The "Youth Development through Football" (YDF) project has its roots in the 2006 FIFA World Cup™. It was launched in 2007 and will run until 2012. The project is part of the 'South African - German Development Co-operation'. It is funded by the 'German Federal Ministry for Economic Co-operation and Development' (BMZ), co-funded by the 'European Union' (EU) and implemented by the 'Deutsche Gesellschaft für Internationale Zusammenarbeit' (GIZ). The project partner is 'Sport and Recreation South Africa' (SRSA).

YDF is a football project aimed at the youth. At the same time, it far surpasses that description. The aim of the project is to support socially disadvantaged boys and girls in such a way that they are able to take their own lives 'in hand' and shape them positively. Their passion for football facilitates access to these youths. The YDF project will be established in all South African provinces and in nine other African countries.

YDF Manual for HIV Prevention
Guidelines for teaching Football and Life Skills

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Overview of Lessons

Lesson 1 - Roles & Responsibilities of a YDF Coach
   Structuring a Training Session

Lesson 2 - What is HIV and What is AIDS
   Football Exercises

Lesson 3 - HIV Transmission and Prevention
   Football Exercises

Lesson 4 - Social Drivers of HIV and AIDS
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Lesson 5 - Treatment, Care and Support of People Infected and Affected by HIV and AIDS
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      What is HIV and What is AIDS
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      HIV Transmission and Prevention
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      Working with People Living with HIV and AIDS

Lesson 8 - Conclusion, Reflection, Planning
Hi there!

I’m Edwin, the Life Skills Meerkat. I’ll give you helpful hints concerning Life and Social Skills in Football. So whenever you see me, be sure to take note of what I have to say, as it might just make the difference between a good coach and an excellent coach!

Together we will Educate and win!

---

**UNDERSTANDING THE DIAGRAMS**

- **Pitch Line**
  - Ball Movement: Pass
  - Team 1

- **Hypothetical Line**
  - Ball Movement: Shot / Shot at target
  - Team 2

- **Distance Indicators**
  - Ball Movement: Dribble
  - Team 3

- **Player Movement**
  - Coach
  - Team 4
Introduction

The YDF Manual for HIV Prevention that is now available is consistent in its expansion of the ‘Youth Development through Football’ concept. The foundation module – the YDF Manual for Coaches – still constitutes the first introduction to the complex topic of HIV prevention, this manual builds on the different forms of reaction that are possible and elaborates in detail on tips for taking action.

The general basic training that the coaches undergo forms a foundation (a foundation that is useful but not absolutely necessary) that enables them to work with the manual under discussion here. The YDF Manual for HIV Prevention can therefore also be used as a direct point of entry into methodology. Here too we use the popularity, attractiveness and power of the sport of football to teach skills to the young girls and boys and influence them positively.

Taking our lead from Nelson Mandela who said

‘The challenge is to move from rhetoric to action’,

we also pay particular attention here, as we did in the first coach-training module, to the practical applicability for coaches and careers with varying degrees of knowledge.

In the process, we consider the full range of approaches that football offers:

- From taking the individual situation of each player into account
- And making use of the connective power of group experiences and identities within the team
- Through to using different forms of enactment which are geared towards staging local circumstances in the communities

Football can provide support concepts for taking action at all these levels. What appears at first glance to be an extremely difficult notion is presented here in a manner that is both understandable and extremely vivid. Even coaches and careers with limited experience will find practical information and action-taking tips that can be implemented and used immediately.

This Manual was designed to support the football coaches in making a positive contribution in decreasing the number of new HIV infected people, to address stigma and discrimination, to protect people living with HIV and AIDS and to raise awareness of how unequal gender relations fuels the spread of the epidemic.

We hope that this Manual will serve as an advisor; one that will assist in meeting the challenges that arise in reality, and one that will provide answers that can be applied in daily practice.
HIV and AIDS issues manifest itself in a multitude of ways in society. A coach is only able to meet the resulting demands to a limited extent. Certainly the coach should learn when his/her immediate intervention is required; he/she must accept, however, that there are boundaries that limit his capabilities and he/she should acknowledge that in some situations, it is advisable either to use the help of specialists or refer the young person in question to specialists who are able to provide assistance.

The first step involves learning what the role of a YDF Coach is in helping young people to protect themselves from HIV infection and in addressing the issue of HIV and AIDS in their communities. Due to this still very sensitive topic it is crucial to examine the Coach’s roles and responsibilities together with the needs and entitlements of young people in the context of HIV and AIDS before transfer of HIV and AIDS knowledge/facts can start.

What HIV and AIDS are, its stages of infection, the origin of the virus and also the impact of the HIV and AIDS pandemic globally and in Sub-Saharan Africa, is the topic of the following lessons. It informs of the impact the virus has on the youth and gets them to recognize ways in which the YDF coach can contribute to reducing the impact on children and youths.

How HIV is transmitted and how we can prevent the virus being transmitted is common knowledge in every hospital in the world, however still people get infected every day. Children and youths need to know the facts if they are to successfully avoid contracting the virus and coaches can support governmental institutions by playing an important role in educating their players on how to stay safe.

Children and youths learn (good as well as bad behaviour) from their direct environment (e.g.: family, friends, people they see on the streets or on TV, etc.) and are therefore easily influenced. How children and youths react to people living with HIV and AIDS depends on what they see or what they hear somewhere from their environment, so the ambitious goal of this unit is to teach them an understanding of the social issues that are driving HIV and AIDS.

*Your values are the ideas, beliefs, principles, and things that are important to you. Our values define who we are and help us to make decisions*

HIV and AIDS is not a death sentence, but it affects the infected person and his environment strongly. To ensure the right treatment, care and support it is important to focus on a positive and healthy lifestyle to reduce the risk of opportunistic infections. In order to reduce the readiness of children and youths to resort to stigma and discrimination, the participants learn about the potential inherent in peer education and the power of using learning processes relating to group dynamics. Furthermore we encourage the coaches to consider how they should respond if someone confides in them and how to deal with myths.

The final lesson focuses on how the YDF Coach can apply the information gained in previous lessons. Here we introduce methods of enacting and staging football to impart the positive energy of joint football experiences to those children and youths in the community who cannot participate regularly in the coaching units.

Each participant will leave the seminar with a very personal plan which they themselves have drafted, which is relevant to them, and which contains concrete goals for which they can strive. In this plan and based on their own individual situation, a participant will formulate measures that he/she wishes to implement that will enable him/her to support and offer help to the children and youths entrusted to him/her on the journey towards a better society.
<table>
<thead>
<tr>
<th>Name of Lesson</th>
<th>Learning Aim</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td><strong>Lesson 1</strong></td>
<td>This lesson sets the scene for the role of an YDF coach in helping young people to protect themselves from HIV infection and in addressing the issue of HIV and AIDS in their communities. It does this by asking participants to examine the roles and responsibilities of an YDF football coach working with youth. It challenges participants to consider the holistic nature of developing the young players they coach; and the needs and entitlements of children and youth. This includes promoting the health and safety of young people including their protection from abuse. The lesson concludes by getting participants to examine the coach’s roles and responsibilities together with the needs and entitlements of young people in the context of HIV and AIDS. &lt;br&gt;By the end of this lesson the participants shall be able to:</td>
<td>1 hr 15 min to 1 hr 45 min</td>
</tr>
<tr>
<td>Roles &amp; Responsibilities of a YDF Coach</td>
<td>⁶ describe the different roles a football coach plays ⁶ identify and prioritise the responsibilities of a football coach ⁶ list the rights / needs of children and young people ⁶ identify their responsibilities in terms of the protection of children and young people ⁶ explain how the participation of youth in regular football activity can make a contribution to prevention of HIV infection and the care and support of people living with HIV &amp; Aids</td>
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<tr>
<td>Roles and Responsibilities of Youth Football Coach</td>
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<tr>
<td>Development of a Youth Player</td>
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<tr>
<td>Child Protection &amp; Football</td>
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<tr>
<td>HIV and AIDS and the Role of the Football Coach</td>
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<tr>
<td>Structuring of a Football Training Session</td>
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<tr>
<td><strong>Lesson 2</strong></td>
<td>This lesson sets ensures that YDF coaches know what HIV and AIDS are; what the stages of the infection are; and have knowledge of the origins of the virus. They will also gain knowledge of the impact of the HIV and AIDS pandemic globally and in Sub-Saharan Africa. The lesson concludes by informing coaches of the impact of the virus on youth and gets them to recognise ways in which the YDF coach can contribute to reducing the impact on young people. &lt;br&gt;By the end of this lesson the participants shall be able to:</td>
<td>1 hr 15 min to 1 hr 45 min</td>
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<tr>
<td>What is HIV and What is AIDS?</td>
<td>⁶ explain what is HIV and what is AIDS ⁶ describe how the infection progresses ⁶ explain the origins of the disease ⁶ describe the extent of HIV and AIDS pandemic ⁶ explain the impact of the HIV and AIDS Pandemic in Sub-Saharan Africa ⁶ discuss the impact of the pandemic on youth</td>
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<tr>
<td>What is HIV and What is AIDS</td>
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<tr>
<td>How the Infection Progresses</td>
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<tr>
<td>Origins of the Disease</td>
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<tr>
<td>Extent of the HIV and AIDS Pandemic</td>
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<tr>
<td>Impact of the Pandemic in Sub-Saharan Africa</td>
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<tr>
<td>Impact of the Pandemic on Young People</td>
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<tr>
<td>Practical Football Exercises</td>
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<tr>
<td>Name of Lesson</td>
<td>Learning Aim</td>
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<tr>
<td>Lesson 3</td>
<td>HIV Transmission &amp; Prevention</td>
<td>Day 1</td>
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<tr>
<td></td>
<td>- How HIV is transmitted</td>
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<tr>
<td></td>
<td>- Myths about How HIV is Transmitted</td>
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<td></td>
<td>- HIV Prevention</td>
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<td></td>
<td>- Use of Condoms</td>
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<td></td>
<td>- HIV Counselling and Testing (HCT)</td>
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<td></td>
<td>- Post-Exposure Prophylaxis</td>
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<td>- Practical Football Exercises</td>
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<td></td>
<td>The purpose of this lesson is to ensure that football coaches know how HIV is transmitted and how we can prevent the virus being transmitted. Young people need to know the facts if they are to successfully avoid contracting the virus and coaches can play an important role in educating their players on how to stay safe. This lesson focuses on the actual transmission of the virus.</td>
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<td></td>
<td>By the end of this lesson the participants shall be able to:</td>
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<td></td>
<td>- describe how HIV is transmitted</td>
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<td>- identify myths about how HIV is transmitted</td>
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<td>- explain methods of preventing HIV transmission</td>
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<td></td>
<td>- explain HIV Counselling and Testing</td>
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<td></td>
<td>- explain Post-Exposure Prophylaxis</td>
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<td></td>
<td>- demonstrate the proper use of condoms</td>
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<tr>
<td>Lesson 4</td>
<td>Social Drivers of HIV</td>
<td>Day 2</td>
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<tr>
<td></td>
<td>- Early sexual debut</td>
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<td></td>
<td>- Multiple &amp; Concurrent Partners</td>
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<td></td>
<td>- Lack of Condom Use</td>
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<td></td>
<td>- Inter-Generational &amp; Transactional Sex</td>
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<td></td>
<td>- Alcohol &amp; Substance Abuse</td>
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<td></td>
<td>- Gender Based Violence</td>
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<td></td>
<td>- Religious &amp; Cultural Practice</td>
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<td></td>
<td>- Adherence to ARVs</td>
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<tr>
<td></td>
<td>- Strategies for Addressing Social Drivers of HIV and AIDS</td>
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<tr>
<td></td>
<td>- Using Football to Address Social Drivers of HIV and AIDS</td>
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<tr>
<td></td>
<td>- Practical Football Exercises</td>
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<tr>
<td></td>
<td>The purpose of this lesson is to ensure that football coaches have an understanding of the social issues that are driving the HIV and AIDS. Social issues cannot be addressed simply through teaching young people about HIV prevention; they require young people and others in their communities to change their behaviour. This lesson considers what strategies and actions can be taken to address social drivers of HIV and AIDS and what the football coach can do to address these issues.</td>
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<td>By the end of this lesson the participants shall be able to:</td>
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<tr>
<td></td>
<td>- describe the social drivers of HIV and AIDS</td>
<td></td>
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<tr>
<td></td>
<td>- identify strategies for addressing social drivers of HIV and AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- explain how football can be used to address social drivers of HIV and AIDS</td>
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</tbody>
</table>
### Lesson 5
**Treatment, Care and Support of People Infected or Affected by HIV**
- Living Positively
- Support Groups
- Physical Fitness
- Alcohol, Social Drugs and Smoking
- Nutrition
- Food Preparation
- Opportunistic Infections
- Treating Opportunistic Infections
- Anti-Retroviral Drug Treatment
- Home Based Care
- Stigma and Discrimination
- Practical Football Exercises

**Learning Aim**
This lesson considers the treatment, care and support of people living with HIV and AIDS. It focuses on positive living and considers how football activity can help those who are HIV positive to lead positive and healthy lifestyles. It considers lifestyle issues such as physical activity, nutrition, alcohol and recreational drug use, food hygiene, and personal hygiene. The lesson looks at opportunistic infections and the use of ARVs and prophylactic medicines. It also discusses home based care and the stigma and discrimination that affects those infected with HIV.

By the end of this lesson the participants shall be able to:
- Give advice a person living with HIV on how to live positively
- Use football as a means of keeping individual physically fit including people living with HIV
- Give advice on the types of foodstuff people should eat for better health
- Provide advice on food hygiene
- Advise on personal hygiene and ways of avoiding opportunistic infection
- Explain what anti-retroviral drugs do
- Explain what home based care is
- Provide examples of the stigma and discrimination that accompanies HIV and AIDS

**Time**
1 hr 15 min to 1 hr 45 min

### Lesson 6
**Working with People Living with HIV and AIDS**
- Right & Responsibilities of People Living with HIV & AIDS
- Support Teams
- Coach Roles & Responsibilities
- Managing Risks of Infection
- Increasing Comprehensive Knowledge
- Life Skills

**Learning Aim**
This lesson focuses on how the YDF coach can apply the information they have gained in previous lessons. It asks them to identify the rights and responsibilities of people living with HIV and how they as a coach respond to these. It encourages the coaches to consider how they should respond when dealing with disclosures and confidentialities; and how they deal with myths regarding HIV. It deals with practical issues regarding how the coach deals with incidents on the football field that might constitute a risk of HIV transmission. This lesson concludes by asking coaches to identify how to develop the comprehensive knowledge (HIV) of youth in their football based programmes and how football teams/clubs can contribute to local action in their communities that addresses the needs of people living with HIV and AIDS.

By the end of this lesson the participants shall be able to:
- List the rights and responsibilities of people who are HIV positive

**Time**
1 hr 15 min to 1 hr 45 min
## OVERVIEW OF LESSONS

### Basic Training Level

<table>
<thead>
<tr>
<th>Name of Lesson</th>
<th>Learning Aim</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Education &amp; HCT</td>
<td>list their support team, people or organisations that they can call upon when dealing with issues around HIV</td>
<td>2 hr</td>
</tr>
<tr>
<td>Community Outreach</td>
<td>demonstrate how they to deal with disclosures and confidences concerning HIV</td>
<td>30 min to 3 hr</td>
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<tr>
<td>Theory of Change</td>
<td>demonstrate that they can challenge local myths regarding HIV and AIDS and provide facts</td>
<td>30 min</td>
</tr>
<tr>
<td>Practical Football Exercises</td>
<td>describe how they will manage HIV transmission risks on the football field</td>
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<tr>
<td></td>
<td>identify different approaches to developing the comprehensive knowledge of HIV transmission and prevention in young people using the medium of football</td>
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<td></td>
<td>describe some actions that a local football club could take to help address HIV and AIDS awareness, stigma and discrimination in their local communities</td>
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</table>

#### Lesson 7

**Practical HIV Education through Football Session**

- Using football games and activities to teach about HIV and AIDS

The practical lessons take place on the football field and are intended to allow the participants to practice using football games to convey a message that will contribute to the development of comprehensive knowledge of HIV in young people.

By the end of this lesson the participants shall be able to:

- demonstrate the coaching of a football games containing an HIV message.

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<th>Day 3</th>
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<tr>
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<td>1 hr</td>
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<td>Time</td>
<td>45 min</td>
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</table>

#### Lesson 8

**Conclusion, Reflection, Planning**

- Comprehensive Knowledge
- Course Reflections
- Codes of Conduct
- Action Planning

This lesson brings the course to a close by asking participants to reflect on their learning. Their knowledge of HIV and AIDS is tested using a questionnaire. Their ability to apply this knowledge to their activities as a YDF coach is tested through the creation of a code of conduct for coaches and for teams. Their commitment to the fight against HIV and AIDS is measured through an action planning exercise.

By the end of this lesson the participants shall be able to:

- demonstrate comprehensive knowledge of HIV & AIDS
- reflect on what they have learned during the short course
- write a code of conduct in relation to HIV and AIDS for YDF coaches and for football teams
- plan actions that they will take in the coming weeks to address the issue of HIV prevention and the stigma of HIV and AIDS and make a commitment to do so

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<tr>
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<th>Day 3</th>
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<tr>
<td>16 min</td>
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<td>Time</td>
<td>1 hr</td>
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<td>45 min</td>
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</table>
Roles of a Youth Football Coach

There is more to the role of a youth football coach than teaching football skills and organising a team. The football coach working with young people is helping them develop not just as footballers but also as young people. The coach assumes many different roles as they work with youth. They are responsible for assessing the young person’s level of ability, providing instruction that helps them develop their skills, and providing motivation to them. They are a performance analyst, a teacher, a motivator.

The youth football coach is also responsible for the guidance of the youth in life and as well as their chosen sport. The roles of the youth football coach will therefore be many and varied from assessor, teacher, motivator, friend, mentor, facilitator, demonstrator, adviser, supporter, fact finder, counselor, organiser, and planner.

Responsibilities of a Youth Football Coach

When someone undertakes to coach football to youth, they assume a range of responsibilities as a coach.

These responsibilities include:

- Ensuring the health and safety of the young people participating in activities you lead;
- A duty of care for young people that includes protecting children from abuse;
- Ensuring the balanced long term development of the young person taking into account their physical, technical, psychological and social needs.
- Continuing to update your own knowledge of football and football coaching;
- Planning and evaluating your coaching sessions;
- Providing opportunities for youth to play football and have fun;
- Involving young people in decision making around their own participation.
- Development of the Youth Football Player
Development of the Youth Football Player

One of the responsibilities of a youth football coach is the long term development of the player. This means developing the young person in terms of their technical/tactical skills, their physical fitness, their mental or psychological fitness, and their social skills.

The Needs and Entitlements of Children

Children are defined as being young people under the age of 18 years. Children have specific needs and entitlements which are enshrined in international charters and in many cases are enshrined in a country’s laws and policies.
Roles & Responsibilities of a YDF Coach

These can be categorised as Social Needs, Protective Needs, Personal Needs and Sporting Needs. Football activity delivered appropriately by good youth football coaches can provide for the needs and entitlements of children.

**SOCIAL NEEDS**
- to play, leisure, rest
- to a family life
- to be a member of a safe, inclusive community

Social needs can be addressed through football by creating and connecting youth to a sporting environment where they can relax and enjoy sport and physical activity, supported by their families and wider community.

**PROTECTIVE NEEDS**
- protection from abuse
- protection from exploitation
- to be kept safe
- to protect their health

Protective needs can be addressed through football by providing safe environments where youth can participate in football and develop their health & fitness; life skills; confidence; and self esteem.

**PERSONAL NEEDS**
- to good nutrition
- to good health
- to a holistic education
- to develop relationships with people of varied backgrounds

Personal needs can be addressed through football by giving youth access to life skills and health education services, positive role models and mentors as well as an opportunity to participate with a cross section of community members.

**SPORTING NEEDS**
- to develop physical literacy
- to be experience quality sport and play
- to lifelong participation
- to realise their talents

Sporting needs can be addressed through football by providing quality sport, physical activity and play environments where participants can develop their health & fitness; confidence; creativity; and skill as well as be sign posted to future participatory and elite pathways.

Child Protection & Football

Children have an entitlement to be protected from abuse and youth football coaches have a moral duty of care to help protect children.

There are five types of abuse that coaches should be aware of physical, emotional, sexual, neglect, and bullying.

- **Physical Abuse**
  
  Where a child is physically hurt or injured by an adult, or where an adult gives a child alcohol or drugs.

- **Emotional Abuse**
  
  Persistent criticism, denigration, or putting unreasonable expectations on a child or young person.
Roles & Responsibilities of a YDF Coach

- Sexual Abuse
  An adult or peer uses a child or young person to meet their own sexual needs.

- Neglect
  A child’s basic physical needs are consistently not met or they are regularly left alone or unsupervised.

- Bullying
  Persistent or repeated hostile and intimidating behaviour towards a child or young person.

Youth football coaches need to be able to recognise these five forms of abuse and should undertake child protection training that will help them deal with suspected cases of abuse when they occur.

Youth football coaches should also be aware of their responsibility to be an adult role model, to always demonstrate good practice when working with children and young people, and not to abuse their position of trust.

When the needs of children and young people are not afforded the necessary priority, so as their welfare is compromised, inappropriate and poor practice occurs.

Poor practice may not constitute abuse but may create an environment in which abuse becomes more possible. Examples of poor practice would include:

- excessive training or training inappropriate for the age or stage of development a young person, possibly leading to injury

- focusing on the talented members of your group and not fully involving all members of the group equally

- working with children on a one to one basis without other adults present
Roles & Responsibilities of a YDF Coach

- ridiculing and criticising a young player who make a mistake during a game

- allowing players to be abusive to other players or to the referee

- failing to follow health and safety guidelines

As we learn more about HIV and AIDS, we will learn that inappropriate behaviour by adults with children and young people is a factor contributing to the spread of HIV. We will also learn that children and young people living with physical, emotional, sexual abuse, neglect and bullying are vulnerable to HIV infection.

HIV and Aids and the Role of the Football Coach

Young people hold the secret to the creation of an HIV free generation. Young people aged 15-24 account for 41% of new HIV infections. There is evidence in some countries though that young people are taking steps to protect themselves from infection.

Young people will be able to take steps to protect themselves from HIV infection if they have both psycho-social strengths and comprehensive knowledge of HIV prevention. It is when they have character, confidence, caring, connection, competence and knowledge that they are able to make positive and informed decisions and avoid risk behaviour. The youth football coach has a role in helping young people develop their psycho-social strengths and their comprehensive knowledge of HIV prevention.

Positive Youth Development

Youth football coaches can help develop a young person's psychological and social attributes by delivering football coaching in an environment that:

- provides a positive adult role model i.e. you the coach
- provides a safe place for youth to come and take part
Roles & Responsibilities of a YDF Coach

- involves the youth in all aspects of the programme including decision making
- allows them to develop skills i.e. their football, life and leadership skills
- provides for regular and sustained activity

Developing the right relationships with youth is probably as important as providing them with factual information on HIV. Information alone is not enough and can be easily forgotten or denied. In order to think about personal sexual behaviour, young people need to be reached, and football coaches who create the right environments for the youth they work with are in a good place to reach them.

Comprehensive Knowledge

Young people need to develop comprehensive knowledge of HIV transmission prevention which is defined as correctly identifying the two major ways of preventing sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission and knowing that a healthy-looking person can transmit HIV.

So in addition to helping young people develop their psycho-social assets by creating positive youth development environments, youth football coaches should be able to talk to their players about HIV and HIV prevention. Youth football coaches are significant adult influences in young people’s lives and can help make sure that young people are educated on the facts of HIV and HIV prevention. If knowledgeable they can also help dispel myths and can encourage behaviour that will help young people stay safe.

Informed youth football coaches can also contribute positively to the support of people living in their communities by tackling stigma and encouraging inclusion of people living with HIV and AIDS.
Structuring Sessions to deliver HIV Prevention Education

YDF coaches should consider the following points when planning a training session:

- Clarity / Framework
- Decide on the focal point
- Build-up of training session
- Select game and exercise format
- Decide on organisation of training
- Plan training and break time

What focal points should YDF Coaches decide on if they are delivering a football session that aims to develop football skills and deliver a message around HIV prevention?

- The content of the training session should combine both a technical focal point and a HIV & AIDS education message.
- One technical focal point is selected per session. Although the session is aiming to deliver a message around HIV and AIDS, it should still have a technical focal point. This enables messages around HIV and AIDS to be delivered whilst continuing to develop the football skills of the young people being trained.
- There should be variation of games or activities around the same focal points. This applies to both the technical skill being developed and to the social message being conveyed through the session.
- The technical focal point and the social education message should change on a weekly basis.
- Varied movement exercises should be incorporated in every training session.
- Children best learn the tactical basics during small football games! There is no need for isolated tactical training.
Roles & Responsibilities of a YDF Coach

YDF Coaches will structure training sessions to include a warm-up, main part, conclusion, and cool down. Coaches should consider how they can plan sessions to develop a football skill and deliver a message around HIV prevention.

HIV and AIDS education messages can be included in every aspect of a training session or can be focused on one aspect i.e. the Warm-Up.

<table>
<thead>
<tr>
<th>TIME</th>
<th>PHASE</th>
<th>CONTENTS</th>
</tr>
</thead>
</table>
|        | **WARM UP**| - Welcome and Joint Warm-Up  
- Variation of Movement  
- Individuals working with the ball  
- Opportunity to introduce HIV & AIDS Education |
|        | **MAIN PART**| - Changing of games and exercises of the same technical focal point  
- Opportunity to introduce HIV & AIDS Education or to develop theme from Warm-Up. |
|        | **CONCLUSION**| - Integrate technical focal point from Main Part  
- Play football  
- Play an HIV and AIDS education activity  
- Wind up with discussion – football, HIV and AIDS or both. |
|        | **COOLING DOWN**|                                                                          |
What is HIV and What is AIDS

In this section of the manual, we will present the facts about the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). This will help you as a football coach to understand the pandemic and be better informed when talking with young people and others about the disease.

Viruses

Viruses are common cause of illness in humans. Viruses are smaller than bacteria. Unlike bacteria, which are killed by antibiotics, there is no cure for viral diseases. Some, like Polio, can be prevented by vaccination. For HIV there is no vaccination yet, but they are looking for one. About 60% of diseases and 90% of infections in humans are caused by viruses. Most viruses need to find living cells to grow and reproduce in, so they do not survive long if they're not inside a plant, animal, or person. When viruses get inside people's bodies, they find a host cell, reproduce, and spread and make people sick.

Our blood contains white blood cells. Together with the antibodies, they form the body's defence system against infection and diseases. They fight viruses by locating and destroying the infected cells, sometimes before the virus reaches reproduction. In doing so, they also trigger other aspects of the body's immune system that make it difficult for the virus to reproduce.

What makes the Human Immunodeficiency Virus (HIV) different from other viruses is that it seeks out and penetrates the cells that would normally attack the virus infected cells.

What is HIV?

HIV stands for Human Immunodeficiency Virus.

Viruses have one special aim in life - to reproduce making as many copies of themselves as possible. They can only do this by infecting cells of a living organism. HIV replicates itself by infecting the immune system's CD4 cells and in the process degrading a person's immune system making that person's body less able to fight infection. By attacking the immune system, HIV is attacking the very part of the body which would be responsible for destroying the virus.

Although the body will attempt to make more CD4 cells, over time their numbers will decline weakening the immune system, making it unable to protect the body from illness and infection.
What is AIDS?

*AIDS stands for Acquired Immune Deficiency Syndrome.*

AIDS is a medical condition that is caused by HIV. At the point of a very advanced HIV infection a person is said to have AIDS. A person is diagnosed with AIDS when their immune system is too weak to fight infections they would have otherwise been able to fight. This shows itself when someone develops a AIDS-related condition or symptom. These are referred to as an ‘opportunistic infection’ because the infection is taking advantage of the opportunity offered by a weakened immune system. Some common opportunistic infections are Tuberculosis (TB), Kaposi’s Sarcoma (KS) which is a type of cancer, pneumonia and chronic diarrhoea.

Early in the course of the disease, the body can make more CD4 cells to replace the ones that have been damaged by HIV. Eventually, the body can’t keep up and the number of functioning CD4 cells decreases. As more and more CD4 cells become damaged, the immune system becomes more and more weakened. Eventually, the weakened immune system leaves the body at risk for all sorts of illness and infections called opportunistic infections.

Even if someone has not developed an opportunistic infection they may still be diagnosed with AIDS if tests show the number of CD4 cells in their blood has dropped below 200 cells/mm³. AIDS can lead to a person’s death. However, people do not actually die of AIDS - they die from the infections mentioned above which take hold when the immune system is weakened by HIV.

**How the Infection Progresses**

Infection with Human Immunodeficiency Virus (HIV) eventually leads to Acquired Immune Deficiency Syndrome (AIDS). This process typically takes several years and can be broken down into four stages: primary infection, asymptomatic, symptomatic, and AIDS.
When someone becomes infected with HIV, they do not immediately test positive for HIV. There is a period of approximately 3 months between infection and the time where the body’s defence system has produced enough antibodies for a positive HIV test. The virus multiplies rapidly during this stage, viral load therefore is high and the infected person is highly infectious. The first three months are referred to as the window period.

During the window period an infected person will normally develop a short-lived illness called Primary HIV Infection (PHI). The symptoms of PHI usually start to appear within two weeks of infection and may continue for three to four weeks or more. Symptoms of Primary HIV Infection are like those of flu; however, one thing that distinguishes PHI from flu is that people probably won’t have any congestion in their nose or chest although not everyone experiences the same symptoms.

Some people however experience no symptoms at all, and a small proportion of people develop a more severe illness. After six weeks or so the PHI symptoms disappear and the person feels and appears well. This is due to their immune system controlling the HIV to a degree, resulting in a lower amount of HIV in the blood. HIV antibodies are a sort of weapon produced by specialized white blood cells against special viruses or poisons.

After about 3 months Seroconversion takes place, this is the point where the amount of antibodies now circulating is sufficient enough to make the HIV test positive.

Viral Load & CD4 Count

The amount of virus in the blood is known as the ‘viral load’. The CD4 count is a measure of the cells, particularly white blood, that fight viral infections, which unfortunately are the same cells that the HIV virus need to multiply in and eventually kill off. The diagram below shows how the viral load and CD4 count change over the course of the illness.

The normal range for CD4 count is 600 - 1500 cells/mm³. With HIV infection, every day more CD4 cells are made and every day HIV uses CD4 cells to replicate itself. In the long term, it’s a losing battle for the CD4 cells. When the cells drop to 200 cells/mm³ the final stage of the disease begins.
What is HIV and What is AIDS

STAGE 2 Asymptomatic

In the second stage, individuals are free from any symptoms of HIV. Levels of HIV in the blood are very low, but are detectable. If an HIV test is performed, it will come back positive. While the individual is asymptomatic, the HIV in their blood is living and reproducing constantly. This stage lasts about ten years, but can be much longer or shorter depending on the individual.

STAGE 3 Symptomatic

In the third stage, the immune system has become so damaged by HIV that symptoms begin to appear. Symptoms are typically mild at first, and then slowly become more severe. Opportunistic infections, infections that take advantage of the immune system’s vulnerable state, begin to occur. These infections affect almost all the systems of the body and include both infections and cancers, especially TB.

There are many factors, including diet, which will influence how long it takes for HIV to progress to AIDS. Stress, alcohol, fatigue, depression and some social drugs can all run down the immune system, which is why it is especially important for someone living with HIV to stay well and happy, and to be able to access treatment.

STAGE 4 AIDS

A person is ‘AIDS defining’ if their CD4 count falls below 200 cells/mm$^3$ and they have 2 or more opportunistic infections, especially TB, or AIDS-related illnesses. Many of these infections, though serious, are treatable but improve often if HIV treatment is started and the individual’s CD4 count goes up. Once a person is diagnosed with AIDS, they can never return to an earlier stage of HIV, even if the individual gets better.

While some people develop AIDS within a few years, a few per cent of people who were infected in the 1980s are still well, have normally functioning immune systems, and still aren’t on treatment. These people are sometimes known as long-term slow progressors or non-progressors.

Origins of the Disease

Scientists have identified a type of chimpanzee in West Africa as the probable source of the human immunodeficiency virus (HIV). They have shown that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus or SIV) was most likely transmitted to humans and mutated into HIV. This could have occurred when humans hunted these chimpanzees for meat and came into contact with their infected blood. Over time the virus gradually spread across Africa and later into other parts of the world.

Extent of HIV and AIDS Pandemic

There are about 34 million people in the world living with HIV. Two thirds of them live in Sub-Saharan Africa and many do not know that they are infected with the virus. The worst affected country in the world is Swaziland where 20% of men and 31% of women aged between 15-49 years are infected. South Africa has more people living with HIV and AIDS, an estimated 5.6 million, than any other country in the world. Prevalence is 17.8% among those aged 15-49 years. A comparison of the prevalence of the HIV and AIDS in GIZ YDF supported countries is shown in the table on the opposite page.
What is HIV and What is AIDS

Every day, some 7,000 new people become infected with HIV and about 5,000 people die from AIDS related conditions. The net effect is that number of people living with HIV is continuing to increase.

<table>
<thead>
<tr>
<th>Country</th>
<th>People living with HIV/AIDS</th>
<th>Adult prevalence (15-49)</th>
<th>Women living with HIV/AIDS</th>
<th>Children living with HIV/AIDS</th>
<th>AIDS-related deaths</th>
<th>Orphans due to AIDS</th>
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<td>Botswana</td>
<td>320,000</td>
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<td>170,000</td>
<td>16,000</td>
<td>5,800</td>
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<td>Ghana</td>
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<td>14,000</td>
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<td>1,900,000</td>
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<tr>
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<td>7,000</td>
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<td>45,000</td>
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<tr>
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<td>&lt;1,000</td>
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</table>

Comparison of HIV and AIDS Prevalence in GIZ YDF Countries

Impact of the HIV and AIDS Pandemic in Sub-Saharan Africa

The HIV/AIDS pandemic impacts on the individuals infected, their families, communities and on national development in Sub-Saharan African countries.

Individuals, who are undernourished, or in poor health are more susceptible to HIV. Poor nutrition and bad general health mean the body’s immune system is less able to fight any infection; therefore the virus is more likely to gain a hold.

Life Expectancy

AIDS has eroded progress made over the decades in extending life expectancy. Average life expectancy in sub-Saharan Africa is now 52 years and in those countries most impacted by the pandemic; life expectancy is below 51 years. In five countries life expectancy is lower than it was in the 1970s due to the impact of HIV and AIDS. For example; Zimbabwe’s life expectancy was about 60 years in the early 1990s and is about 50 years now.
What is HIV and What is AIDS

Life Expectancy

AIDS has eroded progress made over the decades in extending life expectancy. Average life expectancy in sub-Saharan Africa is now 52 years and in those countries most impacted by the pandemic, life expectancy is below 51 years. In five countries life expectancy is lower than it was in the 1970s due to the impact of HIV and AIDS. For example, Zimbabwe’s life expectancy was about 60 years in the early 1990s and is about 50 years now.

Households

HIV and AIDS has had a devastating impact on African households exasperating already high levels of poverty. Main income earners have been lost to the disease, home based care has had to be provided for sick relatives, further reducing the household’s capacity to earn money for their family. Many of those dying from AIDS have surviving partners who are themselves infected and in need of care. Surviving children are frequently orphaned and forced to care for themselves.

Healthcare

HIV and AIDS have put a huge strain on health services in developing countries. As the numbers of people infected with HIV increase, the demand for care for those living with the disease rises.
LESSON 2

What is HIV and What is AIDS

Education

HIV has impacted on education, many children and young people being unable to attend school for financial or other social reasons. HIV/AIDS has also impacted on the health of teaching staff. This is a major concern, because schools can play a vital role in addressing the pandemic through HIV education and support. Every year adults, especially women, stay in school longer, reduces the risk of HIV.

Productivity

HIV and AIDS has impacted on the workforce in many African countries causing a slowdown in economic activity and social progress. The vast majority of people living with HIV and AIDS in Africa are between the ages of 15 and 49 and in the prime of their working lives. Employers, schools, factories and hospitals have to train other staff to replace those at the workplace that become too ill to work. 9 out of 10 people in southern Africa who go to work are somehow affected or even infected.
Economic Growth and Development

The HIV and AIDS pandemic has already significantly affected Africa’s economic development, and in turn, has affected Africa’s ability to cope with the pandemic.

Countries in Sub-Saharan Africa with large numbers of people living with HIV and AIDS and with limited resources face major challenges in providing antiretroviral treatment, health care and support to growing populations of people infected with HIV; in reducing the numbers of new HIV infections by enabling individuals to protect themselves and others; and in addressing the impact of millions of AIDS deaths, on orphans and other survivors, communities, and on national development.

Impact of the Pandemic on Young People

Young people are at the centre of the HIV and AIDS pandemic. Globally, around 5.5 million young people between the ages of 15 and 24 are estimated to be living with HIV. About 40% of all new HIV infections are among young people aged 15 - 24 years. Young people are particularly vulnerable to HIV infection for social, political, cultural, biological, and economic reasons. Almost 3,000 young people are infected with HIV each day.

Among young people living with HIV, nearly 80% (4 million) live in sub-Saharan Africa.

This age group also has the highest rates of other sexually transmitted infections excluding HIV; more than 180 million out of a global annual total of 340 million new infections.

The HIV pandemic has been especially harsh on the lives of young women, who comprise 66% of infections among young people worldwide. Again the vast majority of these infections among young women occur in Sub-Saharan Africa.

The following two graphs show the impact of AIDS on the life expectancy of young people. In Graph 1, the rising number of young people dying between their late twenties to early forties illustrates the impact on the life expectancy of youth as a consequence of the pandemic. Graph 2 compares age at death in South Africa and Germany and again shows the impact of the prevalence of HIV infection on life expectancy in Sub-Saharan Africa versus a European country.

![Graph 1: Percentage distribution of deaths by age and year of death, 1997 - 2002](image-url)
Young people who are HIV positive need access to health services, yet the majority of the 4.3 million young people worldwide believed to be living with HIV are unaware of their HIV status. Testing for HIV, together with quality pre- and post-test counselling and support, is needed for young people who are infected with HIV to access HIV treatment, care and support.

Many young people who know their HIV status often fail to access the health and social services they urgently need, from fear of stigma or judgement, or concern that their HIV status will be disclosed to others.

**YDF coaches can encourage youth to access regular HCT counselling and testing as well as help to breakdown the stigma that surrounds HIV and AIDS.**

Young people represent the greatest hope of turning the tide of the HIV and AIDS pandemic. For this to happen they need to have comprehensive knowledge of HIV transmission prevention and to develop the personal qualities that lead them to make positive life decisions and avoiding risky behaviour.

There is some evidence that HIV prevalence among young people in some countries severely affected by HIV has dropped by over 25% due to a reduction in risky sexual behaviours, which has reduced the risk of exposure to sexually transmitted infections, including HIV. This is most likely a consequence of programmes aimed at improving the comprehensive knowledge of young people and encouraging them to change behaviour.
In many countries there is still not enough being done to engage and educate youth in HIV prevention. Globally, less than 40% of young men and women have complete and accurate knowledge about HIV transmission. This falls short of the 95% target set out for 2010 in the UNGASS Declaration of Commitment. In developing countries (excluding China), only 30% of young men and 19% of young women aged 15 to 24 have comprehensive knowledge on HIV.

Orphans

One of the impacts of AIDS is that some 16.6 million children under the age of 18 have lost one or both parents. This has led to increased numbers of children living in poverty; in some cases to them being homeless and living on the streets; without an education and access to basic health services; and with bleak futures. These hardships include illness and death. Of the estimated 1.8 million people who died of AIDS-related illnesses in 2009, 260,000 of them were children under 15 years old.

YDF coaches can help develop positive young people who will make the right decisions in life, avoid risky behaviour and have comprehensive knowledge of how to prevent HIV transmission.

Play football and not the bottle game!

YDF coaches can use football to engage street children, to build trust with them and help them find the support they need, with the eventual aim of reintegrating them back into their communities.
Using Football Exercises regarding the Topic

The Life Skill listed below will be focused on in this lesson. It is incorporated in the Football Exercises on the following page.

Types of Equipment useful for these Exercises:

- Pitch
- Footballs
- Cones
- Differently coloured/marked Cones
- Goals
- Markers
- Whistle
- Watch / Stopwatch
LESSON 2

What is HIV and What is AIDS

Football Exercises

EXERCISE 1

"Yes or No?"
- Two groups of players line up opposite each other, 3-4m apart and 10m away from the ‘answer’ lines.
- The players lie on their backs or their stomachs: arms stretched out in front of them and their feet touching those of their ‘opponent’.
- The coach asks a question. If the answer is ‘No’, all the players run as quickly as possible toward the left line.
- The players in the back, the ones furthest away from the correct ‘answer’ line have to try and catch the players in front of them before they reach the line.
- If the answer is ‘Yes’, then the roles are reversed.

Variations
- Do the exercise while dribbling a ball with the feet.
- Do the exercise while dribbling a ball with the hands.

Include in training session: WARM UP MAIN PART CONCLUSION COOLING DOWN

EXERCISE 2

Cone-Duel
- Distance from starting cone to cone square = 5m. Cone square = 4mx4m. Distance from cone square to goal = 20m.
- Each of the differently coloured/marked cones represents something different; HIV, Health, Fact and Myth.
- By calling out, the coach gives the signal to start and the two first players dribble onto the pitch.
- When they reach the cone square, the coach calls out for example: “Sex without condoms!”. The players then have to dribble to and around the cone for HIV as fast as possible.
- The competitive nature of the game guarantees maximum pace.
- Do not mark the cone square too big, otherwise the exercise may be too exhausting.
- The player, who is the first to score a goal, wins an extra point.

Variations and Pointers
- Appoint a player, who has to suddenly start dribbling. He/she will be the signal to start.
- The player, who manages to complete the cone square first, tries to outplay the goalkeeper in a 1-on-1. The other player must shoot from a distance.
- The players have to pass the ball to the coach before entering the cone square. Only the winner of the cone square gets the ball back.
- If no goalkeeper is available, make two small goal (1m) instead of one big one with goalkeeper and reduce the distance from the cone square to 10m.

Include in training session: WARM UP MAIN PART CONCLUSION COOLING DOWN
LESSON 3

HIV Transmission and Prevention

How HIV is Transmitted

In order for a person to be infected they need to be exposed to the virus. However even then, exposure does not necessarily lead to infection. Sufficient virus particles must penetrate the body’s defences and enter the blood for infection to gain hold.

HIV is found in the body fluids of blood, semen, vaginal fluids and breast milk. It cannot live for long outside the body, so to be infected with HIV you need to allow some body fluid from an infected person to get inside your body. The virus can enter the body via contact with the bloodstream or by passing through delicate mucous membranes, such as inside the vagina, rectum or urethra.

The most common ways that people become infected with HIV are:

- Having unprotected sexual intercourse with an infected partner
- Injecting drugs using a needle or syringe that has been used by someone who is infected
- As a baby of an infected mother, during pregnancy, labour or delivery, or through breastfeeding

Sexual Transmission

Traditionally sex is thought about as being when a man’s penis enters the vagina of a woman. Anal sex is when a man’s penis enters the anus of another woman or man. There is also oral sex where a man or woman uses their mouth to provide sexual pleasure for another person.

- Vaginal sex

HIV is found in the sexual fluids of an infected person. For a man, this means the pre-come and semen fluids that come out of the penis before and during sex. For a woman, it means HIV is in the vaginal fluids which are produced by the vagina to keep it clean and to help make intercourse easier.

If a man with HIV has vaginal intercourse without a condom then HIV can pass into the woman’s body through the lining of the vagina and cervix. The risk of HIV transmission is increased if the woman has a sore inside or around her vagina; this will make it easier for the virus to enter her bloodstream. Such a sore might not always be visible, and could be so small that the woman wouldn’t know about it.

If a woman with HIV has sexual intercourse without a condom, HIV could get into the man’s body through a sore patch on his penis or by getting into his urethra (the tube that runs down the penis) or the inside of his foreskin (if he has one).
Any contact with blood during sex increases the chance of infection. For example, there may be blood in the vagina if intercourse occurs during a woman's period. Some sexually transmitted diseases such as herpes and gonorrhoea - can also raise the risk of HIV transmission.

- **Anal sex**

  With anal intercourse there is a higher risk of HIV transmission than there is with vaginal intercourse for the person being penetrated. The lining of the anus is more delicate than the lining of the vagina, so is more likely to be damaged during sex. Any contact with blood during sex increases the risk of infection.

  There is also a risk to the man who is performing penetrative anal sex with a man or woman who has HIV, then he too risks becoming infected.

- **Oral sex**

  Oral sex with an infected partner carries a small risk of HIV infection. If a person gives oral sex (licking or sucking the penis) to a man with HIV, then infected fluid could get into their mouth. If the person has bleeding gums or tiny sores or ulcers somewhere in their mouth, there is a risk of HIV entering their bloodstream. The same is true if infected sexual fluids from a woman get into the mouth of her partner.

**Injecting Drug Users**

![Injecting Drug Users](image)

Injecting drug users are a high-risk group for exposure to HIV. Sharing injecting equipment is a very efficient way to transmit blood-borne viruses such as HIV and Hepatitis C. Sharing needles and “works” (syringes, spoons, filters and blood-contaminated water) is thought to be three times more likely to transmit HIV than sexual intercourse. Disinfecting equipment between each use can reduce the chance of transmission, but does not eliminate it entirely.

**Mother to child transmission**

![Mother to child transmission](image)

An infected pregnant woman can pass HIV on to her unborn baby during pregnancy, labour and delivery. HIV can also be transmitted through breastfeeding. If a woman knows she is infected with HIV, there are drugs she can take to greatly reduce the chances of her child becoming infected.
Other Risks of Transmission

Some people have been infected through a transfusion of infected blood. These days, in developed countries all the blood used for transfusions is tested for HIV. In those countries where the blood is tested, HIV infection through blood transfusions is now extremely rare. In some developing countries, testing systems are not so efficient and transmission through blood transfusions continues to occur. Blood products, such as those used by people with haemophilia, are now heat-treated to make them safe.

Hospitals and clinics need to take precautions to prevent the spread of blood-borne infections. These measures include using sterile surgical instruments, wearing gloves, and safely disposing of medical waste. In developed countries, HIV transmission in health-care settings is extremely rare. However, cases continue to occur in less-resourced areas where safety procedures are not so well implemented.

Health-care workers have accidentally become infected with HIV by being stuck with needles containing HIV-infected blood. A few have also become infected by HIV-infected blood getting into the bloodstream through an open cut, or splashing onto a mucous membrane (e.g. the eyes or the inside of the nose). There have been only a very few documented instances of patients acquiring HIV from an infected health-care worker.

Anything that potentially allows another person’s blood to get into your bloodstream carries a risk. Having a tattoo or getting a piercing could present such a risk if the equipment has not been sterilised and the previous client was HIV positive. In most developed countries there are hygiene regulations governing tattoo and piercing parlours to ensure all instruments used are sterile. If you are thinking of having a tattoo or piercing, ask staff at the shop what procedures they take to avoid infection.

In Sub-Saharan Africa the majority of transmissions of HIV occur through sexual contact. When working with young people the emphasis is on developing their comprehensive knowledge of HIV prevention around the transmission of the virus through sexual contact.

Know your status!

Delay sexual debut!

Always have protected sex!
During the early (Primary Infection) and later stage (AIDS) of the infection an HIV-positive person has more virus in their body fluids increasing the potential exposure of partners. This means that during the window period a person infected with HIV who has no symptoms of the infection will be highly infectious due to having a high viral load.

Women are more likely to be infected than men. Women are more prone to infection. Linked to this, sexual violence and rape also increases the chance of infection especially for women.

Individuals who are infected with sexually transmitted infections (STIs) are two to five times more likely than uninfected individuals to contract HIV infection if they are exposed to the virus through sexual contact. A HIV positive person with another STI is more likely to pass on the virus through sexual intercourse than someone who is HIV positive but does not have other STIs.

Genital ulcers caused by STIs such as syphilis, herpes, or chancroid result in breaks in the genital tract lining or skin. These breaks create points of entry for HIV. Inflammation which results from genital ulcers or non-ulcerative STIs such as chlamydia, gonorrhea, and trichomoniasis, increase the concentration of CD4 cells in genital secretions that serve as targets for HIV.

If someone has HIV and other sexually transmitted infections, the concentration of HIV in their semen or genital fluids will be much higher than the levels in someone only infected with HIV. The higher the concentration of HIV in semen or genital fluids, the more likely it is that HIV will be transmitted to a sex partner.

The presence of other sexually transmitted infections greatly increases the chance of HIV infection. STIs create a point for entry for the HIV virus into the body and the presence of other STIs concentrates the cells the HIV virus targets for infection at the point where the HIV virus enters a person's body.

Myths about how HIV is Transmitted

Lots of myths exist about how HIV can be transmitted. YDF coaches need to know the facts about HIV transmission and to be able to dispel the myths making sure that young people have the correct information they need to protect themselves from the virus.

Kissing

To become infected with HIV you must get a sufficient quantity of the virus into your body. Saliva does contain HIV, but the virus is only present in very small quantities and as such cannot cause HIV infection. Unless both partners have large open sores in their mouths, or severely bleeding gums, there is no transmission risk from mouth-to-mouth kissing.
Environmental

HIV is unable to reproduce outside its living host, except under strictly controlled laboratory conditions. HIV does not survive well in the open air, and this makes the possibility of this type of environmental transmission remote. In practice no environmental transmission has been recorded.

This means that HIV cannot be transmitted through spitting, sneezing, coughing, sharing glasses, cutlery, or musical instruments. You also can’t be infected in swimming pools, showers or by sharing washing facilities or toilet seats.

Insects

Studies conducted by many researchers have shown no evidence of HIV transmission through insect bites, even in areas where there are many cases of HIV and AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite considerable efforts to detect them, supports the conclusion that insects do not transmit HIV.

HIV only lives for a short time and cannot reproduce inside an insect. So, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites.

Using sterile needles

Injecting with a sterile needle and works will not transmit HIV as long as clean equipment is used each time and none of it is shared. However, there are still many other risks associated with injecting drug use. If a person is on drugs (including alcohol) then their judgement may be clouded, making them more likely to become involved in risky sexual behaviour, which increases the chance of exposure to HIV.
Protected sex

If used correctly and consistently, condoms are highly effective at preventing HIV transmission. A small minority believe condoms are not adequate protection and that 'some very small viruses can pass through latex'. Scientific tests have disproved this theory. Condoms are effective at preventing HIV during both vaginal and anal sex and can help to reduce the risks during oral sex too.

HIV Prevention

Everyone should know how HIV can be transmitted and be able to take steps to eliminate or reduce the possibility of contracting the virus. YDF coaches can act as positive role models to young people, helping to ensure they develop comprehensive knowledge of how to prevent HIV transmission and the personal strengths needed to make the positive decisions in life.

HIV can be transmitted by unprotected sexual intercourse with an HIV infected partner; injecting drugs using a needle or syringe that has been used by someone who is infected; as a baby of an infected mother, during pregnancy, labour or delivery, or through breastfeeding. For each route of transmission there are steps that can be taken to reduce or eliminate risk.

The prevention of HIV transmission is an issue for both those who are already infected with the virus and those who are at risk of HIV infection.

People who are already living with HIV need knowledge and support to protect their own health and to ensure that they don’t transmit HIV to others. This is known as “positive prevention”. Positive prevention has become increasingly important as improvements in treatment have led to a rise in the number of people living with HIV. There is also a risk that people living with HIV can be re-infected by a different strain of the virus. When a person is infected by more than one strain of the virus it is harder for the body’s immune system to fight the infection.

People who do not have HIV need to be able to protect themselves from becoming infected.
Transmission through Sex

- ABC of Prevention

The risk of becoming infected with HIV during sex can be prevented or reduced by people choosing to:

- **Abstain**
  Abstaining from sex (includes delaying first sex)

- **Be Faithful**
  Be faithful to one partner

- **Condoms**
  Use male condoms or female condoms, consistently and correctly

Abstinence means not to have sex at all or to stop having sex. Abstaining from sex is the best way of avoiding HIV infection. It also avoids other sexually transmitted infections and unwanted pregnancies. Whilst it might be unrealistic to suggest to young people that they should be abstaining from sex, it is possible to educate them that they do have a choice. Developing their skills to negotiate healthy sexual relationships, young people may feel less pressured to have sex, may choose to wait until they mature or until they are in a faithful relationship before having sex.

Mutually faithful partners are two people who have sex with each other, but nobody else. Relationships where both partners are faithful to each other and refrain from sex with others reduce the risk of HIV. If both partners know their HIV status they will be able to make decisions around sex that prevent possible infection.

Condoms, if used consistently and correctly, are highly effective at preventing HIV infection. Also there is no evidence that promoting condoms leads to increased sexual activity among young people. Therefore condoms should be made readily available to all those who need them.

Young people often have difficulty remaining abstinent and condoms are often associated with promiscuity or lack of trust. Women in male-dominated societies are frequently unable to negotiate condom use, let alone abstinence.

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**In football as in life there are rules.**

*Always play by the rules by using a condom!***
**HIV Transmission and Prevention**

- **DRP**
  - **Delay**
    - Delay having sexual relationships
  - **Reduce**
    - Reduce the number of sexual partners you have (know your partner's status)
  - **Protect**
    - Use protection such as condoms and get tested for HIV

The ABC of HIV prevention creates a simple message to remember. An alternative approach is DRP which suggests a more realistic message for youth. **D** stands for Delay. This means asking youth to wait until they’re older to have sex and to not feel pressured by their peers or adults to have sex before they are ready. **R** stands for Reduce. This means reducing the number of sexual partners you have to preferably one sexual partner that you can remain faithful to. **P** stands for Protect. Protection means using a condom if you’re sexually active (even during oral sex) as this prevents sexual bodily fluids from coming in to contact with each other. It can also mean getting tested for HIV along with your partner so that you know each other’s status and can protect each other.

- **Sex Education**

  Research has shown that comprehensive sex education is effective at preventing sexually transmitted infections. Not all young people receive comprehensive sex education. Some societies find it difficult to discuss sex openly, and some authorities restrict what subjects can be discussed in the classroom, or in public information campaigns, for moral or religious reasons. Particularly contentious issues include premarital sex, condom use and homosexuality, the last of which is illegal or taboo in much of the world.

- **Male Circumcision**

  There is strong evidence that male circumcision reduces the risk of HIV transmission from women to men. This justifies its promotion as a HIV prevention measure in some high-prevalence areas. Circumcision does not however reduce the likelihood of male-to-female transmission, and the effect on male-to-male transmission is unknown. Therefore, circumcised men should continue to use condoms!

  Safe male circumcision demands considerable medical resources and some cultures are strongly opposed to the procedure.
LESSON 3

HIV Transmission and Prevention

• Sexual Health

Other sexually transmitted infections have been found to help HIV transmission during sex. Treating other sexually transmitted infections may therefore contribute to HIV prevention.

Transmission through Injections

Blood transfer through the sharing of drug taking equipment, particularly infected needles, is another way of transmitting HIV.

Individuals injecting recreational drugs can access drug treatment programmes to help eliminate this risk by giving up injectable drugs altogether. As these drugs are addictive, drug users may be unwilling or unable to end their habit. These drug users should be encouraged to minimise the risk of HIV infection by not sharing equipment.

Needle exchange programmes have been shown to reduce the number of new HIV infections without encouraging drug use. These programmes distribute clean needles and safely dispose of used ones, and also offer related services such as referrals to drug treatment centres and HIV counselling and testing. Needle exchanges are a necessary part of HIV prevention in any community that contains injecting drug users.

Mother-to-child transmission

HIV can be transmitted from a mother to her baby during pregnancy, labour and delivery, and later through breastfeeding.

If a girl or women falls pregnant they should immediately book an appointment with a health clinic to get medical advice and to be tested for HIV.

Other Risks

Transfusion of infected blood or blood products is the most efficient of all ways to transmit HIV. However, the chances of this happening are greatly reduced by the screening of all blood supplies for the virus, and by heat-treating blood products where possible. As screening is not quite 100% accurate, restrictions are placed on who is eligible to donate blood. In many developing countries there are limited facilities for rigorously screening blood supplies. In addition a lot of countries have difficulty recruiting enough donors, and so have to resort to importing blood or paying their citizens to donate, which is not the best way to ensure safety.

The safety of other activities that involve contact with blood, such as tattooing and circumcision, can be improved by routinely sterilising equipment. An even better option is to dispose of equipment after each use, and this is highly recommended if at all possible.
HIV Counselling and Testing (HCT)

A person who knows that they are HIV positive can take steps to access support and treatment; and they can take precautions to ensure they do not pass on the virus to others and protect themselves against re-infection.

HIV Counselling and Testing (HCT) provides the opportunity for people to know their status. HCT centres provide counselling prior to and after testing. Counselling focuses on the infection (HIV), the test, and positive behaviour change. Some HCT is conducted through mobile facilities that can visit different communities to offer this service. These centres often use rapid HIV tests that require a drop of blood or some saliva from the inside of one’s cheek; these tests are free, require minimal training, and provide accurate results in about 15 minutes.

Some organisations will be willing to set up a mobile HCT unit at a football tournament to encourage participants and spectators alike to avail themselves of the opportunity to know their status.

Many people avoid taking an HIV test as they are scared of knowing they are HIV positive. Knowing your status however makes it possible for someone who is HIV positive to protect their own health and the health of others.

Many factors influence an individual’s response to a positive HIV test result. Many HIV positive people find the process of post-test counselling an important intervention.

Post-test counselling after diagnosis will address people’s emotions, health concerns, treatment, sex, sexual relationships and other issues that affect their daily lives. Counsellors will emphasise issues such as living healthy, eating well, getting early treatment for illnesses or ARV treatment if necessary or available, preventing and treating STIs, practising safer sex and using condoms.

Post-test counselling will also include making referrals to prevention, care and support services in the community.
Post-Exposure Prophylaxis

Post-exposure prophylaxis (PEP) is a course of anti-retroviral drugs which may be administered to prevent HIV infection as the result of an event with high risk of exposure.

PEP may stop someone getting HIV if administered soon after exposure. After HIV gets in someone's bloodstream it takes time (hours or a few days) before it permanently infects them. If PEP is administered in that short time there is a chance of stopping HIV before the infection takes hold. The anti-retroviral drugs must be started as soon as possible and continued for 4 weeks. PEP is not prescribed if 72 hours (3 days) has passed since the exposure as by this time HIV will have taken hold in the bloodstream.

There are side effects to taking PEP including general fatigue, diarrhea, nausea and prolonged headaches. PEP is not a cure for HIV and is not guaranteed to prevent HIV from taking hold once the virus has entered the body.

Use of Condoms

Condoms, used consistently and correctly, are the only form of protection that can help stop the transmission of HIV, STIs and prevent unwanted pregnancy.

There are two types of condom. The male condom which is a sheath or covering that fits over the man's penis, and which is closed at one end. The other is a female condom, or vaginal sheath, that is used by the women and fits inside the vagina.
Using Male Condoms

- The best place to keep condoms is in a cool dark place. Do not walk around with them in your pocket for months. Heat, light and humidity can damage condoms.

- A condom should only be used once; use a new condom every time you have sexual intercourse.

- Only put on a condom once there is a partial or full erection.

- Check that the expiry date on the packet has not passed and that the packet and condom appear to be in good condition.

- Open the condom packet at one corner being careful not to tear the condom with your fingernails, or your teeth.

- Condoms are made of rubber and should have a mark to show they are produced to WHO standards.

- Place the rolled condom over the tip of the hard penis, whilst pinching the tip of the condom enough to leave a half inch space for semen to collect. If the penis is not circumcised, pull back the foreskin before rolling on the condom.

- Roll the condom all the way down to the base of the penis, and smooth out any air bubbles as they can cause a condom to break.
LESSON 3

HIV Transmission and Prevention

- The condom should unroll smoothly and easily from the rim on the outside. If you have to struggle or if it takes more than a few seconds, it probably means you are trying to put the condom on inside out. You should take off the condom; don’t try to roll it back up; hold it near the rim and slide it off. Then start again with a new condom.

- If you want to use some extra lubrication, you must only use a water-based lubricant as oil-based lubricants will cause the latex rubber to break.

- The man wearing the condom doesn’t always have to be the one putting it on - it can be quite a nice thing for his partner to do.

- If you have anal intercourse after vaginal intercourse, or vaginal intercourse after anal intercourse, you must change the condom before doing so.

- When you have ejaculated or finished having sex, withdraw the penis before it softens. Make sure you hold the condom against the base of the penis while you withdraw, so that the semen doesn’t spill.

- Whilst you are having sex, you can check the condom from time to time to make sure it hasn’t split or slipped up. If it slips up, roll it back down immediately. If it comes off you will have to withdraw and put on a new one.

- If a condom breaks during sexual intercourse, pull out quickly and replace the condom. If the condom has broken and you feel that semen has come out of the condom during sex, you can consult a doctor who will advise on post-exposure prophylactics for HIV prevention and emergency contraception such as the morning after pill to prevent unwanted pregnancies.

- Wrap the condom in tissue or toilet paper and dispose of it safely and hygienically (not down the toilet).

- Condoms should not be flushed down the toilet as they may cause blockages in the sewage system.

Using Female Condoms

The female condom is similar to a male condom, but is wider and is worn inside a woman’s vagina rather than over the penis. The female condom has two rings - the ring at the closed end of the female condom is pushed up inside the vagina, while the ring at the open end surrounds the entrance to the vagina.

- If girls or women would like to find out more about female condoms, they should be referred to a health clinic or a nurse who will be able to advise them.
Myths about Condoms

- Condoms are infected with HIV?
  - This is not true. Condoms are sealed and the HIV virus only lives in humans.

- Is it safer to wear two condoms?
  - This is not true. The friction caused by using two condoms may cause them to break.

- Wearing a condom is like wearing a rain coat, there are no pleasurable sensations.
  - This is not true. Condoms are made of thin, strong rubber that offers both protection and sensation because of their thinness.

- The time it takes to put on is a passion killer.
  - This need not be true. It only takes a few seconds to put on a condom providing protection for yourself and your partner. You can also ask your partner to apply the condom as this is often a source of arousal for the male partner.

- I cannot use condoms as I am allergic to the latex rubber they are made from.
  - It could be true that a person is allergic to latex rubber. It is not true that the person cannot use a condom. People with allergies to latex can use non-latex condoms made from polyurethane. Although these condoms are a bit more fragile than latex, they still offer the same level of protection.

- I cannot use condoms as they are too small for me.
  - This is not true. For those men that are more endowed than the average man they can access larger condoms.
LESSON 3

HIV Transmission and Prevention
Football Exercises

Using Football Exercises regarding the Topic

The Life Skill listed below will be focused on in this lesson. It is incorporated in the Football Exercises on the following page.

Types of Equipment useful for these Exercises

- Pitch
- Footballs
- Cones
- Whistle
- Watch / Stopwatch
**HIV Transmission and Prevention**

**Football Exercises**

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**EXERCISE 1**

**“True or False?”**
- Players dribble around in the mixed zone, each with their own ball. The coach, from outside the playing area, gives advice on how they should dribble.
- The coach then shouts out a statement. As quickly as possible, the players have to dribble with their ball to the “correct-answer-field”. After every player has reached a field, the coach gives the right answer and a short explanation. The players, who got the answer wrong, have to do an additional exercise as a penalty (push ups, knee-bends, etc.).
- The last player to have reached a field, even if it was the correct field, also has to do the additional exercise.

**Variations**
- At the beginning of the game, every player has 3 points. For every wrong answer, or being last on the answer-field, he loses a point. Players with 0 points will be dropped from the game. All players who still have all 3 points at the end of the game are the winners.
- Juggle the ball (strong foot, weak foot, both feet, head, etc.).
- Two players have to pass the ball between them.

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**EXERCISE 2**

**Take care of yourself and your team-mate**
- Mark off a pitch with cones.
- The players form two teams, one team consists of 2 catchers, they represent the virus. The other team, family / friends / team-mates, consists of 8 players.
- The family / friends / team-mates team has two balls. These balls protect them from the catchers.
- Whoever holds a ball in his / her hand cannot be caught! The ball should be passed around amongst the team to protect one another from the catchers.
- Once the catchers have caught a player without a ball he/she is out.
- The game ends when only two players are left.

**Variations**
- The coach decides how many players are in each group (Always the same amount balls as catchers).
- Play game with the ball on the ground (Passing by foot).

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Include in training session: WARM UP, MAIN PART, CONCLUSION, COOLING DOWN.