of Minnesota was commissioned internally in collaboration between the Minnesota Department of Health and the Minnesota Department of Education in attempt to evaluate the effectiveness of social hygiene education (Griffiths, 1941). Listed was 33 content items found across four general subjects, "General Biology; Anatomy and Physiology; Psychology and Sociology; and Personal and Social Health" (Griffiths, 1941, p. 190). Some of the 33 content items included *heredity and eugenics*, *ideals of manliness and womanliness*, *preparation for marriage*, and *responsibilities of marriage* (Griffiths, 1941). Parallel to the current barriers of SHE, there was no federal level curriculum, not every topic was required to be taught, teachers were/felt unqualified or uncomfortable teaching certain things, and mental hygiene (mental health) was viewed as necessary but lacking in the curricula (Action Canada, 2020; Griffiths, 1941; Reckmeyer, 1934; Willis et al., 2019). With the end of WWII and the public denunciation of Nazi's use of eugenics, as well as the rise of feminism, and racial desegregation and integration, social hygiene education quietly faded and became what we colloquially call 'sex ed'.

Sexual Health Education (SHE)

Most SHE literature does not include its ancestral link to social hygiene and does not actively connect to sport/PHE. Instead, most literature acts point to the failures of SHE in Canada (and other countries), while SHE content items such as self-esteem, sexual activity, gender, or substance (ab)use in the field of physical culture are separate areas of research. Similar to the U.S and other countries, SHE is taught to students in Canada from kindergarten through grade 12 (Action Canada, 2020; Ontario Ministry of Education., 2019; SIECCAN, 2019; Willis et al., 2019; Wood et al., 2021). Often a few classes nestled within the larger, outdated PHE curricula, it is met with political and religious resistance, often framed as a clash of conservative versus liberal ideologies (Action Canada, 2020; Morton Ninomiya, n.d.; SIECCAN, 2019. For example, the province of Manitoba, where I presently reside while attending university, uses curriculum last updated in 2000 (Manitoba Education and Training, 2000). In Ontario, as researched upon by Bialystok & Wright (2019) politics and religion were overt when the 2015 Liberal government introduced a new curriculum to replace the 1998 edition:

> In 2015, an updated version took effect…more comprehensive instruction about puberty and safer sex; social and emotional risks posed by new technologies (i.e., cyberbullying and "sexting"); inclusion of LGBT identities; and a thematic thread relating to consent and healthy relationships. (pp. 347 – 348)

This curriculum was promptly removed by the succeeding 2018 elected Conservative government who received a letter from the UN outlining the importance of human rights based, updated and inclusive comprehensive SHE (United Nations Human Rights Office of The High Commissioner, 2018). In 2019, the Conservative government introduced their own SHE curriculum which was similar to the 2015 Liberal government SHE (Bialystok & Wright, 2019).

With no federally streamlined SHE in Canada, a parent may be allowed to exempt their children from certain lessons based on cultural/religious beliefs depending on the province/territory and school board (CBC News, 2019). "School-based programs that provide information about sexuality tend to be controversial, with opponents of such programs sometimes claiming that 'sex education' is inappropriately focused on teaching about, and inadvertently promoting, sexual behavior among youth" (Rathus et al., 2016, p. 382). These are the same beliefs that informed social hygiene education. Those of a highly religious/conservative nature believe this education on matters of sex will pervert childhood innocence and promote youth to engage in sexual activity (Davies et al., 2021; Irvine & Blount, 2003). Thus, to counter the experiential promotion of sexual engagement by youth, curiosity, and questions, the sterile biomedical model was adopted and delivered without enthusiasm and interest from the instructor (Ferguson, 1891). As described by Irvine & Blount (2003):

> Is it possible to teach young people about sex before they learn about it from unsavory sources-without the instruction itself stimulating precocious sexual behavior? Many sex education advocates over the century have addressed this dilemma by making the subject "scientific," which includes presenting information according to a youth's "stage" of adolescent development, using scientific nomenclature stripped of erotic elements, and making content "too boring to be suggestive". (pp. 611-612)

Additional challenges to delivering a comprehensive and/or inclusive SHE curriculum include underfunding, school resources, school board mandates, teacher training, and teachers' personal beliefs (Action Canada, 2020; Davies et al., 2021; Griffiths, 1941).

Ongoing research to improve SHE has asked former and current Canadian students and residents what they want to learn or wish they had learned (Action Canada, 2020). The available

data shows that Canadians and individuals residing in Canada, feel they were not taught important parts of sexual health, including consent, sexual violence, heathy platonic relationships, healthy romantic relationships, gender identity, STBBIs and where to get tested for infections (Action Canada, 2020). This is problematic as, “Chlamydia, gonorrhea, and syphilis have been steadily rising since the 1990s…63% of new cases of chlamydia, 49% of new cases of gonorrhea, and 14.9% of new cases of infectious syphilis were among young people aged 15 to 24” (Action Canada, 2020, p. 77). The same STBBIs of social hygiene which were almost eradicated in Canada in the mid-90s have forced multiple provinces/territories to declare outbreaks (Action Canada, 2020). Furthermore, failed SHE has extraneous public health and economic impacts as “S[TBBIs], unintended pregnancies, sexual and gender-based violence, and discrimination against LGBTQI2SNA+ individuals result in substantial economic costs to Canadian society in the form of higher health care expenses and other expenditures” (SIECCAN, 2019, p. 17). Furthermore, some STBBIs can become chronic diseases requiring extensive medical care, including surgery to repair vital organs. For example untreated Gonorrhea can lead to heart complications including heart failure (Kavalier et al., 2021)

Through a BPS approach, the importance of SHE is easier to understand; it recognizes sexual health is a component of overall health, and affects the individual’s biological, psychological, and social health. “Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” (SIECCAN, 2019, p. 12). “[SHE] should equip individuals to understand and engage with–or modify–individual, interpersonal, community, and societal factors that affect sexual health and well-being. [SHE] is more likely to be effective if it addresses sociocultural issues” (SIECCAN, 2019, p. 31). SHE is a human right (Action Canada, 2020; Rathus, 2016; SIECCAN,

2019). The failure to recognize and provide this has left people in an intellectual deficit regarding basic biology, communication skills, and navigating (un)healthy relationships, including relationships with themselves (Rathus, 2016; SIECCAN, 2019). Failure to provide pupils with comprehensive SHE which includes information about abstinence can result in poor/negative biological outcomes, mental health outcomes and social connections (Action Canada, 2020), and those who are not provided with evidence based SHE by qualified educators, may become informed through alternate, inappropriate resources. For example, research has highlighted that many youth and adults access pornography, which acts a filler for SHE (Klotman, 1971; Perry & Schleifer, 2019). Often pornography is violent, racist, sexist, and in many cases, fantasy, failing to provide any form of educational, realistic value. SHE is larger than the physical consequences of sexual activity.

Biopsychosocial Model & Sport (BPS)

As previously noted, the BPS model is the approach adopted by the WHO to understand SHE, and within this project, its connection to sport. For example, with this approach we may ask how rules banning certain athletes based on testosterone in the female body physically (i.e., testing, drug intervention, training, etc.), psychologically (i.e., depression, self-esteem, self-identity, etc.) and socially (i.e., media reporting, sport environment, ostracization, etc.,) impacts athletes. This pertains not only to the athlete being banned, but also to the athletes who they compete against. This approach embraces intersectionality, and can be used to look at any issue within sport. As outlined by SIECCAN (2019):

> [A] biopsychosocial approach that recognizes that health consists of biological, psychological, and social components and the interaction of these components contributes to overall health and well-being. A biopsychosocial approach to health differs

> from more traditional medical models that have been primarily concerned with the diagnosis and treatment of physiological health problems. A biopsychosocial approach is more holistic (i.e., it addresses the entire person) and suggests a positive component of health in the form of well-being. (p. 11)

Akin to the biomedical model, biological components worth considering include age, biological sex, weight, injury, and medical illness (Bolton & Gillett, 2019; van Voorthuizen et al., 2022). Psychological components include such things as mental health, depression, suicide, and self-esteem (Bolton & Gillett, 2019; SIECCAN, 2019; van Voorthuizen et al., 2022), and social components include culture, religion, environment, sports, family, and friends (Bolton & Gillett, 2019; Moore et al., 2022; van Voorthuizen et al., 2022).

Research regarding health and wellness often advocates for an individual to partake in sport and other forms of recreational, leisure, and physical activity to experience many positive health outcomes (Anderson & Brice, 2011; Lewis, 2014; Whitehead & Blaxton, 2017). Benefits have been documented in multiple populations including youth, older adults, pregnant women, people with chronic health conditions, and people with physical impairments (Eigenschenk et al., 2019; Whitehead & Blaxton, 2017; Wilson et al., 2022). Documented positive outcomes of sport include improved mood, improved social relationships, improved self-esteem, reduced risk of obesity, reduced risk of premature death, and reduced risk of Alzheimer's (Cilar Budler & Budler, 2022; Eigenschenk et al., 2019; Guitar et al., 2018; Wilson et al., 2022).

While not expressly stated, the spirit of the BPS approach is formally adopted in the current Government of Manitoba Physical/Health education curriculum. Their *Healthy Living* section states, "The essence of this general student learning outcome is that the student will demonstrate the ability to make informed decisions for healthy living related to personal health

practices, active living, healthy nutritional practices, substance use and abuse, and human sexuality (Manitoba Education and Training, 2000, p. 149). This includes, "identify[ing] daily habits and responsibilities for promoting physically active and healthy lifestyles…prevention of illness and disease. The skill component focusses on the planning and managing of personal health practices (e.g., participation in physical activity, healthy eating) on a daily basis" (Manitoba Education and Training, 2000, p. 149).

Of critical note is that most of the suggestions are to build early healthy skills in future adults, many of whom will not identify as elite athletes. Therefore, the generalized benefits experienced and reported in multiple populations, many of whom are *non*-athletes may not be the same for elite (student)athletes. This is a notion supported by research that has found negative biological (i.e., injuries, menstruation suppression, changes due to steroids, etc.), psychological (i.e., concussions, low self-esteem, body dysmorphia, etc.) and social (i.e., sexual abuse, hazing, exclusion, sexism, racism, etc.) outcomes when elite performance and sport culture are the individuals' *profession*. Additionally, it has been acknowledged that the BPS health of youth may be compromised due to playing sports during puberty. As outlined in the Ontario Ministry of Education (2019):

> Sport and physical activity can be powerful socializing agents for adolescents. In some cases, they can also create environments of exclusion. Some adolescents move away from physical activity because of physical, social, and emotional changes or stresses at puberty. Adolescence is a key time for using the opportunities provided within health and physical education to reach and connect with youth and provide them with positive social, emotional, and physical experiences. (p. 234)

SHE Issues in Sport

Social justice issues that can be proactively addressed with SHE are presently manifested within the microcosm of sport and culture, inciting and requiring micro, meso, and macro level debates. Taking into account the Province of Manitoba's 23-year-old PHE/SHE curriculum, its contents can be linked to discourses in sport via the BPS model. Per the Manitoba Education and Training (2000) guideline:

> The *Human Sexuality* strand includes student learning outcomes related to the following areas: physical development (e.g., human reproduction, secondary characteristics associated with puberty, growth and development patterns, and pregnancy), emotional development (e.g., puberty, hormones, and sexual attraction), social development (e.g., family support, cultural/social values, sex roles, sexuality, and responsible sexual behaviour), sexual health issues (e.g., Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome, Sexually Transmitted Infections). (p. 150)

There are a flurry of contentious sexual health issues within sport. Currently a major focus is on the inclusion of female trans athletes and female athletes with differences of sex development (DSD), also called intersex athletes (NCAA, 2022; Tanimoto & Miwa, 2021; Wonkam et al., 2010). The focal point of these discussions is *what* is testosterone and *who* and *how* does testosterone affect a person. This is a contentious topic not isolated to sport, and is discourse being discussed by law makers and politicians resulting in news coverage about bathroom use, pronoun use in schools and workplaces, gender identity on identification cards, school curricula, the definitions of the words gender and (biological) sex and more (Abreu et al., 2022; Hughto et al., 2021; Manuel, 2020; Sheer, 2020; Tanimoto & Miwa, 2021). In sports, the notable names and faces to appear in media regarding such issues are Caster Semenya, a Black

South African female track athlete with DSD (intersex), and Lia Thomas, a White, American in swimming (Cooky et al., 2013; Tanimoto & Miwa, 2021; Wonkam et al., 2010).

The inclusion/exclusion in sport of trans athletes and athletes with DSD has brought forth discourses in the form of debates across multiple (social) media platforms that affect the elite level, rippling into youth sport, and recreational community sport. Discourses include conversations about all athletes' biology (biological sex and secondary characteristics), mental health (how does inclusion/exclusion of non-cis athletes' impact that athletes' welfare and sports?), and social development (what are friends, family, coaches, spectators saying?). Discourses on the inclusion of non-cis female athletes is an extension of the very old substantive discourse regarding natural biological inferiority of women and superiority of men: sexism. Outside of the sporting spaces, these discussions about physical advantage and testosterone, as well as the role of menstruation, extends to gender affirming healthcare access for youth and the use/consequences of puberty blockers as well as the surgical removal of reproductive organs as argued in the general media (De Vries et al., 2020; Twohey & Jewett, 2022).

These conversations require attentively questioning *what* is gender identity, *what* is biological sex, *who* is a woman or a man, and *what* are qualifying cultural and social factors of manhood, boyhood, girlhood, and womanhood. These questions also arose as part of epistemology and ontology of social hygiene education (Griffiths, 1941; Luce, 1930; Spencer, 1930), occur during SHE, and are qualifying factors in sports categories. In a study of youth participants in Ontario, researchers found that teachers "common reliance on this notion of biological differences between boys' and girls' bodily development can reinforce transphobic violence, through the idea that outer gender presentation is associated with an inner truth in terms of assigned sex at birth" (Davies et al., 2021, p. 10). Cross-culturally, certain sports are viewed as

masculine or feminine and begat homohysteria traditionally manifesting in the surveillance, policing, and reproduction of acceptable sociocultural gender roles and beliefs of biological and gender superiority/inferiority (Ospina-Betancurt et al., 2021). Homohysteria was, and for some is, still the belief that certain behaviours are connected to being homosexual, and therefore results in a culture of panic, surveillance, and policing of behaviours or acts of intimacy viewed as forms of unacceptable masculinity and femininity (E. Anderson et al., 2012).

Governmentality, Biopower, and Biopolitics

The control of bodies as systemically and systematically calculated is captured by the notion of governmentality, biopower, and biopolitics. These interconnected ideas are part of the poststructuralist paradigm, and Foucauldian beliefs. Governmentality is the top-down control of individual bodies by ruling structures with accompanying policies which requires the individual to self-police, self-surveil, and self-correct to align with sociocultural norms and expectations (Rabinow & Rose, 2006; Sugden, 2022). This notion encourages accompanying members of society to surveil, police, and report deviancies to the ruling structure. Biopower is the methods in which bodies are controlled to ensure governmentality, "it is concerned with maximising the functionality of individuals, families, the economy and the state and promoting social discipline" (C. Bennett et al., 2017, p.1367). Biopolitics is simply the combination of governmentality and biopower and is a term to "embrace all the specific strategies and contestations over problematizations of collective human vitality, morbidity and mortality; over the forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious" (Rabinow & Rose, 2006, p. 197). Biopolitics is inherently in sport and SHE. Athletes must adhere to the top-down rules guiding their bodies in order to participate in sport, and a plethora of physical culture research has shown that athletes police their bodies and

mannerism, such as performing hypermasculinity or hyperfemininity to combat homohysteria (Anderson, 2011; Cole et al., 2019; Krane, 2001). SHE is a subject which ideally teaches youth about their bodies and acceptable behaviours especially as they go through puberty and topics of hygiene, dieting, bullying, dating, and sexual activity become realized realities. Understanding the subjectivities and generalisations of bodies tied into sport through SHE is biopolitical, as the origins of SHE (social hygiene) were expressly tied to the control of bodies and SHE via sport to institutionalize and normalize purity culture to combat STBBIs and promote heteropatriarchal, Anglo-Saxon Whiteness (Shah, 2015b; The Sexuality Information and Education Council of the United States [SIECUS], 2021). The following few pages contextualize within the BPS framework biopolitics, SHE, and sport.

Sex Verification (Biological)

The conversation regarding female athletic abilities in contrast to male athletic ability is not novel given the central importance of superiority placed on the male body. Female athletes who have displayed athletic greatness have been under scrutiny and suspicion, sometimes accused of being a male incognito, calling for sex verification (Jakubowska, 2014; Ospina-Betancurt et al., 2021). To maintain the auspices of purity and fairness in female sport, sex verification tests were introduced and officially implemented by sport governing organizations in 1966: “The International Association of Athletics Federations (IAAF) required the control for all women who competed in local, continental, or world championships, arguing that a person’s chromosomal composition determined her sex” (Ospina-Betancurt et al., 2021, p. 2799). The International Olympic Committee (IOC) implemented tests in 1968 (Ferguson-Smith & Ferris, 1991; Jakubowska, 2014; Ospina-Betancurt et al., 2021). Tests consisted of visual inspections of the female athlete’s body (called nude parades), gynecological exams, and chromosome tests by

almost exclusively male personnel (Jakubowska, 2014; Ospina-Betancurt et al., 2021). The IAAF ended *mandatory* testing in 1992, and the IOC in 1997 (Ospina-Betancurt et al., 2021).

Female athletes with results divergent from XX chromosome pairs did not receive clearance to participate, while verified female athletes were granted a gender verification card, also called a 'femme card' (Jakubowska, 2014; Ospina-Betancurt et al., 2021). Verification tests can still occur when a female athlete's performance is viewed as superior and assumed inappropriate for their natural biological sex, and in some instances brings critique of their physical appearance as being too masculine or mannish (Jakubowska, 2014; Ospina-Betancurt et al., 2021). No known verification tests exist for or have been known to have been performed on (cis)male athletes in male sports.

Gender Policing (Psychological)

Muscles are a biologically natural function of an athletic body that enable optimal performance of tasks, however muscles are socially illustrated as a distinguished physical masculine trait (Brace-Govan, 2004; Salvatore & Marecek, 2010; Schultz, 2005). The outward physical appearance of female athletes is economically levied against the social branding of their sexuality which threatens the socially constructed expectation of heterosexuality (Krane, 2001). Socially, we perceive non-feminine appearing cis-sex/cis-gendered women (dainty, lean, breakable) as non-heterosexual and therefore as less worthy or valuable, as they may fulfill the societally expected biological role of child bearer or as a wife to a man. In most sports, male and female athletes are expected to be and display acceptable gendered heterosexuality (Beaver, 2016; Knight & Giuliano, 2003). Acceptable 'femininity' triggers a double body image of the female apologetic; a counter narrative of 'lesbian', regardless of the athlete's sexual orientation (Brace-Govan, 2004; Krane, 2001).

The female athlete is strongly encouraged to engage in acts of hyper-feminization such as wearing make-up, having long hair, wearing visibly 'girly' accessories like hairclips, and visibly seen dating/married to a man (Brace-Govan, 2004; Krane, 2001). Imagery within (social) media reproduces and reaffirms gendered objectification of athletes by traditionally using action shots of male athletes, and sexually suggestive poses or voyeur-esque pictures (up skirts, etc.) of female athletes (Henderson, 2014; Trolan, 2013; Weber & Carini, 2013). "These images serve as role models for millions of females, who receive the message that athleticism and skill are not enough but should be supplemented or even replaced by beauty and sexiness" (Weber & Carini, 2013, p. 201). The acceptable body is also contingent on race and the hierarchy of colourism, in which White, Euro-centric features are privileged, and dark skinned, Afro-centric features are demonized (Lorenz & Murray, 2014; Schultz, 2005).

The power of sexualized gender performativity in relation to wealth is demonstrated in the media coverage and monetary compensation earned by tennis player Anna Kournikova, dispelling the myth of meritocracy in relation to talent. "Sport is believed to be a meritocratic space where race has no bearing on outcome—an arena that demonstrates that anyone who hustles enough, irrespective of background or identity, can find success" (Serazio & Thorson, 2020, p. 153). Competitively unexceptional, mediocre, and having never won a major tournament, Kournikova was the highest paid athlete in history for many years because of her sponsorship money (Schultz, 2005). Women aspired to duplicate her appearance while men openly commented on their sexual fantasies about her. In contrast, Serena Williams, winner of 23 major titles is continuously disparaged as being hyper-masculine due to her natural muscles, darker skin complexion and Afrocentric features like her hair and nose (Schultz, 2005).

Implementation (Social)

(Social) media images and selected vocabulary to cover sports and athletes has a profound effect on the mental health and self-esteem of not only the athletes, but the girls and women viewing them. With the knowledge gathered on how gender stereotypes affect the self-esteem and wellness of girls and women, Procter and Gamble, the makers of *Always* menstrual pads and tampons, launched the award-winning, global *Like a Girl* campaign to 're-write the rules' and break stereotypes as part of their brand activism through sport (M. Lee & Yoon, 2020; Silva et al., 2020). Other advertisements such as Nike's *Dream Crazier* further monetized these discourses of female psychology, and the traditional rhetoric of 'crazy' or 'weak' in relation to breaking social rules as part of its brand and product promotion (Liu, 2023). Both promoted taking part in sport and physical activity to break stereotypes about women's bodies as inferior, and to elevate mental health and self-esteem. These combated stereotypes are grounded in early scientific research by medical doctors who tied acceptable female gender roles to the reproductive function of menstruation (Vertinsky, 1987, 1994). Menstruation was viewed as a disability due to the weakness of the uterus that would be exacerbated by engaging in physical activity, thus girls and women were discouraged from sporting spaces, and space for female sport was either severely limited or simply did not exist (Vertinsky, 1987, 1994).

Sport was identified as a character development space by social hygiene practitioners to prepare and matriculate healthy youth to become future soldiers. "In a remarkable admission, former president Dwight D. Eisenhower once openly enthused, 'The true mission of American sports is to prepare young people for war'" (Burstyn, 2000, as cited in Serazio & Thorson, 2020, p. 153). Agility, strength, and muscularity through the spirit of patriotic duty created the acceptable male body, while female bodies were patriotically tied to motherhood, childbearing

and upholding the continuity of a nation's identity through nuclear family values (Luce, 1930; Tajri et al., 2020). Male youth were encouraged to engage in physical activity of an exhaustive masculine nature like distance running and weightlifting while spaces were created with their development and success in mind (ASHA, 1918; Luce, 1930; The International Committee of the YMCA, 1947; YMCA USA, 1941). Female youth were encouraged to engage in light, calisthenic physical exercises considered feminine that would keep them fit enough for childbirth and attractive enough for the male gaze, with limited spaces and programs created for them (ASHA, 1922b, 1922a, 1940, 1952; YMCA, 1961). It was also believed that female participation in physical exercise viewed as masculine would contribute the prolapse of her uterus (Schultz, 2019).

Environmental factors for an athlete can differ and affect their overall wellbeing and health. These include the physical environment of their training space, the amount of time and discipline required to train, the competitiveness of the sport, the social atmosphere such as homohysteria and hypermasculinity, as well as the pressure and expectation to win (Gay, 2021; Grubic et al., 2021; A. S. Walters, 2021). In recent years, especially in the wake of COVID-19, mental health research on elite (student) athletes has gained traction as the discipline, lifestyle, and environment can have negative health outcomes such as isolation, substance abuse, and suicide (Grubic et al., 2021; Schinke et al., 2018; A. S. Walters, 2021). The hypermasculine militaristic spirit of sport has traditionally dissuaded (male) athletes from expressing emotions considered feminine, such as tears. "When it comes to masculinity, the dominant message is that felt emotion must be controlled and that open expression of emotion is a sign of femininity, and thus inferiority and weakened masculinity" (MacArthur & Shields, 2015, p. 40). In certain sport cultures, hazing is normalized and can involve humiliating and degrading acts of a sexually

abusive and coercive nature (E. Anderson et al., 2012; Fogel & Quinlan, 2021; Johnson, 2011; Johnson et al., 2018; Mathers & Chavez, 2018). Athletes may be forced to participate in this environment without pathways to report or safely exit due to the culture of silence which ostracizes any athletes for speaking up for themselves or others. This also includes coaches being aware of problems and failing to intervene or report predatory behaviour and/or predatory athletes and/or coaches (Chroni & Kavoura, 2022; Giroux & Giroux, 2012; Rawn et al., 2022; Way, 2023).

Policing and surveillance of emotions through the use of sexist and homophobic language forces adopting the veneer of toughness and emotional/mental control within the boundaries of acceptable masculine comportment, which also affects female athletes who are socially positioned as inferior (Chukwurah et al., 2022; MacArthur, 2019; MacArthur & Shields, 2015; Trolan, 2013). This also affects athletes who are viewed as divergent to heterosexuality and cis identities due to the homophobia found within various sports environments. Athletes have essentially been told to keep quiet and grind through the tough times. Athletes who are public figures such as Naomi Osaka and Simone Biles have spoken out regarding mental health and the normalized unhealthy environment/culture of sport while ironically being chastised by some media outlets and the public for appearing weak for prioritising their personal wellness over their professional expectation to compete (Gay, 2021; Thompson et al., 2022).

Summary

What is now called SHE was once called social hygiene education with overt objectives to spread eugenics messaging via sport spaces. Sport spaces were identified by professionals in various disciplines as character building spaces which biologically, psychologically, and socially impacted people and communities. To my knowledge, there is no active field that incorporates

SHE and sports, even though SHE is taught to youth from kindergarten to grade 12 and is specifically situated and instructed within PHE. Additionally, I am unaware of any SHE classes for adults, thus further limiting comprehensive SHE, which is of important note, because Canada is a hub for many newcomers, including international students who may be from strongly religious and conservative countries. Canada is a fairly liberal country which embraces diversity which offers some legal protection for individuals from discrimination based on many factors including race and sexual identity. Using the BPS approach instead of a biomedical approach, and using the words and narratives of nine former and current self-identified elite student athletes from various sport disciplines, this qualitative master's project explores the connection between sport and SHE.

Chapter 3: Methodology

Research Design and Question

This exploratory research project was situated within a qualitative framework, which "rel[ies] on text and image data, ha[s] unique steps in data analysis, and draw[s] on diverse paradigms" (Creswell & Creswell, 2018, p. 179). While images were not taken of participants for this study or presented to them, image data from SHE was described by participants during interviews about SHE such as diagrams or pictures of the human body, as well as images of sexism or racism largely linked to uniforms and heteropatriarchal ideals of femininity/masculinity. Additionally while I do not present them in the written thesis, archival images of social hygiene advertisements were accessed by myself, which undeniably informed my knowledge on SHE. For interested readers, I have placed a few social hygiene images in Appendix G. The focus of this project was to investigate through the voices of elite student-athletes from various sport disciplines and cultures if and how their sport participation informed their SHE. Simply, is there a link between SHE and sport? The study focused on the participant discourses of biopsychosocial SHE narratives instead of a biomedical narrative to answer the research question: *In what ways does sport act as a pathway to sexual health education?*

Foucauldian discourse analysis (FDA) was chosen as a method for this study as epistemologically and ontologically, it conveys that knowledge production is subjective and that multiple realities exist, aligning with the philosophical framework of poststructuralism (Markula & Silk, 2011; Ollivier et al., 2019). The study focuses on the constructed discourses (their words, how they spoke about a subject, how they learned about a subject) of participants regarding how they understood SHE and how they located it in their sporting experiences, including interactions with others, their sport culture and their sport environment(s). "Discourse analysis focuses on

how language is used in context by looking at discursive strategies of particular people in particular sociocultural situations. Discourse here refers to people's everyday conversation" (Markula & Silk, 2011, p. 100). FDA "examine[s] how language reflects the power relations in society" (Markula & Silk, 2011, p. 100).

Poststructuralism accepts that while participants are elite student-athletes, their gender, race, and sport discipline(s) produces overlapping but differing subjective experiences. Poststructuralism analyzes how language is linked to power and how this discourse (way of knowing), limits or expands someone's power such as their autonomy or their knowledge, as well as how it has changed overtime (Given, 2012; S.-M. Lee et al., 2018; Markula & Silk, 2011; Willig, 2013). With regards to sport, this "type of critical deconstruction and analysis can provide insights into the personal, social and institutional understandings of sexual health" (Ollivier et al., 2019, p. 697) and the implications it has had on these participants. It also brings to light biopolitics between SHE and sport, which is the top-down control of a human body.

Participants

Approval for this study was obtained from the University of Manitoba's Research Ethics Board (REB) 1. Recruitment employed purposeful sampling (i.e., criterion sampling) and snowball sampling (i.e., chain sampling) (Creswell & Creswell, 2018; Markula & Silk, 2011), in which participants were required to be 18 years of age or older, and current or former varsity level or equivalent (i.e., national, provincial, etc.) student athletes. Not all sport disciplines of elite status are available at every post-secondary institution. At my institution there must be an equal number of male and female sports teams, and as there is no female football team, to meet this standard there is a female soccer team, but no male soccer team. Therefore, there would be

the possibility of an elite national level male soccer player in Manitoba who does not play for the university, but on an equivalent league such as Team Canada.

This study was inclusive of participants of any self-identified gender/sex and self-identified race. As this study took place during COVID-19, all interviews were conducted in English via the secured UMZoom platform. Participants were not required to be affiliated with any particular institution (sport or school). To maintain confidentiality, specific names of any kind were redacted and replaced with a generic moniker (i.e., Participant 1 (F – NC), Participant 2 (M – NC), etc.,). F means Female; M means Male, and NC or C means Non-Contact or Contact. Participants were recruited via a poster (see Appendix D) that was electronically distributed by faculty and athletic coordinators to target both current and former varsity-level or equivalent (i.e., provincial, national, state, etc.) student-athletes. Snowball sampling was employed as participants recommended this study to their peers who contacted me via my secure university email. Given the sensitivity of the subject matter in conjunction with extended health pandemic lockdowns and restrictions, the combination of sampling techniques for this research project was appropriate as it provided flexibility in recruiting and interviewing participants (Creswell & Creswell, 2018; Markula & Silk, 2011).

Interested participants were provided with a letter of information (see Appendix B) and a consent form (see Appendix A) for their review prior to scheduling an interview to ask questions and to assess if they met the criteria and felt comfortable participating. Participants were informed in both the consent form and letter of information, as well as verbally prior to and after the interviews of their right to withdraw their data prior to publication of the results on UMSpace as part of the thesis requirements. Remuneration was provided in the format of a $20, non-refundable electronic gift card to each participants' store of choice from egiftcards.ca after the

interviews. Participants were informed that should they withdraw their data they were not required to return remuneration.

A total of nine participants (five male and four female) between the ages of 23-38 participated in this study. To protect participant identities given the sensitivity of the topics, the participants sport discipline(s) were redacted to *non-contact* and *contact*, with two participants becoming coaches within their respective disciplines. This is identified in Table 1 with an asterisk (*) next to their sport discipline. Participants were asked to self-identify their gender, and all participants identified as cis-gendered without any prompt from myself for the use of the word *cis*. Participants were asked to self-identify their race. Six expressly identified as White, two expressly identified as Black, and one identified as White passing based on ancestral culture and blood quantum. As I have personal knowledge that this participant has previously identified racially as White prior to this interview, and is not a racialized person, they were categorized as White. See Table 1 for individual participant characteristics in Appendix F.

Data Collection

Upon obtaining consent, interviews were scheduled via UMZoom and ranged in duration from 28 to 90 minutes. Interviews were conducted individually using a semi-structured format, asking open-ended questions with a prepared question guide designed to be flexible enough to allow for individual participant elaboration (Creswell & Creswell, 2018; Markula & Silk, 2011). All interviews were audio recorded using a separate password protected device and transcribed verbatim by the researcher into text for analysis to ensure confidentiality and privacy. Discourses, akin to the concept of themes found in the interpretative paradigm (Brunton et al., 2018), were organized into categories based on reoccurring language using NVivo 12 pro software. The interview guide (see Appendix E) used in this study was developed to explore the

language (discursive construction) used by participants about how they learned SHE through sport. Sample questions included: *What is sexual health education in your own words? How is gender and/or biological sex addressed in sport? What sexual health education elements come to your mind when thinking about sport?*

Data Analysis

Data (interview texts) were analyzed using Willig's six step to FDA to identify discursive constructions of SHE and to connect them to wider social discourses (Brunton et al., 2018; Willig, 2013). NVivo 12 pro software was used to help code and organize interview text data into discursive themes. NVivo is not a method of analysis, but an organizational tool to code various forms of texts. FDA is used to analyze how language shapes knowledge and vice versa, subsequently shaping the lived experience and subjectivity of the individual and the power they hold or do not hold (Brunton et al., 2018; Davies et al., 2021; Markula & Silk, 2011; Willig, 2013). This is aligned with the ontological and epistemological stance of poststructuralism that while people have overlapping and shared experiences, *individual* experiences create the existence of multiple realities and multiple truths (Given, 2012; Markula & Silk, 2011). In this study, while all participants identify as cis-gendered, cis-sex, and elite student-athletes, they were of various ages, biological sexes, races, and sport disciplines. Therefore, even overlapping gender identities, racial identities, or athlete identities resulted in different experiences (i.e., multiple realities and truths).

There is no one way to conduct FDA (Given, 2012; Markula & Silk, 2011). I chose to employ Willig's (2013) 6-step to FDA which consists of 1) Discursive Constructions, 2) Discourses, 3) Action Orientation, 4) Positionings, 5) Practice, and 6) Subjectivity. Akin to the interpretive paradigm, the first stage required me to familiarize myself with the collected data

(i.e., interview as texts) by reading and re-reading transcripts, then coding/categorizing them into commonly occurring statements based on references to SHE content topics that were explicit (i.e., condoms, STI's, puberty, etc.,) and implicit (i.e., we learned things like that in class, etc.,) (Brunton et al., 2018).

In stage 2, I focused on the *different* ways SHE topics were talked on their own and within sports to identify different discourses (Brunton et al., 2018; Willig, 2013). For example, participants provided anecdotes in which they talked about how their menstrual cycles disrupted their ability to perform, the culture of casual sex within their teams, locker room talk about STBBIs and condoms, their training schedules and diet, how their mental health was affected by their sport, using steroids, painful periods, and more. These would then be different discourses pertaining to human/athlete development, anatomy, puberty, menstruation, nutrition, sexual activity, harm reduction, substance (ab)use, female athlete specific development needs, coaching training/education, and more.

In stage 3, I analyzed the function of the language in constructing a statement which allowed for socio-cultural contextualization, leading to stage 4, the analysis that looked at the speaker and how they came to be in possession of the language to formulate and communicate that specific participant knowledge – their unique reality contributing to the epistemology of multiple realities and truths (Brunton et al., 2018; Markula & Silk, 2011; Willig, 2013). For example, all participants might have been familiar with menstruation, but female participants talked about menstruation from active experience while male participants were passive, only hearing/learning about it, but never experiencing it. Some female participants constructed it as painful, frustrating, and in need of medical intervention while others did not as that was not their personal experience. Some were able to talk about it from a male coaching perspective, sharing

that until it was blatantly brought to their attention in trainings, they had never thought about it, as they did not personally experience. As the speakers were all cis-sex/cis-gender, and with the controversial inclusion of female intersex/trans athletes in sports, it would be socio-culturally appropriate to note the sex and gender of the speakers for additional context, as it provides context about the speaker and their authority/lived experience about the subject.

In stage 5, I analyzed the real-world practice of the language and knowledge in relation to power (Brunton et al., 2018; Willig, 2013), which provides insight into the reality of the real-world impact on the lived experiences and options afforded to the speaker within the larger socio-cultural, and political contexts. Some people experience a reality where they have very limited power, and some who have more (i.e., racial privilege, being a male, being heterosexual, participating on a contact sport with lots of funding, coach status, player status, etc.) (Brunton et al., 2018; Markula & Silk, 2011; Willig, 2013). Continuing with the aforementioned example of menstruation, power in this context would be represented by sexism within male coach-female athlete dynamic. If all the coaches are male, and they fail to recognize the biological differences of their female athletes in relation to their male athletes, then the training and development techniques could be inappropriate, dangerous, and costly. This could lead to higher rates of injury, longer recovery times, and poor performance outcomes.

Stage 6 was the culmination of stages 1 through 5, requiring me to observe and acknowledge how the knowledge and language connected to thoughts, feelings, and experiences (Brunton et al., 2018; Willig, 2013). This created the reality of the participant, and associated implications on a micro (individual) level and could be connected to the meso (community) and macro (global) levels (i.e., sexism they face connected sexism in society and issues the gender pay gap, etc.,) (Brunton et al., 2018; Markula & Silk, 2011; Willig, 2013). Completing this

example with the discourses of menstruation, sexism, female athletes, and male coaches, this ties to wider discourses that biologically female athletes are naturally inferior to male athletes, as well as advocacy to onboard and train more female coaches.

In the findings section, reoccurring discourses are presented as discursive themes they were coded into. In the discussion section these discourses were connected to SHE content items (i.e., mental health, anatomy, substance abuse, hygiene, etc.), and are placed within the BPS model (i.e., biological, psychological, and social) to make the overt link between SHE and sport.

Validity and Reliability

While most methods have rigorous ways of establishing validity and trustworthiness, concepts often linked to the idea of truth (Rolfe, 2006) through established protocols such as member checking, these methods do not comply with the poststructuralism paradigm as it "challenges and seeks to dismantle existing systems of power, and that includes the very systems that give legitimacy to his [Foucault's] own work" (Sam, 2019, p. 338). "Poststructuralist work emphasises the theoretical contribution in addition to the process and the impact on the community" (Markula & Silk, 2011, p. 220). Throughout the interviews, to ensure thoroughness in analyzing their discourses, I would summarize to participants the messages I took away and they would confirm or correct my analysis of their discourses as a form of on-going member checking (Creswell & Creswell, 2018; Markula & Silk, 2011). Participants were also afforded the right to check and correct their transcripts for any errors, in which one participant did.

I engaged in reflexivity after each interview to help generate and digest the language and knowledge shared by participants to be incorporated in the findings (Creswell & Creswell, 2018; Markula & Silk, 2011). I also used contradicting findings given that multiple realities may present a shared experiences but also raise awareness that there may not be a consensus of those

experiences which adds to credibility and validity of the real world (Creswell & Creswell, 2018). Additionally, I link the experiences of participants to issues that have been highlighted in the literature review or that are ongoing in society through (social) media dissemination, SHE curriculum learning outcomes, and judicial proceedings which act as forms of triangulation to substantiate and validate discourses. These discourses may add findings to ongoing research in those respective areas (i.e., racism, sexism, mental health, etc.) (Creswell & Creswell, 2018; Markula & Silk, 2011). To my knowledge, there is no research area that looks at the interactions between SHE and sport, this current study contributes to expanding the research areas of SHE, sport, and qualitative research, in addition to providing another example of how the BPS model can be used.

Reflexivity

Reflexivity has become an expected part of qualitative research and is a primary component of poststructuralism given the emphasis on power dynamics and how the researcher's own background (i.e., race, socioeconomic, gender identity, etc.) informs the research and co-constructs the knowledge and findings (Creswell & Creswell, 2018; Markula & Silk, 2011). I am a light-skinned, mixed-race (Black and White), first generation, Canadian born and primarily raised woman. Even within this, there is the complexity that my maternal lineage, Black Caribbean (who also have White [European] and Indigenous [from the Americas and Africa] ancestry braided into it), while my paternal side is White from central Europe. However, I identify as mixed-race Black, because I am *racialized*, and to self-identify as White or Indigenous based on blood quantum would be disingenuous and colour-blind to how the world sees and treats me and others who resemble me.

Engaging in reflexivity afforded me the ability to consciously consider how the questions in addition to my body language, the choice of words, and the tone of my voice influenced participant answers and engagement. Yet because I am who I am, I enter the world daily with a double consciousness, which is a skill set I tapped into for interviewing. All of this influenced the knowledge I was provided, and, in sum, what knowledge will be published and used in future studies. "Instead of an invisible authority, the researchers necessarily represent multiple voices: their own, the participants' voices, the voice of the research tradition and the cultures of the researcher and the participants. Each piece of written research is thus polyvocal and contextual" (Markula & Silk, 2011, p. p. 180). While I might not be a varsity student-athlete or equivalent, I do play a variety of recreational sports, where I have observed in multiple provinces, a lack of Black players, and the lack of confidence in many female players. I also noticed the over-confidence in many male players of any race/nationality/ethnicity, even when they are unskilled at the sport or have incorrect knowledge of the rules.

As I mentioned reflexively in chapter 2, it was through my engagement in recreational sport starting in 2013 as a method of creating new social connections, enhancing my own mental health and confidence (i.e. self-esteem) through self-mastery of a new skill in a new sport (softball) before expanding into other new rec sports, that I first began to consciously wonder if sport had an impact on a person's sexual health, wellness, and knowledge (education). My understanding of SHE through this masters experience also provided me with insight into myself: I have always viewed SHE as *sociological* and *holistic* (i.e. biopsychosocial) while the majority of others with whom I have had conversations about it understood it through a *biomedical* grade school educational lens divorced from their own ongoing and current sexual health. To me, a person is their sexual health, and everything around us that teaches us or

influences our behaviour, is an educational tool, therefore informing our SHE, from digital dating apps to the advertisement of clothing.

Through this project, and especially in becoming familiar with the archives about social hygiene, I realized the complexity and insidious nature of social engineering, and that those who are well-versed in social sciences have been and are called upon to engineer ways of knowing and being by those in positions of power. Unlike the concept of a promoter, influencer, or ambassador who is a public and recognizable face or name, social engineers were and are behind the scenes, unknown to the masses, but known to those with immense authority, power, and resources. The purposeful legacies such as sexism and racism which have a grip on societal norms, expectations, and our discourses, which have informed so many of our lives, knowledge, and ways of moving in this world, is demonstrative of their power.

Chapter 4: Findings

This chapter presents the exploratory interview data mined using Willig's 6-step analysis to FDA through three main discursive themes to demonstrate a link between SHE and sport. The three main discursive themes from the nine heterosexual, cis-sex/cis-gender male and female participant interviews identifying the ways sport is a pathway for SHE are: 1) Biomedical, 2) Win At All Costs Mentality, and 3) Sexual Activity. Each discursive theme is made up of and supported by various identified sub-discourses as described below and supported throughout using participant quotes. The sub themes were: Binary Biological Segregation, Menstruation, Mental and Emotional Health, Disciplined Body and Diet, Winning Over Wellness, Self Esteem and Body Image, Positive Mental Wellness, Causal Sex, Cultural Capital, STBBI's, Sexual Abuse, Abusive Coaches, Abusive Athletes, and Training and Certification.

Biomedical

At the start of each interview, I asked participants *What is sexual education in your own words* and *When did you learn sexual health education,* to establish a mutual understanding of the topic based on their knowledge. There was a clear consensus by all that in their respective memories, SHE began in school around grade 5 and mainly focused on puberty, pregnancy, safe sex, and STBBIs, with a few having had *The Talk* (a broad conversation about sex) with their mother. Participants used language that is indicative of the biomedical model to describe their SHE, with the majority sharing they had never heard of this term until this interview. The following discourses of binary biological segregation, testosterone, and menstruation is representative of biomedical teachings. Testosterone in this section is not a standalone topic as it runs through both, underscoring the sociocultural, and scientific understandings of binary biological segregation, and menstruation.

Binary Biological Segregation

Participants constructed SHE using biomedical language (i.e. penis, puberty, menstruation, pregnancy) focusing on the binarism of the biological male and female body in relation to puberty and the consequences of sexual activity (i.e. pregnancy). When expressly asked *How is biological sex and gender addressed in sport,* every participant was quiet at first, citing their difficulty in answering due to the current controversy surrounding *gender identity* and *inclusivity* in sport spaces. Participants recognized that sport promotes binarism as it is segregated based on biological sex assignment at birth as male or female, *but* biological sex and gender identity are fundamentally different things. Participant 4 (F-NC) summed her difficulty in addressing this question given her own cis-gender identity:

> [Silence] Ok, I don't even know where to start. Well, like the basics, like they segregate sport – oh, segregate, that's kind of a strong word, but whatever–- sport based on gender not…well ok, well I would say that over all in sport, they…conflict the definition–- I feel like they get confused, and they use them interchangeably, although they're different concepts. So, I feel like, they say *sex* in some cases, but the way they talk about it [silence]…now I don't even know what I'm trying to say. Overall, I think the term is conflated in sport, and it's really difficult, because I feel like it's sport specific. So, I did [a non-contact sport], and they divided by sex to a very extreme extent in some cases. Like, if you're an intersex athlete, they will dictate whether or not you're able to compete based on the level of hormones in your body that they will test you for. And even if it's a natural amount that you are naturally born with, they will exclude you because, like in Caster Semenya's case, "Oh you have too much testosterone," even though that's how

> she's biologically…made. I don't know if that answers the question, 'cause I feel like that's very complicated.
>
> It's cause when "Dr.]'Sarah Teetzel gave that presentation at one of the seminar series, and they were talking about that, umm….like they were talking about the whole trans-athlete debate, and like, I don't want to frame it like this, but that's what's coming to my mind, to include them or not include them in the gender they identify with. And she was just talking about the research she's done in that area, and it was a very heated conversation, like from all…researchers, I feel, in kinesiology.
>
> And that's why I don't know, cause like I don't even know if the researchers really know, cause I also find it's difficult to have these conversations, or like, k, wait– [pause] - I find it difficult, for me to share my opinions on gender versus sex, because I'm one, heterosexual, I identify as female, and I identify as the sex I was given at birth, so I'm very privileged in that way. So, I find it difficult for me to speak on those topics; my opinion doesn't really mean much, because I'm not affected by these policies. - Participant 4 (F-NC)

Participants linked their binary understanding of biological sex in sport in two ways based on the uniting factor of testosterone: 1) categories that are male sport and female sport, and 2) inclusion or expulsion of (mainly female) transgendered athletes and female intersex athletes. The concepts were all constructed around the politics of fairness in *female* sports. Participant 7 (F-NC) noted that the power to include, exclude, and organize is top-down:

> Well, I'm in – well I guess for all sport, most sports, at least at the university level, are segregated biological male/biological female. In [my non-contact sport], gender is a *very touchy* subject, because if someone who is biologically male competes in the female

> category, that usually stirs up a lot of controversy. Um, 'cause greater lung capacity, greater ability, higher muscle mass, being taller can kind of give a perceived advantage. Some of the top 800 meters runners, internationally, were barred in the Olympics 'cause their testosterone levels were too high, and they just set some arbitrary number like "Oh if you're testosterone levels are higher than this you cannot compete." And I think that puts sex or somebody's gender identity into two baskets: you can be this or you can be that. And nothing in between. So that's kind of a flaw in sports as a whole. – Participant 7 (F-C)

The sexual health education and knowledge that primarily dominates the binarism of biological sex within sport is determined by testosterone, which is constructed as inherently if not exclusively male and with natural superior biological advantages (as previously noted by Participant 7 [F-NC]). Participant 2 (M-NC) observed that, ironically, while drug use is prohibited in sport, it is forced on female athletes with naturally elevated levels of testosterone to artificially create a fair competitive environment for other female athletes:

> Because we're coming from a past in which the gender binary was really strong, so we have this opinion of what is male and what is female and we all just assume that "Ok, women have lower testosterone," and maybe that's true for the majority of people, but because of that binary type thinking we consider people with – or women with higher testosterone levels – to be outliers that need to be fixed to fit our model of sport. And then with men, it's just like, "Well ok men naturally have higher testosterone levels anyways, so whatever we'll just let them compete." So, if a male – I suppose I don't know of any cases specifically – but if a male had super high testosterone levels, well they would probably check them for banned substances, but, if they're ok with that then you know,

> they just say "Well that's just naturally how it is, a male has super high testosterone levels, and we're going to allow it." So, they want that number – that number of what testosterone is considered, um, I guess, *normal*, for women and then what's above average and things like that. So they need that cut off I suppose, to make rules. – Participant 2 (M-NC)

While participants largely pointed to the segregation and inclusion issues of athletes based on biological sex, notably Caster Semenya, and the issue of testosterone, what participants could not discursively provide was what numerically is *too much testosterone*. As articulated by Participant 1 (F- NC) below, the traditional view on biological binarism is that males are naturally stronger, and females are naturally weaker which results in gender role stereotypes:

> When I think of sport and biological sex, I mostly think of male athletes and male athleticism and specifically in the media, that you kind of feel like, women or female athletes are always trying to keep up with popularity for example, representation. I think representation would be the right term. So, it's still kind of – even in the back of my head, although I like to think of myself as quite progressive or progressively thinking – in the back of my head, it's still stuck there, like *the weak female gender* and yeah, and how that contrasts to male athletes somehow, or athleticism. – Participant 1 (F – NC)

Menstruation

Ironically, the binarism of testosterone was complemented by the discourse of menstruation, a specifically cis-female experience, as all participants – including anecdotes by male athletes – were of/from/by cis-gender/cis-sex female athletes. Menstruation was oppositional to that of testosterone; it did not provide advantages and was constructed mostly as unknown/ unacknowledged (by male coaches) and as a barrier for female athletes in competing.

Participant 5 (F – NC) shared needing pharmacological health intervention to address the physical pain of her menstrual cycle as a measure to continue participating in her sport. She also noted the ironic social commentary about female athletes and their periods in relation to sport performance:

> Definitely like, yeah menstruation comes to mind. When I was younger, I actually went on birth control at the age of 15, because I had difficulty competing when I menstruated, just to help with the pain, and the heaviness of it. I went on birth control at a young age to still be able to participate in my sport like how I normally would while I was menstruating, and I know that's something we talk about in sports sometimes, you see articles of how people talk about women in sport, and then they're like "Oh she must've been on her period," and they attribute it to being a female, and being angry when they're menstruating, and it's like no, and you would never say that about a man in sport.
>
> So that definitely comes to mind, and even just kind of both ways of it, where we don't give women enough credit when they are menstruating in sport and like how painful that can be and difficult, and how tired you are. And then also like, it going the other way, where they try to use it as an excuse for women, and "Oh she's being like this cause she's menstruating" or "she didn't compete well because she's menstruating," and it's like, it could be a mental blockage that she's not competing well, not cause she has her period. – Participant 5 (F-NC)

Participant 7 (F-NC) also shared the physically painful side affects of her period and its influence on her sport. She further noted that outside of her team's female nutritionist, it is not a topic of discussion or consideration in her training and development as her coaching staff is comprised of

all male coaches who seem uncomfortable or disinterested in broaching the subject. However, she did recall one positive anecdote from a fellow teammate:

> No, sometimes you bring it up to them [Coaches], like the only reason it ever gets brought up is like "Hey, I have really bad cramps," or like "So you know, I might have [competed poorly because] my period started two days ago, so I've lost a lot of blood, so that might be why," but that is never, ever brought up to you [by Coaches]. I did have one positive story, a friend of mine was at [a national competition]. She woke up the day of competition and had her period, and she texted her coach and was like "I'm really not feeling good today, don't expect a phenomenal PB [personal best]," and he was like, "That's ok, it's just your body doing its thing, you can't control it, it's just a part of life." And he was sending her – and God bless him [chuckles], he obviously knew nothing about periods – but he was sending her texts like "*here are some remedies to make you feel better"* [laugh]. And as a 22-year-old girl she was like "Yeah, I know how heating pads and ibuprofen work" [laugh]. It was a nice gesture. – Participant 7 (F-NC)

Further to the issue of menstruation, Participant 7 (F-NC) spoke about the voluntary adoption of menstrual suppression by herself and her female teammates, and how casual conversation between them about their bodies filled in the gap of menstrual education she was unaware of existed:

> Most of us, just 'cause it's easier, just opt not to have one [a period]. So getting IUDs [intrauterine device] to stop it or just taking birth control continuously, cause it's more convenient than to have a week of shitty workouts or to risk losing nationals or even finals. That last meet you have to hit up a personal or standard, you don't want to risk that by being weak. I haven't – I didn't stop it because of sport necessarily – I do get really

> bad cramps and [competing] does make it worse, so, that – and I was super irregular, so I was seeing a doctor about all those problems, and [competing] was just part of the larger equation. And then she's [doctor] just like, "If you don't want one, don't have one." Like when I got sent to a specialist, the gynecologist literally said, "I think periods are stupid, there's no reason anyone should have to have one" [chuckles].
>
> But yeah, if somebody is having issues or whatever, it gets brought up – I don't know, we're very open, we talk a lot about a lot of stuff. So some of it is, "Fuck I switched birth control, I feel like shit or whatever," or um, "Oh got my IUD yesterday" or, you know, we talk about periods a lot – we're a group of girls. Even though most of us don't have one. That's another way that a lot of us have figured out that something is wrong, just in my life is like, you talk to your friends. Like, I didn't know that 8 days isn't the average [chuckles]. Like they say, oh 5-7 [days], and I'm like, oh well it's only one day over, that's fine, and then my doctor went, "Oh my god!" But you know, talking to my friends, and they're saying, "I've never had to go beyond 5 days," sets off the warning bells. – Participant 7 (F-NC)

Participant 9 (M-NC), a male athlete, articulated the different biological effects of puberty in itself is as a SHE factor for female athlete development and training with determining physiological changes that are scientifically measurable and affect female athlete success:

> For men it doesn't seem to – but for women, puberty can destroy an athlete, because their hips get really wide, and all of a sudden it changes their entire running gait, where pre-puberty they were top of the provincial competition. But then they hit puberty and now their hips exploded or whatever happened. Or sometimes the other thing, if they're men,

> they gain muscle mass, and all of a sudden, they're a monster but that's another thing women have to deal with is the negative effects of puberty. – Participant 9 (M-NC)

Participant 6 (M-C), a male contact athlete and the coach of a female contact sport, shared how naïve he was about coaching elite female athletes as he had initially adopted a gender-neutral lens. The idea or deferral of training female athletes just like male athletes was shattered with his hands on experience and subsequent updated professional training which acknowledges the biological differences. He shared the importance of acknowledging, respecting, and learning about female physiology so that he could properly incorporate this knowledge into his training and development plans for their wellness and success:

> One of the interesting things I started learning from my coach education stuff in the past year or so is the gendered differences of coaching males and females. I remember the first time I coached [a contact sport] – females – one of them played [in Europe] and one had national [Canadian] team experience. I remember I took over the team a little bit, and being a young fellow, I said, "This won't be that hard, they're all high achieving athletes." I was warned by my old Phys Ed teacher, who is a higher technical person with [this contact sport], that "You don't know what you're getting yourself into." It was at that point I realized how coaching males and females were totally different.
>
> In terms of the menstruation piece you just said, I found it interesting that in the past two years I've done and doing PD/Coach education throughout COVID on webinars, I've found talking about training women players and being aware of issues with menstruation and how they train and perform. I just never would've comprehended that stuff if I was a younger coach. Even from a kinesiologist or coaching perspective. I knew there was also a difference, even with the Q-angle of the hips and how they were pre-disposed to ACL

> and ankle injuries, and then you have to be careful with some of the exercises you're doing and the volume of it. But I mean there's certain different learning approaches to males and females too, that normal volunteer coaches wouldn't understand. – Participant 6 (M-C)

Participant 7 (F-NC) echoed the higher rates of injuries for female athletes, and that male coaches do not adjust training techniques between male and female athletes:

> That has been a constant source of contention for me [physical injuries] when they got three more Assistant Men's Coaches for our team, and I was like, excuse me none of you listen to us or acknowledge us in the first place, I think we need a women's athlete– and well there's been issues on the team with eating disorders, and with constant injuries due to low bone density. And you kind of need a woman to notice those patterns. Like when I just talk to my male friends on the team, I'm like "Well obviously there's an issue if four of us broke a bone in the last year." And they would be like "Holy, I didn't even think about that." But girls notice that, they notice those trends, because they've been there. So you just need girls there. So, a lot of that kind of falls on the older athletes, and then we just sound like whiney bitches [chuckles]. And I'm like, no this is a legitimate issue. – Participant 7 (F-NC)

While half of the female participants in this study did find their menstrual cycle to require medical intervention, Participant's 1 (F-NC) and 4 (F-NC), both female athletes, did not. Additionally, Participant 7 (F-NC) did note that while she herself has never been pressured to supress her menstrual cycle, in her sport, professional female athletes have been pressured to by coaches, given its link to body leanness as one of many factors to *win at all costs*. This will be touched upon in the following section.

Win At All Costs Mentality

Participants noted that while sport is often viewed as promoting positive mental health outcomes, that the same could not necessarily be said for elite level athletes who are professionally engaged in sport as opposed to recreationally. This discursive theme is represented by intersecting discourses of Mental and Emotional Health, Disciplined Body and Diet, Winning Over Wellness, Self Esteem and Body Image, and Positive Mental Wellness.

Mental and Emotional Health

The emphasis on winning over athlete health and wellness was a consistent narrative which relied on an athlete to be hyper focused, bordering obsessed with attaining their best physical self and dedicated to all things about their sport discipline. Winning at all costs meant for some regulating their attitude and mind set to prioritize their sport over academic achievement, dedication to training, strict dieting, and the depersonalization of self, in which some participants were reduced to exploited assets. As articulated by Participant 6 (M-C), the culture in both of his contact sports was comprised of coaches who treated athletes like disposable objects:

> Like, my [first contact sport] coaches would never ever want to deal with something like that [sexual abuse, STBBI's], their personalities, and same thing about my coaches growing up. If teachers in school didn't necessarily feel comfortable with it [sexual health education] – like these hardcore, very masculine, ego-driven [contact sport] coaches wouldn't be thinking...their only goal is to get the most wins and get the most out of their

> assets as they can in the sports context. There was never ever like a health and wellness component. And the players were *assets*, right.
>
> But, I mean, even from a volunteer player perspective, in [my second contact sport] we weren't getting paid or anything professional like that. There was never any consideration of the health and wellness of the players, you know, we train every day, you know, *you never hurt*, *you gotta get in the game and play or you're a pussy*, right. And there was no sense of their social or psychological well being, it was the driver: You get everything you can out of these people until when someone else that we like more or feel is a better player comes, then we just take them and kick the other guys to the side. – Participant 6 (M-C)

Similarly, Participant 9 (M-NC) lamented how the culture of his sport discipline and associated mantras to work through pain were mentally taxing:

> One thing I would say that we're lacking, and again we're picking it up in recent years is mental health. I wouldn't say that sport makes you mentally healthy. I would say that most sport, unless they're on the cutting edge, might even be *unhealthy*, mentally. Like maybe some social aspects could argue that's healthy, community building and that stuff, but when we're talking about mental health stuff, I think there's a lot of athletes – well maybe there's a lot of people in society with mental health struggles – but I think in athletes, especially in the past and present, maybe moving forward. There's a lot of

> struggles. I think the way the systems are designed, the traditional way of coaching, beliefs about what is good in sport, what is winning, what is valuable are not healthy for people. So yeah, that for me has been a struggle. – Participant 9 (M-NC)

Disciplined Body and Diet

The need to win came at a cost for Participant 2 (M-NC), who despite knowing the physical toll on his body, and being over six feet, still pushed himself to train and diet in extreme ways:

> Oh, this is a huge topic, where you're supposed to be lean, right. I got into trouble, I think, just this past summer, just trying to get a bit leaner, it didn't take much before I was a little too lean. So, I was training for the [provincial competition], and I went from 167 to 159, which is the first time in a really long time I was under 160 and I was just too light and the weight came off pretty easy too. I wasn't doing anything too drastic; it was just dietary changes and eating a little less. And I think I just came into that competition kind of weak and I didn't learn my lesson, because two weeks later I kind of did it again. I tapped out of my season. But anyway, so we have this idea of what an athlete looks like, and I don't know, there's been in my experience, no body shaming or anything like that explicitly, but I think it's always in athletes' heads like, *am I as lean as that person,* or *look at how lean that person is, why can't I get there?* – Participant 2 (M-NC)

Participant 7 (F-NC) shared that she and other athletes on her team noticed the drastic physical manifestations of win at all costs attitude such as extreme weight loss. When she and her teammates reported it to their all-male coaching staff, they shrugged it off:

> It's happened in the past where we'll notice someone lost weight. Like there was a few years ago a girl had joined [our team], she very clearly had anorexia, and one of the older athletes went to the coach and was like, "That girl is sick, like I know she is really fast,

> but she is sick and she needs help." As well *that's not something we want to encourage on this team, is going to those extremes*. He basically was like, "I don't care, as long as she [competes] fast." That's an issue. Just one of the unique problems that women face and are not acknowledge in the same way. – Participant 7 (F-NC)

Winning Over Wellness

In Participant 3's (M-C) experience, winning at all cost further extended to prioritizing sports over academics, and was met with reprimand of being benched when he used his autonomy to be a student over solely being an athlete:

> That was kind of why I stopped playing after second year. I wasn't fitting into the image of what my coach wanted. My interests were evolving and I approached my coach and told him I'm being told that I can go to grad school, I'm being told that I'm doing well on debate team, I'm doing well on these things, and he was like, "Well I like you like this, I want you like this." And I was saying well I love [my contact sport] and I love this, but long term you're telling me not to engage in activities that can better my life and put me in a position to make more money and be more stable and be more healthy. I remember towards the end of my second season like my playing time going down almost as him trying to put me in my place. And I remember one day [another coach] came to me and was like, "Hey the coach is kind of mad that you went to toastmasters instead of coming to film session." And I was like, well ok, his thing now is to screw with me on playing time. And when I went back and talked to the people who were encouraging me to get into more academic activities, they went, "Now you know how he sees you. Now you know what you are to him, make an enlightened life decision." – Participant 3 (M-C)

Participant 2 (M-NC) also recalled hearing about the lengths that some other coaches will go to win, such as engaging in the use of banned substances and body shaming:

> I want to say there was something about the Oregon Project [that] was really sketchy a few years ago in the States. Yeah, 'cause their coach; he was really operating in the grey area with respect to banned substances. Some of his athletes would be taking asthma medication, but they didn't have asthma, because it enhances performance somehow. And he was caught rubbing some sort of testosterone gel on, I think on his son or something like that. And his excuse was he wanted to see how much of his gel was needed to trigger a positive test, just in case someone from another group/club/team, rubbed it on one of his athletes.
>
> So there's different sketchy things he was doing, so I wouldn't be surprised if something to do with pregnancy was one of them. Because he would shame athletes who were apparently overweight, 'cause you need to lose weight, and things like that. So I think being pregnant, you know, I don't know how coaches like that one would look on that. Like ok, now you're getting pregnant and you're having kids, that's going to compromise so many months of your training and things like that. That would be interesting to look into. – Participant 2 (M-NC)

Participant 7 (F-NC) noted that bodies in her sport were expected to be reflective of what is desirable in terms of athletic best, which is leanness. She shared that while she never personally experienced it, she was aware through anecdotes and media, that for some female athletes, their coaches pressured them to supress their menstrual cycles. In her sport a period signified a correlation to body fat, and thus slowness:

Most of the sex ed related to sport has definitely not happened by my coaches or by my organization, it has been through the other athletes on my team, as well as reading about the experiences of other athletes. There was a big – Mary Kane came out a few years ago, and said that her coaches asked her to stop her period. And there's another athlete, a Canadian athlete, who said that she never thought she would run fast again after she got her period back, after not having it for years. 'Cause that meant, she knew, that she was at a high enough body fat percentage that her body was like, we can expend this extra energy. Um, and then just how they deal with that.

So, a lot of what I've learned about sex ed in sport, has been through the news, through athletes speaking out about the abusive nature of the coaches or the toxicity of the sport in general. Because it really does encourage eating disorders and energy deficiency and all of that. You slim down, you might [compete] a bit faster, you might burn out pretty quick, but you're going to get a faster time. I have never experienced that personally. But there are a lot of stories of women who [compete in my non-contact sport] in [the U.S] saying, "Oh yeah, our coaches did weekly weigh-ins" or "We all had to be on a diet," or "I was told I should definitely go on birth control so then my period wasn't affecting my competitions."

And then learning about Melissa Bishop's experience with sponsorship, being an athlete who got pregnant in the middle of her career, and then Caster Semenya's experiences, and then articles about her, a lot more of it has come through the media and professional athletes themselves speaking out. I know that I've read some stuff about figure skaters and gymnasts as well. Because they're another sport where you need to be slim, and

> small, and powerful, and you're using your whole body. Also, another sport where injuries are downplayed. – Participant 7 (F-NC)

Self-Esteem and Body Image

Participant 5 (F-NC) lamented how weight in her sport was a big deal, however, her struggle was to put on weight, and how that affected her relationship and self-esteem with other athletes in her sport discipline:

> But I know I experienced like – kind of, like, I've always been naturally a very small person, like I personally love McDonalds, I love eating all foods, but it just never really showed in my body. I always remained small, and I actually got like a lot of hurt from that just from that being [an athlete in my sport], about having an eating disorder, about you know, like saying I look sickly or saying I wasn't eating. I would go to the [practice] and they'd say, "Did you eat today?" and I'm like "Yeah, I actually had McDonalds before this." Like, I know you're struggling with your weight, but don't get mad at me because I look the way that I do. Like I don't like the way I look either [chuckles], you know, it's like I want to put on weight, and I can't.
>
> And I definitely know I have learned to be very quiet about my own body image insecurities of gaining weight, because in society I am still accepted for – you know, 'cause I am skinny, and I've definitely received that education around fat phobia, where although it's important for everyone to express their body image that I also need to accept the privilege that comes with the body I am in. People say like "Did you eat today," "Do you have an eating disorder," they hug me and they're like "Where'd you go," 'cause I'm so small [chuckles], but generally in society, my body is more accepted, and I need to understand the privilege that comes with being that. – Participant 5 (F-NC)

Participant 9 (M-NC) echoed the issue of projection and anger aimed at him for his healthy eating habits which contributed to his lean physique required for his sport by non-athletes:

> Something to think about is you eat well in theory. Like athletes who care eat well, but actually when we talk about mainstream society – and this is a personal experience – I found eating well is not too socially acceptable. Because people usually project themselves onto you and they distance themselves from you because while they're eating their chocolate bar, you have your bean salad, or something like that and they're disgusted with themselves, but they project that onto you. That's been my experience. So that sometimes has made it really hard to connect with people. So yeah, there's challenges. – Participant 9 (M-NC)

Positive Mental Wellness

For some, like Participant 8 (M-NC), did not experience negative mental health outcomes while playing varsity sport. However, he did notice the positive aspect of sport on his mental health when the possibility to participate in physical activity was unavailable:

> I need sports for mental health, like when I had to take a couple weeks off from the gym when I was doing a placement, like five weeks off. Just 'cause I was in a small community and there was no gym, so I said "Fuck it, I'm not going to work out," and then I got home and I went to the gym, and I went and worked out, and I think it was the first time that I really noticed that dopamine hit. Like you know how you talk about exercise releasing dopamine?
>
> That was the first time I ever really felt it, and even though it wasn't really a good workout it was like [sighs], I could just feel my mood perking up, even though I don't know, I just thought "*Fuck*, man I *need* sports to be in good mental health." Like, that

> was when I realized – it really clicked for me was just like a month ago, Like, "Oh man, I *need* sports," especially team sports are so good for networking and community building. There's a lot of life skills that come for sports. So, sports is something that makes me feel good. – Participant 8 (M-NC)

Sexual Activity

The overall discursive theme of sexual activity was constructed by participants through discourses of casual sex, cultural capital, STBBIs, and sexual abuse. While not all participants partook in casual sex, they were all aware of the environment of casual sexual hook ups amongst athletes. Within a heterosexual framework, they constructed which bodies were considered sexually desirable. Participants shared how they became aware of sexual abuse within sports via (social) media, but did not experience this behaviour themselves.

Casual Sex

Participants acknowledged that casual sex and hooking up with (non)athletes is common part of sports culture. As mentioned by Participant 4 (F-NC):

> I feel like, partying and like just having a good time, and like, sleeping around or whatever is a common culture, so, safe sex comes to mind, because ideally that is what you would be doing, although, like, you know, do you boo, but like, you probably want to be safe, wrap it, you know. – Participant 4 (F-NC)

Linked to casual sex was also the atmosphere of party culture, as brought up by Participant 2 (M-NC) who himself does not participate but is familiar via teammate anecdotes:

> Well, I guess the same thing that always come to mind, safe sex, but because of sport we have the after parties, and I've only ever went to one, and it was just very briefly. I don't want to hang out with a bunch of crazy, drunken kids [chuckles]. Not that there's

> anything wrong with that, it's just not my thing. But you know you hear stories of different things happening, and again, I haven't really pried, and I tried to distance myself from all that. You hear about teammates making out with each other or with people on other teams, and just for that one night, and then everything goes back to normal the next day when everyone's sober. – Participant 2 (M-NC)

Participant 3 (M-C) echoed that casual sex with athletes from other teams at his institution was common practice, referring to it as 'incestuous':

> This thing was so incestuous, and I mean on both sides they like – it was almost like a culture like, "We're all going to sleep with such and such," and she [female athlete/sorority member] was proud to be like "I slept with such and such, we are like brothers and sisters, and in sharing sexual partners." I am like, once again, how you live your life is how you live your life, but I think it's really weird when you can walk into a room and six – just because we wear the same jersey doesn't mean all of us should be able to talk about how someone performed oral sex on us and how it felt. And, yes, they [female sexual partners] were very aware.
>
> And not to get too explicit with it, in my second year I went to this party, and this soccer player chick hooked up with me, and then I remember like six months later, I saw her as I was leaving class and we are talking and she's telling me how she hooked up with other dudes who play [on my contact sport team]. And I remember like two of her friends she lived with said, "I heard like you're not bad at this act, why don't we hook up," and I was like, hold on, you didn't say hello, you didn't ask me how I'm doing, you just gonna come out the gate with "I did such and such with this person, you want to get in on it now?"

And this was the girls' soccer team sitting down and talking about who they should smash on the men's teams. No one keeps anything discreet. I'm not going to be passed around like some volleyball. Now granted, I participated in an act with that young lady. I was bored, I was on a road trip, but it was illuminating. It's incestuous. – Participant 3 (M-C)

Cultural Capital

Akin to Participant 3 (M-C), Participant 6 (M-C) described how the hypermasculine nature of both of his contact sports is embedded with cultural capital to attract female sexual partners. This makes engaging in casual sex a common practice and almost an expectation:

> Well, actually, one of the girls I went to university with said something interesting to me, she said, "You could have any girl you want. Do you realize you play the two sports where the hottest guys are involved?" On a broader scale, I guess, when you play at a level where people look up to you and like you and think of you in a higher manner than someone else, then obviously you're going to have more confidence or an invincibility complex than someone who is not.
>
> But it's just an invincibility aurora, you feel like you're at a higher level than anyone, and you just think you can do whatever you want…When you go into these communities and play, and you were treated like a rockstar…you were signing autographs, and when you were out at bars, you didn't have to pay for anything. If you go out to the bars and stuff, there are women there who want to be close to you, right…or be seen with you, right, you know what I mean? [laughs]. – Participant 6 (M-C)

Participant 8 (M-NC) recalled how he thought that his status as a varsity student-athlete would be a conversation starter and that would lead to casual sexual hook ups. In his case, it did not.

However, proximity to his older teammates provided him with insight into which qualities female sexual partners found desirable in male athletes:

> I was hoping it would kind of be easier, or a conversation starter at least. I don't know if it's just [my team sport] or athletics [in Canada] in general, it didn't mean anything [laughter]. It didn't help me even a little bit. Some of the guys, like the guys that would've been the studs, like the older guys, were dating. But yeah they talk about – like I remember being in Calgary, and they went to a bar, and they were like, "Man, I could've had a threesome tonight, but I'm dating," and then he'd be smiling, like he was actually kind of good about it, but I don't know.
>
> [A Stud is] One of the guys that's just confident talking to girls, and just has no issues, and is a good-looking dude, and like, I don't know. It almost feels like the girls kind of flock to him, whereas the rest of the guys were kind of just first year/second year, so kind of just getting into the bars. So, like, they just looked up to the fourth years, and they were just kind of God-like. They were like, just figuring it out I guess [chuckles].

STBBIs

Naturally, an aspect of casual sex is the potential to contract STBBIs, and the importance of using prophylaxis to engage in safe sex. Participant 3 (M-C) described the contraction of STBBIs as a nonchalant, reoccurring, and expected experience for some of his contact sport teammates and was a part of his team's culture:

> Now this is coming back to me. I remember I think like seven or eight guys on the team got chlamydia or gonorrhea, and I remember one day, it was after a practice, and coach was like, "You need to go into the cold tub," and I was like "No," and he was like "Why don't you want to go,, and I was like, "'Cause [redacted] and this other dude got the hot

> dick and I'm not trying to share water with two other dudes who got burning cocks." And coach was like *"What?"* And then I remember that portion of the locker room was like, "We all deal with gonorrhea, and then we'll all just at the end of this month just all go down to the clinic and get antibiotics."
>
> And they were almost talking about it like the treatment of the disease is a *team activity*, and I was like, "I ain't part of your chlamydia club, like I ain't sharing this bath water with you or live my life like that, that's not what's happening here." And they almost wanted to normalize [it]: "Well if you're *not* getting an STD, you're not out there living life," and I was like, "That's not how I live my life, and I'm not going to be a part of this."
>
> It was a very weird almost, *normalized activity*. And then the coach was like, "Hey you know, you probably shouldn't let your penis burn for six weeks. It might benefit you to go down to the clinic." And I remember they brought in these two girls who worked at the sexual awareness clinic at [university redacted] to tell us they essentially opened up these special slots for you guys [athletes] to get your penis poked with the Q-tip and other stuff. Once again a reactive [administrative response], because dudes were out here thinking it was cool to have chlamydia for six weeks. And I'd like to mention, at no point were they talking about wearing protection or limiting their sexual partners. They were like, *"Hey this is a part of life, we're all doing it, and we're al" getting it."* – Participant 3 (M-C)

Participant 6 (M-C) also noted that talk of STBBIs would come up among him and his teammates while in the male locker room:

> Well, if something like that ever came up in a locker room, it was never from a coach, it was one of the guys [who] would stand up and be like, "There's something on me, I don't know what it is." So rather than him ignoring the fact, being in a dressing room with a bunch of masculine men with the brain capacity of a 3-year-old, you were gonna get chirped for it, right, and made fun of or made a deal of it for a laugh. So then rather than try to ignore it, they just put it out there, you know, you can see it, this is what it is, right. And if that was the case, people would just make fun of him [laugh]. It was never a case of "You should go see a doctor or something," it was just like "Who were you with on the weekend to get that? She must be gross" and "That's disgusting" kind of thing [laugh]. – Participant 6 (M-C)

Sexual Abuse

While participants shared insight into the culture of casual sex based on personal experience or anecdotes of close teammates, it was within the context of consent. Sexual abuse through various methods from hazing to player abuse to coaching abuse was recognized as an issue within the larger sport complex. Participants identified sexual abuse within sport as an issue although none of them reported having experienced sexual abuse or being sexually abusive. These discourses were based on anecdotes by close friends, teammates, (social) media reports, and mandatory player/coach professional development which largely focused on consent. Sexual abuse was also mostly framed as a youth sport issue and gendered as predators were exclusively male.

Abusive Coaches. Participant 2 (M-NC) recalled learning about the University of Guelph Track Team scandal in which an athlete was sexually abused by the coach and the response by institution:

> I think we talked before about what happened at the University of Guelph with their coach, Dave Scott Thomas [DST]. So, DST was in an inappropriate relationship with a teenager I think, they first met when she was underage, he was apparently grooming her for this relationship and she was on his team, so there's a power dynamic where she felt like she had to appease him. Um, where can you go for help for something like that? If you speak out, you're probably be off the team, because that's the coach and he had gotten the school so many titles. Their cross country team was a powerhouse back in the 2010-2015 era.
>
> So he was a very prestigious coach, and I guess these things are, I don't know, not looked into deeply enough, and I just think it's important to, you know, have a resource for people to go to when things like that happened, and some kind of procedures in place, I guess. And I guess it sets a precedent what they did with him, just getting rid of him once they found out and once they looked into it, 'cause now people know there are gonna be consequences so maybe they'll feel better about reaching out. – Participant 2 (M-NC)

Participant 5 (F-NC) shared that much of her familiarity with athlete abuse comes from (social) media, and believes that sport should be a safe space:

> Definitely, like obviously, the sexual abuse cases that come up in sport, you know, not just at the professional level, but at the community level, especially like what's recently come up with Kyle Beach, and just how terrible that is. It's terrible within society, but when you see it happen in your own backyard and in sport, this is terrible. This is supposed to be an inclusive, wonderful space for everyone, and kids experience this and athletes, and coaches, and it's just really hard to hear about those stories. So, that definitely – it doesn't necessarily come to mind when I think of sport, *but* it's something

that I know is there, and I hate that it's there. I wish things like that never happened, and that sport could be a safe space for everybody. – Participant 5 (F-NC)

Abusive Athletes. Participant 6 (M-C) linked the abuses in sport to his contact sports culture and the normalcy of hazing with sexual undertones, as well as the failure by coaching staff and administration to intervene:

> Well, it was never ever, you know, an education kind of thing by the coach, the team, the staff saying, "You're not doing this," "You're not shaving a person," "You're not getting them overly drunk or to the extent of alcohol positioning" or that sort of thing. It was never a case of "This is risky behaviour, you're force-feeding people too much alcohol, or you're putting them in a compromising position that might affect them." You know to shave their genitals or strip them naked and throw them in a bathroom together. It was never a case of that; it was "You are not doing this, *right,*" think about the consequences. It was never an educational thing saying, "This is wrong because of this," or "This could legally affect you" sort of thing.
>
> And a large part of the time too, even as a coach, I remember when I coached the senior men's team, we had an issue one year with a rookie party and, you know a lot of the time you're not invited to it as a coach, and I had no idea it was happening. It was right before playoffs, two weeks before, and it was not something I would think of, and the boys had a big party at the club house. Unbeknownst to anyone, an issue came out of it. There was times too, where you didn't have the opportunity to deal with those sorts of things, because they were just players being players in their own personal lives, sort of thing.
>
> In [my contact sport] dressing rooms, and the old school culture, guys get together being really popular too, they could do whatever the hell they please, right. And it wasn't

> looked upon as wellness or a personal wellness – you'd be in the dressing room and it be getting a story for the guys or a laugh, you know, this is my conquest, right. – Participant 6 (M-C)

Participant 3 (M-C) noted that administrative attitudes regarding sexual abuse by male players to female complainants was reactive. He also shared that to be eligible to play on his contact sport, student athletes were required to take a mandatory course regarding sexual activity and substance abuse, but it was sterile and unrealistic of what sexual activity is:

> Oh not very well. I have found it's [sexual activity] either addressed reactively or with a great deal of misogyny. And this might have been tied to the sport I play. So, in [my contact sport], there's a lot of like deep homophobia towards same sex activity or there's a lot of conversation around "You gotta get some," "You got to dominate that chick." I never really fit into that dynamic, so I think I've also mostly just been very discreet and quiet to myself sexually. So, I watched a lot of those conversations.
>
> And then by reactive I mean, a lot of like, after something has gone terribly wrong, someone has done something they shouldn't have, like sexually harass someone or made a comment they shouldn't have made, or they're doing something bad at a party or they're talking about roofying [drugging] people, or getting someone drunk, or just really unhealthy behaviours, then someone might come in a be like, "Ok that's not a good idea," or "That's illegal," or "That's really ethically dubious."
>
> It [athlete sexual health education] wasn't introduced in a healthy way or constructive. And then I remember my first year playing [my contact sport] at [redacted], we took like a perfunctory course on steroids, and sexual health and then sexual harassment. You had to do [it] in like your first 90 days as a varsity athlete to maintain your eligibility. But it

> was so sterilely delivered, it was unrealistic to what things were happening. It almost felt like the person who had built it had never had sex or had never been in an environment where sex occurred.
>
> It would almost be like, "Ok someone got drunk, did something stupid, someone made a complaint, now we gotta make a seminar." Um, someone did something bad, this would be like the advent of camera phones. Someone did something bad, taped a young lady performing oral sex on them, was showing it, she complained to the coach, the coach is now like, "Ok we now have to have a reactive conversation about this."
>
> Nothing educational, nothing to raise awareness, it was like, wait 'til the roof is blowing off then address the issue. So, that's what I mean by reactive, something unsafe had to occur, and then they would discuss it. – Participant 3 (M-C)

Training and Certification. When asked what elements of SHE come to mind in relation to sport, Participant 1(F-NC) who is also a coach in her sport, shared she is required to take child abuse course to attain her licencing. She also felt that anything SHE related to sport was less educational and more negative due to the report of sexual abuses. For Participant 1(F-NC), sexual abuse was not only just a sexual assault, but also was based on sexism, including unwanted comments by onlookers, and mandated sexually exploitative gendered uniforms:

> Obviously you talk about…I guess the process of conceiving and how cells form etcetera – more the biological aspect. But…never anything…like surrounding sexual health in general. Umm, and then where I learned a little bit more [about SHE], was when I got my licence for being a judge in [my sport] competitions, and my coaching licences as well. As part of that coaching licence, specifically, we had to take multiple courses or multiple

lectures concerning sexual health and abuse and youth sport – kind of connected to that, but, um that's pretty much all, I think.

I couldn't say that specifically just sport has taught me anything valuable or anything good about sexual health education, like something meaningful, I don't – except for that one course or lecture that I had to attend for the coaching licence, I think there's …not much that I could pull from sport or the culture of sport itself other than, um…pretty much a lot of negative images that I would associate with that. Not much positive, even though it progressed quite a bit recently I think, but, umm –

I think for males, it would be a few initiatives maybe to change this [sexism in sport]. I think that guys would just watch and feel like they can just keep on going, not change anything, 'cause there's no...there's no real push back from anywhere except from…themselves or in setting regarding sexist comments or something. For women I think it's almost something that if you don't actively think about it and you just accept it and kind of perceive what is happening as normal.

For example for me personally, before the entire topic about beach volleyball uniforms came up, I didn't watch beach volleyball very often, but I definitely didn't question it until after the big uproar came where they said, "Look at this picture of a male team and then look at this picture of a female team, and then tell me what the difference is," and I was pretty shocked. If you have that direct comparison suddenly – that made a big impact to me personally. So, other than if you *really* put your nose to it, I think a lot of girls or a lot of women, just take it the way it is, and just consume whatever they're being presented in media. The way it is, yeah, so. – Participant 1 (F-NC)

Participant 6 (M-C) noted how as a coach he was also required to take abuse courses which seemed to be a reactive response to the many sexual abuses that athletes faced by coaches. Akin to Participants 1 and 3, he noted how they were not memorable:

> In terms of [my first contact sport], I do think a turning point was when that Sheldon Kennedy thing came out, and [Graham] James, that point on there was a little bit more emphasises on giving people an understanding of what is right and what is wrong, and again I might be a bit older, but there was never a case where we were given a real solid [sexual health] education. Now in my coaching life, there's a respect from sport programs, and I remember having to do a yearly child abuse course when I was coaching for ways to identify if someone was in an abusive relationship, family relationship or sexual abuse or something like that and how to deal with it appropriately, if you have to bring it to authorities or have to speak to someone. But I mean in terms of reproductive health or STI's or anything like that, there was never any – or consent – there was never any thorough course.
>
> And if I remember correctly, it was probably a module kind of course that took several hours to do, kind of thing. Like recognizing signs of child abuse and what was appropriate as a coach or not. You know, should you go and shower with your team? That sort of thing, stupid kind of stuff like that. Like it used to be mandatory, then all of a sudden it wasn't. I think it was replaced by stuff like *Respectful Sport* and you know, some of the newer coach [sport] education programs, stuff like that. There was portion of the certifications that kind of delt with those kinds of things.
>
> But there was never anything in terms of consent in your personal life, or if you go out to a bar should you take advantage of someone who was drunk, or what was the age of

> consent, right. Or what puts you, as a player or regular person, in a position of power of someone, right. Or what an STI is and how to recognize it, there was never anything like that. – Participant 6 (M-C)

Participant 1 (F-NC) shared how physical touching is a normal part of the coach-athlete dynamic in her sport, which inherently makes consent implied and expected:

> Yes, space– yeah, between - for example when we were in training or in practice and you have a coach and there's a lot of like physical touch involved; I guess tactile guidance basically. So someone helps you perform a certain movement by touching that limb, and then helping/guiding you through the movement. And so often, it's about the hips or the butt, or the thighs or legs or whatever. And it's not even a question of whether it's ok to do this as a coach. So I never questioned that, it was always – there's basically no physical boundary I guess?
>
> And I personally never had any bad experiences luckily, and I think that's why I never questioned anything, because it was always normal for me. And to be honest, I don't even think about it much differently, I don't think back to these times and think, "I wish this coach hadn't touched me like this and this," I guess it's still normal in my head. There was nothing that made me feel super uncomfortable. Sorry I went all over the place there in my answer.
>
> I think that specifically in this type of sport…the borders are very hard to – it's very hard to draw lines there, similar – relating back to what I said earlier there's a lot of physical touch involved during practice as help or, verbal instructions as to how you're supposed to feel and how you're supposed to move your body. And because that's so omnipresent – I think when coaches cross that line, it's not very obvious.

> I had one specific example, he [a coach] was Russian, and he just grew up in this environment, and was super *super* touchy with everyone, to the point where it was a little uncomfortable, but everyone, including the girls that were involved kind of laughed it off, because it was just what he did. I guess maybe he wasn't aware of the fact that he was making other people uncomfortable with it. I dunno, that's just how he was. So during practice, it could be various slaps on the ass, no one ever questioned that, cause it's just, uh, this typical, environment, that I guess you kind of grow into [laughter]. I don't even know what I was talking about, but yes sexualization [in the athlete's sport] for sure…yup. – Participant 1 (F-NC).

Summary

Three main discursive themes arose from the nine interviews: Biomedical, Win At All Costs, and Sexual Activity. The sub themes were: Binary Biological Segregation, Menstruation, Mental and Emotional Health, Disciplined Body and Diet, Winning Over Wellness, Self Esteem and Body Image, Positive Mental Wellness, Causal Sex, Cultural Capital, STBBI's, Sexual Abuse, Abusive Coaches, Abusive Athletes, and Training and Certification. They were represented throughout by participant quotes, and what was evident was a thematic/discursive overlap. For example, a discourse in mental health could easily have been grouped into biomedical or sexual activity discourses, which aligns with the biopsychosocial approach (Bolton & Gillett, 2019; van Voorthuizen et al., 2022). While discursive themes had similarities, the way in which participants talked about them varied based on personal experiences, which aligns with the epistemology and ontology of poststructuralism, and FDA (Markula & Silk, 2011; Willig, 2013). Participants either had active or passive experiences, thus limiting or expanding their ability to experience a situation and authority to talk about it. Further, their discourses were

reflective of power dynamics as power was relational to their positionality based on various factors including the cultural capital of their sport and their gender/biological sex.

Through FDA and with a BPS approach, the results of this exploratory study substantiate that sport does act as a pathway to the SHE. Further it illuminates biopolitics as discourses heavily centered on participants controlling their bodies and conforming to expected standards based on rules, guidelines, and sociocultural norms as laid out by their coach and governing sport organization. If participants could not or did not want to conform, they would be forced to leave the environment. This forms the basis of discussion in the following chapter.

Chapter 5: Discussion

The previous chapter provided space for the contextualized polyvocality of the subjective but generalized experiences of nine cis-gender/cis-sex male and female participants in this study which they linked SHE to sport through their own words during qualitative interviews. The purpose of this exploratory study was to investigate if there is a link between SHE and sport. Guided by the poststructural paradigm, FDA, and the BPS model, the findings of this study in the form of discursive themes illustrates that sport acts as a pathway and a learning space of SHE. The three main discursive themes are 1) Biomedical, 2) Win At All Costs Mentality, and 3) Sexual Activity; they are biopolitical, complex and overlapping due to the subjective experiences of the participants. The discursive themes of this exploratory study are discussed as they relate to the holistic BPS model, while the concluding portion of this paper, *Chapter 6: The Conclusion*, suggests pathways for future research, addresses the implications and limitations of this study, and ends with concluding remarks.

FDA and the Biopsychosocial (BPS) Model

In this study, participant interviews were analyzed and discourses were placed into discursive themes which naturally materialized as components of the BPS model; biological, psychological, and social. Participants described biological, psychological, and social factors in relation to sport that are also found in research and curricula related to SHE such as nutrition and diet, STBBIs, sexual activity, mental health, sexual abuse, and more. The BPS model recognizes the complex interaction and intersection of factors that inform a person's health and wellness (van Voorthuizen et al., 2022), and ultimately the boundaries of freedom of their bodies based on such factors like gender identity, biological sex, wealth, and race. FDA analyzes how the operation of language creates realities and the limitations of power a person has based on their

social position. “From a Foucauldian perspective, discourses facilitate and limit, enable, and constrain what can be said, by whom, where and when” (Willig, 2013, p. 130). FDA ontologically and epistemologically makes space for multiple realities, acknowledging that similarities and differences can exist in shared space (Given, 2008; Willig, 2013). It also highlights if someone speaks knowledgeably from a place of actively knowing (i.e. their personal experience) or passively (i.e. word of mouth, news, school, etc.).

FDA and the BPS model also help reveal the complexities of biopolitics (the control of bodies) often based on language and social norms (governmentality and biopower), which is present in both SHE and sport. Ideally, SHE teaches a person within a classroom setting about their body so that they can surveil, police, and control their own and others comportment, while sports is a space where everyone can surveil, police, and control the body of self and/or others. SHE is not federally regulated in Canada, and is based on the rules, curriculum, and sociocultural norms of the community in which the school is located. Sport disciplines, specifically elite competitive sport is highly regulated, and all organizations with teams in respective disciplines usually follow strict rules of the sport’s governing body, such as Gymnastics Canada, Hockey Canada, NCAA, and U Sports.

Through these complementary paradigms, framework, and approach, findings from this exploratory study support that sport does act as a pathway to SHE. The captured individual subjectivities from the interviews via qualitative ways of knowing and understanding help link individual discourses to general, wider discourses which can demonstrate shared experiences. The proceeding sections will discuss these findings and illustrate how they relate to holistic BPS SHE and biopolitics via biological, psychological, and social factors through sport.

Biological

Defining Characteristics

Participants learned biological factors (i.e. biological sex, hormones, illness, injury, etc.) of SHE through sport in several ways. First, they indicated that sport is segregated by biological sex, which requires understanding the differences between male and female, but in recent years has shifted to include gender identity. Participants shared that in SHE, which also align with debates through (social) media, that the traditionally understood differences of male and female are based on biological characteristics and changes that an individual experiences during puberty, with emphasis on menstruation/pregnancy for females, and typically deeper voices, larger muscles, taller height, and testosterone for males. Some participants shared that while all athletes are tested for banned substances such as testosterone or steroids if they have remarkable performances, that only female athletes are required to undergo sex verification, and actual hormonal intervention if they have higher than normal testosterone levels which is consistent with sex verification research (Batelaan & Abdel-Shehid, 2021; Qinjie et al., 2009). With the increased coverage and debates on (social) media of including trans and intersex athletes in *women's* sport, and how they differ from cis athletes further educated participants about biological factors they had not learned in school.

Participants shared that the physical differences amongst fully developed elite male and female athletes based on biological sex differences in the same sport is a larger issue than simply testosterone. With the correct training environment, investment, and coach in addition to a healthy physical body, the sex differences manifest in larger lung capacity, muscles development, speed/agility, and more. Research about sex verification substantiates the aforementioned but has historically focused on the inclusion and advocacy of intersex female athletes, as it was largely

believed that cis-men would pose as women in order to win at any costs and the need for verification to ensure fairness in female athletics (Ospina-Betancurt et al., 2021). Most participants referenced the coverage of Track and Field athlete Caster Semenya who is intersex and was banned from competing in her event due to her testosterone levels, as bringing awareness to the issues in women's sport. Several participants defined what intersex was while talking about Semenya, and pointed out that naturally elevated testosterone levels are never an issue men's sport, and to no participants knowledge, has a male athlete ever undergone sex verification.

Female Specific Issues

Most participants shared their knowledge of learning about issues of menstruation through their own experiences or through conversations with fellow female athletes, or in one participant's case, as a coach through continuous coaching education. While not all female participants in this study had difficulties with their menstrual cycles, the majority sought medical intervention due to adverse effects. Consistent with the limited research into menstrual health and female athletes, participants seeking medical intervention or menstrual suppression did so because of heavy bleeding, prolonged bleeding, cramps, fatigue, and more (Miyamoto et al., 2021; Vargas et al., 2013). Participants also shared that in lean sports, menstruation is associated with body fat which contributed to increased restricted diets and workouts, leading to an increase in physical injuries such as bone breaks and general health concerns such as anemia. One male participant who also coaches a female contact sport, shared how learning about the differences in female physiology compared to male physiology including menstruation opened his eyes to the necessary adaptations of training and development to decrease injury to his athletes. Additionally, participants shared that due to reproductive differences many female athletes were

tasked with choosing between having children and competing, because of the lack of supports for female athletes based on their reproductive and gender roles around social norms of motherhood. This is consistent with the majority of early scientific literature regarding menstruation and the role of sport in the development of girls and women's bodies, as exercise was predominantly believed to cause physical and mental harm to them (Vertinsky, 1987, 1994). "Puberty for boys marked the onset of strength and enhanced vigor; for girls it marked the onset of the prolonged and periodic weaknesses of womanhood" (Vertinsky, 1987, p. 17).

STBBIS

Participants talked about the STBBIs, and the importance of using prophylaxis due to the pervasive culture of casual sex. In this study not all participants engaged in sexual activity but were aware as teammates were very open about it. The majority of male participants shared how the locker room was a place of learning about STBBIs because of the close team dynamics such as casual conversation (i.e., locker room talk) and nudity in which everyone's bodies were on display. They shared that either a member of the team would notice, or another male athlete would openly ask if anyone recognized the signs of symptoms he was exhibiting (i.e., rash, sores, bumps). STBBIs were viewed as a normal occurrence and almost as rite of passage given the cultural capital associated with their sports, and the high volume of interested female causal sexual partners. Often associated with sexual activity is pregnancy, however those concerns where only brought up by female participants, and only in the form of having to choose between sport and starting a family. Female participants in this study did not talk about the contractions of STBBI or the affects they have on the body. Interestingly, the male participants shared that in their experiences female athletes are also hypersexual, but often they just pretend not to be out of a fear of the social norms practice of slut shaming.

A link to SHE develops when assessing participants' discourse about gender identity and reproductive functions through sport coverage. As outlined by Manitoba Education and Training (2000), students in health class about biological factors should be able to "Describe structure and function of the reproductive and endocrine systems of human beings (e.g., pituitary gland, estrogen, testosterone, progesterone, menstruation and spermatogenesis, fertilization, sexual intercourse...)" (Manitoba Education and Training, 2000, p. 173) and to "describe the processes of menstruation and spermatogenesis, and explain how these processes relate to reproduction and overall development" (Ontario Ministry of Education, 2019, p. 198).

Psychological

Adverse Effects

Participants learned the psychological factors (i.e., self-esteem, mental health, eating disorders, and socio-emotional factors, etc..) (SIECCAN, 2019; van Voorthuizen et al., 2022) of SHE through sport in many ways. Participants shared that sport is generally great for an individual's overall health, but for elite (student)athletes this is not necessarily true, and in fact can have adverse effects given the attitude of winning at any and all costs. This aligns with emerging mental health research that calls for further investigation, supports, research, and resources for (student)athletes (Bennett & King, 2021; Grubic et al., 2021; Walters, 2021). Research shows that "elite athletes as a group, are prone to experiencing anxiety and depression, and within the athletic population, females are more likely than males to do so, regardless of age" (Walters, 2021, p. 8). Participants shared that being the best and competing against the best in their sport requires total and complete mental, physical, emotional, and dietary dedication and discipline, which had adverse health effects, especially on their mental health.

Self-Policing

Most participants in this study engaged in sports that coveted lean, thin bodies and most shared how this negatively affected their emotions and their bodies. Contact sport athletes shared how the culture of violence, repeated physical contact, and hypermasculinity in addition to being seen as disposable assets to be exploited, also had a negative effect on their emotions and bodies. Mantras and self-surveillance/policing techniques such as *walk it off* or *suck it up* made them double down on training, and for some, lead to severe consequences such as long-term injuries requiring extensive time off, leaving competitions, leaving the sport, or choosing between academics and sports. While not admitted to by participants in this study, research shows to cope with the negative health outcomes, some (student) athletes may engage in further harmful habits such as binge drinking and substance (ab)use (Dougherty & Baron, 2022; Putukian, 2022). This is consistent with research about winning at all costs in relation to (student) athlete welfare including emotional aggression and physical injuries (Chen et al., 2019; Elendu & Dennis, 2017; Patock-Peckham et al., 2020). "The pressure of sports competitiveness inspires elite athletes to 'win at all costs' and may lead them to neglect injuries and continue playing with pain, resulting in a higher occupational risk acceptance" (Chen et al., 2019, p. 1). Particularly for female (student) athletes, "[s]ome of the risks that have been highlighted for young women are overtraining, early specialization in one sport, identity crisis related to injury, demands to balance it all, lack of sleep, and risk for eating disorder" (Walters, 2021, p. 8).

Male Gender Stacking

In this study some female athletes were known to have eating disorders and were in mental distress due to the environment, and when reported to their coaches, who were all male, went ignored. Female participants communicated how there was a lack of mental health support

in place as the only available psychologist was a White, cis-male, who they did not feel comfortable accessing, as they did not feel that he would understand their concerns and issues. Overall, participants shared that historically coaches and administration have had no concern about athlete wellness, and their primary focus was winning. They did note that in recent years, with high profile athletes such as Simone Biles speaking publicly about mental health, that it had become a broader more engaged discussion.

Desirability

Participants revealed that they felt as if they had really high self-esteem and confidence in their bodies because of their engagement in sport, however there was a slight gendered and sport specific reason (i.e. the sport they played). For the lean female athletes, they noted that because their bodies were socially desirable and accepted as ideal, they received a lot of compliments and praise, which is consistent with research findings focussed on eating disorders, femininity, and fat phobia (Acar & Yilmaz, 2021; Rauscher & Cooky, 2016; Uhlmann et al., 2019).The male lean athletes while confident in their bodies, noted that they were aware that their lean physiques were not as sexually desirable to women or men. They shared that in their experiences, most women are attracted to large, muscular men such as contact sport athletes, while most non-athlete males often work out and take supplements to try to become muscular, to enhance their thin and lean bodies. This was echoed by both contact sport athletes who shared that due to their bigger muscular physiques in addition to the cultural capital of their sport, that they had very high self-esteem.

Phobic Culture

While all participants self-identified as heterosexual, the majority of them shared that the culture of homophobia and now transphobia was a mental health concern. In the majority of their

experiences, primarily contact sports, casual homophobic slurs were used to make fun of male athletes who were viewed as engaging in feminine or 'gay' behaviour. This is consistent with research regarding hypermasculinity and hazing in sports settings, as well as social hygiene education regarding the use of sport in preparing boys for manhood (Clarke, 1955; Luce, 1930). It was believed that because of the normalized casual nature of homophobia in the culture of sport, and the lack of interference in ending it by coaches who were aware of it, that male athletes who may identify as gay were forced to remain quiet. In one case, a participant shared that in her sport many men were gay, and that she had an openly gay coach, which did create blurred lines between acceptable behaviour of the implied consent nature the coach-athlete dynamic and female athletes being slapped on the bum.

When assessing participants discourse about self-esteem and other psychological factors, they expressed that a link to SHE develops and is present in the culture of sport. In the outdated Manitoba Education and Training (2000) psychological outcomes are objectives in PHE and SHE, but are not reflective of updated research due to its outdated nature, as well as being focussed on the benefits of recreational engagement. Mention of psychological health to SHE are to "examine the psychological implications of sexual activity and teenage pregnancy (e.g., hurt feelings, increased responsibility, loss of reputation...), and responsibilities regarding prevention (e.g., discussing decision with parents/religious leaders/doctor, abstaining, communicating with partner, obtaining)" (Manitoba Education and Training, 2000, p. 177). Mentions of psychological health in PHE are limited to building positive habits and staying away from drugs. In the 2019 Ontario curriculum, the described focus is on the social-emotional, with the purpose of:

> learning skills to foster their overall health and well-being, positive mental health, and ability to learn, build resilience, and thrive. In all grades of the health and physical

> education program, the learning related to this strand takes place in the context of learning related to the Active Living, Movement Competence, and Healthy Living strands, and it should be assessed and evaluated within these contexts. (Ontario Ministry of Education, 2019, p. 94).

The analysis of participant texts on this topic confirms that sport acts as a pathway to SHE. It is a character-developing space which has psychological impacts on health and wellness. Elite athletes must be psychologically tough to adhere to a disciplined lifestyle and engage in individualized nutritional and daily habits to promote and maximize winning. It is oppositional to the healthy habits and benefits that are often about engaging in recreational activity. Additionally, (student)athletes' mental health is affected by injury, as well as heteronormative social scripts that are largely homophobic which may result in poor mental health outcomes, and the engagement of substance (ab)use to cope (Dougherty & Baron, 2022; Putukian, 2022).

Social

Environmental Culture

Social factors are environmental spaces that informs and influence a person's knowledge, health and well-being (Bolton & Gillett, 2019). Participants articulated that the sporting environment and culture, including; their team culture, coaches, and (social) media which have been resources of education as they were spaces described where they learned skills, socialized, and were expected to operate within the top-down guidelines of their (student)athlete codes of conduct. This is consistent with the earliest research by social hygiene professionals and physical culture researchers which have identified sports settings as character-building spaces where individuals can learn SHE outside of the classroom (Luce, 1930; Shah, 2015a). This aligns with much of the physical culture research which investigates how sport informs and is informed by social factors

such as racism, sexism, as learned attitudes and behaviours have far reaching affects, which is consistent with sociological and social justice research regarding the aforementioned issues and sport (Knoppers et al., 2022; Norman & Simpson, 2022; Pieper & Linden, 2020; Schultz, 2005).

Cultural Capital

Participants spoke to social factors in the context of power dynamics and how what used to be acceptable is no longer ok, such as *overt* racism, sexism, and homophobia. Power of course extends to other issues, such as coach-player dynamics, consent, sexual activity, and cultural capital (Giroux & Giroux, 2012). As participants were elite athletes, their cultural capital was higher than non-athletes, however, the popularity of their sport provided some participants with more power than others, particularly male contact sport athletes. In non-contact co-ed team dynamics, male participants had more power than female athletes, while the person with the most power in any sport was the coach. This is consistent with research regarding cultural capital and athletes, as well as gatekeeping and coaching (Richardson et al., 2023). Due to the gender stacking of men in coaching and sports administration, and consistent with physical culture research, sport is dominated by men and therefore socially and economically favours male athletes (ASHA, 1922a; Howard, 1962). This aligns with the original research and mandates of social hygiene education which incorporated sexist societal attitudes into sport as a form of community development; which limited spaces for female participants due to gender roles (De Marche, 1952; YMCA, 1961, 1962a). It also aligns with attitudes that male athletes are superior to female athletes. In linking it to research about representation, the lack of traditional sponsorship and broadcasting of women's sport has also pointed to these discourses (Darroch et al., 2019; Hazari, 2018).

Consent, Abuse, and Allyship

All participants talked about sexual activity within physical culture but in two different contexts; 1) consensual casual sex and 2) sexual abuse. To participants, consensual casual sex is a common activity regardless of sport discipline, especially between athletes. This is consistent with research and media coverage about athletes engaging in a lot of casual sex, especially at high profile events like the Olympics (Calfas, 2018; Varina, 2021). STBBI's and condoms did not intersect with conversation about sexual abuse, and participants framed it as male athletes violating a female or male coaches partaking in inappropriate sexual conduct with a male or female athlete, typically a young athlete. The research into sexual abuse/violence and athletes/coaches were almost exclusively about masculinity and athletes, fraternities, hazing, hook up culture, and campus sexual violence, in which the majority of sexual predators were male athletes or male coaches (Carr & Vandeusen, 2004; Dennis, 1998; Martin, 2016; Martinez et al., 2018).

Some participants pointed to (student)athletes being brought in as ambassadors to address certain topics as a form of allyship. This is consistent with research regarding sexual violence against women, in which male (student)athletes have been trained to identify sexist and violent attitudes and behaviours and to disrupt those narratives as bystanders (Casey & Ohler, 2012; Exner-Cortens & Cummings, 2021). "Central to men's engagement programs is the notion that men may be particularly affective in challenging violence-supportive behavior or speech among their male peers" (Casey & Ohler, 2012, p. 63). In Manitoba, the Canadian Football League's (CFL) Winnipeg Blue Bombers is partnered with the Government of Manitoba to deliver educational workshops regarding violence against women:

> The Winnipeg Blue Bombers partnered with the Manitoba government and Status of Women Canada to *Break the Silence on Violence against Women*. This initiative is a two-part project featuring a public awareness campaign and youth education program. Since 2016, trained Winnipeg Blue Bomber players deliver 20 presentations and 20 workshops per year to high school students, football teams, coaching staff, and community leaders (Blue Bombers, 2023).

Creating spaces that are accepting and knowledgeable about gender diversity, including different forms of masculinity and femininity through education and a trauma informed lens, is a goal in inclusive sport spaces, as recently outlined in the 2021 IOC Framework and in BPS SHE(SIECCAN, 2019). This is consistent with research regarding homosocial boding and hypermasculinity in which male athletes in contact sports such as rugby, hockey, and football simultaneously engage in homoerotic behaviours while having homophobic, misogynistic attitudes (Anderson et al., 2012; Hardin, 2000). These attitudes have traditionally taught, underpinned, and defended rape-prone attitudes and environments on campus and in sports settings, which (student)athletes are increasingly demanding be addressed and are being addressed in policies. It is also indicative of the power dynamics rooted in sexism and heteropatriarchy, in which the female voices are not enough, as the power lies mostly in the male voice and body.

Power Dynamics

Participants shared that the uneven power dynamic in sport environments silences athletes because certain behaviours such as sexually violent hazing, binge drinking, and homophobia is normalized and (student) athletes are expected to participant and keep quiet. “Being part of an elite team usually means wholeheartedly endorsing team values…the

suppression of weakness and fear, not showing pain, compliance with accepted team values and behaviours, and public shaming of any who do not comply with these requirements" (MacGregor, 2018). Fear of reprisal, removal from the team, and being ostracized is consistent with research and media coverage looking at topics of sports environment, abuse and the culture of silence (E. Anderson et al., 2012; Chin et al., 2020; Dennis, 1998; Johnson, 2011; MacGregor, 2018). One participant shared that on his team there was a *porn tax* on rookies who had to read aloud sexually explicit material and when a senior stepped in to stop it, he was shunned. Additionally, participants linked the importance of mental health to matters of sexual identity and making healthy choices. In sport, homohysteria has forced many athletes to hide their sexuality and perform appropriate heterosexual scripts of femininity and masculinity (Anderson, 2011; Cole et al., 2019; Krane, 2001).

Additionally, participants have shared that while (student)athletes are popular and influential, coaches and administration the most power, which can silence athletes when serious issues such as sexual abuse occur or physical violence occur. This is consistent with research and media coverage about high profiles issues involving Larry Nasser, Joe Paterno, Gymnastics Canada, and Hockey Canada (Burke, 2022; Parent & Bannon, 2012; Parent & Demers, 2011; Zimonjic, 2022). It was revealed that administration and members of organizations were aware of inappropriate and abusive behaviours, failed to address them, failed to remove the abusers, silenced complainants, and in many cases covered them up (Giroux & Giroux, 2012; Parent & Bannon, 2012; Parent & Demers, 2011; Pépin-Gagné & Parent, 2016; Zimonjic, 2022). This also aligns with research regarding (student) athletes (ab)use of substances as coping methods, further compromising their health and wellness, which ties back into the biological and psychological factors within the BPS model.

When assessing participants discourses about homophobia, cultural sport environment, sexual activity, (social) media, drugs and substance abuse, hygiene, personal comportment, coach-player power dynamics and more, a link to SHE develops and becomes normalized in the culture of sport. As outlined in the Manitoba Education and Training (2000), students are to "Identify peer, cultural, media, and social influences related to substance use and abuse (e.g., dares from friends, pressure to belong to a group, attractive advertisement/television/ videos, family/cultural/ religious values, peer pressure from groups and gangs…) (p. 171).

In the Ontario curriculum, topics of abuse are taught as personal safety and injury topics as a form of (various forms of) harm reduction and skills development in navigating difficult and dangerous scenarios:

> Learning in this content area is intended not only to reduce adolescents' injuries but also to equip them to recognize, assess, and manage potentially dangerous situations, including online situations. Personal safety topics focus on developing skills to identify, prevent, and resolve issues in areas such as bullying (including cyberbullying), peer assault, child abuse, harassment, and violence in relationships. These skills can be applied in both face-to-face situations and online environments. Injury prevention topics focus on areas such as…concussion prevention, identification, and management; home safety; safety when volunteering and working (Ontario Ministry of Education., 2019, p. 42).

Some participants shared that given the casual sex engaged in, STBBIs were a normal topic of conversation which for some, required the identification and treatment of diseases. Some organizations participated in connecting their (student) athletes with community sexual health services to better educate and address the issues. As outlined by Manitoba Education and Training (2000), SHE goals include to: "Identify the common STIs (e.g., genital herpes,

gonorrhoea, chlamydia...), symptoms, and prevention (e.g., sexual abstinence, monogamous relationship with uninfected person, use of condoms...)" (p. 183) and "Review personal responsibilities and sources of support (e.g., parents, nurses, doctors, counsellors, helplines, community health services, religious leaders, recommended books...) with regard to sexual-related health issues" (p. 181).

Early social hygiene practitioners viewed sport spaces a setting to prevent STBBI spread as participants were usually sex-segregated, and more engagement in sport meant less engagement in sexual activity, and therefore the decrease in the contraction and spread of STBBI's (Ferguson, 1891; Luce, 1930; Shah, 2015a). Power as identified by social hygiene practitioners was in keeping the body as controlled as possible via the top-down approach of teaching the concept of purity in which sport settings provided the opportunity to create top-down division through sex segregation, homosocial bonding, and strict rules. The analysis of participant texts describes the multiple ways that sport acts as a pathway to SHE and that it becomes internalized, performed, reproduced within the culture of sport. It is a social and educational space where participants learned about through various sport social factors.

Summary

This chapter critically assessed how SHE via the BPS model is learned through and inherent in, the culture of sport based on the participant's experiences, and are not meant be generalized to others outside of this study. Participant's subjective experiences overlap and they themselves were able to link them to wider issues found in not only sport, but in community, such as mental health, consent, and sexual abuse and power dynamics. These are also topics taught within the Ontario and Manitoba SHE/PHE curricula. They are also topics that arise in SHE research advocating for necessary comprehensive, diverse, updated, realistic, and accurate

information to better prepare youth as they enter into adolescence and adulthood (SIECCAN, 2019).

Participants shared that the rules of sport and their sport culture/environment taught them about biological, psychological, and social factors such as various gender identities, biological sexes, self-esteem, expected comportment and more. Participants were required to self-surveil and self-police while being watched and policed by others when it came to disciplining their body and acting as expected. Expectations were communicated from the top of the hierarchy, on down, and failure to appropriately control their bodies and conform for some was met with the threat of expulsion from the sport. This top-down control of athletes also promoted silencing, as coaches had the most power, with the majority failing to prioritize athlete health and wellness or view them as human. Most participants expressed that the overall relationship was exploitative, and they could not advocate for change for fear of reprisal. The next and final chapter will provides conclusions and contribution to research, as well as implications for future research.

Chapter 6: Conclusion

The purpose of this exploratory study was to identify a critical and sociologically positioned link between SHE and the culture of sport, and to understand if and how sport acts as a pathway and space where SHE occurs. Through participant discourses via the BPS approach, it was confirmed that sport indeed is a pathway to SHE. This final chapter, offer some conclusions drawn from the results and discussion. Through qualitative interviews, this study, foundationally contributes to research by identifying a niche gap within both physical culture research, and SHE research. This concluding chapter also addresses the future implications for research, limitations, and concluding remarks.

Conclusions

The teaching of SHE via the biomedical model from kindergarten through grade 12 has rendered it a poorly understood topic at best as the focus has often been limited to the pathologized aspects of sexual health such as puberty, pregnancy, and STBBI's (Action Canada, 2020; SIECCAN, 2019). When given the space and opportunity to speak about SHE within a BPS framework, participants shared their first-hand experiences, in addition to their passive experiences based on the anecdotes shared with them by their athlete peers. While *SHE* for many of the participants in this project was curriculum based in their formal education, their texts described their current understandings of SHE, informed through various informal educational sources such as peers, interactions with others in their sporting environments, media sources, and more broadly described as the culture of sport. For example, participants pointed to the proliferation of (social) media as a space where they learned more about SHE matters, particularly issues of inclusion regarding gender diverse athletes, and sexual violence/abuse by athletes and/or coaches (Ospina-Betancurt et al., 2021; Parent & Bannon, 2012; Tang, 2016;

Zimonjic, 2022), and may be a future area of study. Participants expressed that social media in particular has become a main source of knowledge mobilization as athletes experiencing abuses, concerns, or restrictions in sport could use their own personal digital platforms to share the situation from their perspective. For example, a number of athletes such as Naomi Osaka and Simone Biles were able to advocate for the prioritization of athlete mental health and wellness in their own words in their own time and combat the narrative of weakness as that was discursively constructed by the media and numerous other people who value a winning at all costs mentality (Gay, 2021; Thompson et al., 2022).

As participants lamented on their own experiences and that of others, discourses naturally and easily fell into the BPS model, highlighting how subjective experiences do overlap and connect to wider discourses affecting (student)athletes and general members of society that are also a part of the SHE curricula such as gender identity, mental health, (un)healthy eating, navigating platonic/romantic relationships, and sexual abuse/sexual violence. As participants in this study were former or current (student)athletes they provided unique insight into how sport acts as a pathway to SHE, because they lived, breathed, and dedicated their lives to being exceptional, high performing, elite athletes. Therefore, sport was their central learning environment, and the biopolitical power dynamics often took a top-down approach as participants were required to conform to the rules of the sport as well as the rules as laid out by their coaches and governing sport organization. Providing insights into how sport informed their health through a professional sport lens as opposed to a recreational sport lens adds to the field of physical culture research by centering the voices of elite student-athletes and adds the field of SHE by connecting sport directly to SHE.

Participant discourses highlight the biopolitical nature of SHE and sport as both are spaces where top-down decisions are specifically about the body, and provide boundaries and education around expected comportment and control. Participants shared that while they have a lot of social capital as athletes in comparison to non-athletes, they are at the bottom of the hierarchy in sport as coaches and governing organizations hold the most power, and therefore are responsible for creating, maintaining, surveilling, and policing sport environments. Major sport governing organization, the IOC has recognized its power, and in the *2021 IOC Framework On Fairness, Non-Discrimination, and Inclusion* they consulted with a diversified range of elite physical culture stake holders including athletes, LGBTQ+ advocates, legal experts, doctors to adopt a holistic approach in safeguarding athlete health, and autonomy in addition to fairness. The reason for this framework was about the inclusion of trans and intersex athletes in women's sport and their reproductive autonomy; this is actually an example of BPS SHE within sport. The biopolitical nature is overt as they seek to move away from forcing trans and intersex athletes from undergoing mandated surgeries or drug intervention to supress natural levels of testosterone by taking a holistic qualitative approach, over a biomedical approach.

While many discourses connect SHE to sport, the main discourse that was underscored by every participant was the need to prioritize (student)athlete mental health. Mental health was viewed as the most important BPS factor, because the culture of winning was identified as toxic and coercive, limiting participants power for agency and autonomy. For most, their sports culture promoted winning over health, and was informed the way they were treated by their coaches, who had almost absolute power over their bodies and futures, leading to negative mental (i.e., depression, anxiety, burnout) and physical (i.e., bone breaks, fatigue, burnout) health outcomes which ultimately affected their performance (Chen et al., 2019; Elendu & Dennis, 2017; Ryan et

al., 2018; Walters, 2021). This is consistent with emerging (student)athlete health research and wider community discourse around mental health, self-care, and destigmatization, especially in the wake of COVID-19 and public athlete advocacy (Bennett & King, 2021; Gay, 2021; Grubic et al., 2021; Wiens et al., 2020).

SHE is more than sexual activity, STBBI's, and pregnancy. SHE is about the entire person in their physical body, their mental health, their spiritual health, and how their social and physical environments impact and inform their lifestyle choices, and how in turn they impact others' BPS SHE (SIECCAN, 2019). Sport is a character-building space where individuals learn skills of self-mastery and compete against themselves and others (Shah, 2015a). Elite sport is also more than entertainment, it is a microcosm in which we observe sociocultural norms (Frey & Eitzen, 1991), as performed by some of the most admired people in the world based on top-down and sometimes outdated rules as written by governing sport organizations.

Early social hygiene researchers and practitioners recognized the biopolitical power of sport in facilitating SHE mandates (Luce, 1930; Shah, 2015a). Social justice and human rights issues within sports that are currently being researched and talked by critical, queer, and feminist scholars such as racism, sexism, Whiteness, homophobia, colonization, and eugenics (Anderson et al., 2012; Arellano & Downey, 2019; Barnes & Adams, 2022; Pieper & Linden, 2020; Poniatowski & Whiteside, 2012) can be traced back to the niche area of early SHE in the form of social hygiene education and sport. As shared by Vertinsky (1987):

> This tax was a biological one and a social one, for women were obliged to pay the price for the preservation of society. It was a 'reproductive sacrifice' which was bound to limit individual development, but which could only be seen as a requirement for the fitness of the race. (p. 15)

From a poststructuralist lens of power dynamics analysis, this niche area has had insidiously long-term high rates of success.

When looking at research, calls to action, resolutions, solutions, mandates, statistics, job postings, and various other forms of work relating to areas of equity, diversity, and inclusion (EDI), they highlight the success of social hygiene. However, this success is often worded as areas in need of improvement due to *systemic* reasons for marginalized populations. Social hygiene is the *systemic* reason, as the express goal was White supremacy (Luce, 1930; Spencer, 1930). EDI typically calls for increased anti-racism training, anti-sexual violence training, the hiring of more marginalized people of various sexualities, racialization's, and women (Arora & Wolbring, 2022; Wolbring & Nguyen, 2023).

Ongoing EDI substantiates that social hygiene, which sought to expel/oppress non-White, heterosexual, able-bodied, poor, and/or undesirable demographics from certain spaces has been successful as those identified demographics are still fighting to be admitted into and experience safety in spaces (M. Bennett & King, 2021; Hall & Fields, 2013; International Olympic Committee, 2021; Shepard, 1983). To achieve EDI, "institutions must proactively identify and address systemic barriers in their policies and work environments (e.g., racism, ableism, sexism, discrimination). Many EDI policy frameworks state that their decisions are evidence-based, and that data are important and that systemic changes are needed" (Wolbring & Nguyen, 2023, p. 169). By looking at social hygiene as a tool of success for the White race and oppression of others, and weighing it against data that continuously points to Whiteness, racism, and sexism in spaces as barriers, proves that social hygiene has been and still is successfully operating. If it were not successful, EDI would be unnecessary, and there would not be a focus on Whiteness, White privilege, male privilege, and its harmful effects in society. And specific to Canada, we

would not engage in land acknowledgements or require Truth and Reconciliation Calls to Action to address the systemic racism and sexism in our institutions (Canada, 2015; Nestel, 2012).

A scholar adopting the paradigm of critical theory, would apply a lens of emancipation, and logically seek to dismantle the oppressive system through community-based interventions (Markula & Silk, 2011, p. 44). This aligns with the current SHE literature to create a comprehensive SHE program using the BPS model. I am a scholar who engaged poststructuralism in their research and utilized critical thinking skills to describe the dynamics of power in this study. I am also a Black woman, and recognize the necessity of my double consciousness of my body and comportment in relation to Whiteness. It is through this dual positionality lens which I observe and experience social hygiene. Social hygiene education's historic roots were constructed to benefit young white boys and men and to a lesser extent white girls and women. This has had a deleterious effect on many who the model was not designed to educate or provide with social capital or status. There is a is clear and reactive critical gaze and response, evident by vigilant activism and research in physical cultures in areas such as: sport and masculinity, sport and disability, sport and motherhood, sport and mental health, sport and race, and more. Non-physical culture examples that also highlight the aforementioned activism include: nursing and sexism, medical care and racism, school policies and racism, toys and racism, and fashion and disability, and much more (Barton & Somerville, 2012; Bryan, 2017; Clow et al., 2015; Foster & Pettinicchio, 2022; Nestel, 2012).

Social hygiene has been successful in promoting colonialism and a social hierarchy where Whiteness and is privileged. It was created by White Victorian Anglo-Saxon's for White Victorian Anglo-Saxon's for the purposeful success of Whiteness and the White race, and all the entitlements that affords.

Implications

This thesis sociologically investigates the link between SHE and sport, the only link which exists is found in the archived field of social hygiene, the origins of SHE, which illuminates how eugenics, heteropatriarchy, Whiteness, and Anglo-Saxon Christianity form the foundation of our systemically racist, sexist, ableist, etc., understanding of Western society and national imagery (Dogliotti & Scharagrodsky, 2021; Shah, 2015; SIECUS, 2021). The findings foreground the mandates and long-term impacts social hygiene education and the calculated use of sport as character building spaces, which may not have been identified in previous SHE or physical culture research as it relates to other issues such as racism, and sexism. Further these findings highlight the importance of looking historically at a subject to better understand its affects, as well as the importance of language. "Foucauldian discourse analysts also take a historical perspective and explore the ways in which discourses have changed over time, and how this may have shaped historical subjectivities" (Willig, 2013, p. 130). The findings of this study have implications for (student)athletes, coaches, administration, and governing sports organizations, because these findings came directly from (student)athletes and specifically about sport and SHE. By sharing their stories, athletes were able to connect within a BPS approach SHE and sports, while highlighting the problems they encountered and the solutions they would like adopted. This information can be used to better inform policy that affects (student)athletes health, wellness, and sports environments.

The findings of this study have implications for organizations, coaches, and sport administration as it brings to the surface the depth of control that they have in educating athletes and the public on SHE topics such as gender identity and biological sex. By learning and adopting to an agreed upon, uniformed language this could help diversify sports as well as

physical culture health research, as currently there is still confusion around the terms gender and sex, which are sometimes incorrectly used interchangeably. Currently the inclusion of gender and sex diverse (student)athletes has been met in many places with extreme polarity, hostility, and confusion as most sport is traditionally segregated by biological sex. Biological sex and gender, while overlapping are different. I would suggest the findings of this research point to the need for the creation of four new categories (transwoman, transman, intersex female, and intersex male) to meet the changing definition of woman and man as umbrella terms based on the fluidity of gender identity, and sex-diverse individuals. Prioritizing the BPS of all elite athletes in their training and development would require sport organizations to hire the appropriate health and physical culture research staff. SHE and physical culture research at the elite level is a form of health care, as the health and wellness of the (student)athletes must be maintained in order for them to not only win but thrive. This would also be beneficial to female athletes, as there is a need to disrupt the institution of sport to onboard more female coaches, administrators and decision makers to support female athlete health and wellness within that system.

By taking this approach and investing in (student)athlete health, it may also lead to lucrative dividends, as organizations may be viewed as actively respecting equity, diversity, and inclusion. This may lead to more sponsorships opportunities and raised profiles for the organizations themselves, their (student)athletes, and their assembled health and research team members. Additionally, this may also assist organizations in moving the *debate* of trans and intersex inclusivity to an evidence based, informed *conversation* with (student)athletes as ambassadors. Ambassadorship may also extend to having (student)athletes speak on other integral SHE matters such STBBI's in addition to domestic violence and intimate partner violence, as Canada is experiencing a costly multi-year long outbreak of syphilis, chlamydia,

gonorrhea, and increasing rates of HIV in every age category(Egan et al., 2019; Public Health Agency of Canada [PHAC], 2020). These STBBI's when untreated can lead to chronic health diseases as well as infertility.

The findings from this study have implications specifically for academic institutions as it points to a lack of education and preparedness by teachers to instruct SHE. I have spoken with students in my own faculty which moulds future PHE educators, and when I asked them during casual conversation if there was a SHE course to prepare them, they had said no, and if possible they would outsources SHE to a community organization. Canada or the U.S. Universities and colleges may look into creating a BPS SHE course for their PHE students to enhance their understanding on the complexity of the subject and capacity bridging to better prepare and meet educational requirements of students from kindergarten through grade 12. This is especially important in meeting the demands to indigenize and decolonize knowledge, pedagogy, curricula, and institutions which often calls for a more wholistic approach to change. As sport was used as a successful colonial tool of eugenics, gender policing, surveillance, and control in Residential Schools to inform SHE and undermine autonomy (Forsyth, 2012), then sport can be used successfully and strategically to combat and address those prior outcomes.

Additionally, this would help academic institutions meet the Truth and Reconciliation Commission's Calls to Action regarding sport, health, and education (Canada, 2015). Furthermore, these institutions could act as spaces for PHE students to engage in teaching SHE by implementing SHE at the university level to also combated high rates of on campus sexual violence, which statistically are caused by student-athletes. As the majority of university and college students are adults who may have not received an informative SHE (Action Canada, 2020; SIECCAN, 2019), and with the growing number of international students who may be

shocked by Canada's fairly liberal attitude around casual sex, the subject matter can be adapted to realistically address that post-secondary students do engage in sexual activity.

Limitations

This exploratory study, while contributing to our research knowledge, had limitations. The criterion for participating was limited to varsity student-athletes and responses by individuals who are not high-performance student athletes may have yielded different responses and outlooks. The responses provided by the nine participants are not representative of all student-athletes and given the mix of participants (non)contact sports disciplines further reduces the generalizability of data, as not all participants were in the same sport. As this study was analyzed through a poststructural paradigm, the focus was on discourses and the multiple realties experienced by participants based on *their* knowledge and experiences. Additionally, all participants identified as cis-gender, cis-sex, and heterosexual, and therefore interviews with gender diverse, sex diverse and sexual diverse athletes may yield difference results, acknowledged here by the majority of participants. As well this study took place in Canada, and may yield different results in a different geopolitical environment or place.

With the exception of one participant, all participants had a master's degree and/or PhD level education. The participant who did not have a graduate degree had an undergraduate degree in Women's and Gender studies. Level and field of education likely contributed to the participants ability to identify and articulate SHE within sport and the multiple pathways they charted in their discourses, as these may have been topics that came up in their own research, courses or discussions. Due to an overabundance of data, I was required to winnow away some themes(data), specifically discourses about racism. They were powerful and would have provided a deeper sociocultural examination into the intersections based on biological sex and

gender. Discourses of race deserve more attention, respect, and space that need to be explored. With that, given the limitations of this thesis, there was neither time nor space to further unpack the rich texts of the athletes, some of which are included here (Appendix G for the reader to engage with. While I could not include them here in my thesis, I did preserve several quotes by participants in Appendix H. I have preserved these quotes, so readers may see for themselves how racism when viewed through a lens of gender, informs and spoke to different realities for racialized student athletes.

Lastly, as this is an exploratory, qualitative project, my positionality, and my scope of knowledge at the time may lead to different findings then if someone with more experience or different life experiences had read the same transcripts. As I became better versed in SHE and social hygiene education, it influenced the direction of the discourses, and better informed my use of language and understanding of the BPS model, and FDA.

Concluding Remarks

This area of research should be further developed and explored by trained, competent sexual health education researchers whose focus is on applied health science within physical culture due to the unique needs of (student)athletes. Physical culture research and SHE research is health care research and informs health care, therefore researchers should center the human rights and needs of the individual (student)athlete within a BPS approach. Ideally, qualified researchers in addition to having a health and qualitative background should also be engaged in regular recreational activity in addition to being invested in professional sports, so that they are also aware through doing the needs of elite (student)athletes, and the organization. This would establish healthy relationships, as well as ensure that researchers and staff can provide realistic, respectable solutions to sport specific issues. After all sport is not simply recreation, or

entertainment, or a character building spaced, it is also a highly lucrative business. Therefore, SHE within sport may consider branching into areas of sport management.

Academic institutions are the premier space for learning and hold monumental amounts of governmentality akin to sport organizations as they create the rules and curriculum, and decided which students will become graduate students in a top-down manner. As society adapts and modernizes, so should the institution. By purposefully creating a sport/PHE, BPS specific SHE courses for future PHE educators, post-secondary spaces would better prepare future educator to teach SHE. By engaging the needs of the community and learning to adapt SHE to age-appropriate audiences could strategically help combat the controversial attitudes towards elementary/high school SHE and change the status Canadian SHE from ‘failure’ (Action Canada, 2020) to ‘successful’.

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APPENDIX A

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Individual Interview

Title of Study: Sport As A Pathway to Sexual Health Education: An Exploratory Study

Principal Investigator (PI): Cristine Vlcek, 102 Frank Kennedy Centre, Winnipeg, MB, R3T [redacted]

Research Supervisor: Dr. jay johnson, 113 Frank Kennedy Centre, Winnipeg, MB, R3T 2N2, [redacted]

This research study is not sponsored or funded.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask.

Please take the time to read this carefully and to understand any accompanying information.

Purpose of this Study

The purpose of this exploratory study is to examine the intersections of the culture of sport and sexual health education. Traditional topics taught in the Canadian kindergarten through grade 12 sexual health curriculums touch on a number of subjects including, but not limited to gender identity, biological sex, sexual activity, drugs, and menstruation.

Research regarding athletes and sex often focus on gender dynamics and/or (campus) sexual violence. To my knowledge, there is no research that examines the intersection between sport and sexual health education and how participants' sexual health education is informed by the culture of sport (e.g. regulations, locker room, coaching, sport media, media, etc.,).

This study seeks to fill that gap in knowledge.

Participant Selection

Participants in this study must be 18 years of age at the time of initial contact between the researcher and themselves. Participants must be able to participate in the interview in English. Participants of all citizenships, nationalities and gender identities are welcome.
Participants must identify as a current or former varsity level athlete and/or equivalent (i.e., National level figure skater, cheerleader, weightlifter, etc.)

Study Procedures

• The method of data collection for this study are individual interviews
• Participation in the study will be for approximately 1 hour
• You will be asked some questions relating to your knowledge sexual health education and the culture of sport
• You do not have to answer questions if you do not feel comfortable
• You are not required to share information about your personal sexual health (e.g. pregnancy, sexual partners, STI's, and treatment etc.)
• The sessions will be audio recorded and the audio recordings will be transcribed by the primary investigator (PI) to ensure accurate reporting of the information that you provide.
• You may be asked your name or reveal it during the individual interview. However the PI will replace it, along with names of teams, towns, etc. with pseudonyms to maintain confidentiality
• Individual interviews will be audio recorded and transcribed verbatim.
• Audio recordings will be stored in a locked cabinet in the qualitative lab in Frank Kennedy Center at the U of M that only the PI has access to.
• Audio will be destroyed within 1 month of completing the transcriptions and the transcriptions will be destroyed 3 years after the completion of this study.
• Transcribed files will be stored as a password protected file on a password protected computer that only PI has access to.
• Individual interviews that are conducted via Zoom, will not be recorded using Zoom. All recordings will be done using a separate audio recording device.
• During data transcription, any of your identifying factors (e.g. name, sport, race, age, etc.) will be replaced with pseudonyms or redacted and anonymized.
• Collected data will be analyzed, summarized, presented upon and published on UM Space for my masters thesis. This data may also be published in journal articles.

Risks and Discomforts

There are no foreseen physical risks. However, you may find talking about sexual health education topics and/or sport to be uncomfortable and perhaps mentally and/or emotionally upsetting. Topics of race and sexism may be touched upon, and may also be uncomfortable.

You do not have to answer any question that make you feel uncomfortable or that you find too upsetting. Should you need any additional help or support. You are provided with a list of resources at the end of this package to help you contact additional counseling services.

Benefits

Participating in this individual interview may or may not help you directly. However, the information gained may help other people understand the impacts of sport as well as the importance of sexual heath education, and may influence future policy, education and programing change.

Costs

There is no cost to you to attend the individual interview. You will receive $20 gift card to a store of your choosing (ex. Best Buy, Wal-Mart, etc.,.), from giftcards.ca or $20 in cash should

the social distancing protocol be lifted to allow for in-person interviews as compensation for participating in the study.

You will receive this compensation after the completion of the interview. Even if you choose to end the interview early or you wish to withdraw your data after the interview, you will still be compensated. **Compensation is non-refundable to Cristine Vlcek, the interviewer.**

Confidentiality

The data collected will be confidential. We will do everything possible to keep your personal information confidential. Your real name will not be published or referred to in writing or the presentation.

List of names and contact information like telephone numbers, addresses, and email addresses of participants will be kept on a password protected laptop and will be destroyed 1 month after the projected completion of the final interview, projected date: March 15, 2022.

The signed letter of consent, which identifies participants, will be kept on a password-protected laptop, which will only be e-mailed using the PI's encrypted student email. This letter will be destroyed within one month of the interview date. Should participants choose to conduct signing of consent letters via mail, the mail copy will be stored in a locked cabinet in the qualitative lab, located at the University of Manitoba.

If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point as a quotation. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

Only the PI and research supervisor will have access to the raw data collected in this study.

The audio recordings will be deleted 1 month after transcription of the audio file. All audio files will be deleted by approximately March 2022 or sooner. Transcriptions will be deleted after 3 years (approx. March 2025).

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate, or you may withdraw from the study at any time during the interview. There is no penalty to you for withdrawing. If you are a student, there will be no penalty to you; your T.A's, professors, coaches, management or affiliates will not be notified of your participation in any capacity.

If you are a student, your participation or discontinuation in this study will not constitute an element of your academic or athletic performance nor will it be part of your academic or athletic record at the University of Manitoba.

If you withdraw, any transcripts and audio recordings from your interview will be destroyed within 24 hours.

You will no longer be able to withdraw from participating in this study once data analysis has

concluded (approx. March 15, 2022). If you would like to withdraw from the study after you have participated in the interview prior to March 2022, contact the PI of this study: Cristine Vlcek.

Questions

If any questions come up during or after the study contact the principal investigator and the student advisor:

Cristine Vlcek at vlcekc@myumanitoba.ca or [redacted]
Dr. jay johnson at jay.johnson@umanitoba.ca or [redacted]

Consent Signatures:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights, nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/ or refrain from answering any questions you prefer to omit, without prejudice or consequence.

Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you for your records and reference.

Participant Signature_____ Date _____

Researcher and/or Delegate's Signature: _____ Date _____

Please indicate the following by circling your preferred option:

1.) I consent to being audio recorded

Yes No

2.) I would like to be sent a summary of the study results (expected January 2022):

Yes No

Please provide your email address or mailing address to have the summary and/or results of this study:

Resource List

Sexual Health Education Resources

1. Sexuality Education Resource Centre of Manitoba (SERC) WINNIPEG
167 Sherbrook Street
Winnipeg MB
R3C 2B7 Canada
Phone: (204) 982-7800
Fax: (204) 982-7819

https://serc.mb.ca/

2. Sexuality Education Resource Centre of Manitoba (SERC) BRANDON
Unit B – 345 10th Street
Brandon, MB
R7A 4E9
Phone: (204) 727-0417
Fax: (204) 729-8364

https://serc.mb.ca/

3. The Access line (confidential 24/7)

1-888-642-2725 (toll free) or 613-241-4474 x10200
or
Text (613) 800-6757 (M-F; 9am – 5pm Eastern)
email: access@actioncanadaSHR.org or
www.actioncanadashr.org/

4. SexandU

(800) 561-2416 or (613) 730-4192
email: info@sogc.com
www.sexandu.ca

Sexual Violence Resources

1. Sexual Assault Crisis Line (24/7)
Toll free: 1-888-292-7565
Winnipeg: 204-786-8631
Video Relay Service available

2. Klinic Crisis Line (24/7)
Toll free: 1-888-322-3019
Winnipeg: 204-786-8686
Video Relay Service available

3. Survivor's Hope Crisis Centre Inc. (North-Eastern Manitoba)
204-753-5353

4. Manitoba Suicide Prevention & Support Line (24/7)
Toll free: 1-877-435-7170
Video Relay Service available

5. Human Trafficking Hotline (24/7)
"Call the Line"
1-844-333-2211

6. Domestic Violence Crisis Line (24/7)
Toll free: 1-877-977-0007

7. Ka Ni Kanichihk's Heart Medicine Lodge

Phone: 204-594-6500 ext. 107
Toll free: 1-888-953-5264
Text: 204-809-8587
Email: heartmedicine@kanikanichihk.ca

8. University of Manitoba Sexual Assault Support & Education

Staff hours: M-F 8:30 a.m - 4:30 p.m.
204-474-6562
email: svrc@umanitoba.ca

If you or anyone you know is in crisis or needs immediate assistance go to the nearest hospital or call 911.

<u>Crisis Resources (24/7)</u>

1.Klinic Crisis Line

(204) 786-8686
Toll free: 1-888-322-3019
TTY 204-784-4097

2. Winnipeg Regional Health Authority (WRHA) Mobile Crisis Service

(204)-940-1781

3. WRHA Crisis Response Centre

817 Bannatyne Avenue

4. Manitoba Suicide Prevention and Support Line

Toll free: 1-877-435-7170
TTY: (204) 784-4097

5. Empower Me Clinical Response Centre

Toll free: 1-844-741-6389

6. Problem Gambling Helpline

Toll free: 1-800-463-1554

Mental Health Self-Help and Counseling

1. Manitoba Addictions Helpline

1-855-662-6605

2. Anxiety Disorders Association of Manitoba

(204) 925-0600

3. Mood Disorders Association of Manitoba

(204) 786-0987

4. Student Counseling Centre

University of Manitoba (Fort Garry Campus)
474 UMSU University Centre
(204) 474-8592

Law enforcement

To report an emergency, call 911.

To report a crime, contact your local law enforcement:

1. Winnipeg Police Service - Sex Crimes Unit

204-986-6222

To speak with a detective in confidence, call: 204-986-6245

2. Altona Police Service (residents of Altona and Plum Coulee)

24hour line: 204-324-5353

General inquiries: 204-324-5373

3. Brandon Police Service (residents of Brandon)

24hour line: 204-729-2345

4. Dakota Ojibway Police Service

Birdtail Sioux Detachment: 204-568-4621

Canupawakpa Detachment: 204-854-2953

Roseau River Detachment: 204-427-3383

Sandy Bay Detachment: 204-843-7700

Waywayseecappo Detachment: 204-859-5070

Long Plain Detachment: 204-252-4480

5. Sainte-Anne Police Service (residents of the Town of Sainte-Anne)

24hour line: 204-422-8209

6. Winkler Police Service

Daytime phone (9:00 a.m. to 5:00 p.m. Monday to Friday): 204-325-0829

After hours: 204-325-9990

7. Morden Police Service

Daytime phone (9:00 a.m. to 4:30 p.m. Monday to Friday): 204-822-6292

After hours: 204-822-4900

If at any time during the individual interview, you indicate that you wish to harm yourself or are severely depressed in response to questions asked during the individual interview we will help you seek immediate assistance from the nearest crisis and/or emergency service.

If during the interview you disclose any current abuses, the PI must report them in consultation with their supervisor.

APPENDIX B

LETTER OF INFORMATION

Project: Sport As A Pathway to Sexual Health Education: An Exploratory Study

Principal Investigator (PI): Cristine Vlcek, 102 Frank Kennedy Centre, Winnipeg, MB, R3T 2N2, [redacted]

Research Supervisor: Dr. jay johnson, 113 Frank Kennedy Centre, Winnipeg, MB, R3T 2N2, [redacted]

WHO IS DOING THIS RESEARCH?

Cristine Vlcek (pronounced VUL-CHECK) is a second-year master's student in the Faculty of Kinesiology and Recreation Management working under the supervision of Professor Dr. jay johnson.

WHAT IS THIS RESEARCH ABOUT?

The purpose of this exploratory study is to examine the intersections between sexual health education and the culture of sport by interviewing participants about their sexual health education knowledge and how sport has helped them understand certain topics.

Participants **do not** have to speak about anything personal in terms of their sexual activity or sexual transmitted infections.

WHO CAN PARTICPATE?

Participants must a minimum of 18 years old currently. There is no age maximum. **Participants must identify as a current or former varsity level athlete and/or equivalent (i.e., National level figure skater, cheerleader, weightlifter, etc.)**

WHAT WILL PARTICIPATION IN THIS STUDY INVOLVE?

You will be asked some questions relating to your knowledge around sexual health education and how sport has informed your knowledge.

You are invited to take part in an individual interview via Zoom for approximately 1 hour. The interview will be audio recorded on a separate password protected device that will be stored in a locked cabinet, in an access only locked laboratory. Only the interviewer has access to this cabinet and your interview. If social distancing allows, interviews might take place in the qualitative lab in the Faculty of Kinesiology and Recreation Management at the University of Manitoba.

Audio will be transcribed for data analysis by the me and all identifying variables (name, location, etc.) will be replaced with pseudonyms.

There are risks to participating in this study - you may find talking about sexual health education topics, including sexual violence, to be uncomfortable and/or upsetting. You do not have to answer any questions that makes you feel uncomfortable or that you find upsetting.

Should you need any additional help or support for your health or are curious to learn more about sexual health, you will be provided with a list of resources.

WHAT WILL BE DONE WITH MY INFORMATION?

All transcript files from this study will be stored in a password-protected file on a password-protected computer. The information collected from this study will be written up for publication on UM Space as part of the Master Thesis requirements, and potentially in an academic journal as well as academic presentations.

Collected participant information and audio (ex. real name, etc.,) will be destroyed within 1 month of the projected completion of transcription. Date of audio destruction projected to be March 15, 2022. The transcripts will be destroyed 3 years after the completion of this study, projected date March 2025.

WHAT IF I NO LONGER WANT TO PARTICIPATE IN THIS STUDY?

Your decision to participate in this study is voluntary. You may refuse to participate, or you may withdraw from the study at any time during the interview. **If you withdraw from this study at any time, you will keep your compensation.**

You do not have to provide any justification for withdrawing. You simply notify me in person, email or phone-call that you simply would like your information removed and will not appear in my thesis. You have until the projected date of March 15, 2022 to make this request.

Data cannot be withdrawn after completion of the summary analysis, projected date March 15, 2022. Please contact the PI prior to this date.

You will not be penalized for participating or withdrawing your information, and if you are a student, athlete, professor, etc., no one (professors, T.A's, coaches, etc.) will be notified that you volunteered to participate, or that you withdrew your participation. **Your grades will not be impacted by your participation and/or withdrawal in this study.**

HOW WILL THIS RESEARCH BE USEFUL?

This research is exploratory in nature and will be useful in mapping and understanding how the culture of sport informs participants' knowledge on topics of sexual health education.

This research may be useful in different ways. This research may be useful in addressing and creating better policy and regulation regarding the creation of certain rules and regulations that effect athletes, participants, and coaches when handling matters of a sexual health nature like maternity, gender/sex, sexual activity, as well as and including issues of race and sexism.

If you would like more information about this study or would like to participate, please contact Cristine Vlcek at [redacted] or at vlcekc@myumanitoba.ca.

Thank you!

Appendix C

Trigger Warning Script

To be read to participants prior to the interview

I would like to take a moment to offer a trigger warning. The questions surround topics of sexual health, which may include subject matter related to sexual violence, sexism and racism, may bring you to unpleasant and upsetting memories and/or thoughts. I would like to remind you that you have the right to refuse to answer questions if you are uncomfortable, and the right to end the interview. A list of resources has been provided for your reference with your consent forms should you need to speak to anyone, or would like more information on sexual health topics.

Appendix D

Poster

WANT TO TALK ABOUT SEXUAL HEALTH EDUCATION AND SPORT?

STUDY TITLE: Sport As A Pathway to Sexual Health Education: An Exploratory Study

WHAT IS THIS ABOUT?

The purpose of this **voluntary** study is to examine the intersections between sexual health education and the culture of sport by interviewing participants about their sexual health education knowledge and how sport has helped them understand certain topics.

Participants **do not** have to speak about anything personal in terms of their sexual activity or sexual transmitted infections.

WHO IS DOING THIS RESEARCH?

Cristine Vlcek (pronounced VUL-CHECK), a Masters student in Faculty of Kinesiology and Recreation Management under the supervision of Dr. jay johnson.

WHAT IS INVOLVED?

If you would like to participate, you will be asked to take part in an interview via Zoom for approximately1 hour, and there are only 10 short questions. **The questions are non-invasive and do not ask you about any matters relating to your personal sexual activity**.

WILL MY NAME BE PUBLISHED?

No! All information collected will be replaced with pseudonyms. Privacy and confidentiality are of the utmost importance, and your participation will not be disclosed to your professors, coaches, colleagues, teammates or friends. **This will not affect any grades**.

WHO CAN PARTICIPATE?

You can participate if you are:
• 18 years or older
• Current or former varsity level athlete and/or equivalent (i.e., National level figure skater, cheerleader, weightlifter, etc.)

AM I COMPENSENTED?
Yes! You will receive a non-refundable $20 electronic gift card to a place of your choosing as remuneration for participating from myself purchased and sent to you via giftcards.ca.

If you would like to participant, please contact Cristine at vlcekc@myumanitoba.ca or [redacted]

Thank you!

Appendix E

Question Guide

Thank you for joining me today. This interview is what we call semi-structured, open-ended questions to allow for the natural flow of conversation and should take no more than 60 minutes.

I will remind you now that you are free to stop the interview at anytime, and you will still receive the $20 electronic gift card for your participation once the interview is concluded from giftcards.ca. Once you have chosen the store of your choice, it will take approximately 48 hours for the e-giftcard to arrive in your email inbox per giftcards.ca's FAQ page.

I will first ask you a several questions about yourself to help compile a small profile of who the speaker is, such as your gender identity and age.

Now I will ask you some questions about yourself.

Pre-text engagement of texts

1. What is your gender identity?
2. How do you identify racially?
3. What is your age?
4. How much of your education was received in Canada? (e.g. K-12, only undergrad, etc.)
5. What is sexual health education in your own words?
6. When did you learn sexual health education?
    a. Prompt: In school, from friends, family, movies, etc.?

Thank you. Now we will move on to the questions about sexual health education and sport.

Questions

7. How is gender and/or biological sex addressed in sport?
8. What sexual health education elements come to your mind when thinking about sport?
    a. Ex. anatomy, menstruation, pregnancy, sexual activity, sexual violence
9. To your understanding, how is race a factor?
    a. Prompt: What stereotypes, stories, knowledge come to mind?
10. Reflecting on these questions and in your own life, how has your understanding of sexual health education been informed through the culture of sport? (Participating in sport, watching sport, news coverage, rules and regulations, etc.).

This concludes our Q & A section of the interview. At this time, do you have any questions for myself?

After answering questions – Read Below

I would like to thank you again for taking the time to participate. I remind you that you may contact me to ask follow up questions, or to withdraw your information. You will have up to 1

month after the final interview to withdraw your data. Data cannot be withdrawn once it has been summarized for presentation/publication.

The projected final date for you to withdraw your information is March 15, 2022, and should you ask for your data to be withdrawn, you do not have to return the $20 electronic gift card.

Thank you for your time and your insights.

Appendix F

Table 1

Participant Characteristics

Participant (P)	Age (Years)	Race	Gender Identity (cis)	Contact [C]/ Non-Contact (NC) Sport *Coach
P1	30	White	Female	NC*
P2	31	White	Male	NC
P3	38	Racialized	Male	C
P4	26	Racialized	Female	N
P5	27	White	Female	N
P6	39	White	Male	C*
P7	23	White	Female	N
P8	24	White	Male	NC
P9	35	White	Male	NC

Appendix G

Participant quotes on race

Participant 3 (M-C) Quote 1

> Oh, fuck me. Race is a factor in everything. Like I think part of why I participate in [my new non-contact activity] is because it's a solitary activity that is silent. And I can find, like you separate yourself in the room to a degree. And, I think I'm one of three men with a membership. And I think only once do two of us ever attend the same class. But the rest of the time I don't have to deal with meathead-ish behaviour or share a changeroom or engage in conversation I don't want to engage in. And socialize with people of low intelligence or of low ambition. And as you reach – if you're Black and you have an advance degree and move past certain stuff, you're not going to do well in team dynamics in Canad. Because either there's going to be animosity because people think you're uppity or people think you're smarter than people or doing better than people or you can feel the hatred they have towards you as a black person. They're finding a million ways to call you a n****r without calling you a n****r.
>
> Growing up you see it in sports all the time. I remember, if it wasn't like "Oh he has a single parent or he goes to this poor school". They go out of their way to let you know that you're Black, and that you don't really belong, or you're not welcomed. And everything always has an undertone of racism and discrimination and race politics to it. And even when people think they are being polite and nice, they are not being polite and nice. They'll say things like, "Oh you've done so well, you're the first Black person this year to eat at the faculty club". I don't give a fuck about you or – like why do you think me having your cheap steak at a faculty club is an accomplishment to me. – Participant 3

Participant 3 (M-C) Quote 2

So, I've had tattoos since 12/13, and I remember coach being like, oh were going to play at a catholic school can you wear long sleeves they don't want to see the tattoos on your arms. Pretty much can you dress like a German Mormon showing up to games. [It is] so, you look safe, because you're going to a White school. Or 'you're representing the team; you're representing what this place stands for'. And you learned immediately if you made the connection is what this place stands for is 'I need to look like a Mormon or a very mediocre lawyer when I'm showing up.' But then you see chad over there wearing ripped jeans and a white t-shirt, allowed to grow his hair, chewing gum, doing whatever the fuck he wants and coach is like "He's just acting out, he's just having a moment". And that's how that shit is. And you sit down and you're like, *that's really weird, if I wore what he wore I would catch shit, but I've got to dress like this*. And that's when you start to learn the differences in life and where privilege exists. But no, and there would be stuff in formal documents, and coaches would come up to you and be like, cover up this, please wear this. Or sometimes they try to do stuff through shame, you know, you look less scary with your beard. And I'm like, well my job ain't to be sexy for you.

They're always trying to push, look at these acceptable citizens. Look at these close to normal, great people we are conditioning and producing. Look at the job we're doing at taking this gutter person and making them the wonderful version you want them to be.

- Participant 3 (M-C)

Participant 4 (F-NC) Quote 1

Umm, I feel like, so when you first that question [How is race a factor in sport?], the first thing that came to mind was Black football players. Cause I feel like, they're very – or Black basketball players, would be, you know what, just like Black, male athletes, who give off - whose sport is primarily, er, whose sport is predominantly perceived to be like the stereotypical masculine sport, which is why I went to basketball and football, umm, I feel like they're interesting, because I feel like they're very sexually desired, but at the same time, they're demonized for also being just Black and male.

And I'm not a black dude, so I don't know what that feels like, or what that experience would be. But I feel like it's always very interesting from the outsiders view to see what those players always be desired and feared in the same sense and by the same people. Who else is…what other races? I feel like that's the only thing that really comes to my mind.

I feel like deep down, somewhere this fear has to stem from like, the slavery to segregation era, that we're like not in it, just evolved to a different kind of way. Umm…[silence]…I that's where I feel like the fear stems from, if you like dig deep…I would guess…but then, like I don't get why they're desired when they're also feared. Like that part, I don't get it. Like why are you…[whispers] how graphic are these quotes allowed to be…? So, I just don't understand why you would literally want to suck this dude's dick, but then also cross the street if you saw a Black guy approaching you, like make it make sense, like I actually I don't understand.

So, like I don't know. I don't know how you can desire…wait have I desired but feared someone before? No because if I'm scared of you, I don't, like why would I also want to

in turn sleep with you? And like while I'm generalizing, and it isn't all people, but I'm sure you can find some people like that in the world. You know, I don't fucking know. Sorry [laughter]. I'm talking about White women. I'm so sorry, umm, or, White-passing women, let me be more - White passing and White women, to be very clear with who I am talking about. So sorry to those women, like I'm not demonizing you, but I'm just saying what I've observed in the media, it's just like really interesting, you know what I mean. [Silence] Make it make it sense, like I just don't get it [laughter]. – Participant 4 (F-NC)

Participant 4 (F-NC) Quote 2

I do think that [American] culture very much bleeds into the Canadian context. Like yah, teammates of mine live that life [casual sex] and all that, but I feel like being a Black female athlete is very unique, because, I would say you're expected - I did [a non-contact sport] – you're expected to be a top performer, but then in the context of like sexual desirability, that's not what Black women are viewed as….they're not viewed as desired. So I feel like being surrounded by more White counterparts, then other Black people, which would be different in the States, where they have more prevalent Black culture, and there's a lot more Black people around.

But I'm like yah, there's that piece, where it's like ok you're an athlete, you're fit, you feel – or I felt comfortable wearing whatever, cause I was like most things that I put on my body, it will look and fit the way, it like looks on the mannequin or whatever. But I don't really think I was comfortable with myself when I was really an athlete, because you're surrounded by, like…just like White women that are viewed as more desired than you, so it kind of puts your confidence down. So I don't feel like that really happened for me until after I left sport where I wasn't continuously in that setting, does that make sense?

I'll say a quote that I feel, like applies for everything, and then I'll expand on it if you have questions and stuff. Shout out to *Scandal* for this quote, Olivia Pope I see you "Black people need to be twice as good, to get half of what they [White people] have." That quote, like, you literally can't tell that quote is not a fact. It literally is a fact for every facet of my life, as a Black person. – Participant 4 (F-NC)