Almost 3,000 young people become infected globally with HIV every day, the majority in sub-Saharan Africa. Most new infections in sub-Saharan Africa occur through heterosexual transmission. Girls and young women are particularly vulnerable to infection; accounting for 72% of new infections in sub-Saharan Africa due to biological factors, social inequality and exclusion.

HIV transmission in young people in sub-Saharan Africa is not simply a result of not knowing how to protect against HIV transmission but is also the consequence of social factors which include the abuse, neglect and exclusion of youth.

If young people are empowered to protect themselves against HIV, we will start to move towards an HIV free generation, but to achieve this we will need to equip them with knowledge and skills that can lead to behaviour change. It will also require changes in behaviour in families and in the communities of young people.

The following are some of the social drivers of the HIV and AIDS pandemic in sub-Saharan Africa.

### Early Sexual Debut

Early sexual debut is associated with an increased risk of HIV infection. Risks include a higher likelihood of having multiple partners, lower likelihood of condom use at first sex and a higher overall number of sexual partners. Adolescent and young girls also have a high biological susceptibility to infection as their sexual organs are not fully mature and are more susceptible to damage.

Shifts towards later sexual debut have been correlated with HIV prevalence declines in a number of African countries. Older age at first sex appears to be one contributing factor in declines in HIV prevalence among youth in some sub-Saharan countries.

Young girls can come under pressure from older boys or from adults to have sex. The social norms that exist in their communities may prevent them from refusing these unwanted sexual advances or negotiating safe sex. In many cases they may be forced to have sex.

In most of sub-Saharan Africa the legal age of consent is 16 years, yet around 10% of girls in sub-Saharan Africa fall pregnant before 15 years of age. Adolescent pregnancies carry a high risk to the health and life of both the teenage mother and her child.

Too many adolescent girls become pregnant before they are ready, and have children while they are still children themselves. This puts their health and the health of their children at risk and limits their future opportunities and potential.
# Social Drivers of HIV and AIDS

## Age of Consent

<table>
<thead>
<tr>
<th>Country</th>
<th>Consent Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>16 for females and 14 for males, but male homosexuality is punishable by 7 years</td>
</tr>
<tr>
<td></td>
<td>imprisonment</td>
</tr>
<tr>
<td>Ghana</td>
<td>The age of consent is 16</td>
</tr>
<tr>
<td>Kenya</td>
<td>The age of consent in Kenya is 16 years, for heterosexual males, females and male</td>
</tr>
<tr>
<td></td>
<td>homosexuals. Male homosexuality is punishable by 25 years in prison</td>
</tr>
<tr>
<td>Lesotho</td>
<td>The age of consent is 16 for girls (sexual intercourse with a girl under 16 is</td>
</tr>
<tr>
<td></td>
<td>considered rape), and 14 for boys</td>
</tr>
<tr>
<td>Mozambique</td>
<td>The age of consent is 16</td>
</tr>
<tr>
<td>Namibia</td>
<td>The age of consent is 16 for girls</td>
</tr>
<tr>
<td>Rwanda</td>
<td>The age of consent in Rwanda is 18 years, regardless of sexual orientation and /</td>
</tr>
<tr>
<td></td>
<td>or gender</td>
</tr>
<tr>
<td>South Africa</td>
<td>The age of consent in South Africa is 16 for both male and female and both</td>
</tr>
<tr>
<td></td>
<td>heterosexual and homosexual intercourse</td>
</tr>
<tr>
<td>Swaziland</td>
<td>The age of consent is 16</td>
</tr>
<tr>
<td>Zambia</td>
<td>The age of consent is 16</td>
</tr>
<tr>
<td>Germany</td>
<td>The age of consent in Germany is 14, as long as a person over the age of 21 does</td>
</tr>
<tr>
<td></td>
<td>not exploit a 14-15 year-old person's lack of capacity for sexual self-determination</td>
</tr>
</tbody>
</table>

## Child Marriage

Child marriage is defined as marriage below the age of 18 years. While most countries have child protection laws that set the minimum age of consent as 16 years and marriage at 18 years, child marriage is common in sub-Saharan Africa. In Mozambique for example 17% of girls are married before the age of 15.

Parents may allow a daughter at a young age, such as 12 or 13 years, to be married for economic reasons. It is one less person for them to feed and care for, they are assured that their daughter will be taken care of, and they may receive a lobola, a gift of livestock, money, or other goods and services. For families in poverty, these are strong incentives to agree to a marriage for their daughters at a younger age.

Child marriage typically involves a large spousal age gap and has a negative impact on young girls. Children lose their childhood, lack social support, are denied an education, do not develop skills for employment, come under intense pressure to become pregnant, have increased risk of maternal and infant mortality, increased vulnerability to HIV and other STIs.

Child brides are forced to become sexually active before their bodies are ready. Compared with women aged over 20 years, girls of 10-14 years of age are up to seven times more likely to die from childbirth, and girls 15-19 years of age are twice as likely to. In Germany only 1% of girls have given birth by age 18 years compared to much higher numbers in sub-Saharan Africa i.e. Ethiopia (25%), Uganda (42%), and Mali (45%).

HIV infection is one consequence of child marriage. One of the myths of HIV and AIDS is that marrying off their children at young age prevents them from getting HIV or AIDS. There is however a high likelihood that they will be married to an older man who have had an infectious sexual past.
Social Drivers of HIV and AIDS

Multiple and Concurrent Partners

Multiple Concurrent Partner (MCP) means that a man or woman has more than one sexual partner at the same time and the partners overlap for weeks, months or years. The more people a person has sex with, the more likely they are to come into contact with someone with HIV. If a person has more than one partner at the same time and if any of them are infected, this infection is more likely to be transmitted.

Multiple and concurrent partners are common in sub-Saharan Africa creating networks of sexual partners and increased opportunities for the spread of HIV and STIs. If someone in the sexual network becomes infected with HIV, it increases the chances of others in the network becoming infected.

Culturally many African countries follow polygamy; because of this, it is not uncommon for a man to have several sexual partners with whom he is having unprotected sex.

Lack of Correct and Consistent Condom Use

Young people in sub-Saharan Africa may not be using condoms for a variety of reasons. They may not have access to condoms: they may lack comprehensive knowledge of how to prevent HIV, STIs, and pregnancy; there may be social and cultural reasons why they cannot use them.

Young women who are most at risk of HIV infection may be unable to carry condoms as this would imply they are sexually promiscuous, or may not be empowered to negotiate condom use.

Inter-Generational & Transactional Sex

When young women have sexual relationships with men who are older, these relationships are referred to as ‘intergenerational’ (IG) or cross-generational relationships. Intergenerational relationships often, but not always, involve the exchange of goods or money for sex, which is called transactional sex.

Issues such as poverty and power relationships drive inter-generational and transactional sex. African society remains patriarchal. Attitudes to women amongst many African men discriminate against women and girls, and women often support patriarchal norms through policing their own, other women’s and men’s behaviours, appearances and roles. Unequal power between men and women is a root cause of a number of issues that impact on girls and young women. This unequal power allows men, especially older, more experienced men to pressure younger women into having sex with them. Young women lack the confidence or skills to be able to say no or to negotiate safe sex practice.
Young people bear the burden of unemployment and many have missed out on an education that prepares them to enter employment. Young women especially, but also in some cases young men, are therefore easily persuaded to exchange sex for gifts or money. Many young women survive through the support of “sugar daddies” in exchange for sex. It is also known for older women to be “sugar mummies” and to give gifts and money to young men in exchange for sex.

Young women having sex with older men, creates a potential HIV infection cycle. Older men infecting young girls who in turn infect their slightly older boyfriends who grow up to have sexual relations with younger girls starting the cycle over again.

Alcohol and Drug Abuse

The abuse of alcohol and drugs both help drive HIV transmission. Consuming too much alcohol leads to poor judgement, risky and sometimes violent behaviour. This could simply be having unprotected sex with a new partner whose status is unknown or it could be committing an act of gender violence such as rape.

Drug users can experience similar behaviour changes and loss of judgement that result in them taking risks. If the taking of social drugs involves injecting then they risk infection through the equipment they are using. In the case of some drugs, for example, crystal methamphetamine (TIK), one of its effects is to increase a person’s sex drive resulting in them engaging in risky sexual behaviour.

For those people living with HIV and AIDS, abuse of alcohol and drugs together with resulting poor nutrition and health practice results in a lowering of the body’s immune system which makes it more difficult to fend off the progress of the infection.

Gender Based Violence

Women who are the victims of gender based violence have an increased risk of contracting HIV and women living with HIV and AIDS are often the target of violence against women. Gender-based violence is a result of unequal power relations (social, economic, cultural, and political) between males and females.

Gender based violence includes rape and sexual assault, violence between intimate partners, and violence associated with war. The most pervasive form of gender-based violence is violence committed against a woman by her intimate partner.

In 2008 leading female football player and national team member, Eudy Simelane, was “correctively raped” and murdered in her local community as a punishment for being an openly gay woman and a powerful role model in her capacity as a talented player who was able to travel and improve her life prospects through football.
In situations of rape, the victim may experience bleeding and tearing of the genital area that can create a route for HIV to enter the bloodstream. Conversations about safer sex or HIV status are unlikely to take place in situations of rape, particularly when the rapist has a weapon. A rapist is not likely to use a condom placing both the perpetrator and victim at risk.

Violence between partners can lead to medical problems for the victim. Open wounds can create opportunities for HIV infection. Violence between partners does not encourage open conversation making it difficult to talk about safe sex, their HIV status, or ways to reduce the risk of infection. Where partners cannot speak freely about safer-sex practices, condoms are not likely to be used. Some women may avoid speaking about condoms with a partner for fear of violent retaliation.

**Religious & Cultural Practice**

**Sangoma**

Sangoma are traditional South African healers and many indigenous people look to them on matters of health. Two-thirds of people in rural Africa consult Sangomas before attending a clinic. For this reason, Sangomas are being trained in HIV awareness and prevention to help in the fight against HIV and AIDS.

Many untrained Sangomas believed that HIV and Aids was a curse from the spirit world and those infected had been bewitched. Some claimed they could cure AIDS and many who have not received training continue to claim this. They would tell patients antiretroviral drugs are toxic, condoms are infested with disease-carrying worms and killing a goat will appease ancestral spirits and cure the sick.

Sangomas prescribe roots and herbs for ailments and use incantations to dispel evil spirits. Those trained in HIV and AIDS awareness and prevention now also issue condoms, refer patients to clinics for HIV tests and urge them to take life-prolonging antiretroviral drugs.

Trained Sangomas have stopped using practices such as scarring patients then rubbing herbs or powder into their wounds. This involved using unsterilized razors on several people in succession, a practice with high risk of spreading HIV.

Sangomas are revered and trusted in rural communities and play multiple roles as spiritual guide, healer and counsellor. Mostly but not always woman, they might offer tips to a young couple on their sex life, advise on proper burial rites, or concoct a treatment for toothache.

By training Sangomas in HIV and AIDS awareness and prevention they can continue to provide spiritual succour and basic healthcare to their clients, and can also use their influence and authority to promote HIV-testing and modern medicine in areas where many people are distrustful of hospitals, clinics and antiretroviral drugs.

"When (the Sangoma) sent me for a test I was sceptical, but her medicine had helped me before so I decided to trust her," said the 25-year-old woman, hunched inside a mud and straw hut, the bitter aroma of burning incense wafting from the corner.

"(The Sangoma) encouraged me to take the medicine (antiretroviral drugs) the doctors gave me," she said. "But she also gives me her own treatment and tells me if I need to slaughter a chicken to appease the ancestors."

(African Medical and Research Foundation)
Ukuthwa

Ukuthwa, is a practice -- illegal according to South African law -- that involves a man and his peers setting out to compel a girl or young woman's family to endorse marriage negotiations.

The tradition is practised mainly by Xhosa-speakers in the Eastern Cape and in parts of KwaZulu-Natal. Girls between the ages of 10 and 20 are taken against their will to a man's home where she is forced to be his wife, and to have sex with him. The men are often more than 20 years older than the girls.

"The lady from next door called me and asked me if I wanted to get married. I said no. She said if I refused they would take me by force and beat me up."

"The next night the lady came to my house and took me to the river. There were seven people waiting there. They made me go with them to the house where the man lived. I couldn't believe this was happening to me; that I was getting married."

"There was this old man in the room and he told me, 'I paid cattle for you and whether you like it or not you are my wife.'"

"He picked me up and put me on the bed and undressed me. He also got undressed and tried to force himself on me. I fought him but he pushed me down and forced my legs open. That's when he slept with me."

(From the documentary film "Ukuthwa-Stolen Innocence")

This illegal practice in addition to being a form of abuse may also be contributing to HIV transmission in girls and young women. One of the myths around HIV is that if you sleep with a virgin, you will be cured of HIV. This is one reason why older men, many of whom are already widowed due to HIV, choose girls as young as 12 for Ukuthwa.

Religion

In sub-Saharan Africa many belief systems are created through the mix of strong religious teachings and traditional cultural beliefs. These belief systems can make it difficult to talk about sexual relations and HIV as they become taboo subjects.

Many parents may not want their children being taught about sex outside of marriage or condom use as this may conflict with the teaching of their chosen religion. Religious and cultural norms may make it difficult for parents and their children to talk openly about matters of a sexual nature including issues around HIV and STIs.
Social Drivers of HIV and AIDS

Adherence to Anti-Retroviral Drugs

Anti-Retroviral (ARVS) drugs help slow down the progress of HIV in the body and extend the life expectancy of those infected.

The stigma around HIV and AIDS and the accompanying fear of discrimination results in many people failing to visit health clinics and to access treatment including ARVs that slow down the progress of the infection. Some patients commence treatment but then fail to come back for their next prescription.

When the CD4 count of someone living with HIV drops to 200 cells/mm³ have anti-retroviral drugs prescribed. The World Health Organisation now recommends starting ARVs when the CD4 count drops to 350 cells/mm³ in countries with resources available to do so. In South Africa when someone’s CD4 count drops to 200 cells/mm³, the doctor may sign them off as being medically unfit to work and they become eligible for a social grant. This social grant becomes an important source of income for a family living in poverty. Taking ARVs can result in an increased CD4 count above 200 cells/mm³ and fearing that an improved count will result in a doctor declaring them now fit to work, many patients stop taking their ARVs in order to keep their CD4 count low. This negates the effect of the ARVs in holding back the progress of the infection.

Another concern with ARVs is their use as social drugs. There is evidence that recreational drug users are smoking crushed ARVs, that they are being crushed during the manufacturing process of crystal methamphetamine (Tik) and are being crushed and added to dagga (cannabis) for smoking known as whoonga.

In some cases ARVs are being stolen, in others those prescribed are selling them to get money. There may also be a trade in ARVs for people who do not want to reveal their status by attending a health clinic.

Strategies for addressing social drivers of HIV and AIDS

If we are to successfully reduce the numbers of young people becoming infected with HIV, we need to adopt strategies that will address the various social drivers of the virus. These strategies will include actions to:

- Increase awareness in communities of the rights of children and empowering communities to protect children and young people
- Provide opportunities for boys and girls to stay in education
- Provide access to health services especially for young women
Social Drivers of HIV and AIDS

- Improve comprehensive knowledge of HIV prevention in young people and adults
- Provide young people with education around the dangers of substance abuse
- Provide safe places for children to play and engage in positive purposeful activities such as sport, art, drama, music, etc.

- Promote women’s rights, gender equality and the empowerment of women
- Promote respect for women amongst men and boys
- Involve people living with HIV and AIDS in actions to address HIV and AIDS and in decision making around HIV and AIDS at all levels
- Reduce the stigma of HIV and AIDS and eliminate discrimination against people living with HIV and AIDS

Community-led efforts in Tanzania have been effective in addressing inter-generational sex by turning the image of men seeking relations with younger women and girls into an image of ridicule.
Using Football to Address Social Drivers of HIV and AIDS

Football combined with life skills training and other factors, such as sustained and positive adult role models and opportunities to develop leadership skills, can contribute to the development of positive behaviours in young people.

By providing sustained access to regular and purposeful football activity combined with life skills training, YDF coaches can help develop positive young people with the qualities, knowledge and life skills they need to better navigate life’s challenges.

Young people that know themselves; know who they are; and what they want; can better navigate themselves through vulnerable situations and be in the right frame of mind to be able to reach out for positive opportunities.

The following table considers some of the social drivers of HIV transmission and ways in which football can be used to address these.

<table>
<thead>
<tr>
<th>SOCIAL DRIVER</th>
<th>FOOTBALL BASED STRATEGIES</th>
</tr>
</thead>
</table>
| Early Sexual Debut and Child Marriages | - Develop a child protection policy with parents  
- Teach youth, boys and girls, what their rights are and what they can do to protect themselves from abuse  
- Through football and life skills activities develop girls’ competence, character, confidence, caring and connection  
- Provide opportunities for girls to play football in a safe environment |
| Multiple and Concurrent Partners   | - Teach life skills including comprehensive knowledge of HIV prevention  
- Encourage abstinence, being faithful and the correct and consistent use of condoms  
- Use HIV football games to reinforce HIV prevention messages  
- Be a positive role model |
| Intergenerational and Transactional Sex | - Use football events to promote child protection and gender equality messages  
- Teach life skills including comprehensive knowledge of HIV prevention  
- Encourage abstinence, being faithful and the correct and consistent use of condoms  
- Use HIV football games to reinforce HIV prevention messages  
- Be a positive role model  
- Encourage girls to stay in education and parents to support their daughter’s education |
### Social Drivers of HIV and AIDS

#### Condom Use
- Teach life skills including comprehensive knowledge of HIV prevention
- Encourage abstinence, being faithful and the use of condoms
- Teach girls how to be assertive and how to negotiate relationships

#### Alcohol and Drug Abuse
- Teach life skills around alcohol and drug abuse
- Teach youth about physical fitness and nutrition and the importance of staying healthy

#### Gender Based Violence
- Ensure gender equality on the football field and in your coaching
- Reward teams for showing respect and general good behaviour on the football field
- Create opportunities for women and girls to play football; encourage men and parents to support them
- Work with women’s organisations promoting gender equality, women’s rights and the empowerment, to support their advocacy campaigns
- Address gender based violence in life skills training with boys

#### Cultural and Religious
- Know local cultural or religious beliefs and where they are wrong and contributing to the spread of HIV address these through life skills teaching
- Work with local HIV and AIDS organisations and support groups to see how football can be used to reach difficult to reach youth.

#### Adherence to ARVs
- Consider the football team assisting local organisations and support groups in the collection and distribution of ARVs
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
- Goals
- Bibs in different colours
- Markers
- Whistle
- Watch / Stopwatch
**Exercise 1**

**Outsider Game**
- Two teams play against each other.
- Both teams have an outsider who will not be included in the course of the game. They are believed to be HIV positive and the team does not want to include them. The ball will not be passed to them.
- The coach only intervenes should the excluded player become aggressive and try to force his/her team to pass the ball to him/her.
- Afterwards, the outsider tells the other players what kind of feeling not getting the ball and being an outsider is.

**Variations**
- The team includes the HIV positive player in the game. However, they do not include him/her in any goal celebrations as they are too afraid to touch him/her.
- Only 2 ball contacts.
- Only direct passing.

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

**Exercise 2**

**Monkey on my Back**
- Create a line 50m away from the goal. The players line up behind this line.

**Level 1**
- The player advances the ball as fast as possible by dribbling and then takes a shot at goal.

**Level 2**
- The player advances the ball as fast as possible.

**When life gets tough, remember, you've got to put up with the rain if you want the rainbow!**

**Level 3**
- The player advances the ball as fast as possible again carrying a team-mate on his/her back. This time the team-mate says discouraging words. Once they reach the halfway point, the team-mate jumps off and the player continues and then takes a shot at goal.

**Variations**
- The coach stands between the 2 players (1 right, 1 left).
- The players face the goal, the coach kicks the ball forward. As soon as the players see the ball, they have to fight for possession.

Emphasis should be on safety when the players carry one another. Coaches should assist in carrying heavier players.

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

When someone first finds that they are HIV positive they will most likely experience a range of different feelings and emotions. They may be upset, angry, shocked, depressed. It may take them some time to be able to accept that they have contracted HIV.

When someone is living with HIV they need to adopt a positive mental approach. Stress and worry are emotions that weaken our immune systems and lead to illness. People living with HIV need to avoid stress and worry; they need to have a positive outlook and to take care of their physical and emotional wellness.

When someone is HIV positive they need to:

- Eat healthy foods and maintain a balanced diet
- Keep active and physically fit
- Getting plenty of sleep and rest when they need it
- Think positive and look after their spiritual & emotional health

Living positively involves:

- Building or joining a support group
- Accessing counselling
- Regular health visits to monitor health
- Taking the right medications at the right time

People living with HIV can live long and positive lives and achieve their life goals if they adopt a positive mental attitude. A person believing in him/herself is often one of the best medicines for living with HIV.

Reasons why it is important to adopt a positive approach and to live positively:

- They are the breadwinner for their family
- Their children need them
- They can help others living with HIV to cope
- They can share their experience with their community and promote HIV prevention
- They have a job that they are good at and are needed in
- They still have lots to do and achieve in their life
People who discover they are HIV positive can write a list of things they want to do:

- I want to live longer so I can see my children grow
- I want to eat healthy and keep active to stay strong
- I want to stay working as I enjoy my job and need a salary
- I want to learn more about HIV to help myself and others like me
- I want to travel and see new places

People living with HIV remain valuable and important members of society and role players in their communities. Contracting HIV doesn’t change this. In addition many people living with HIV come together in community support groups to counsel, support and care for each other.

When someone finds out they have HIV, they should learn more about HIV and AIDS. The better informed the person, the better they will be able to understand happening to their body and what they need to do to stay healthy. They will also be better placed to help others understand what it is like to be living with HIV. Knowing about HIV will help them understand the virus and what treatment will help them. It will also generate a feeling that they are more in control of what is happening to them and their bodies.

**YDF Coaches who are knowledgeable on HIV and AIDS will be better able to support others living with the virus.**

**Support Groups**

Across sub-Saharan Africa there are thousands of networks consisting of support groups of people living with HIV and AIDS. These groups meet on a regular basis, share information with each other, work to produce healthy foodstuffs, support children orphaned by HIV and AIDS, provide home care and support to those who are sick. They also undertake community outreach promoting HIV prevention and tackling stigma and discrimination.

People living with HIV are encouraged to join a support group in order that they can:

- understand that they are not alone
- learn how to live positively
- share their feelings about living with HIV with others
- stay strong and feel good about themselves
- keep thinking positively and remember that they have rights as a person living with HIV
Many support groups set up ‘income generating activities’. Activities, such as tailoring and making HIV beaded pins, help members of the group to make money. Some groups have also started vegetable gardens and breed small animals like chickens. The food can be shared amongst the group members who need it most, or sold to make money for the group.

There are some support groups with their own football teams helping to promote fitness, enjoyment, healthy diets and keep members energised and positive in their outlook.

YDF coaches can form links with support groups in their communities helping people living with HIV to take part in football but also getting members of the support group to help to educate youth on how to protect against HIV.

Physical Fitness

It is important for people living with HIV to be physically active, to exercise and develop their physical health and fitness.

Regular Exercise helps to:

- Make people feel happier and more alive
- Keep the mind healthy and refreshed
- Promote physical health and fitness
- Promote a strong and healthy body that is able to fight disease better
- Help people sleep better
- Reduce stress and allow people to deal with their problems better
- Improve people’s appetites

Activities such as walking; swimming, running, and cycling, all develop physical fitness. Activities such as house work, gardening, farming, dancing, etc can also contribute to physical fitness.

Many support groups have formed football teams as a means of promoting fitness, healthy eating and positive emotional mindset with their members.
Alcohol, Social Drugs And Smoking

Excessive drinking of alcohol, using social drugs, and smoking cigarettes are all bad for the body’s immune system. They all break down the body’s cells and make it easier for infections to enter the body.

Alcohol, social drugs and smoking are bad for your body, whether you are HIV positive or not.

Alcohol and drugs including cannabis (dagga) can make people forget to be careful, have unprotected sex, and put them and their partners at risk.

Drinking too much alcohol harms a person’s brain, liver, legs and other parts of the body. It makes it difficult for the body to absorb important vitamins and minerals from foodstuffs needed to keep a person healthy.

When someone is taking ARV drugs or other medicines, drinking alcohol can increase the side effects the person living with HIV experiences, making them feel worse. Alcohol can also make people forget to take their medicines, which will mean they won’t work so well and they risk becoming ill.

People living with HIV and AIDS should try to stop or cut down what they drink or smoke.

Nutrition

A balanced and nutritious diet is important for a footballer and it is equally important to someone living with HIV. Both footballers and people living with HIV need to keep in the best of health and good nutrition plays an important part in maintaining peak performance and good health.

The food we eat helps build up our immune system and keeps us strong. How we eat is equally important as hygiene around our eating habits is important in stopping opportunistic infections.

Different types of food contain different nutrients - carbohydrates, proteins, fats, vitamins and minerals. Nutrients are the parts of food that your body uses to keep healthy. A ‘nutritious diet’ is one that is full of lots of different nutrients. A ‘balanced diet’ means eating lots of different types of foods. This helps to make sure you eat all the different nutrients that you need.
A balanced and nutritious diet helps people living with HIV to:

- Maintain a strong body, especially when taking medicines
- Prevent weight loss
- Fight infections
- Provide energy to get through the day

Eating regular small meals throughout the day is better than just one big meal. Eating in this way makes it easier for your body to digest the food, ensures you always have nutrients available, and stops that tired feeling you get after a big meal. It will also help to make sure that different types of foods are consumed.

People also need to keep well hydrated by drinking safe, clean water. This can either be bottled water or boiled water. People should drink 6 to 8 glasses of water every day. This is much better than drinking tea, coffee or soft drinks which all encourage dehydration.

Fruit and vegetables contain different vitamins and minerals so both footballers and people living with HIV should try to eat fruit and vegetables every day.

Multi-vitamin pills which contain vitamins & minerals can also be taken as an addition to daily food intake and to ensure we are getting the vitamins and minerals required by the body.

A person’s diet should try to include the following food groups daily.

- **Energy giving foods**
  
  These contain carbohydrates and include bread (particularly whole grain) rice, potatoes (Irish & sweet), mealie meal.

- **Body building foods**
  
  These contain proteins and help repair your body. They include meats like chicken, goat, liver, fish, eggs, soya beans, peas, ground nuts, milk, yogurt, sour milk, cheese.

- **Protective foods**
  
  These contain vitamins and minerals and help you fight disease and stay strong. They include vegetables like cabbage, pumpkin and pumpkin leaves, sweet potato leaves, tomato, okra, green beans, avocado, bondwe, impwa, and carrots. Also fruits like mango, orange, masuku and other bush fruits, guava, banana, apple, pineapple, paw-paw and lemon.
**Oily foods**

These are good for weight gain and provide extra energy. They include cooking oil, butter, ground nuts and peanut butter.

We need to eat some oily or fatty food with every meal, but should limit the amount as too much oil and fat can cause diarrhoea.

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**Food Preparation**

Food preparation is important in avoiding infections. If food is not prepared or stored properly, it can carry germs that make people sick.

The following simple advice should be followed to prevent germs getting into our food:

- When preparing food, wash your hands with soap and clean, safe water before you start preparing food.
- Wash fruits and vegetables with clean, safe water before you start to cook or eat them.
LESSON 5

Treatment, Care and Support of People Infected and Affected by HIV and AIDS

- Serve food and water using clean plates, cups and utensils - wash them in clean, safe water before using them, and leave them out in the sun so that they are completely dry

- Make sure that meat is well cooked, it shouldn’t be pink in the middle or on the bone

- Cover food or put it in a container to keep it away from flies

- Always wash your hands in clean, safe water before eating - don’t pass the same bowl of water around, but pour fresh water out for each person for cleanliness

Boiling water for at least 5 minutes will kill any germs. This makes it safe for you to drink. It also makes it safe for washing fruits and vegetables.

YDF coaches will know about diet and nutrition and the good practice they encourage in players can also help those living with HIV and AIDS to lead healthy lifestyles.
Opportunistic Infections

Opportunistic infections are infections that attack the body when the immune system is weak. Examples of opportunistic infections include tuberculosis (TB), malaria and pneumonia.

As HIV attacks the CD4 cells, the immune system weakens making it harder for the body to fight infection. Infections take advantage of the body having a weak immune system, or too few CD4 cells, which is why they are called ‘opportunistic’. These infections occur mainly in stages 3 and 4 (the symptomatic and AIDS stages of the infection).

Most of opportunistic infections are infections caused by bacteria, viruses, fungi and parasites that are normally controlled by our immune systems. People with AIDS also have an increased risk of developing various cancers such as Kaposi’s sarcoma and cervical cancer, and cancers of the immune system known as lymphomas.

It is important for HIV positive women to have regular Pap smears and gynecological exams to identify infection, dysplasia, or cancer. Even for women who are HIV negative and who are above 35 it is important to go for regular check ups. Dysplasia is a pre-cancerous condition in the female reproductive system. It is often more severe and difficult to treat in HIV positive women than in HIV negative women. Untreated dysplasia can lead to cervical cancer, a life-threatening illness and an AIDS-defining condition. It is important for HIV positive women to have regular Pap smears and gynecological exams to identify infection, dysplasia, or cancer.

It is common for people with HIV to develop tuberculosis, malaria, bacterial pneumonia, shingles (herpes zoster), common skin infections and blood poisoning. These are diseases that young people with strong immune systems normally don’t get, but with HIV they occur at a much higher rate. It takes longer for a person with HIV to recover than it takes for someone with a healthy immune system.

When the immune system is very weak due to advanced HIV disease or AIDS, opportunistic infections such as PCP, toxoplasmosis and cryptococcosis develop. Some infections can spread to a number of different organs, which is known as ‘disseminated’ or ‘systemic’ disease. Many of the opportunistic infections that occur at this late stage can be fatal.

Someone living with HIV should be aware of the symptoms of infection and attend their medical clinic if they have any of these symptoms;

- Feeling dizzy
- Having trouble breathing
- Having trouble swallowing
- Having trouble seeing
- Suffering frequent or very bad headaches
- Feeling more and more tired
- Feeling hot for more than a day or developing a fever
- Sweating in bed so much so that it soaks the bed
- Shaking, shivering or having chills
- Problems with balance, walking or speech
- Developing a stiff neck
TREATMENT, CARE AND SUPPORT OF PEOPLE INFECTION AND AFFECTED BY HIV AND AIDS

- Losing weight for no reason
- Having a sore mouth or tongue
- Developing a skin rash
- Having watery diarrhoea for more than 4 times a day
- Vomiting
- Having a cough lasting over 2 weeks
- Having swelling, bumps, burning, itching, soreness, discharge or smell on or near the vagina
- Having changes in menstrual cycle or menstrual flow (periods)
- Experiencing pain when having sex

If someone living with HIV and AIDS has any of these symptoms, they should visit their Health Clinic for advice as soon as they can.

AVOIDING INFECTIONS

The germs that cause opportunistic infections are too small to see, but are found in many things and places. These germs can be avoided by following some simple advice:

- Bathing every day using soap and water to keep the body clean
- Wearing shoes to avoid small cuts or injuries to the feet that can lead to infections
- Brushing teeth after eating
- Washing hands with soap and water after going to the toilet and before eating

Unsafe water contains germs, which can cause diarrhoea and sickness. Always take water from a safe source; use clean containers to fetch and store water, such as buckets, pots or cooking oil containers; boil water for drinking for at least five minutes or treat it with chlorine (bleach); and avoid contaminating water by washing hands in it and then reusing it.

Domestic and farm animals can also be a source of infection. People living with HIV and AIDS are advised to always wash your hands after touching animals; ask someone else to clean up after animals like cats, dogs & chickens; and avoid direct contact with animals, especially animals with diarrhoea.

Malaria can cause problems for people living with HIV. Malaria can be avoided by using mosquito nets when sleeping and covering bare skin in the evenings and early morning.

YDF coaches can help people living with HIV avoid opportunistic infections by encouraging them to keep physically fit and to have good hygiene.
Treating Opportunistic Infections

Many opportunistic infections can be prevented by taking medicines called ‘prophylaxis’, which means preventative. Health care providers can advise about which medicines are best for their patient. Most opportunistic infections, including tuberculosis, can be cured and many can be prevented. Any signs of opportunistic infections and the person living with HIV should go to the clinic immediately. The sooner they start treatment, the better it will work.

People living with HIV should always tell their health care provider that they are HIV positive. Their immune system may not be as strong as someone who doesn’t have HIV. This means that they may need to take higher doses of medicines, or may need to take the medicines for a longer time.

Septin® is a medicine that helps prevent a very serious type of pneumonia called PCP. When a person’s CD4 cells are few, or if they have had pneumonia before, it is important that they take Septin® daily to prevent PCP.

It is important that people living with HIV take medicines as prescribed and until they are finished. They should never stop taking medication because they start to feel better. Stopping a course of medication before it has finished can lead to the person becoming sick again more quickly. It may also mean that the medicine does not work properly when they get sick again.

Antiretroviral Drug Treatment

Anti-Retroviral drugs slow down the speed at which HIV attacks the immune system. These medicines slow down the replication of HIV and lead to an increase of CD4 cells, enabling the body to better fight off opportunistic infections.

When people take ARV drugs, they don’t fall sick as much and feel better for longer periods of time. Once ARVs are started, the persons must take them each day, at the right times, for the rest of their life. Adherence to these drugs is important.

HIV attacks CD4 cells, weakening the immune system. Over time the number of CD4 cells drops. When ARV drugs are started the immune system becomes stronger and the body is better able to fight infections.

Although ARVs lower the viral load, HIV does not fully disappear. For this reason someone taking ARVs can still be infectious and has to take precautions not to transmit HIV to others.

* Other trade names for Septin® are Cozole, Cotrin, Purbac and Bactrin
ARV drugs usually come in the form of tablets or capsules, although children can take a syrup form of the drugs, which is easier to swallow.

A person has to have tested HIV positive, before a health care provider can put them on ARV drugs. Not everyone who tests HIV positive needs to start ARV drugs. Even if positive they will only be put on ARVs if their CD4 cell count has fallen below 350 cells/mm³ or 200 cells/mm³ depending on prevailing policies. If a person is HIV positive but their CD4 cell count is still strong, there are other ways they can stay healthy without going onto ARVs. ARV treatment is free in public clinics.

Where possible health care workers conduct tests which look to see what a person’s CD4 cell count is and what their viral load is, a measure of the amount of HIV in the blood. These tests are provided free of charge to people living with HIV through public health centres.

People living with HIV will be asked to visit their health clinic on a regular basis so that they can be monitored through testing. The health care provider will advise on the basis of tests results and the person’s health, when they need to start ARV treatment.

ARVs are strong drugs and should only be taken under the guidance of a health care provider. If ARV drugs are working well, the viral load in a person will reduce within 6 to 12 weeks. The ARV drugs control the level of HIV in the body, they do not cure or remove the HIV. If a person stops taking ARVs, the virus will start to replicate again in the person’s blood.

ARVs are usually taken at different times of the day. Most people take a combination of drugs, some may take more than others. For the drugs to work, it’s very important that they are taken at the same times, in the right amounts, every day for the rest of the person’s life - even if they start feeling strong and healthy again. ARVs do not cure HIV, they simply hold back the progress of the virus. Stopping and re-starting, or missing tablets, stops the ARVs from working well and can lead to ‘drug resistance’. Drug resistance means that the drug being taken doesn’t work anymore. When this happens the health care provider has to find a new drug to prescribe which can be difficult or expensive. An individual should also never share their medicine with anyone else.

Some people find adhering to ARVs difficult for a variety of reasons including:

- The side effects of the medicine
- They start to feel well and think they don’t need the drug
- They suffer from depression and do not want to take the drugs
- They drink a lot of alcohol and forget to take the drugs
- They don’t know about the importance of adherence
- They travel away from home and forget their tablets
- They don’t have enough food
- Vomiting after taking the pills
People living with HIV who are prescribed ARVs often need the support of their partner, a family member, or a friend to help them adhere to ARVs. Many people have ‘treatment buddies’ to help them remember to take their medicine and to offer them adherence support. They can also adopt strategies such as setting alarms on their cell phones or keeping a diary where they write down a note to remind themselves to take their tablets.

Individuals on ARVs are recommended to learn about the side-effects of the drugs they are taking, so that they know what to expect if they don’t feel well. Support groups can help discuss how others deal with ‘adherence’. Clinics may also monitor their patients who are on ARV drugs so that if a person misses an appointment to pick up their new prescription, or for a check-up, an adherence-support worker from the clinic can visit the person at home to see if they are okay.

Side effects are reactions that may occur when people start taking ARV drugs. Side effects usually go away after the body gets used to the ARVs. This may take 4-6 weeks or longer. All drugs have side effects and they affect each person differently. Some people may not have any side effects. Examples of side effects of taking ARVs are:

- Feeling tired
- Dry mouth
- Skin rash
- Headache

Home Based Care

The high levels of HIV and AIDS in sub-Saharan Africa and resource pressures mean there is a real need for home based care for people living with HIV and AIDS. Home based care is usually provided by family, friends or community based support groups. The provision of care falls disproportionately to women and older people. The most effective home based care programmes involve ongoing support for carers, support from local communities and integration within existing health services.
Care is needed mainly in the fourth stage of the disease which is when a person is defined as having Acquired Immune Deficiency Syndrome (AIDS) and their body has difficulty fighting off opportunistic infections. At this stage individuals may need assistance performing basic household tasks. These can include washing, cooking, feeding, cleaning, purchasing household essentials, going to the toilet and other needs not necessarily specific to HIV and AIDS.

More HIV related tasks may include collecting, administering and supporting adherence to ARV drugs and medication for HIV related pain if the infected person is receiving treatment, as well as helping with nutrition, as the person’s diet may differ from other members of the household. Monitoring and recording progress, making notes of events such as toilet visits, fluid intake and symptom occurrence are other tasks that can be undertaken by family and home based care workers and volunteers.

These very practical forms of support are in addition to seeing to the person’s social, psychological and emotional needs. Home based care allows sick people to be cared for by people they are familiar with who can provide more flexible and nurturing care. Being cared for at home also avoids them being exposed to hospital-based infectious diseases. As people with terminal illness generally spend their final moments at home, improving the quality of their care at home also removes the cost and distress of travelling to and from the hospital when they are weakest.

There are economic benefits to caring for a person at home. If they are unable to work, they may be able to look after family members for short periods of time while the primary earners work. The time the family would otherwise use travelling to and from hospital can instead be spent on house work and looking after other family members. Expenditure on transport and hospital costs can also be reduced.

Home based care in many cases is a necessity. There may not be sufficient in-patient health facilities and fear of stigma and discrimination may deter some people seeking care in a medical setting. The costs, both direct (i.e. paying for transport) and indirect (i.e. time lost from work) associated with being in hospital may also mean that the ill person has little choice but to stay at home.

Home Based Care Kits

Home based care kits contain essential items that a caregiver needs when caring for someone with HIV in order to alleviate symptoms, promote hygienic practices, prevent the spread of disease, administer ARV drugs and monitor and record progress. Among the range of items that a kit could contain are mild pain killers such as aspirin and paracetamol; medication such as antifungals, antibiotics and antihistamines; multivitamins; bandages, cotton wool and swabs for dressing and applying medication to wounds; antiseptic soap; disinfectant; disposable and heavy duty gloves; plastic sheets; aprons; anti-diarrhea tablets; aqueous cream and petroleum jelly. Additionally, one-off items such as raincoats, umbrellas, bicycles, steel hand basins and pots, and lanterns are supplied in some home based care kits.
Stigma & Discrimination

When people treat others living with HIV differently because of their HIV status, they are 'stigmatising' them. Stigma refers to negative thoughts others have about a person they see as different to what they consider 'normal'.

People living with HIV have been subjected to stigma and discrimination as a result of fear, ignorance and prejudice. Some people see HIV/AIDS as life-threatening and are scared of contracting it. They do not have enough information about HIV and AIDS and their lack of understanding creates this fear. Some people associate HIV with promiscuous behaviour, homosexuality or drug use and develop prejudices based on these associations.

Stigma is a huge problem which helps drive HIV and AIDS. People infected with HIV are scared to get tested, or seek treatment or openly share their status as they worry about the prejudices and discrimination they will receive. In some communities people who have been open about their status have been subjected to violence.

People living with HIV may find joining a support group helps them deal with issues of stigma and discrimination.

The stigma and discrimination that surrounds HIV and AIDS can be addressed by educating communities about the infection and dispelling commonly held myths about the disease.
LESSON 5

Treatment, Care and Support of People Infected and Affected by HIV and AIDS - 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.

- Communication
- Health awareness
- Reliability
- Self-confidence
- Teamwork
- Trust

Types of Equipment useful for these Exercises

- Pitch
- Footballs
- Cones
- Goals
- Bibs in different colours
- Whistle
- Watch / Stopwatch
**LESSON 5**

**Treatment, Care and Support of People Infected and Affected by HIV and AIDS - Football Exercises**

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**EXERCISE 1**

**HIV Crossover**
- Mark off a 60m x 60m square, with two goals at one end.
- The game starts with ten defenders, three attackers and one ball - no goalkeepers. The defenders must defend the goals from the attackers. Every time a goal is scored the attackers gain another player taken from the defenders. Over time it becomes more and more difficult to defend the goals.
- If the ball is in the possession of the defenders for ten passes, it is considered save-behaviour and counts as a goal. However, they do not receive an additional player for this. The only way to win is to keep possession of the ball.
- Explain that this process of defenders being attacked and turned into attackers, thus weakening the defence, is exactly what happens when someone is infected with HIV.

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

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**EXERCISE 2**

**The Virus-chain**
- All players move about in a marked off area.
- One player starts the game by touching or catching (infesting) one of the other players.
- Once the ‘Catcher’ has caught another player, he/she will now form part of a ‘virus-chain’ with the catcher.
- By holding hands the ‘virus-chain’ of two catchers will now try and ‘infest’ more players.
- Once the chain is ‘four catchers’, it will split into two new chains with two catchers per chain. Now the virus spreads around faster.
- The winner of the game is the last player not part of a chain - the only player to remain healthy!

Both exercises will help players understand how fast a virus can spread if one doesn’t take care to avoid it!

Include in training session: WARM UP MAIN PART CONCLUSION COOLING DOWN
Rights & Responsibilities of people living with HIV

People living with HIV often find that their basic human rights are denied as a result of the stigma attached to HIV and AIDS. People have suffered discrimination that ranges from simply being shunned by their communities to at its worse people being murdered just for being HIV positive. People living with HIV and AIDS are therefore rightfully sensitive about disclosing their status.

One of the rights that a person living with HIV has is to keep their status confidential. They have the right to choose who they disclose this to, perhaps their medical service provider, or their partner, and have a right to know that others will keep their status confidential.

People living with HIV have the same rights as any person and have a right to be treated equally, regardless of their HIV status.

People living with HIV have a responsibility to prevent transmission of the virus (positive prevention) and also to protect themselves from re-infection as this makes it harder for the body’s immune system to counteract the infection.

Support Team

YDF coaches are not expected to be experts in HIV education, treatment or care. Instead, YDF coaches should know where to go in their communities to access the information or support. They should know where health clinics, where individuals can access voluntary counselling and testing and where they can receive counselling and treatment if they are HIV positive, are situated. They should find out what organisations are working in their communities to address HIV and AIDS. These organisations might be able to support YDF coaches by providing HIV information, counselling, education, and mobile VCT. YDF coaches might also want to link to community based support groups for people living with HIV and AIDS. Other organisations that YDF coaches might want to network with may be those that are providing care and support for youth orphaned as a consequence of the pandemic.

The key is for YDF coaches have to know who they can go to for support and advice, if they are to be able to support and advise the youth they work with on HIV and AIDS matters.
Coach Roles and Responsibilities

Football coaches perform a range of different roles when working with young people. As a positive adult role model who is working with young people over a period of time, a football coach may become for many a significant adult whom they feel they can trust, confide in and rely upon.

A young person may feel more comfortable in confiding in their football coach, than they would be confiding in, for example, their parents or school teacher. In many sub-Saharan African communities, the respect systems that exist between adults and young people, make it difficult for parents and their children to openly discuss issues of a sexual nature.

A young person may therefore feel more comfortable disclosing delicate information to, or seeking support and advice on sensitive matters from their coach, than they would with a family member.

Football coaches have at least a moral, if not a legal, duty of care to the young people they work with. That duty of care is to protect young people by informing those people best positioned or with a statutory duty to do so of your concerns regarding possible abuse or neglect.

If a young person was to disclose, for example, that they had been sexually assaulted, a football coach’s duty of care would be to direct that young person to where they could best be cared for and supported. This might include taking them to a health clinic or informing the police or social services.

A key responsibility for the football coach when dealing with disclosure, or other sensitive matters, is to preserve confidentiality. This means only divulging such information to those people who can provide support and care to the young person.

People living with HIV may not want there status to be commonly known. This is an issue that needs to be dealt with sensitively ensuring that confidences are kept and that the person living with HIV is protected from possible stigma or discrimination.

YDF football coaches have a responsibility to know the facts about HIV and AIDS and to challenge any myths that might be held about how the virus is transmitted. Ensuring that young people have the facts about HIV and AIDS is essential if we are to achieve the goal of an HIV free generation.
Managing Risks of Transmission

There is a small risk of HIV transmission during football if two players injure themselves to the extent that both have bleeding wounds. The advice to coaches in the case of football practice, and to referees in the case of football matches, is to apply the "blood rule". This rule is used in many sports and that states "that a player that receives an open wound, is bleeding, or who has blood on them or their clothes, must immediately leave the playing area to receive medical attention".

Though they may be able to play again later, they cannot go back and play again until the wound is taken care of, bleeding has stopped, and all contaminated equipment has been replaced.

Where two players are bleeding, for example as the result of a clash of heads, a doctor may prescribe "post event prophylactic" treatment. Such treatment has proven successful in killing off the virus when the viral load is still very low.

Increasing Comprehensive Knowledge

The prevalence of people living with HIV in sub-Saharan Africa is high and to an extent everyone living in the region is affected by the pandemic in some way. The HIV pandemic has impacted on individuals, families, communities and nations. It has orphaned millions of young people, hurt families, put pressure on health and education services, lowered life expectancy, lowered productivity, growth and hindered development. The pandemic has disproportionately burdened women and has destroyed the hopes of many young people in Africa.

Individuals and whole communities in Africa can be engaged through football. Young people, both boys and girls, young men and young women, are attracted to the sport, both as participants and as spectators. Football can be used as a means of capturing the attention of young people and the wider communities they live in. Football can be used to engage directly with the 20 million plus people in Africa who are living with HIV. Football can also engage with the millions of others affected by the pandemic, but who are HIV negative.

Football offers a range of possibilities to engage people who are infected by HIV including

- encouraging them to lead physically active lifestyles; to keep fit, to play football, and to take exercise
- teaching them about good nutrition and food hygiene
- involving them in local community activities (the football programme)
Working with People Living with HIV and AIDS

- reducing the stigma surrounding HIV and AIDS that drives discrimination by promoting a positive approach to the pandemic
- working directly with support groups of people living with HIV and AIDS, and other partner organisations, to provide access to football activity and to contribute to the care and support of individuals in the community.

Football can also be used in a variety of ways as a means of engaging people who are not infected by HIV, but are nonetheless affected by HIV including:

- educating youth on HIV transmission and prevention
- educating community members of HIV and AIDS by distributing information on HIV and AIDS through football
- promoting VCT at football events
- reducing the stigma of HIV and discrimination of people living with HIV through inclusion and through education of the community.

Life Skills

Youth engaged in regular football activity where there are positive, adult leaders (or in some cases, peer leaders); where they can develop mastery of football and life skills; where they practice in a safe environment; and where they can be involved in decision making, will develop positive psycho-social characteristics.

Affording young people with positive behaviours the opportunity to learn important life skills will equip them with the knowledge they need to make positive and informed decisions in life.

In terms of youth avoiding HIV infection, this means developing a comprehensive knowledge of HIV transmission and prevention. YDF coaches can use different methods of delivering life skills, such as:

- Using small sided games to pass on important HIV prevention messages (see Lesson 7)
- Using football as a metaphor for life i.e. defending the goal as a metaphor for defending myself against the virus, or building my team as a metaphor for building my support group
- Distributing information on HIV transmission and prevention at football practices or competitions
- Holding team talks where HIV transmission and prevention is discussed

This combination of developing a young person’s psycho-social characteristics and their comprehensive HIV knowledge will better enable them to make positive decisions in life.
Community Education & HCT

Football tournaments are excellent ways of bringing members of a community together. Tournaments can be for a specific gender, or age group, or can be used to bring different genders and age groups together at the same time. In addition to those participating, members of the local community can be encouraged to attend the football tournament as spectators.

Football tournaments can be used to distribute printed information on HIV and AIDS. The half time break or breaks between matches can be used to talk to teams and spectators about HIV and AIDS. HIV prevention organisations can be invited to set up stalls at the events offering information, counselling or voluntary counselling and testing facilities. Events can be organised or themed to encourage players and spectators alike to test their status.

YDF coaches do not need to worry about having to speak on HIV or HCT at such events. Instead they can make links to other community based organisations that are experienced at doing this and invite them to be part of the event, to speak on HIV prevention, to make leaflets available, and to provide HCT.

Community Outreach

YDF coaches can contribute to the wider fight against the spread of HIV within their communities by making contact and partnering with local HIV and AIDS support groups and organisations. They could help by running football programmes for young people orphaned as a consequence of the pandemic. They could offer to coach a football team comprised of support group members, encouraging the members to keep fit and to make wise nutritional decisions.

Community based football leagues can be organised where the teams receive points not just for winning matches but also for community work. This could involve working with local support groups. YDF coaches can discuss with local support groups ways in which the local team can work with them.

YDF coaches could support community campaigns targeting HIV awareness. On days like World AIDS Day they could organise events or activities to help highlight the pandemic and to contribute to reducing the stigma that surrounds HIV and AIDS.
Theory of Change

The following diagram outlines a theory of change that illustrates how football, combined with other activities, can drive behavioural change that addresses some of the social or behavioural drivers of HIV.

**Youth Football**
- Football Activity combined with Life Skills Training
- Football Tournaments with Information and VCT
- Football coaches / players outreach in their communities

**Youth Development Environment**
- Positive, Sustained Adult-Youth Relationships;
- Safe Environment;
- Opportunity to develop skills;
- Sustained long term involvement;
- Youth involvement in decision making.

**Outcomes**
- Youth who:
  - Make positive and informed decisions;
  - Avoid risky behaviour;
  - Contribute back to their families and communities.

**Develops in Young People**
- Psycho-social characteristics developed - competence, confidence, character, caring and connection.
- Comprehensive knowledge of HIV transmission and prevention.

**Impact**
- Youth who:
  - Delay sexual initiation;
  - Are faithful to one partner;
  - Who know theirs and their partners status;
  - Use condoms where appropriate;
  - Respect the opposite gender;
  - Avoid risky behaviour;
  - Do not take social drugs or drink alcohol.

**Social Drivers**
- Early Sexual Initiation, child pregnancy and marriage;
- Multiple and Concurrent Partners;
- Lack of Condom Use;
- Inter-Generational and Transactional Sex;
- Alcohol and Drug Abuse;
- Gender Related Violence;
- Stigma and Discrimination

**Millennium Development Goal 6**
**Combat HIV and AIDS**
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
- Corner poles
- Goals
- Bibs in different colours
- Markers
- Whistle
- Watch / Stopwatch
**LESSON 6**

**Working with People Living with HIV and AIDS**

**Football Exercises**

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### EXERCISE 1

**Application in game**

1-on-1 against 1-on-1

On a pitch double the size of a penalty area with two goals with goalkeepers, two player pairs play against each other (one striker, one defender per team). Both may not leave their own playing area. After winning the ball, the defender must pass it to his striker, who must then try to shoot a goal in a 1-on-1. The non-playing pairs watch the game.

**Variations**

- The non-playing pairs spread themselves around the pitch and are pass partners (also for the opponents)
- 2-on-2 on one half of the pitch and 1-on-1 on the other half
- 3-on-3 on one half of the pitch and 1-on-1 on the other half

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

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### EXERCISE 2

**Application in game**

8-on-8 + 2 Goalkeepers

- Two teams with a goalkeeper play 8-on-8 on one half of the pitch (Zone 1 = 10m; Zone 2 = 5m; Zone 3 = 10m).
- In zones No. 1 and 3 the teams can "free play".
- In zone No. 2 they are only allowed to dribble the ball across the opponent's line. No passing is allowed in this zone!

**Variations**

- To be able to shoot a goal the ball must be dribbled through zone No. 2!
- Zone No. 2 can be passed over (without offside).
- Strikers in Zone 1 and 3 have only 1 or 2 touches.

The players have to **persevere**! They have to get through the dribble zone - no matter how difficult!

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