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**Problematizing social justice in health pedagogy and youth sport:  
intersectionality of race ethnicity and class**

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### **Abstract**

Social justice education recognizes the discrepancies in opportunities, among disadvantaged groups in society. The purpose of the papers in this Special Issue for Social Justice is to (a) provide a critical reflection on issues of social justice within health pedagogy and youth sport of Black and Ethnic Minority (BME) young people, (b) provide a framework for the importance of intersectionality research (mainly intersection of social class, race and ethnicity) in youth sport and health pedagogy for social justice and (c) contextualize the complex intersection and interplay of social issues (i.e. race, ethnicity, social classes) and their influence in shaping physical culture amongst young people with BME background. The paper argues that there are several social identities in any given pedagogical terrain and these need to be heard and legitimized to avoid neglect and “othering”. This paper suggests that resurgence of interest in theoretical frameworks such as Intersectionality can provide an effective platform to legitimize “non-normative bodies” (diverse bodies) in health pedagogy and Physical Education (PE) and Sport by voicing positionalities on agency and practice.

Key words: racialized bodies, whiteness, health pedagogy

Another successful Wimbledon Tournament has just finished in London, UK, with Serena Williams, one of the very few Black tennis players and possibly the most famous Black athlete in the world, winner of the Women's Singles. Yet again, as was the case during her win back in 2012, the Twitteratti world took the win with comments that targeted her race and also her gender. David Leonardo (2012) argued in his personal blog that Serena has been subjected repeatedly to racist comments from the media and fans alike. More specifically he claimed that "racism raining down on Serena's victory parade highlights the nature of white supremacy" and he went on to suggest that "her career has been marred by the politics of racism and sexism" (Desmond-Harris, 2015, p. 2). There have been many examples of racism in sports around the globe, and in Europe, with many incidents of racism during European Champions League football matches (<http://www.uefa.org/disciplinary/>).

Within the pedagogical terrain issues of race, racism, sexism and discrimination are still prominent and affect young people's disposition towards youth sport, Physical Education (PE) (see work from Azzarito 2014) and physical culture. Racism, sexism, classism and other factors associated with disadvantage all play an important role in constraining many young people's access to holistic, meaningful, and empowering learning (Azzarito, 2014), formal and informal sport, and physical culture experiences. The main focus of the paper as part of this special issue on social justice is to corroborate the need for a (global) action for social justice in/through/for youth sport, PE and health education and to highlight the need for research centered on the social justice agenda to address current inequalities in health

pedagogy such as the transmission of knowledge and the development of healthy habits and routines (Leahy et al., 2016) and sport pedagogy and physical culture. Tinning (2010) claims that pedagogy refers to the science or profession of learning. According to Silk and Andrews (2011) Physical Culture can be characterized as an approach toward interpreting culture's role in the construction and experience of the "lived milieux of power" (Grossberg, 1997a, p. 8). Physical culture forms (e.g., practices, discourses, and subjectivities) can only be understood by the way in which they are articulated into a particular set of complex social, economic, political, and technological relationships that comprise the social context' (Silk & Andrews, 2011, p. 9). More specifically my approach to physical culture will seek to highlight hierarchical relations in sites of physical culture where injustice and inequity are experienced and documented by ethnic minority young people or the 'other' (see Azzarito, 2014) in their everyday lives and relationships (i.e. pedagogical contexts, familial context, social networks etc.)

### **Introducing Social Justice**

Azzarito (2014) claims "that many scholars agree that there is a need to adopt fresh approaches to social justice in order to deal with the complicated, often hidden, manifestations of inequality in today's schools" (p. 1). During a symposium in a recent American Educational Research Association (AERA) conference, Azzarito convened a panel to discuss the notion of social justice in education and health pedagogy. Particularly Azzarito called for a critical debate about education, equity, and physical education and I will add health pedagogy and physical culture within contemporary globalization. Many educators committed to social justice have advocated the

development of new forms of critical pedagogy that might be able to tackle the difficult challenges generated by globalization (Azzarito et al., in press).

According to Apple (et al., 2005) global neoliberalism tends to reinforce inequality and has “high consequence risks” for ethnically diverse young people in “peripheral” spaces and places, and thus, it can lead to deeper disadvantage and discrimination.

The notion of social justice is used to acknowledge that sport and PE can facilitate, promote and maintain social equality, address issues of racism and discrimination, gender equity, disability and inclusion (EU Work Plan for Sport, 2013). Sport for Social Justice is a critical mechanism and process to facilitate behavior change towards equity and inclusion. The EU Work Plan for Sport claims that sport plays a critical role in influencing the wider European society by promoting social cohesion, especially for young people from diverse ethnic backgrounds. It has been widely accepted in international literature that sport can promote equality, inclusion and social citizenship if administered and implemented in the framework of social justice (Bailey, 2005).

Based on the consensus of a worldwide meeting of Sport Ministers and civil servants from the EU, at the MINEPS V (5<sup>th</sup> International Conference of Sport Ministers and Senior Officials Responsible for Sport and Physical Education, 2013) declaration suggested that “Sports Ministers called upon the development and training of teachers, instructors and coaches to deliver inclusive and adapted physical activity and physical education programs, including training”. Finally, the declaration emphasized the need for further research, evidence-based policy and sharing of knowledge at national,

regional and international levels, to develop a shared vision and priorities for physical education, sport programs and policy.

The main focus of this paper will be to (a) provide a critical reflection on issues of social justice within youth sport, PE and health pedagogy of BME young people, (b) provide a framework for the importance of intersectionality research (mainly intersection of social class, race and ethnicity) in youth sport and health pedagogy for social justice and (c) contextualize the complex intersection and interplay of social issues (i.e. race, ethnicity, social classes) and their influence in shaping physical culture amongst BME young people.

### **BME Groups And (Public) Health Pedagogies**

“*BME groups*” is a United Kingdom term used here to describe ethnic minority and migrant groups of non-white descent, such as Black British, Afro Caribbean, British Asian many of whom are of Islamic faith such as Bangladeshi and Pakistani, and Indian. The reason behind the use of a generic terminology is to exemplify the pathology of such a broad definition and to comply with the terminology used in most epidemiological research that feeds into policy on health education in the UK and globally. Karslen (2004) extends this claim by suggesting that:

“This situation is partly a consequence of an assumption dominant in epidemiological research that the ethnic differentials found among various social and economic characteristics are a consequence of innate characteristics related to ethnic or racial characteristics... An “untheorised” approach encourages the use of crude and inflexible assessments of ethnicity

that treat ethnic categories as reflecting undifferentiated groups....heterogeneous cultural groups are combined for analysis (into “non-white”, “black” or “(South) Asian” people, for example), yet findings are interpreted as if they constitute a homogeneous unit” (p. 108)

Only in the 2001 amended guidelines from the National Institute of Health Policy and Guidelines (NIH), was guidance provided for the inclusion of minority ethnic groups and also women, as well as for documenting on racial and ethnic differences (Bowleg, 2012). According to Bowleg (2012) the problem with the women and minorities statement is the implied mutual exclusivity of these populations for previous research on health, and I extend for the purposes of this paper, on health pedagogy. Bowleg (2012) goes on to comment that only in 2011 did the US Department of Health and Human Services (DHHS) acknowledge that: “characteristics such as race or ethnicity, religion, SES [socioeconomic status], gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status” (p. 1267).

Therefore, this is rather alarming for (public) health pedagogy as well as youth sport and physical culture research since social justice issues have been ignored and most public health policies and syllabi are adopting a “color-blind” “one-size-fits all” approach (Dagkas and Lisahunter, 2015). While there are examples of informative and interesting work emerging from an epidemiological approach on the exploration of the relationship between ethnicity and health, there are also shortcomings (Karslen, 2004). Karslen



(2004) moves on to explain “that analyses are sometimes conducted on a single “ethnic” group, without any comparison (from the literature or otherwise) of how, or indeed whether, these health experiences or beliefs differ from those of other ethnic groups” (p. 108) and, in many cases within epidemiological studies, intersection of specific characteristics of disadvantaged are ignored. Again, the assumption that simply because these people constitute an ethnic (minority) group, they are therefore also problematic (Karslen, 2004) in terms of the way they enact physical culture. Subsequent research findings focus on universal genetic and cultural explanations (Bhopal et al., 2007) for the relationship between ethnic status and other indicators with little specific attention on what constitutes the meaning of “*ethnicity*” or “*race*” and how it could influence decisions about health and health pedagogy (Karslen, 2004), and automatically assume that the solution to the problem can be located within the ethnic group in discussion (Karslen, 2004). Furthermore, “the inherent characteristics of the group are at fault and need rectifying” (Karslen, 2004, p. 108), altering or adjusting.

Acknowledging the existence of multiple intersecting identities in (informal and formal) pedagogical contexts (Flintoff et al., 2008) is a first step in trying to understand the complexities of health disparities for populations from diverse ethnic and cultural backgrounds (Bowleg, 2012). Another important issue is understanding and acknowledging how privilege and oppression operates to result in multiple social inequalities, that intersect at the micro (familial environment) and macro social-structural (school, community) level to shape and influence health pedagogy and physical

culture and as a consequence maintain health disparities (Bowleg, 2012).

Within public health policies and health pedagogies, young people from disadvantaged and BME ethnic groups are categorized as “healthy” or “unhealthy” and even as “good” or “bad” depending on their involvement with performing health discourse. Such assumptions of health are being confirmed repeatedly in epidemiological studies and Random Control Trial (RCT) studies, which habitually adopt a homogenous approach, as discussed earlier, which overlooks difference within and between groups from various socioeconomic strata, diverse ethnic and racial backgrounds and family structures.

The predominant framework in the context of medicine and healthcare focuses on evidence-based medicine, RCTs and large-scale epidemiological studies, which may exclude the experiences of minority populations, their positionalities and their social identities or negate the impact of population complexity on health outcomes. As such, RCTs have created an ethos of data that feed into policy on physical activity and public health pedagogy that ignores BME young people’s specific needs and individual agency. Furthermore, in contemporary neoliberal societies, normalizing health discourses operate to create a sense of moral obligation to monitor and regulate the body through the statistical analyses of ill health (Dagkas, 2014). Such an approach averts critical and general understanding of the methods of accumulation of physical culture and physical activity dispositions. Care and presentation of the body is then declared a matter of public, and therefore political, importance. Neoliberalism is a social and political doctrine (Azzarito

et al., in press) that governs people to be responsible for their own personal choices for health, education and lifestyle (Macdonald, 2012). It has consequences for the way societies view the maintenance of good health (Macdonald, 2012) in formal and informal pedagogical settings. Nevertheless, personal responsibility assumes that people have the capability and resources to make informed choices about good health (O'Sullivan, 2012).

For many BME groups, structural and environmental barriers restrict this capability, which in many public health policies is being ignored. Rose (2006, cited in Macdonald, 2012, p. 38) explains that, "in neoliberal societies, the maintenance of health and quality of life has become obligatory; negative judgments are directed towards those who refuse to adopt active and healthy behaviours". Furthermore, Macdonald (2012) has concluded, "the pervasiveness of neoliberalism can make the neoliberal approach to health appear somewhat natural and logical and thereby shift critique" (p. 42). In recent work (Dagkas & lisahunter, 2015) argued that such public health discourses create a sense of (false) morality, which also promotes segregation (in that they position specific kinds of bodies as different) and reinforce negative views of "brown" bodies especially as "lazy", "fat" and "unhealthy". I think it is vital at this stage to introduce the notion of social justice in this paper and the way it has been conceptualized within physical culture and health pedagogy.

### **Framing Social Justice Within Physical Culture and Health Pedagogy**

According to Hahn-Tapper (2013) social justice education recognizes the differences in societal opportunities for young people and marginalized

groups in terms of resources, and long-term outcomes. Hahn-Tapper (2013) explains that:

“others use different terms in its place, for example anti-oppression education, diversity education...At the end of the day, definitions for social justice education run the gamut; this term has no single meaning or use” (p. 412).

According to Freire, education is important to performing and adopting social justice (Freire 2006). Freire (2006) suggests that “It is impossible to think of education without thinking of power . . . the question . . . is not to get power, but to reinvent power” (p. 47). Freire’s important argument is that ‘students’ identities need to be taken into account in all-educational settings...they should not be approached as if everyone in the classroom, including the teacher, is starting from the same place in terms of social status and identity’ (p. 47). Thus, every identity present in the classroom ought to be legitimized and valued.

Most educational settings reinforce and regenerate domination (Hahn-Tapper, 2013). A common way this domination occurs is through the banking system of teaching, where educators try to “deposit” a set amount of information into students’ minds (Freire 2006, p. 109). Such a form of education fails its students as it does not take into account their everyday realities, their “situation in the world” (Freire 2006, p. 96) and I would add their position in the world as a result of oppressive practices they experience due to their racial, ethnic and social background. Instead, it ignores this critical element of teaching in an effort to impart or impose “knowledge” on students

(Freire 2006, p. 94) and lately health pedagogy especially the transaction of healthy habits and routines. Intersectionality therefore can provide an effective framework to illustrate the ways the status quo can be perpetuated within pedagogical settings alongside uncovering the assortment of multiple social identities and their signifier.

### **Intersectionality as Framework to Examine Social Justice Issues Within Physical Culture and Health Pedagogy**

According to Crenshaw (1989) “intersectionality” was devised instead of purely providing a summary of the effects of one, two or three categories. Instead of examining features such as, race, class, and gender individually, intersectionality views the influence of these characteristics in an intersecting manner within specific contexts (Parker & Hefner, 2012)

Intersectionality is being referred to as a theoretical framework or concept for understanding and examining how various social identities intersect at the micro level of individual experience to reflect interlocking systems of hierarchies, domination and oppression and inequalities at the macro level (Bowleg, 2012). The most fundamental element of intersectionality is the notion that social characteristics and their markers (e.g., race, social class and gender) are interdependent, multiple, and mutually constitutive (Bowleg, 2012). According to Bowleg (2012) the central principles of intersectionality are very relevant to public health, and I will extend this to health pedagogy and sport, and are as follows:

(1) social identities are not independent and unidimensional but multiple and intersecting, (2) people from multiple historically oppressed and

marginalized groups are the focal or starting point, and (3) multiple social identities at the micro level (i.e., intersections of race, gender, and SES) intersect with macro-level structural factors (i.e., poverty, racism, and sexism and I will extend this to institutional racism) to illustrate or produce disparate health outcomes.” (p. 1268).

According to an intersectionality framework, inequities are never the result of single factor but the result of intersections of dissimilar social locations, previous experiences, hierarchies and power relations, all present in formal pedagogical settings. It is vital at this point to define what I have termed formal and informal health pedagogy. Learning about health and sport doesn't occur only in formal pedagogic environments (i.e. school, PE extracurricular sport) but also, in those informal situations that shape dispositions, agency and attitudes of young people from BME backgrounds towards physical culture and health pedagogy. According to Sandlin, Schultz and Burdick (2010) we constantly learn and are being taught. Sandlin et al. (2010) describe (public) pedagogies as spaces of learning that exist outside the formal environment of schooling and they are crucial to our understanding of the development of social identities and social formations. According to Tinning (2010), cultural exchanges, and transmissions of cultural values constitute informal pedagogic practices. Furthermore, gender, social class, race and ethnicity, are part of the socially constructed perception set of differentiation used, through capital endowment, to position people (individual and group habitus) within fields and influence young people's dispositions towards physical culture and access to capital (Dagkas & lisahunter, 2015).

From an intersectionality perspective, no social category or form of social inequality is more salient than another (Bowleg, 2012). As such we need to look at the intersection of social categories within given pedagogical settings and the way PE environments neglect multiple identities and various non-normative bodies (this will be looked at in more detail in the next section of the paper). In recent work Dagkas & lisahunter (2015) attest that “structural inequalities and barriers to enacting physical culture is relative to the economic capital of young people” (p. 556). They claim “that navigating one’s body, through multiple often-overlapped fields, forms multiple body identities from young people with BME background that have been perceived and represented as homogenous in the public health discourse” (Dagkas & lisahunter, 2015, p. 556). Thus, social justice issues can be addressed through an intersectionality lens.

### **Multiple Intersecting Identities and the Whiteness Discourse**

According to Dagkas & lisahunter (2015) discrimination against those identified as socially excluded and disadvantaged within the public health policy is real when health inequalities and embodiment of physical culture are the result of societal barriers. The voices of young people of diverse races, genders and social classes must be heard and legitimated in physical education and school sport as part of broader health education policy (Azzarito & Solomon 2005) to be able to provide an effective learning environment that adopts and respects diversity and individuality (Dagkas & lisahunter, 2015). In many cases these diverse social identities (i.e. BME young people) are ignored in the context of PE or channelled to play specific sports based on a dominant racialized discourse of “race logic” (i.e. cricket;

athletics, basketball). Within these pedagogical contexts, domination, hierarchies and power relations influence agency, when, in contrast, other bodies are legitimized and naturalized (lisahunter, 2013) based on the “whiteness” and “race logic” discourse. Kevin Hylton (2015) in his paper discussing ‘race talk’, he maintained that individuals and institutions in sport and PE are neither neutral nor unbiased... ‘the results of these acts and processes have differential impacts upon people in sport that vary as ‘race’ intersects with class, gender, and other identifiers of oppression’ (p. 512). PE teachers have a responsibility for providing substantial amounts of health-enhancing physical activity during class time, especially in those activities that will lead to student physical fitness and motor skill development, which will serve them well into the future (McKenzie & Lounsbery, 2013). Nevertheless, many non-normative bodies are excluded from this practice as mentioned earlier in this paper.

In many health surveys and studies, the inclusion of (BME) groups as a homogenous group under a numerical statistical representation ignores important personal, cultural, ethnic, psychosocial and environmental characteristics. As such, the value of ethnic categorization as a means of delivering culturally appropriate health education, pedagogy and services, is diminished with homogeneity being established and promoted (Dagkas & lisahunter, 2015). Ahmad & Bradby (2008) claim the principle of the argument of homogeneity is rooted in the ideology of “whiteness” that is embedded in institutions and therefore disadvantage the “racialized” (p. 9). Concentration of minority ethnic groups as one group can be perceived as a color-blind approach and has proven to be problematic in that this further normalizes



whiteness discourse, promotes racialization and marginalizes the already marginalized such as BME young people. In this sense, further marginalization occurs and now, more than ever before, the need to explore and interrogate issues of body pedagogies as experienced by young people from diverse ethnic background is imperative. In many cases the “other not only functions as a way to maintain the interlocking systems of race, class and gender (Dagkas & lisahunter, 2015, p. 556), but also as a practice to mimic a certain moral, social and hierarchical order in which people are positioned at the margins. According to Hylton and Morpeth (2012) ignoring racialised practices in sport leads to racial hierarchies and continuing discrimination.

According to Gillborn (2005) “whiteness is not a culture but a social concept and a racial discourse” (p. 487). In turn, those who identify as non-white are denied the privilege of normativity and are marked as inferior and marginal. Whiteness, therefore, is a taken-for-granted experience structured in varying settings such as sport and education settings (Azzarito et al., in press).

According to Gillborn (2010) “race and class interests intersect so that, under certain conditions, both middle-class and working-class Whites benefit from a shared White identity” (p. 5). This shared identity shapes current health discourses and pedagogy, permeates health education and public policy and normalizes specific body discourses and alienates others. In addition, identity discourses are constructed based on White superiority and instances of White dominant and non-white subordination are re-enacted daily across institutions, social and pedagogical settings. As such, specific behaviors in relation to

health pedagogy are normalized and legitimized through many acts of strengthening and reiteration (Dagkas & Lisahunter, 2015). According to Gillborn (2005), it is this constitution of particular identities that lends “whiteness” its deep-rooted status. Furthermore, these processes of normalization through pedagogical settings neglect certain socio-cultural factors and contribute to institutional and in many cases social racism (Dagkas & Lisahunter, 2015).

### **Pedagogical Implications**

The challenges and dilemmas for schools have been documented in recent empirical research demonstrating the diversity of BME young people’s experience in physical culture, physical education and health pedagogy. “Bodies are both inscribed with and vehicles of culture” (Garrett, 2004, p. 141), which means there are various and multiple ways in which both social and familial values are embodied. Where these are challenged, for instances on issues of body modesty, solutions need to be based on and reflect understanding of the different and multiple positionalities that exist in a given pedagogical setting (Benn, Dagkas, & Jawad, 2011). Eurocentric curricula, based on “Western white” values and approaches to teaching physical education, sport and health pedagogy, have created tensions between pedagogues, parents, schools and communities. Quarmby & Dagkas, (2013) stress the need for physical education teachers and practitioners to engage more with young people and their families, and to understand their values, to avoid acts of separatism and “othering”. The cultural and religious capital evident in body modesty such as the wearing of the hijab provides an interesting example of the necessity for caution in a world dominated by visual

images and “visual fascism” (Dagkas, 2014). According to Dagkas, Benn and Jawad (2011) cultural capital could be attached to Muslim women that wear the hijab in strongly religious communities who publically affirm their identities as “good Muslims” where religious adherence might hold capital in the given field of family or social grouping they occupy. Recently Dagkas & Lisahunter (2015) demonstrated that young Muslims exhibit their dependence to the influence of family while pledging to the religious beliefs transmitted by their parents (Knez and Lisahunter, 2015; Dagkas and Benn, 2006). This demonstration was particularly evident in those young Muslims for whom economic capital was low. This supports that intergenerational embodiment of strict religious adherence amongst young Muslims from low socioeconomic status and with low economic capital is prominent within the field of family.

Interpretation requires knowledge of context and subjective positioning, according to Benn et al. (2011). In Benn et al.’s work, lived realities and discourses captured diversity of positionalities among Muslim young girls who happily participate in physical education and school sport contexts; those requesting modest clothing for participation, such as the wearing of hijab; and finally those requiring gender segregated PE classes for freedom of participation. Such battles have been described by Benn (2003) as “identity stasis” adopted by many Muslim girls and women and indicate a deliberate strategy to negotiate themselves between cultural and religious values and school values and practices. In this sense social identities are not still not fixed but active and are influenced by the power of agency and praxis (Benn et al., 2011). Lived realities involve diversity in the embodiment of religious,

cultural, classed and racialized identities and it is clear that once there is an established appreciation of the multiple identities that exist in a given pedagogical environment any gap in practice and agency can be bridged, benefits can be understood, and practices can be differentiated.

Dagkas & Lisahunter (2015) suggest that: 'liberal interpretation of the field of religion to allow physical culture demonstrates that, whilst it may not hold capital within the field of the family, the young Muslims' physical culture in their study developed relative to the influence of the multiple fields they inhabit, as the embodiment of secular physical activity values can be seen as a means to gain acceptance into fields outside of the family' (550). They concluded that religion had minimum influence and impact on participants' embodiment of physical culture and health pedagogy especially for those young people with high economic capital. The situation however, was different for those young Muslim people that had low socioeconomic capital, as explained earlier.

Any attempts to improve public health policies, health education and pedagogy, and increase participation in physical culture must be underpinned by knowledge of context and flexibility of response because, in plural societies, the reality is "fluid, spatial boundaries and overlapping cultural spaces creating a more hybrid society of re-negotiated identities" (Benn et al., 2011, p. 20). Pathological pedagogical practices rooted in the "whiteness" discourse that value specific bodies as passive and uninterested in physical culture, are mainly fuelled by homogenous RCT data, which create further racialization and "othering" when attention should be given to lived realities, to the structural barriers that maintain existing interlocking inequalities, and to

barriers restricting physical culture (Dagkas & lisahunter, 2015).

### **Concluding thoughts**

Any research in the area of social justice in PE and youth sport and health pedagogy of racialized and the 'other' bodies needs to acknowledge that individuals differentially negotiate multiple and complex layers of identity. If we are to address existing inequalities in school and community sport, practitioners and researchers need to move away from pedagogies that are reflective of monoculture perspectives to avoid further marginalizing those outside of the monoculture (Dagkas & Quarmby 2012). To address issues of social justice within health pedagogy, school sport and PE, more research is needed exploring the way that BME young people or those identified as being "at risk" (as identified in the many policy documents) recognize the various ways that they experience disadvantage in formal and informal pedagogical settings. More specifically, research with young people from BME background is essential to acknowledge the various ways that the informal pedagogical contexts and fields such as family, social class and culture, religion and race (and gender) intersect and impact on dispositions towards health pedagogy. As researchers, we need to explore new ways to engage with the diverse and racialized bodies, to discover and document the voice of the non-normative invisible body.

As I mentioned in the earlier stages of the paper, Freire (2006) offers ways to transform the field of education, and I extend based on his views, the field of sport and health pedagogy. More specifically Freire (2006) states that 'one way to move students toward freedom is to create an educational

structure whereby both teachers and students engage in habitual, critical reflection, a model that takes into account their identities' (p. 77).

Freire (2006) attests:

“Authentic thinking, thinking that is concerned about reality, does not take place in ivory tower isolation, but only in communication. If it is true that thought has meaning only when generated by action upon the world, the subordination of students to teachers becomes impossible” (p. 77).

Furthermore Hahn-Tapper (2013) claims that an “educational experience, such as long-term, intensive educational programs, must strive to embody the very ethos to which it aspires for its teachers and students to internalize and enact” (p. 415). According to Dagkas et al. (2011) religiosity and cultural differences affect values and behaviors towards health pedagogy and physical culture. More specifically refining a two-way channel of communication between schools and families will contribute to improved understanding of difference and of multiple identities, contributing to positive change. While emphasis here is on increasing the understanding of diverse social identities, the fact is that relative freedoms, positionalities and embodied discourses, continue to exist in BME young people’s lived experiences of the various fields they occupy, including specific cultural practices in relation to enacting physical culture. Education and training for teachers, coaches, sport administrators and organizers need to incorporate greater awareness of various social identities and needs of non-normative bodies. Flintoff (2015) maintained that “race(ism) discourses have underpinned and continue to shape ‘our our educational experiences as

students, teachers and teacher educators” (p. 567). Efforts are required to raise the status of careers in the field, such as in teaching, coaching and leadership development for BME people. Engagement in sport and higher education depend on and, at the same time, provide physical, social and cultural capital. The lack of capital may be one of various intertwined factors, which contribute to the lack of interest in sport (Pfister, 2011). It must be taken into consideration, however, that education, gender, ethnicity, and religion are interrelated and that their intersections form the system of dispositions, which includes dispositions referring to physical culture and sport.

Understanding different social identities and ways in which they are affected by practices in physical education and sport is important to contributing to effective teaching strategies. Embracing Intersectionality can require researchers to broaden frames of reference and explain multiple positionalities in relation to health pedagogy and physical culture (Azzarito & Hill 2013) in schools and beyond. Tabloid –induced hysteria, as the one provided at the opening of this article, and those on bodies-at-risk as identified in the public health policy, is not evidence-based but a monoculture color-blind pedagogy that portrays specific bodies as villain, ill and “bad”, for purely political reasons in a manner that dismisses truth and fuels xenophobia. Such (non) evidence-based policies have intensified the body dichotomy in many pedagogical spaces such as schools, local communities and families. As researchers and practitioners, we need to reflect critically reflect on pedagogical practices that normalize and naturalize bodies and alienates those non-conforming as ill or at risk.

### **What Does This Article Add?**

Racism, sexism, classism and other associated factors of disadvantage, all play an important role in constraining BME young people's access to holistic, meaningful, and empowering learning in formal and informal sport and in physical culture experiences. The focus of this paper as part of this special issue on social justice is to corroborate the need for (global) action for social justice in/through/for youth sport and health education and to highlight the need for research centered on the social justice agenda to re-address current inequalities in youth sport, health pedagogy and physical culture. The paper acknowledges and reinforces that the existence of various intersecting identities in formal and informal pedagogical contexts is a first step in understanding the intricacies of health inequalities for populations from various historically oppressed groups. It also urges for resurgence of theoretical lenses (intersectionality in this case) to increase visibility of marginalized and non-normative bodies in youth sport, PE, sport and health pedagogy to uncover multiple positionalities and lived realities that shape dispositions towards physical culture. It advances current debate by proposing that race, racism and classism still shape agency in BME young people. Finally, this article urges for more research with young people with BME background as essential to uncover the multitude ways that the various informal pedagogical contexts intersect and impacts on youth sport, PE, and physical culture (and inequalities).

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