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Physical Activity of Remote Indigenous Australian Women: A Postcolonial Analysis of Lifestyle

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In the context of rising chronic diseases amongst Indigenous peoples, there are calls for the adoption of more healthy "lifestyles." In this context, this paper explores thoughts about physical activity from 21 Indigenous families through the voices of women and girls living in remote rural communities in the Torres Strait and Northern Peninsula Area, Australia. Speaking back to physical activity as a lifestyle "choice," three consistent themes emerged: shame, gendered positioning, and welfarism. In conclusion, the perspectives of Torres Strait islanders and Northern Peninsula Area communities suggest that there are deeply embedded ways of thinking about the body, familial obligations, and the provision of and access to being active that are not consistent with Western health policies predicated upon individuals shouldering responsibility for "taking exercise."

The health disparity of Indigenous Australians compared to non-Indigenous Australians is of considerable public health concern (Australian Institute of Health and Welfare, 2010). While in many other countries there has been a closing of the gap in health status between Indigenous and non-Indigenous populations (Paradies & Cunningham, 2002), in Australia the gap continues to widen, with the chronic diseases associated with sedentary living, such as obesity and diabetes, much higher among the Indigenous population (Australian Bureau of Statistics, 2006, 2010). It is no exaggeration that diabetes and complications associated with the disease will represent a substantial social, emotional, and financial burden in the years to come (Iwasaki, Bartlett, & O'Neil, 2004).

For many years now, epidemiologists have known that the risk of diabetes is strongly related to inactivity. Indeed, physical activity has long been used to both manage and prevent diabetes (Eriksson & Lindgarde, 1996). In a sense, the fact that inactivity is so strongly related to the development of diabetes allows for a degree of optimism that prevalence of the disease can be reduced provided that activity levels can be increased, particularly in children and young adults who are inactive and already overweight. The hope, then, is for physical activity to track into later adulthood through its embedding in the lifestyle of children and their families.

"Lifestyle" is a term increasingly used in physical activity, leisure, and health literature. Lifestyle has varied definitions, from "discretionary activities which are a regular part of an individual's daily pattern of living" (Wiley & Camacho, 1980, p. 1) to simply "the way we live our lives" (Iso-Ahola & Mannell, 2004, p. 185). Indeed, *Leisure Sciences* devoted a special issue to leisure and active lifestyles to "highlight emerging literature around active lifestyles primarily related to physically active leisure behavior as well as environmental determinants in the built environment including parks, open spaces, and recreation facilities that enable opportunities for active living" (Henderson & Bialeschki, 2005, p. 356), and in this edition the meaning ascribed to active lifestyles was recreational activity that promoted cardiovascular health. Iso-Ahola and Mannell (2004, p. 185) claim that not only does lifestyle play a critical role in health, but that it is also "directly and individually controllable and modifiable" and that "much of what is controllable about lifestyle is leisure related". Extending this notion of choice and ability further, Stebbins (2004, p. 210) suggests that with regards to leisure activities, "it is the individual who must become motivated to pursue them and develop a plan for doing so." Within the literature however, there is increasing recognition that choice is strongly gendered. Some of the constraints around leisure time physical activity that women have to negotiate include having less time for personal physical activity, perceiving less support and entitlement for leisure activity, as well as issues around cultural conflict (Scraton, 1994; Tsai, 2010; White, 2004). For example, Tongan and Fijian females engage in less physical activity than do males, given the women's responsibilities for household chores based upon social structures, rank, and status (Mavoa & McCabe, 2008). For urban Indigenous Australian women, domestic work may be their predominant daily physical activity (Hunt, Marshall, & Jenkins, 2008), and the voices of Fredericks, Croft, and Lamb (2002, p. 142) vividly capture what can be the alienation of Indigenous women from physical activity:

> When we . . . enter the sports domain of gym rooms, public pools, places with mirrors or get on bikes with little seats we can feel that we aren't acceptable because we don't fit in with the audience that the sport world chases and seeks.

This alienation is born out in statistics which suggest Indigenous Australian women have lower participation rates than men and that these decrease markedly with age (Australian Bureau of Statistics, 2010). As Lloyd and Little (2010, p. 370) note, "leisure spaces and contexts in particular have been reported as gendered, sexualized, racialized, and alienating to women of different ages and socio-economic circumstances."

Beaton and Funk (2008, p. 54) summarized that "the literature suggests participation in recreation and the development of an active lifestyle is important and is pursued by a broad spectrum of society," and this is no less so in research and health promotion literature concerned with Indigenous health. In a National Health and Medical Research Council report (1997, p. xiii), it is stated that effective health promotion program design and delivery needs to recognize that "for many communities, the physical/structural environment (remoteness, climate, access to home refrigeration, store food choices, for example) is often not conducive to the adoption of 'healthy' lifestyles." Saggers and Gray (2007, p. 8), in looking at the association between social and health inequalities, talk specifically about Indigenous young people and the significance for them if they can "manage a balanced lifestyle." Later in the same text, Clapham, O'Dea, and Chenhall (2007, p. 278) introduce the community-based Loomba Healthy Lifestyle Project, with the aim of addressing a 25% incidence of diabetes in that community. They concluded that "in order to reduce the risk of obesity (and diabetes), we have to consider both individual and population approaches to modification of diet and physical activity patterns, with a particular focus on the structural

barriers to a healthy lifestyle." Concomitantly, there is also discussion in the Indigenous literature of "poor lifestyles": rather than assign individual blame for poor lifestyle practices and the onset of illness, the lifestyle choices of native people are related to macro-political forces (Sunday, Eyles, & Upshur, 2001, p. 77).

While we agree with the intent of these statements, in this paper we will explore the notion of lifestyle, specifically in relation to physically active leisure behavior, with its attendant assumptions around choice and individual responsibility. Theoretical perspectives from modernization and postcolonialism provide the tools for a genealogical analysis of lifestyle. Postcolonial theories seek to disrupt linear and hierarchical views of power (such as Eurocentric understandings of health) and look for the multidirectionality of power and its spaces for hybridity, resistance, and "a questioning of inherited, colonial-influenced historical narratives and essentialist descriptions of race" (Featherstone, 2005). Postcolonial theories intervene in the ideological discourses of modernity (e.g., expert systems of knowledge, meritocracies) that generate "norms" and "others" usually through systemic population measures (such as statistics quoted above) that seek to identify areas of weakness attributed to cohorts defined by age, ethnicity, socio-economic status, and so forth (Bhabha, 1994). Qualitative interviews with Australian Indigenous families living in the Torres Strait and the Northern Peninsula Area (NPA) allow us to better understand how they view physical activity in their lives in ways that differ from assumed norms. As Iwasaki, Bartlett, Gottlieb, and Hall (2009) recently noted, leisure and physical activity are Western academic terminologies; therefore, analyzing such phenomena in non-Western contexts is "challenging and problematic" in itself. We conclude that while the promotion of physical activity in Indigenous communities is imperative, to do so with the aim of creating a "healthy lifestyle" with its deeply embedded Eurocentric assumptions is likely to be disappointing and may perpetuate a further disenfranchisement of the Indigenous communities.

Understanding Healthy Lifestyles in a Postcolonial Context

"Lifestyle" is a relatively new concept that arose in the 1960s in the United States. While on one hand it can be considered as trivial (i.e., superficial consumerism), its pervasiveness in health discourses behoves us to ask questions about its association with control, choice, and life chances (Giddens, 1991). Giddens' work is important in understanding the social construction of lifestyle, which he defines as:

> As a more or less integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity. . . . Lifestyles are routinized practices, the routines incorporated into habits of dress, eating, modes of acting and favored milieux for encountering others; but the routines followed are reflexively open to change in the light of the mobile nature of self-identity. (p. 81)

He goes on to explain that lifestyle "is not a term which has much applicability to traditional cultures, because it implies choice within a plurality of possible options, and is 'adopted' rather than 'handed down'" (Giddens, 1991, p. 81).

The genesis of lifestyle is linked to the condition of modernity. The historical period of modernity emerged from post-feudal Europe and was marked by the rise in industrialization, imperialism, and capitalism with its interdependency on the need for raw materials, a controlled labour force, production, and markets. As the socio-political entities of nation-states formed to manage resources and populations, they employed technologies of coordinated

social and economic policies, weaponry, and associated surveillance capabilities. Scientific knowledge became ordered into expert systems that addressed food, health, transport, housing, relationships, and well-being (Bhabha, 1994; Bhopal, 2007; Chow, 2002; Sharp, 2009).

There developed a clear social, economic, and scientific hierarchy of populations across modern states and their colonies. By using race as a discrete, scientifically demonstrable variable, populations could be considered, investigated, and controlled for as if race was an objective phenomenon rather than an unstable construct (Sharp, 2009). Populations, whether at home or in colonized territories, were falsely framed and attributed with collective and inferior practices, abilities, and beliefs well before there was talk of preferred lifestyles (Hokowhitu, 2003; Lhussier & Carr, 2008). Indigenous ways of knowing and being were marginalized and pathologized (Elston & Lavallee, 2003), and racial stereotypes became a lens through which patients' individual circumstances were interpreted by health practitioners (Tang & Browne, 2008). The colonized were subjected to the "imperialist agenda for transforming the world into observable and hence manageable units . . . inseparable from the historical conditions that repeatedly return the material benefits of such processes to European subjectivities" (Chow, 2002, p. 2).

Biopolitics was also a defining feature of modernity. Foucault (1978) introduced the term biopolitics to describe the endeavor to rationalize problems (e.g., health, sanitation, sexuality) presented to governmental practice by the phenomena characteristic of a group of people constituted as a population. Thus biopolitics as a form of politics entails "the administration of the processes of life of populations . . . (through) attempts to contain, develop, prevent, eliminate . . . social, cultural, environmental, (and) economic conditions" (Dean, 1999, p. 98). As such, it shapes the reduction of health risks to which an individual and a population is exposed, risk being, according to Giddens (1991), a construct of high modernity that permeates how human experience is mediated. As populations became defined, they also became "othered" as "strange, odd, unfamiliar, or queer by those who see themselves as characterizing the apparent norm" (Asher, 2007, pp. 67–68). This process of creating distributions with internally defined systems of meaning is key to what Foucault calls normalization, and it generates both a hierarchy and a set of punishments and rewards that can be used to manipulate individuals within the hierarchy to ensure greater homogeneity (Heyes, 2007, p. 29), in this context, privileging a particular set of lifestyle practices.

Fundamental to normalization is a knowledge/power nexus around measurement and keen observation of (Indigenous) communities that is believed to render them knowable (and thus subject to regulation via normalization) (Markula & Pringle, 2006). Normalization is integral to Foucault's (1988) analysis of the art of government (i.e., governmentality) that plays out through:

> technologies of power, which determine the conduct of individuals and submit them to certain ends or domination . . . (and) technologies of the self, which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (p. 18)

In postcolonial contexts, Indigenous researcher Moreton-Robinson (2006) argues that Foucault's ideas of biopower and normalization produce insights into "how Whiteness operates through the racialized application of disciplinary knowledges and regulatory mechanisms, which function together to preclude recognition of Indigenous sovereignty" (p. 387).

It is here that we return to lifestyle as a referent for normalizing "appropriate" (i.e., Western) practices. Good citizens adopt healthy lifestyles framed by selected routines (on-going control over the body) and regimes (learned practices that "entail tight control over organic needs") (Giddens, 1991, p. 62). Moreover, these practices that are publicly performed (e.g., jogging, gym membership, organized sport) are valued in Western society's powerful gaze that engenders celebration and compliance (Foucault, 1988). Further, Westernized health promotion strategies rely on this gaze (vividly described by Indigenous authors Fredericks et al., 2002), becoming internalized as a technology of self. Many feminists have argued that the gaze is particularly poignant for women's bodies where "cultural norms of femininity are inscribed on individual women's bodies" (McLaren, 2002, p. 91), as well as women as individuals and populations having to perform according to the cultural constructions of disciplined bodies (Bartky, 1990; Butler, 1993). By returning to the above-mentioned quotes on lifestyle, the verbs linked to lifestyle performativity are instructive. They include "manage," "modification," and "adoption," terms that are highly suggestive of deliberative, Western thought and control over daily life. Positioning lifestyle as a normalizing technology, Indigenous and non-Indigenous individuals and populations alike are expected to make daily living choices in line with those that are valued by the dominant (Eurocentric) groups, thereby creating "an artificial shared identity" (Heyes, 2007, p. 33).

Tang and Browne (2008, p. 118) neatly explain the significance of transferring responsibility to adhere to societal norms to individuals, "specifically, by making recourse to individualism, which places the responsibility for making 'bad life choices' on the person, those historical and socio-economic processes that constrain *equal* access to resources and to a healthy life are relegated to the background." Individual agency is in the foreground at the expense of shared memory and inherited social relations (Cowlishaw & Morris, 1997, p. 5) which underpin the social fabric of many Indigenous communities (Thompson, Gifford, & Thorpe, 2000).

Humphrey and Weeramanthri's (2001) study of "compliance" and "noncompliance" of Indigenous Australians to Western health service provisions is consistent with our critique of lifestyle. "The degree to which people *do not* act on health advice and/or *alter or refuse* treatments is spoken of, within the biomedical field, as the degree to which people are 'non-compliant'" (Humphrey & Weeramanthri, 2001, p. ix). They argue that the language of compliance is perjorative (i.e., patients *should* comply with medical advice), hegemonic (i.e., positions Western medicine as *the* authority), and highly (and inappropriately) individualized without recognition of the postcolonial conditions in which Indigenous peoples live.

While the discourses of modernity, Bhabha (1994, p. 171) argued, have given a "hegemonic 'normality' to the uneven development and the differential, often disadvantaged, histories of nationals, races, communities, peoples," it is only recently that the normality of health differentials in Australia between Indigenous and non-Indigenous peoples has become unacceptable to governments, usually relying on segmented data sets (e.g., Indigenous infant mortality) to identify weaknesses. Speaking back to these discourses, Indigenous scholars hold a range of perspectives. Some Australian Indigenous leaders endorse the methodologies and strategies of Westernized interventions such as Dodson endorsing Oxfam Australia's (2007) *Close the Gap* report: "These statistics of shortened life expectancy are our mothers and fathers, uncles, aunties and elders who live diminished lives and die before their gifts of knowledge and experience are passed on."

Other Indigenous leaders and scholars have as their priorities the re-positioning of Indigeneity as *not* a marker of risk, being resource poor and disadvantaged, nor as an essentialized, homogeneous "other" (Bond, 2005; Godwell, 2000; Hokowhitu, 2003). From an Indigenous Canadian perspective, Fox (2006) argues for leisure scholarship that values Indigenous goals of self-determination, honors Indigenous languages and stories, takes a

holistic mind-body-spirit-nature approach, and addresses complexity. It is, therefore, timely to consider the discourse of lifestyle that is being recruited to normalize (i.e., "raise") the living standards of Indigenous Australians, particularly through the perspectives of women and girls who are positioned in national health agendas as being most "at risk."

Methods

This paper draws on qualitative data collected as part of a larger multimethod four-year study that commenced in the Torres Strait and NPA region of Far North Queensland, Australia, in 2002. The Torres Strait region lies between Cape York Peninsula on the Australian Mainland and Papua New Guinea and incorporates more than 100 islands, of which 17 are inhabited. Called "Reversing the Trend," the study was designed as an intervention "favoring health promotion through community development, capacity-building and empowerment" (Clapham et al., 2007, p. 273). The primary goal of "Reversing the Trend" was to develop, implement, and evaluate cross-organizational networks across the five principal communities of this remote region with the aim of decreasing diabetes through increasing recreational physical activity opportunities for all young people. There were many facets to the study: in-depth interviews with physical activity providers and key members of the NPA community network, surveys about physical activity preferences and patterns done on an annual basis in local primary and high schools (Abbott et al., 2008), and qualitative interviews around the meaning and place of recreational physical activity held with local families within the community. This paper focuses on these latter interviews that took place towards the end of the larger project. We employed a range of qualitative research methods (e.g., interviews, field notes, document collection) with the prime data source being the interviews with 21 families (parents and, where present, their children).

Thus, the parent project from which this paper draws was funded as an empirical, multimethod intervention that sought demonstrable outcomes in community behaviors. Following the completion of the intervention, the authors judged that with a different lens, informed by postcolonial critique of Eurocentric research practices (methodologically) and Western conceptions of lifestyle (theoretically), there was a more complex and nuanced contribution to make to the paucity of literature in the field of Indigenous physical activity.. As authors we are accordingly mindful of our white, Western subjectivities and the cultural and geographical distance that exists between us and the Indigenous participants. Each of us spent time in the Torres Strait and NPA during the parent project but relied upon the Indigenous project team members living in the communities to gather data and assist in data interpretation. We appreciate the limitations of this approach but take encouragement from Indigenous scholars who argue that they cannot create change alone, nor should they carry this responsibility (e.g., Gooder & Jacobs, 2000; Nakata, 2004).

The participating families were identified by the project's local Indigenous research assistant who was known to the communities and who had been working in the communities for more than a year. This research assistant was also integral in helping to frame the interview questions. The research assistant, along with one other Indigenous project team member, approached both large and small families, as well as families from across the five main communities within the region. All interviews were conducted by the Indigenous research team members in a location chosen by the interviewees, which in most cases was the family home. In the majority of cases, most members of the family were present at the interview, including both the mother and father, although it was the mother and occasionally their daughters who tended to respond and engage in the interviews. Participants were informed that discussions would be tape-recorded to preserve the accuracy of what was said. Interview lengths ranged from 45 to 120 minutes. Interviews were both semi-structured

and open. The interview began with broad questions about views on health and health concerns and was followed by more specific questions about active leisure. The families were asked about the types of physical activity they engaged in, both now and in the past; about the activities they enjoyed doing, and what they would like to try in the future. The barriers and facilitators of being active were also explored. Finally, the families were asked specifically about their children's health and activities; for those interviews when the children were present, the questions were directed to the children themselves and generated brief responses from girls. The project was approved by The University of Queensland's Medical Research Ethics Committee.

Interview recordings were transcribed locally and checked by the research assistants who had been present at the interview. This enabled colloquial phrases to be appropriately translated. The interviews were then thematically analyzed independently by two researchers. Following postcolonial critique of health promotion (i.e., concerns with, e.g., Western emphases on individualization, personal responsibility, Eurocentric health goals), we were interested in instantiations or choice and responsibility. The thematic analysis followed a systematic and iterative process, whereby major themes and categories were identified and used to classify data from each individual, then across the complete data set. All interviewees are represented with pseudonyms.

Analysis

Lifestyle: A Postcolonial Dream?

Three inter-related themes emerged around active leisure in relation to women's lifestyle. These were 1) "shame" arising from the public nature of engaging in physical activity, 2) the gendering of being able to chose to be active alongside other gendered tasks, and 3) the deferral of responsibility for organising activities to the state or its agencies. The data are set within a context where the formal physical activities available were predominantly Eurocentric sports (e.g., football codes, basketball, volleyball, tennis) and recreational activities such as swimming in the community pool or walking. Readers will note that the voices of women/mothers dominate the data to follow reflecting the dynamics of the interviews and thereby shaping the subsequent analyses and discussion.

Shame

Shame was noted by many women as being a barrier for their participation in various activities. Women spoke differently about the history of feeling shame when being physically active. Diana recalls her youth when she was not conscious of shame:

> I didn't even think that (when I was young) . . . I would just run, whereas I have heard teenagers going . . . 'oh shame . . . I don't want to run . . . I don't want them to see me running '. . . . So if they learn at an age like this not to be shamed that's better. . . . The girls go 'oh no the boys will watch me '. . . . I didn't care. I was like show off to the boys.

In contrast, Carina considered shame "old fashioned":

> I think a lot of people get shame too eh . . . that's the old fashioned way. They get shame and too embarrassed to get involved, people might laugh at them . . . but

> that's the main thing . . . everybody shame . . . it's just the way they grew up
> eh. . . . They shame for exercise and they diet . . . their diet is really narrow.

Regardless of its temporality, both women suggest that the physical performance of "being active" is problematic.

Apart from walking, the active leisure activities tended to require minimal clothing and/or be the object of a public gaze. The girls interviewed were particularly shy about swimming, as suggested by Lara (age 13): "I'm too ashamed to swim in my togs," and Willa (age 13), who said she had "shame to wear her togs" and wore shorts and shirt in the pool and togs and shorts in salt water. Willa commented that while young children might wear togs it was not something teenagers would do, as they had "shame they don't have that good model (body shape)." Indeed, the community pool rules advise that "togs or clean clothes must be worn whilst in pool" suggesting that swimming while clothed is a common practice (fieldnotes). Willa continues that she has the same "shame" when she performs in a dance group for special occasions, as she feels "shame at first when you look at all the people, but okay once you start." Some kids are "shame to play," said Talia and Judy, and noted that "shame has a lot to do with parents' attitude, need to teach kids not to feel shame". Rosella sums up the dilemma:

> I think it's that thing with us island people . . . it's that shyness of being seen
> exercising . . . but now with diabetes being a big problem we have to overcome
> that for our own health . . . and not being ashamed of that sickness . . . just being
> more aware of it . . . and more conscious that it is common in island people.

There was a clear tension between the lifestyle imperative to exercise for health and the cultural mores of avoiding the public gaze that came with the exercise opportunities available to the women and girls.

Gendered Roles and Relationships

When talking about shame and being active, there was a strong gender dimension around the performative body, which was exacerbated by gendered roles and relationships within the family and communities. Judy explains:

> It comes from the man too, for the ladies . . . they don't want to see their women
> out playing sport . . . they got their jealousy . . . that's another thing too. . . . Like
> you know what the man eats, the lady have to eat like that . . . even though she is
> trying to eat healthy but the man is there to force them. . . . Same goes to alcohol
> too. . . . If the man drink, the lady have to drink . . . if the lady doesn't drink, the
> man forces her to drink.

Women described the men as having more freedom to undertake physical activities. "Jack goes to the gym three to four times a week . . . (and he) used to play football. Swims and dives for turtle" (Yvette). Marissa says that she usually gets her (house) work done around 6.00pm and starts cooking dinner for the family. She admits her husband is fitter than she is. "He plays touch footy, and runs at the park, and does his own training Monday through Friday."

Diana, a single parent, has little time for her own active leisure, stating, "I have to feed the family, have to do my cooking before or else I come back and everyone will be starving,

because I am alone, just me and my girls and I don't want to depend on my mum." Yvette commented how her "friends go walking, but I usually don't go with them because I have little ones. By the time I'd get back, it would be late and they'll be hungry, so I got to stay home." Talia talked about how she was "too tired in the afternoons, have housework to do". In contrast, Sally, who has fewer family responsibilities, explained:

> I used to be very sporty before . . . but you know, you get into work, you start having a few drinks, and that becomes your stress release. I have a hard days work, and ah let's go and have a drink, and then the girls come over, and we're drinking wine and then there goes the walk or there goes the basketball.

Vera, manages to get some exercise by walking to work every morning while her husband "plays (football) every weekend and trains twice a week." Rosella was the only woman who talked about managing both the caring role and being active:

> I think she [mother] sorts of envies me looking after my family and being active at the same time. I suppose like in those days you have a family you have to look after your family and give up your social life altogether . . . whereas we balance it, we try. . . .

Families varied in how they perceived the active leisure patterns of their children, but all were aware of the importance of physical activity for their children with a strong sense of the threat of diabetes. "I don't want them to lose interest as they get into their teens and pick up bad habits that teenagers do" (Rosella). However, Yvette commented, "I think Alex (son) is never home, but the girls are usually bored at home . . . especially on the weekends when the boys [father and son] go diving, they're stuck at home", while Sally described her daughter as:

> . . . an active child. She's out of the house . . . she's not one that stays at home. She does it on her own, she cruises down to the beach, they go to football and they go to them Come and Try Em days.

Much of the women's discussion of physical activity focused on the boys' engagement in sport and traditional, Indigenous activities around hunting and fishing. This contrasts with the stories of non-Indigenous Australians that suggest girls and young women (and their parents) have taken up the expectations for regular physical activity engagement, although these are mediated, as with our participants, by more subtle gendered expectations (Wright & Macdonald, 2010).

Responsibility

In talking about their lives, there was frequent use of the word "they." As will be seen, "they" were usually government agencies, agents, or funded projects and their staff who provided (or failed to provide) the services and opportunities for the Indigenous communities. For example, Debra said, "They don't have any family sports up here that you could do as a family." This is set against the proposition that lifestyle discourses direct the individual to self-manage their life.

Continuity of activity provision was seen as a problem, a Debra and Diana comment:

You see – that's what happens here . . . someone will start it and then it just stops and what happens is that they just get so disappointed . . . everything is always pulled out from under them. They used to have water aerobics . . . but those people are gone now and so it's died . . . and there is nowhere that you can go to find out where to go . . . like maybe if the Council had a noticeboard with all sort of stuff on . . . it just seems too much hassle to ring around and try and find out so you don't bother. . . . Nothing continues up here . . . if someone starts something and then by the time you've built up your confidence to go, it's no longer going. (Debra)

We used to just rock up and play sports . . . everybody would make a team and then we'd play . . . used to be really fun . . . I used to really enjoy it back then . . . they were one of the best days. . . . I joined softball but I don't know what happened to them . . . It just sort of never happened anymore. . . . It was good because everyone knew back then . . . NOW . . . people say they are going to do it and they just don't rock up . . . it's the attitude of the community . . . I don't know what's changed . . . people have grown up and got families. (Diana)

Judy also recalled a more active past "like when we were young like them we always lived off the bush, bush tucker. . . . we had no money to go down to the shop. . . . we used to live in the bush and do a lot of exercise."

In expressing their frustration about the continuity, the participants were also suggesting that the responsibility for the provision of physical activity ("it") lay beyond the community members. Many participants talked about the need for the council and state government ("they") to provide more facilities and programs. Judy said, "The council should be more supportive of recreation." This was supported by Diana, who said, "I reckon if they started organizing things like that they should promote it more . . . they should just drive around the community and say 'come on, come up'. (But) they don't have a vehicle anymore." Leesa said, "They should put volleyball in, and other sports too . . . and get them ladies out . . . cuz I would get out there if it were my kind of sports."

The Reversing the Trend project funded and staffed several "Come and Try Em" recreational activity days, which were promoted through community newspapers, schools, and health centers. The events had moderate levels of attendance and, although well received, "these activities are good because there isn't much to do except basketball and touch (which only runs whenever) . . . there isn't much entertainment so the kids are walking the streets doing nothing," as noted by Talia. There was a sense that it was not enough, as explained by Fiona: "We need something more permanent than the Come and Try 'Em days . . . like a dedicated youth center, with lots of facilities . . . there's nothing for them."

Our field notes indicate that during the life of the project, one community's youth center became inaccessible when a volunteer (businessman) who regularly unlocked the center was unable to continue to do so. Alternative arrangements for access became unreliable and the programs (e.g., martial arts) discontinued. Sally spoke of her commitment to improving physical activity opportunities and healthy diets for the communities' children but that new businesses in the community made for difficult "choices":

We need the kids to be more active . . . our kids are so talented, naturally built, but they only go so far and then what happens? Sports, too I believe, is the only way out in a way. You know, sporting activities to steer our kids away from underage

drinking, that too. Because, you know what's happened on the islands now, they have canteens and pubs. And they're selling all those sugar drinks. And the girls like the sugar drinks. So, you think, what's happening now?

Discussion and Conclusion

In postcolonial Australia at the beginning of the 21st century, as in all similarly developed nations, "citizens are regularly reminded that if they eat wisely, drink moderately and exercise more, their health will improve and the whole country will benefit economically" (Saggers & Gray, 2007, p. 2). The health of many Indigenous Australians falls outside this capitalist endeavor that "requires a healthy, skilled, educated but also docile population in order to have a productive workforce and an efficient economy" (Markula & Pringle 2006, p. 47). It is of enormous frustration to governments when Indigenous health standards fail to "comply" with those required for productivity.

As a result, lifestyle discourses are frequently recruited to (mis)read, judge, criticize, and intervene in Indigenous Australians' daily lives. The perspectives of women of the Torres Strait islands and NPA communities suggest that there are deeply embedded ways of thinking about the body, familial obligations, and the provision of, and access to, active recreation that are not consistent with Western notions of individuals shouldering responsibility for "taking exercise." The women suggested that technologies of self were integral to how they and their daughters perceived and responded to shame through avoiding performative physical activity or wearing clothing that covered their bodies. They had also taken up gendered subjectivities that often precluded time to do "exercise" in deference to their household responsibilities. The women who offered their perspectives here were not only circumscribed in their leisure by their gender position and its associated gaze (e.g., on their body, their time devoted to child-rearing) but also their position as a woman in the *community*. Their pursuit of individual leisure was in the background in preference to their commitment to family and community. As described by Thompson et al. (2000, p. 735):

> Everyday activities for and with the family and community leave little time for individuals to exercise for themselves. . . . (P)hysical activity . . . is positively supported within the context of the family and community but negatively associated with the promotion of individual physical health in isolation of the larger social group.

We note that an ambivalent relationship with exercise and the body is not limited to Indigenous women with women world-wide feeling more alienated than men from dominant forms of physical activity and their own bodies, and finding it harder to choose physical activity engagement when faced with family responsibilities (Markula & Pringle, 2006; McLaren, 2002; Wright & Harwood, 2009). However, we claim that the women and girls with whom we worked in contrast to other women and girls (see, e.g., Beausoleil, 2009; Knez, 2010; Nelson, Macdonald, & Abbott, 2010) have not adopted a sense of agency or direction in relation to physical activity, with it being particularly difficult to "choose" active recreation due to the power overtly attributed to men in family units. Further, these women did not employ the discourses of individual responsibility around what they *should* and intend to engage in, consistent with the modern biopolitical imperative of lifestyle management (Burrows, 2009; Fullagar, 2009), but seemingly acquiesced to the barriers to their participation.

Technologies of power were significant in creating a dependency by the local peoples upon the external provision of human and material resources to assist them to be active.

Welfarism is a term used to describe the legacy of undermining the power of Indigenous peoples to a point where they have been governed to accede responsibility to dominant groups (Oorschot, Opielka, & Pfau-Effinger, 2008). Our data indicate how the communities have come to rely on "they" to provide physical activity opportunities and criticize "they" who operate canteens, pubs and unhealthy food and drink provision. It raises the difficult questions of power and self-determination introduced earlier and, more specifically, challenges the notion of the (pro)active, responsible citizen which underpins the management of a healthy lifestyle.

Lifestyle discourses can also be recruited (inappropriately in our view) to romanticize past ways of living. The participants in our study such as Diana and Judy could recall their active, outdoor childhoods and diets free from take-away foods and sugary drinks. The Cooperative Research Centre on Indigenous Health (2006) similarly reported:

> Many of the participants compared the lifestyle of today's young children with that of their own childhood when there was a stronger focus on working, particularly in the garden, cleaning and helping to care for younger brothers and sisters. (p. 78)

However, it is not realistic or helpful, we believe, to sentimentalize a version of Indigenous lifestyles incorporating hunting, fishing, and gardening such that a return to this lifestyle offers the solution to chronic disease. This call is no more realistic than expecting young, affluent, White Australians to return to the healthier lifestyle of the past and walk to school, eat only home-cooked meals, and not watch television.

Changing lifestyles is widely used as a homogenizing, intervention strategy through Eurocentric health promotion projects that can "stifle Indigenous voice through: misrepresentation of Indigenous realities; inappropriate privileging of mainstream forms of knowledge over Indigenous forms of knowledge, and misappropriation of traditional Indigenous property, knowledge and culture" (Elston & Lavallee, 2003, p. 8). To make a target of changing, through improving, Indigenous lifestyles gives the illusion of making the solution within the reach of all Australians. It renders invisible and unspoken the complexity behind the health status of many Indigenous Australians and the (gendered) biopolitics of the intended "risk" mitigation (Beck, 1992). Our analysis suggests that a one-size-fits-all promulgation of "healthy lifestyles" is consistent with the misleading discourses of egalitarianism that can pervade health care contexts. We need to take this critical eye to our own work. An Indigenous health research project managed in the main by White, Western academics is potentially an exercise in "othering" and inherently limited in what can be claimed to be understood. The engagement of local, Indigenous researchers to assist the project was intended to go some way towards recognizing Indigenous ways of knowing and being. Our tentative reflection is that the approach was sensitive to such things as the participants' understanding of time, family priorities, the body, communication, and conventions (Fox, 2006; Sharp, 2009). The extent to which the research assistant who led the interviews (young, female) limited the contributions in the interviews to women is unclear. Perhaps the men and boys may more fully engage in interviews, themselves a Eurocentric practice, if interviewed separately by an older, Indigenous male or other more culturally appropriate, empowering methodologies are employed (Nakata, 2007; Nelson, 2009). As suggested by Ramazanoglu and Holland (2002):

> In any empirical social research, dealing with differences ethically and skillfully in specific situations is anything but simple . . . The researcher is in a potentially powerful position to specify what differences exist, what they mean, whether they matter, and how they should be represented in research findings. (p. 107)

Our call for the rethinking of the concept and language of lifestyle in relation to Indigenous peoples' health comes with two caveats. The first is that we acknowledge, consistent with the postcolonial critique of generalizations, that the (mis)use of lifestyle when considering health promotion strategies is not (a) necessarily an issue for all Indigenous peoples in that many Aborigines and Torres Strait Islanders closely identify with, and have the resources to access, Western choices and (b) only relevant to Indigenous peoples in that there are many non-Indigenous groups who do not have the resources (e.g., poor, geographically isolated) to make what are believed to be healthy choices. Essentializing and reifying Indigenous Australians is, in itself, a perpetuation of othering and stereotyping (Tang & Browne, 2008). The second caveat takes up a point made by Kelly and Field (1996, p. 243), that is, that we can overplay the deconstruction of meaning at the expense of the "restrictions and discomforts of illness and disability" which are a blight on the lives of many Indigenous Australians. In short, our intention is not to underplay the attempts that have been made to reduce Indigenous people's suffering from chronic diseases (Evans, Davies, & Rich, 2008). We do, however, suggest that the discourses of lifestyle should be used parsimoniously and sensitively, and without the unrealistic expectations that accompany the normalization of Western, often male, ways of being and knowing which take little account of Indigenous women's sense of powerlessness. We close with a quote from a participant, Vera: "It's more than getting kids active . . . you have to look at like our society today, and where we're at. . . . "

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