Sports based HIV prevention program for HIV+ and HIV- youth

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Background

HIV prevalence in the Nyanza Province of Kenya, of which Kisumu is the largest city, was 13.1% for the population ages 15-49 in 2004.

HIV prevention campaigns targeting youth are essential to change the future of the pandemic. HIV education through football (soccer), while unconventional, may prove to be an excellent method of targeting both HIV-positive and HIV-negative youth in an age appropriate manner.

Methods

200 boys and girls (140 boys and 60 girls) ages 8 to 18, grouped into teams by age and gender, were exposed to HIV prevention behavior change messages integrated into preexisting football programs.

An independent football program incorporated children affiliated with an HIV clinic (who were HIV positive or had a family member that was HIV positive) into their programs and some preexisting players were also HIV positive. HIV status was never revealed.

Coaches were given basic training on sex, STDs, HIV, first aid, and teaching strategies. HIV education was added to their football drills to provide both football and behavior skill development. Coaches provided input, adapting the drills to use common traditions and stories in the area. A community health worker based at Family AIDS Care and Education Services (FACES) clinic provides expertise at biweekly meetings with the coaches for continuing education.

Surveys were developed for project evaluation to access: 1) quality of life, 2) perceived HIV stigma, 3) basic HIV knowledge, and 4) perceived self-efficacy of the subject’s ability to avoid risky behaviors. Results of the surveys are not presented here.

Objective

To establish a long term HIV prevention project for youth, regardless of HIV status, using football drills as the medium for education and behavior skill building in Kisumu, Kenya.

Results

Collaboration with local community-based organizations allowed us to capitalize on established infrastructure and resources to reach more youth. It also provided an opportunity for children affiliated with the clinic to be welcomed into an outside activity.

Engaged coaches were effective facilitators because of their position as role models with the same cultural background as the participants.

Conclusions

This project demonstrates that sports based HIV education programs are possible and attract substantial numbers of participants regardless of gender, age, and HIV status.

Future research is warranted to investigate the effectiveness relative to traditional education programs.

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Further Information

See http://jenalbon.com/football.html for this poster and more information.

This project was based at FACES in Kisumu, Kenya: http://faces-kenya.org/.