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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.

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

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.



Key Messages:

- . ARVs fight HIV, making the immune system stronger and can help an HIV positive per-
- son live a long time.

Football Skills:

- . Agility
- . Heading / trapping
- . Throw-in accuracy

Activity Overview:

Participants are selected to play the role of a human, the immune system, and germs. In an adapted dodge-ball style game, the "germs" on the outside of the circle try to hit the "human" doing throw-ins with the ball while the "immune system" protects the human by heading the ball or otherwise stopping the ball (it's football, so no hands!). It will be played three times. The second time the human will be infected with HIV and then they will have less "immune system" protecting them, making it easier for them to be hit. The last time it will be played with the human on ARVs, so they will get their immune system protectors back.

Discussion:

- . Explain germs (flu, malaria, tb) and the immune system (the body's soldiers that protect the body from germs and diseases). We all get sick sometimes but our immune system makes us healthy again.
- . HIV weakens the immune system so there are less protectors. This allows more germs to attack the body.
- . ARVs help make the immune system strong again, but they cannot get rid of HIV.
- . When the immune system is too weak when someone has HIV, what is that called? (AIDS)

ome male and female participants

Drill Example: HIV Attacks

. The immune system (body soldiers) protects the body from germs and diseases. . HIV weakens the immune system, allowing other germs/diseases to attack the body.

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.

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.

Acknowledgements

Funding was provided by the MAC AIDS Foundation and the Rainer Fund.

The Rincon Valley Soccer Club in Santa Rosa, CA generously donated soccer uniforms and equipment.

would like to acknowledge the hard work of Jayne Kulzer, Edwin Wasiang'a, Patrick Owuor, Veronica Achieng, Kimberly Bale, Reson Marima, Vincent Otieno, Arbogast Oyanga, and others at the FACES in Kisumu. Methods were in part inspired by Kick AIDS Out! Network, Sports For Life, and Grassroot Soccer.

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/.





Results

Conclusions

Further Information