

YDF Manual for HIV Prevention

Guidelines for teaching Football and Life Skills

Youth Development through Football



Under the patronage of
UNESCO

United Nations
Educational, Scientific and
Cultural Organization

youth
development
football



giz

Implemented
by GIZ



On behalf of the
German Government



Co-funded by the
European Union



In partnership
with SRSA



Youth Development through Football (YDF) is a project dedicated to educate disadvantaged youths in ten African countries.

It is implemented by the 'Deutsche Gesellschaft für Internationale Zusammenarbeit' (GIZ) in partnership with the Department of Sport and Recreation South Africa (SRSA).

The project is part of the South African - German development cooperation. It is funded by the German Government and co-funded by the European Union.



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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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Published by

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
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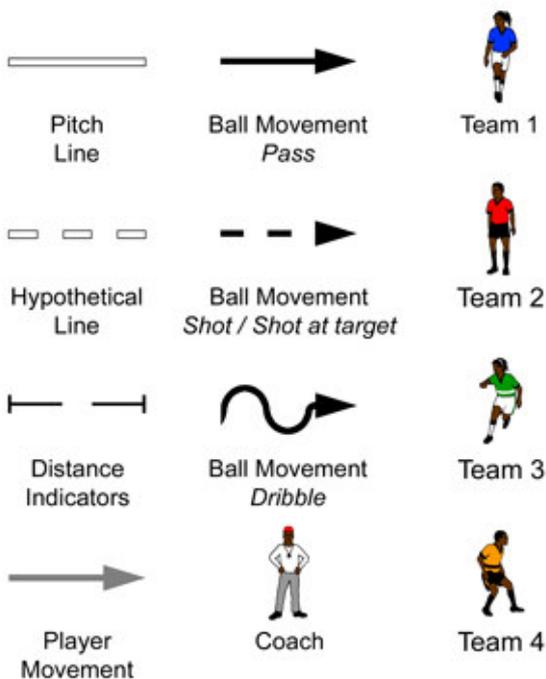
Hi there!

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



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.

OVERVIEW OF LESSONS

Basic Training Level

Name of Lesson	Learning Aim	Time
<p>Lesson 1</p> <p>Roles & Responsibilities of a YDF Coach</p> <ul style="list-style-type: none"> • Roles and Responsibilities of Youth Football Coach • Development of a Youth Player • Child Protection & Football • HIV and AIDS and the Role of the Football Coach • Structuring of a Football Training Session 	<p>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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> • describe the different roles a football coach plays • identify and prioritise the responsibilities of a football coach • list the rights / needs of children and young people • identify their responsibilities in terms of the protection of children and young people • 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 & Aids 	<p>1 hr 15 min to 1 hr 45 min</p>
<p>Lesson 2</p> <p>What is HIV and What is AIDS?</p> <ul style="list-style-type: none"> • What is HIV and What is AIDS • How the Infection Progresses • Origins of the Disease • Extent of the HIV and AIDS Pandemic • Impact of the Pandemic in Sub-Saharan Africa • Impact of the Pandemic on Young People • Practical Football Exercises 	<p>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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> • explain what is HIV and what is AIDS • describe how the infection progresses • explain the origins of the disease • describe the extent of HIV and AIDS pandemic • explain the impact of the HIV and AIDS Pandemic in Sub-Saharan Africa • discuss the impact of the pandemic on youth 	<p>1 hr 15 min to 1 hr 45 min</p>

Day 1



Basic Training Level

Name of Lesson	Learning Aim	Time
<p>Lesson 3</p> <p>HIV Transmission & Prevention</p> <ul style="list-style-type: none"> ☞ How HIV is transmitted ☞ Myths about How HIV is Transmitted ☞ HIV Prevention ☞ Use of Condoms ☞ HIV Counselling and Testing (HCT) ☞ Post-Exposure Prophylaxis ☞ Practical Football Exercises 	<p>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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> ☞ describe how HIV is transmitted ☞ identify myths about how HIV is transmitted ☞ explain methods of preventing HIV transmission ☞ explain HIV Counselling and Testing ☞ explain Post-Exposure Prophylaxis ☞ demonstrate the proper use of condoms 	<p>1 hr 15 min to 1 hr 45 min</p>
<p>Lesson 4</p> <p>Social Drivers of HIV</p> <ul style="list-style-type: none"> ☞ Early sexual debut ☞ Multiple & Concurrent Partners ☞ Lack of Condom Use ☞ Inter-Generational & Transactional Sex ☞ Alcohol & Substance Abuse ☞ Gender Based Violence ☞ Religious & Cultural Practice ☞ Adherence to ARVs ☞ Strategies for Addressing Social Drivers of HIV and AIDS ☞ Using Football to Address Social Drivers of HIV and AIDS ☞ Practical Football Exercises 	<p>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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> ☞ describe the social drivers of HIV and AIDS ☞ identify strategies for addressing social drivers of HIV and AIDS ☞ explain how football can be used to address social drivers of HIV and AIDS. 	<p>1 hr 15 min to 1 hr 45 min</p>

Day 1

Day 2

OVERVIEW OF LESSONS

Basic Training Level

Name of Lesson	Learning Aim	Time
<p><u>Lesson 5</u></p> <p>Treatment, Care and Support of People Infected or Affected by HIV</p> <ul style="list-style-type: none"> ☛ 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 	<p>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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> ☛ 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 foodstuffs 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 	<p>1 hr 15 min to 1 hr 45 min</p>
<p><u>Lesson 6</u></p> <p>Working with People Living with HIV and AIDS</p> <ul style="list-style-type: none"> ☛ Right & Responsibilities of People Living with HIV & AIDS ☛ Support Teams ☛ Coach Roles & Responsibilities ☛ Managing Risks of Infection ☛ Increasing Comprehensive Knowledge ☛ Life Skills <p style="text-align: right;">Continue... ➔</p>	<p>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 confidentiality; 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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> ☛ list the rights and responsibilities of people who are HIV positive <p style="text-align: right;">Continue... ➔</p>	<p>1 hr 15 min to 1 hr 45 min</p>



Basic Training Level

Name of Lesson	Learning Aim	Time
<ul style="list-style-type: none"> ☞ Community Education & HCT ☞ Community Outreach ☞ Theory of Change ☞ Practical Football Exercises 	<ul style="list-style-type: none"> ☞ list their support team, people or organisations that they can call upon when dealing with issues around HIV ☞ demonstrate how they to deal with disclosures and confidences concerning HIV ☞ demonstrate that they can challenge local myths regarding HIV and AIDS and provide facts ☞ describe how they will manage HIV transmission risks on the football field ☞ identify different approaches to developing the comprehensive knowledge of HIV transmission and prevention in young people using the medium of football ☞ describe some actions that a local football club could take to help address HIV and AIDS awareness, stigma and discrimination in their local communities 	
<p><u>Lesson 7</u></p> <p>Practical HIV Education through Football Session</p> <ul style="list-style-type: none"> ☞ Using football games and activities to teach about HIV and AIDS 	<p>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.</p> <p>By the end of this lesson the participants shall be able to</p> <ul style="list-style-type: none"> ☞ demonstrate the coaching of a football games containing an HIV message. 	<p>2 hr 30 min to 3 hr 30 min</p>
<p><u>Lesson 8</u></p> <p>Conclusion, Reflection, Planning</p> <ul style="list-style-type: none"> ☞ Comprehensive Knowledge ☞ Course Reflections ☞ Codes of Conduct ☞ Action Planning 	<p>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 an 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.</p> <p>By the end of this lesson the participants shall be able to:</p> <ul style="list-style-type: none"> ☞ 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 	<p>1 hr 15 min to 1 hr 45 min</p>

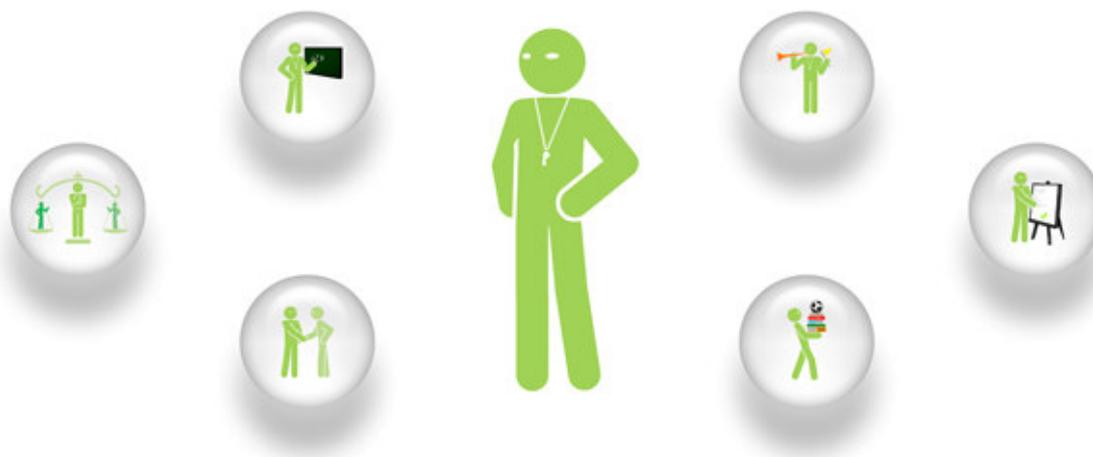
Day 3

Roles & Responsibilities of a YDF Coach

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

Roles & Responsibilities of a YDF Coach

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.

LESSONS 1

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.

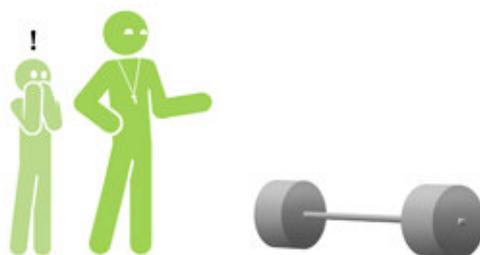
Youth football coaches should also be aware of their responsibility to be an adult role model, to always demonstrate good practice when working with children and young people, and not to abuse their position of trust.



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

LESSONS 1

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.

Roles & Responsibilities of a YDF Coach

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 be 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.

TIME	PHASE	CONTENTS
	WARM UP	<ul style="list-style-type: none"> Welcome and Joint Warm-Up Variation of Movement Individuals working with the ball Opportunity to introduce HIV & AIDS Education
	MAIN PART	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

What is HIV and What is AIDS

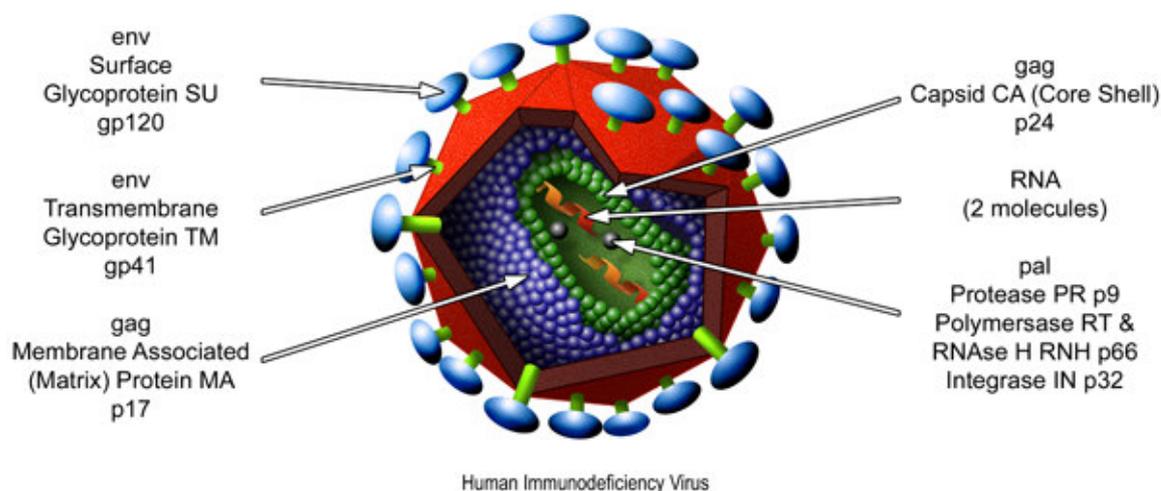
In this section of the manual, we will present the facts about the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). This will help you as a football coach to understand the pandemic and be better informed when talking with young people and others about the disease.

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 50 % 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 bloodcells. Together with the antibodies, they form the bodies 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 HIV and What is AIDS

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 an 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.

LESSON 2

What is HIV and What is AIDS

STAGE 1 Primary Infection

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**.

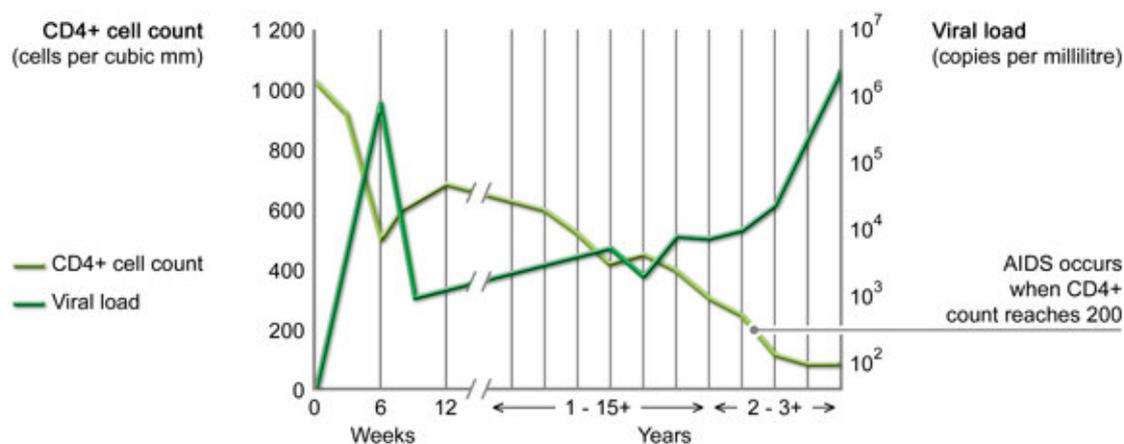
During the window period an infected person will normally develop a short-lived illness called **Primary HIV Infection (PHI)**. The symptoms of PHI usually start to appear within two weeks of infection and may continue for three to four weeks or more. Symptoms of Primary HIV Infection are like those 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.



Reference: McGilvray, M & Willis, N, ARV Nurse Training Programme, Africaid, 2004

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/mm³ 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.



LESSON 2

What is HIV and What is AIDS



Nearly every fifth South African is HIV positive!

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.

	People living with HIV/AIDS	Adult prevalence (15-49)	Women living with HIV/AIDS	Children living with HIV/AIDS	AIDS-related deaths	Orphans due to AIDS
Botswana	320,000	24.8%	170,000	16,000	5,800	93,000
Ghana	260,000	1.8%	140,000	27,000	18,000	160,000
Kenya	1,500,000	6.3%	760,000	180,000	80,000	1,200,000
Lesotho	290,000	23.6%	160,000	28,000	14,000	130,000
Mozambique	1,400,000	11.5%	760,000	130,000	74,000	670,000
Namibia	180,000	13.1%	95,000	16,000	6,700	70,000
Rwanda	170,000	2.9%	88,000	22,000	4,100	130,000
South Africa	5,600,000	17.8%	3,300,000	330,000	310,000	1,900,000
Swaziland	180,000	25.9%	100,000	14,000	7,000	69,000
Zambia	980,000	13.5%	490,000	120,000	45,000	690,000
Germany	67,000	0.1%	12,000		<1,000	

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

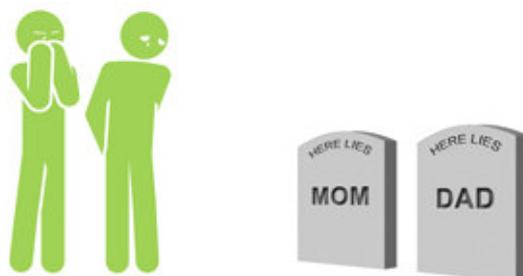
AIDS has eroded progress made over the decades in extending life expectancy. Average life expectancy in sub-Saharan Africa is now 52 years and in those countries most impacted by the pandemic; life expectancy is below 51 years. In five countries life expectancy is lower than it was in the 1970s due to 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

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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.

With 1.9 Million orphans in South Africa, every football team will have at least 1 AIDS orphan - your team included!



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

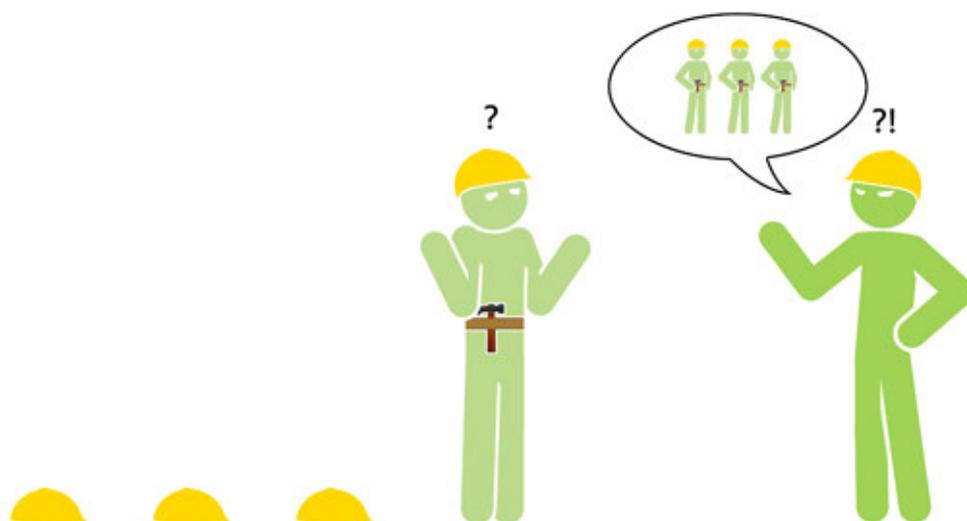
Education

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.



What is HIV and What is AIDS

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

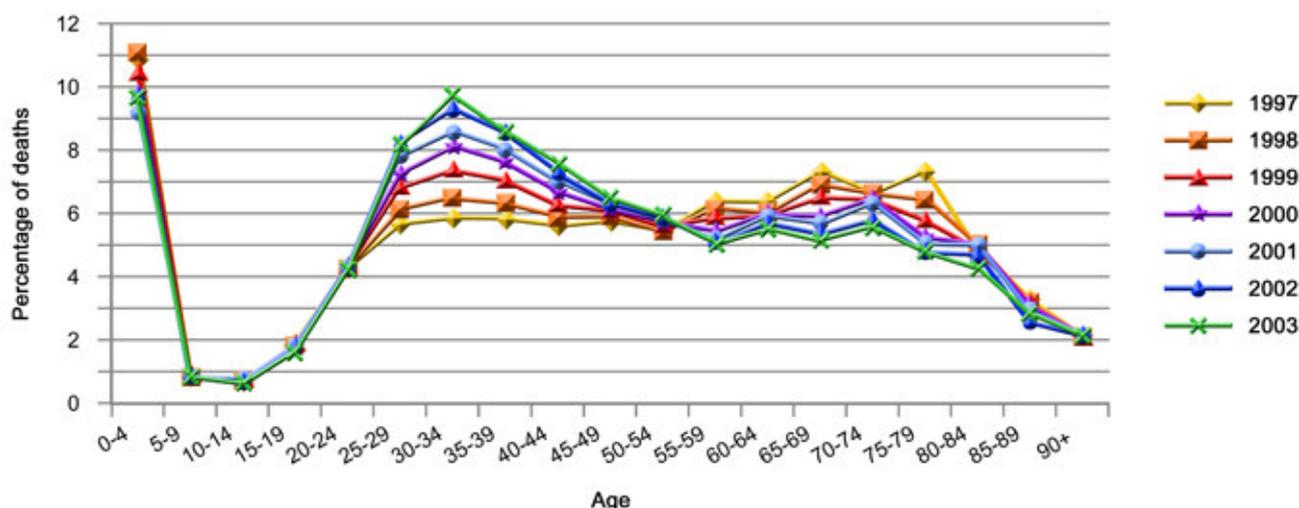
Young people are at the centre of the HIV and AIDS pandemic. Globally, around 5.5 million young people between the ages of 15 and 24 are estimated to be living with HIV. About 40 per cent of all new HIV infections are among young people aged 15 - 24 years. Young people are particularly vulnerable to HIV infection for social, political, cultural, biological, and economic reasons. Almost 3000 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.

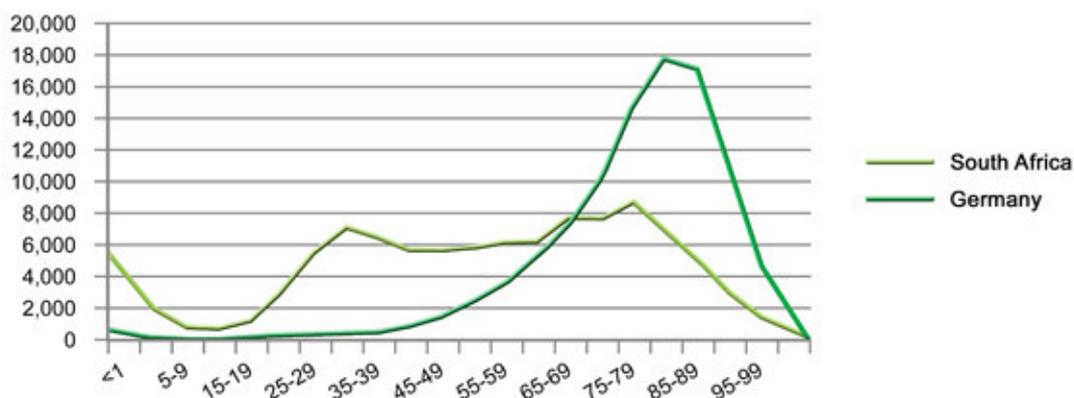
The following two graphs show the impact of AIDS on the life expectancy of young people. In **Graph 1**, the rising number of young people dying between their late twenties to early forties illustrates the impact on the life expectancy of youth as a consequence of the pandemic. **Graph 2** compares age 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

LESSON 2

What is HIV and What is AIDS



Graph 2: Age at death in South Africa and Germany

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.



What is HIV and What is AIDS

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.



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!

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 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.



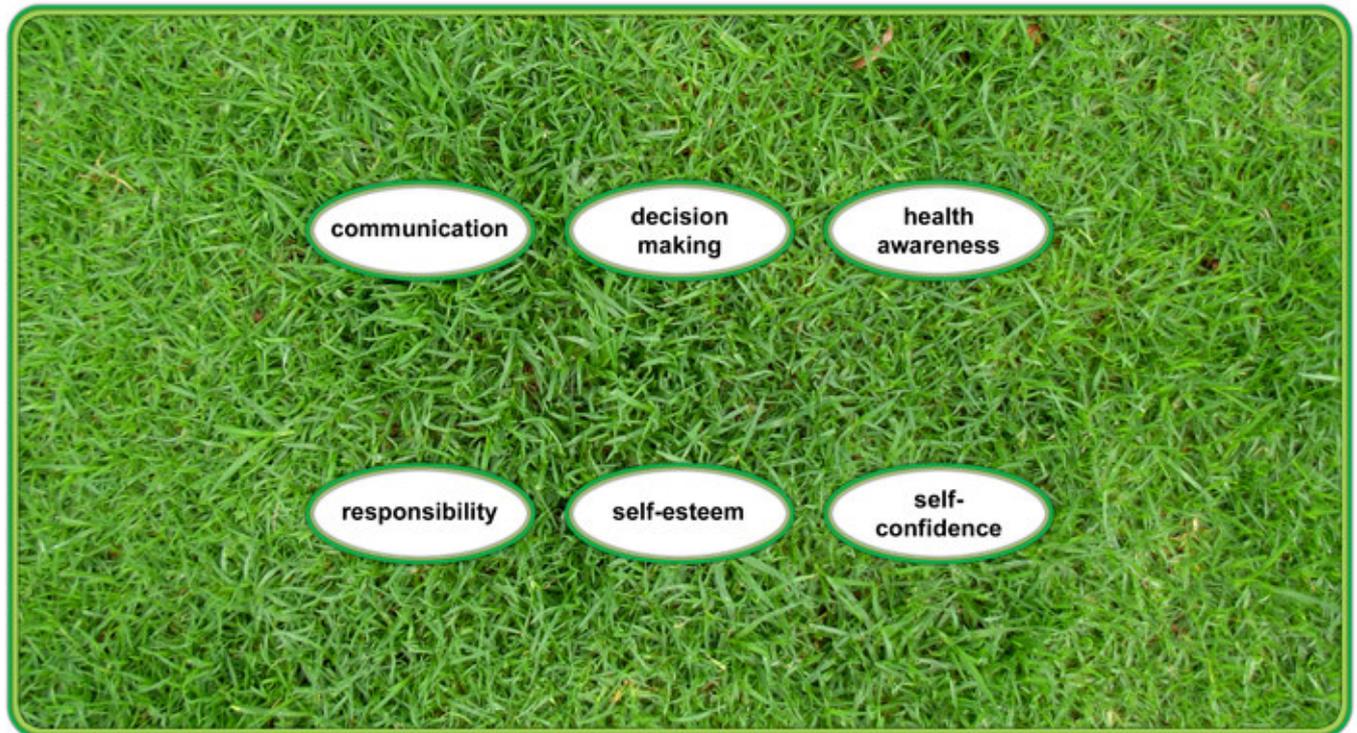
LESSON 2

What is HIV and What is 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.



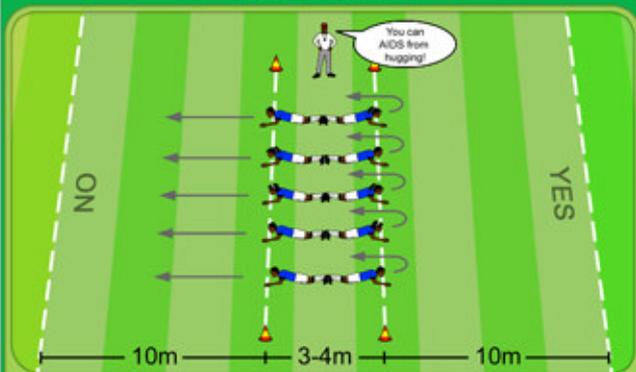
Types of Equipment useful for these Exercises=



What is HIV and What is AIDS

Football Exercises

EXERCISE 1



This exercise encourages the players to think fast and then react. It also develops their reflexes.

"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,

come back to the middle of the square and wait for the next question. If a player responded correctly three times in a row, he/she may then shoot at the goal.

- 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.
- The competitive nature of the game guarantees maximum pace.
- Do not mark the cone square too big, otherwise the exercise may be too exhausting.

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

HIV Transmission and Prevention

How HIV is Transmitted

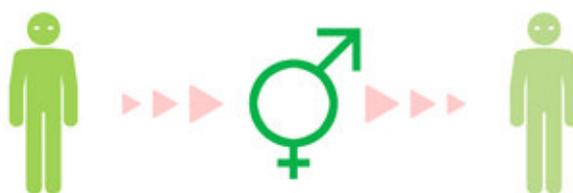
In order for a person to be infected they need to be exposed to the virus. However even then, exposure does not necessarily lead to infection. Sufficient virus particles must penetrate the body's defences and enter the blood for infection to gain hold.

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).



HIV Transmission and Prevention

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 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.

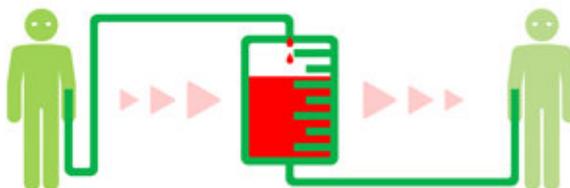
Mother to child transmission



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.

HIV Transmission and Prevention

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.

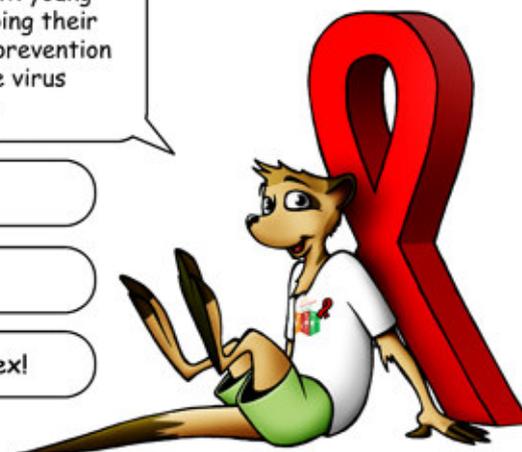
Anything that potentially allows another person's blood to get into your bloodstream carries a risk. Having a tattoo or getting a piercing could present such a risk if the equipment has not been sterilised and the previous client was HIV positive. In most developed countries there are hygiene regulations 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!



HIV Transmission and Prevention

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.

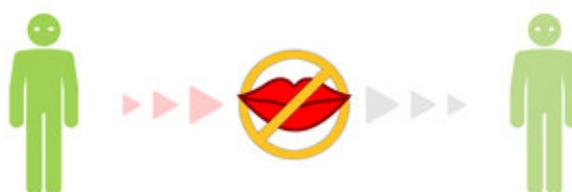
The presence of other sexually transmitted infections greatly increases the chance of HIV infection. STIs create a point for entry for the HIV virus into the body and the presence of other STIs concentrates the cells the HIV virus targets for infection at the point where the HIV virus enters a person's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



HIV Transmission and Prevention

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.



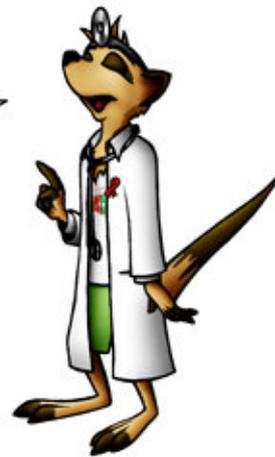
HIV Transmission and Prevention

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.



Condoms have to be used **correctly** and **consistently** in order to be effective in preventing the transfer of HIV!



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.

HIV Transmission and Prevention

Transmission through Sex

ABC of Prevention

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

A

Abstain

Abstaining from sex (includes delaying first sex)

B

Be Faithful

Be faithful to one partner

C

Condoms

Use male condoms, or female condoms, consistently and correctly

Abstinence means to not 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.



In football
as in life there
are rules.

Always play
by the rules by using
a condom!

HIV Transmission and Prevention

• DRP

D Delay
Delay having sexual relationships

R Reduce
Reduce the number of sexual partners you have (know your partner's status)

P 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.



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

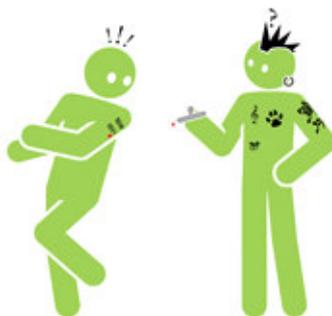
HIV can be transmitted from a mother to her baby during pregnancy, labour and delivery, and later through breastfeeding.

If a girl or woman 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 Transmission and Prevention

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 cells 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.

HIV Transmission and Prevention

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 is 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.

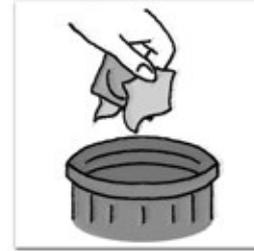
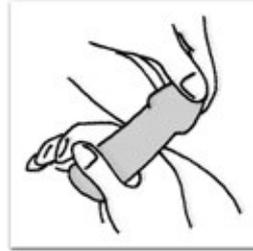
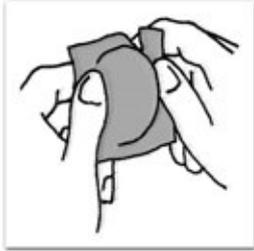


There are two types of condom. The male condom which is a sheath or covering that fits over the man's penis, and which is closed at one end. The other is a female condom, or vaginal sheath, that is used by the women and fits inside the vagina.



HIV Transmission and Prevention

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.



HIV Transmission and Prevention

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.

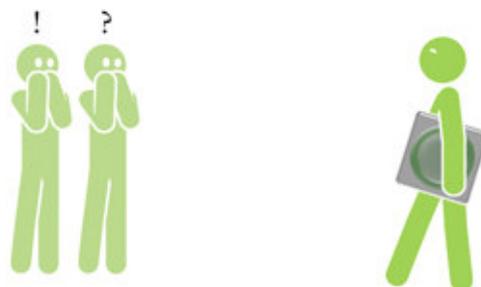
➔ This need not be true. It only takes a few seconds to put on a condom providing protection for yourself and your partner. You can also ask your partner to apply the condom as this is often a source of arousal for the male partner.

❖ 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.

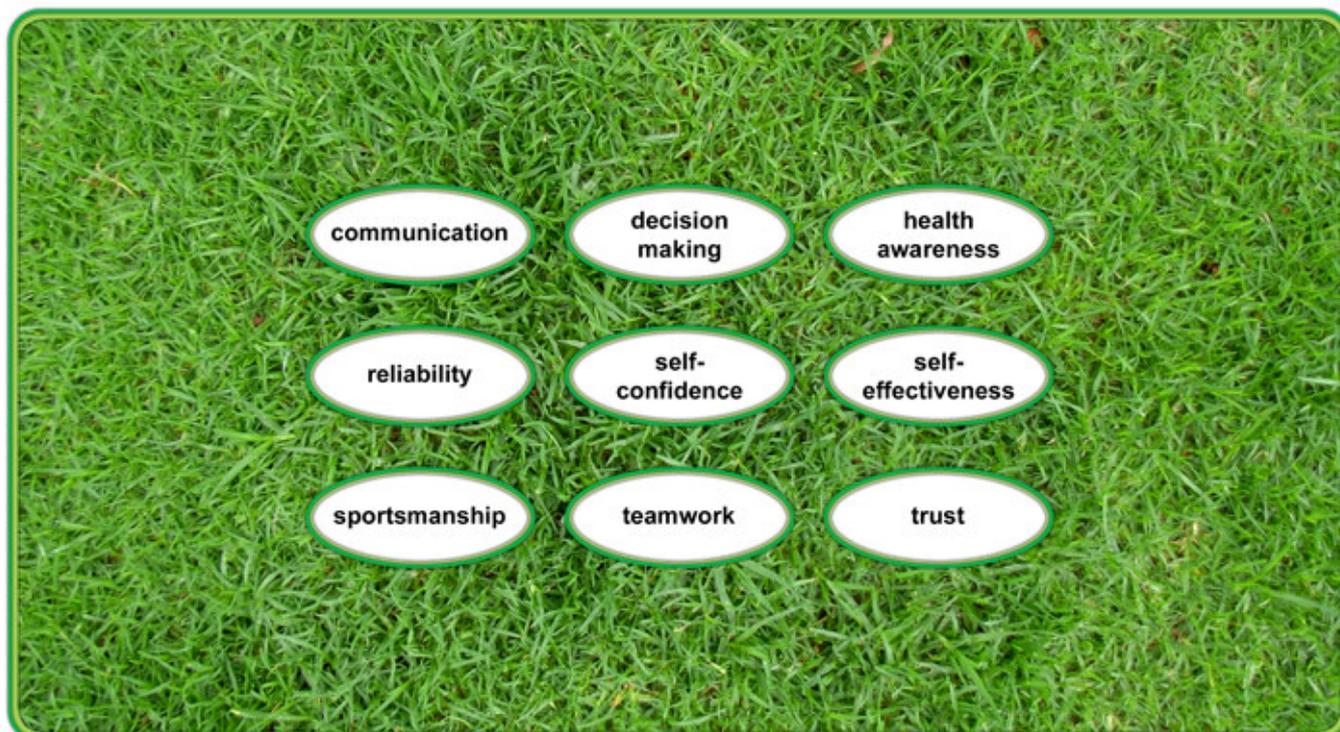


HIV Transmission and Prevention

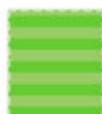
Football Exercises

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



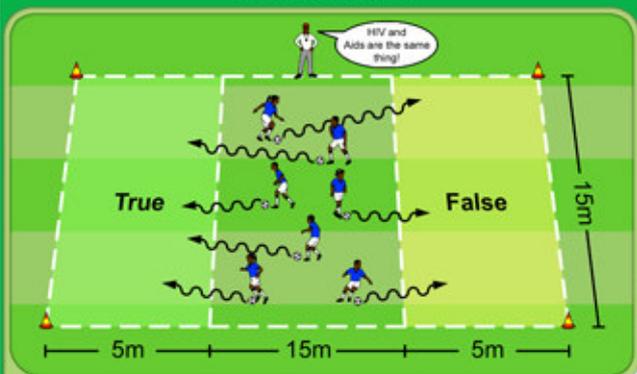
Whistle



Watch / Stopwatch

HIV Transmission and Prevention Football Exercises

EXERCISE 1



The players should make their own decisions and stick with them.



"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.).

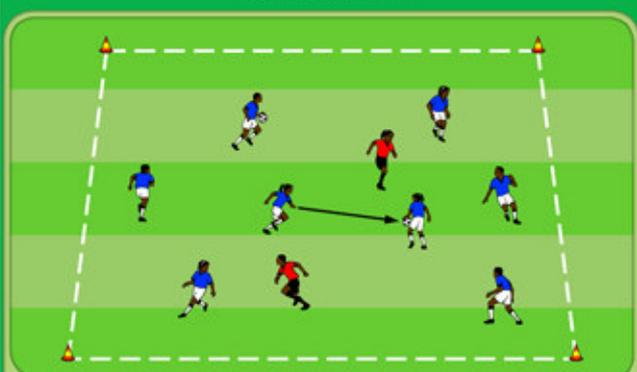
- The last player to have reached a field, even if it was the correct field, also has to do the additional exercise.

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.

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

EXERCISE 2



It is important for the players to realize that when you are sick your loved ones around you are also at risk of becoming sick.

They have to work together to prevent the virus from spreading!

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).

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

Social Drivers of HIV and AIDS

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

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 pressurise 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.



Social Drivers of HIV and AIDS

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.

Social Drivers of HIV and AIDS

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

Sangomas 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 hat, 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)



Social Drivers of HIV and AIDS

Ukuthwala

Ukuthwala, 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 "Ukuthwala-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 Ukuthwala.

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 crush 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

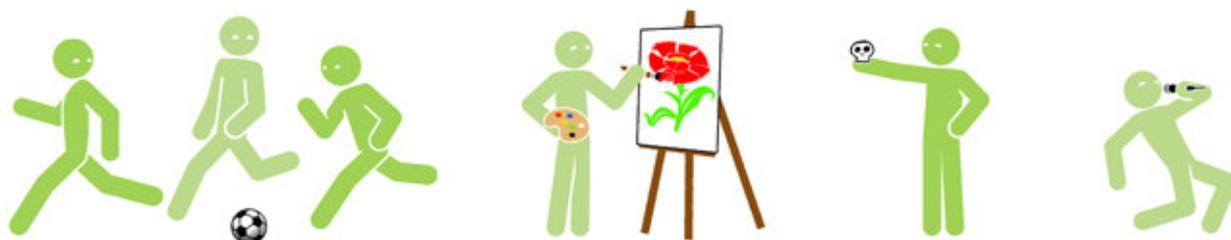
If we are to successfully reduce the numbers of young people becoming infected with HIV, we need to adopt strategies that will address the various social drivers of the virus. These strategies will include actions to:

- ☞ 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.

Social Drivers of HIV and AIDS

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.

SOCIAL DRIVER	FOOTBALL BASED STRATEGIES
<p>Early Sexual Debut and Child Marriages</p>	<ul style="list-style-type: none"> ☞ 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
<p>Multiple and Concurrent Partners</p>	<ul style="list-style-type: none"> ☞ 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
<p>Intergenerational and Transactional Sex</p>	<ul style="list-style-type: none"> ☞ 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

LESSON 4

Social Drivers of 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.



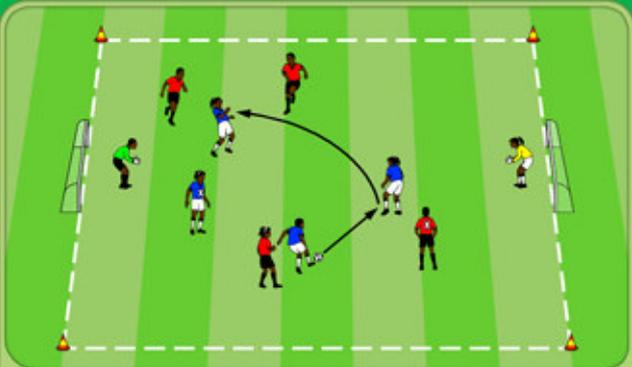
Types of Equipment useful for these Exercises



Social Drivers of HIV and AIDS

Football Exercises

EXERCISE 1



Every player, good or bad - infected or not, is part of the team and should therefore be supported by the team!



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

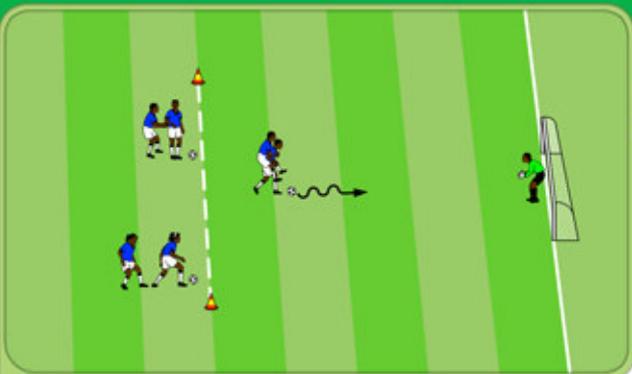
what kind of feeling not getting the ball and being an outsider is.

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



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

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,

this time carrying a team-mate on his/her back. Once they reach the halfway point, the team-mate jumps off and the player continues and then takes a shot at goal.

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

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

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



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

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



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

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.

YDF coaches can help people living with HIV to improve their physical and emotional health by encouraging them to take part in football activity.



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

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.

YDF coaches should encourage players to look after their health and discourage smoking, the use of recreational drugs and the abuse of alcohol. Positive living messages for people living with HIV.



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.



LESSON 5

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

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 persons 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.



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

☛ 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.



You can access good nutrition by growing your own vegetables!

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



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.



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

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



LESSON 5

Treatment, Care and Support of People Infected 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.



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

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*



LESSON 5

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

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.

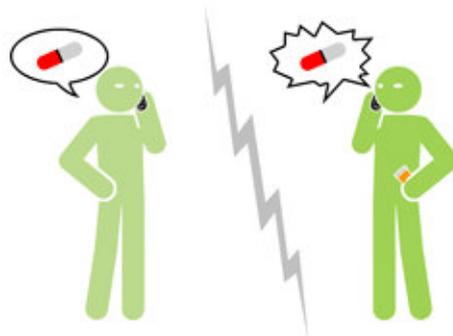
Some people find adhering to ARVs difficult for a variety of reasons including:

- ☞ 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 them
- ☞ 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



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

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.



LESSON 5

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

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.



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

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 prejudice 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.



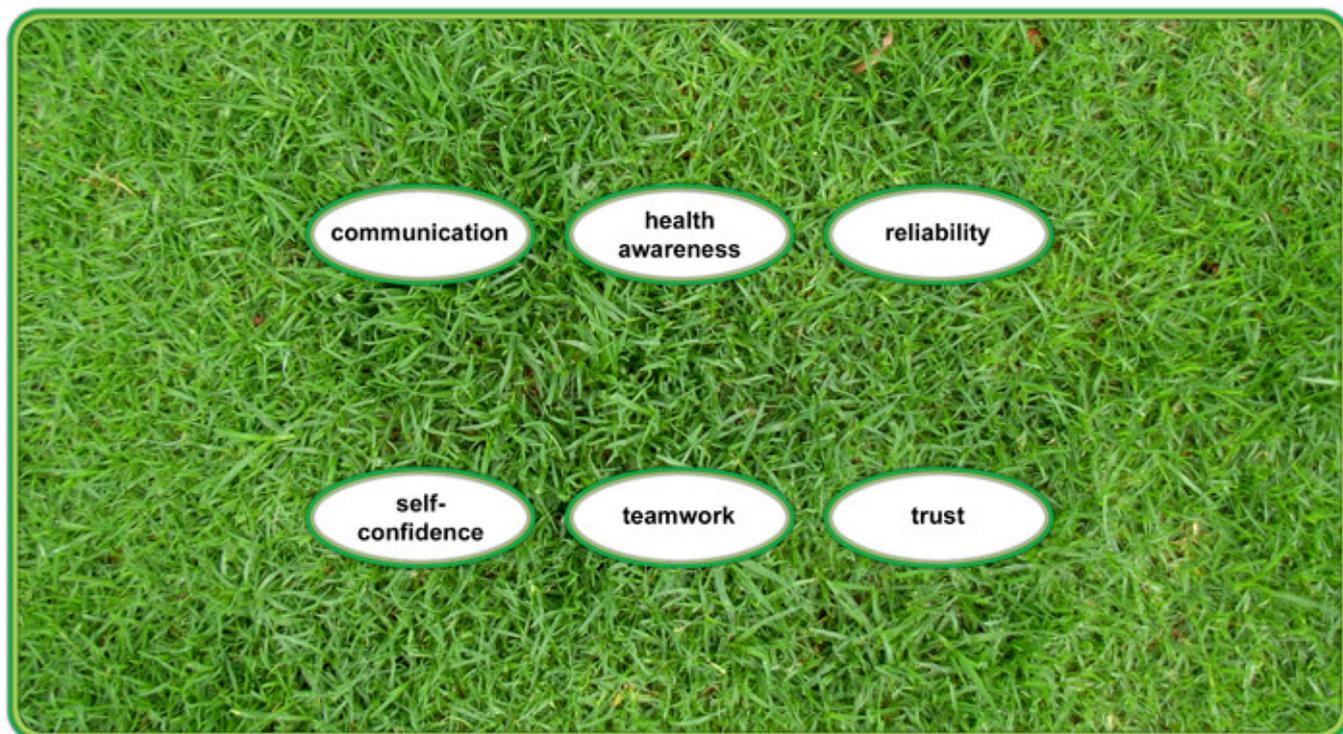
YDF coaches can help change the stigma and discrimination that people living with HIV experience by promoting HIV and AIDS awareness at community football events that they organise.

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.

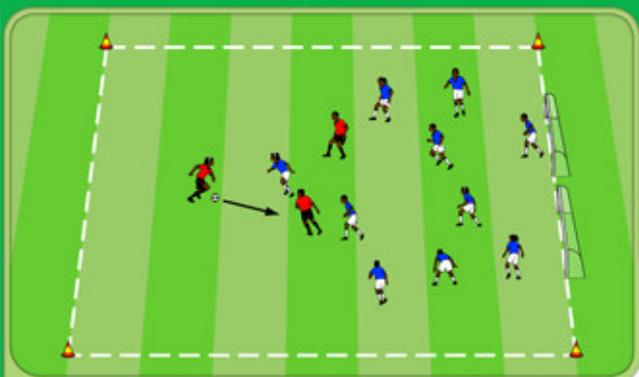


Types of Equipment useful for these Exercises



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

EXERCISE 1



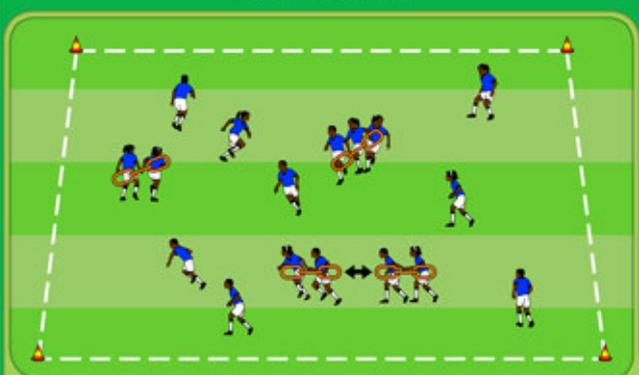
HIV Crossover

- ☞ 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

EXERCISE 2



The Virus-chain

- ☞ All players move about in a marked off area..
- ☞ One player starts the game by touching or catching (infecting) 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 'infect' more players.



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

- ☞ 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!

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

Working with People Living with HIV and AIDS

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.



Working with People Living with HIV and AIDS

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 their 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.



Encourage young people to lead a healthy lifestyle. This will also reduce their vulnerability to HIV infection.

Working with People Living with HIV and AIDS

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.

LESSON 6

Working with People Living with HIV and AIDS

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.

Working with People Living with 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.



LESSON 6

Working with People Living with 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.



Types of Equipment useful for these Exercises



Working with People Living with HIV and AIDS

Football Exercises

EXERCISE 1



The players have to think creatively in order to score goals under these restricted conditions.



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

EXERCISE 2



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

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.

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

LESSON 7

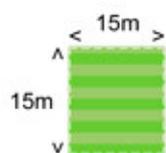
Practical HIV Education through Football Sessions

Football Session 1 - Roles & Responsibilities of a YDF Coach - Checklist

WARM UP



20 MINUTES



1 Ball for every player

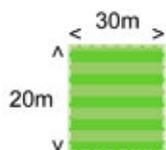


8 Cones

MAIN PART



50 MINUTES



2-3 Ball for every pitch



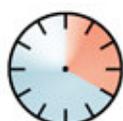
12 Cones



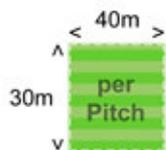
Bibs for half the players

2 Goals
(4 optional)10-20 obstacle-course items
(depending on difficulty)

CONCLUSION



20 MINUTES



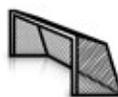
2-3 Balls for every pitch



6 Cones for every pitch



Bibs for half the players



2 Goals for every pitch

Practical HIV Education through Football Sessions

Football Session 1 - Roles & Responsibilities of a YDF Coach

WARM UP

20 MINUTES

PHASE 1



A



B

Dribble-course

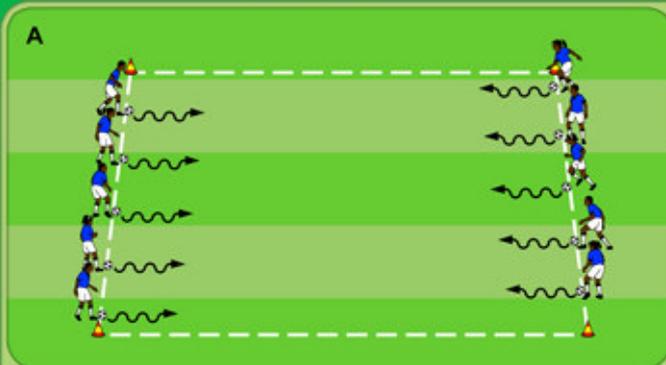
- ☞ A cone goal is set up halfway between 2 groups that stand opposite each other (A).
- ☞ A player from one side then dribbles through the cone-goal towards the opposite team-mates
- ☞ Initially the exercises will be easy, e.g. dribbling only with the stronger foot. Then the difficulty will be increased, e.g. dribbling with the weaker foot or swinging between both feet.
- ☞ A slalom-course will increase the difficulty (B).



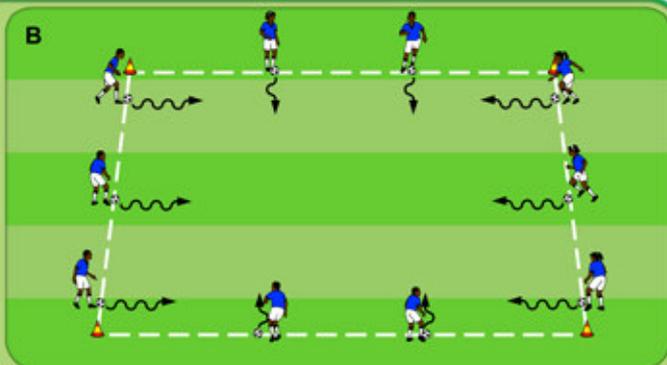
Personal bewilderment will be made evident (sensitizing).

Initially it will be easy to reach the goal, but as soon as obstacles are involved, it will be more difficult.

PHASE 2



A



B

"Criss-cross"

- ☞ Half the players line up on the one line, the other half line up on the opposite line (A).
- ☞ Each player has a ball.
- ☞ On command all of them run to the opposite side, taking care not to hit any of the other players.

Variations

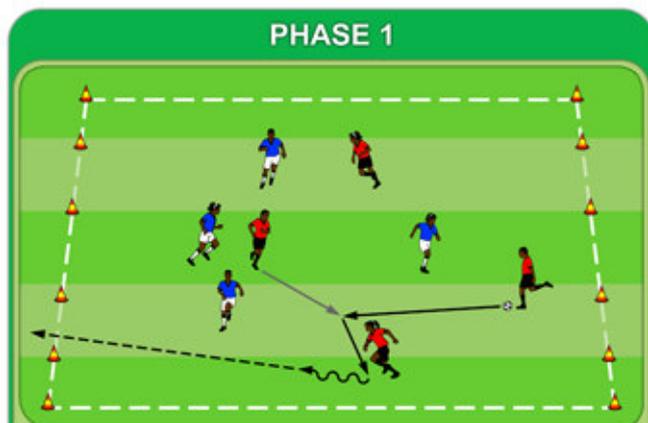
- ☞ The players line up along the lines of all four sides of the pitch (B).
- ☞ Each player has a ball.
- ☞ On command all of them run to the opposite side.
- ☞ This time the players have to be very alert not to collide with any of their team-mates. There will be players coming from the front, the right side and the left side!

Practical HIV Education through Football Sessions

Football Session 1 - Roles & Responsibilities of a YDF Coach

MAIN PART

50 MINUTES



PHASE 1

4-on-4 against 2 goals each

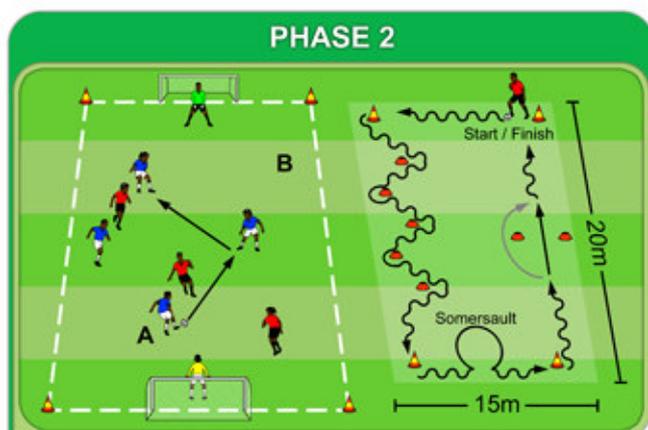
- Erect 2 small goals on the outer lines.
- Each team tries to score as many goals as possible.
- Multiple goals = multiple options to score or lose! The players have to be alert and not let their guard down.
- It is important that they work together as a team! The players must be able to rely on their teammates and must also be reliable themselves!



Phase 2

The teams met to play football, but then one player had to hurry home, as his mother is sick with AIDS and he must look after his small sister.

His team is now at a numerical disadvantage and the players must give it their all to be able to win the game.



PHASE 2

Team reduced through HIV/AIDS Circumstances

- 2 teams (4-on-4 to 8-on-8, etc.) on a pitch with 2 goals plus goalkeeper.
- Beside the pitch a dribbling/running course.
- 2 teams (A + B) play football against each other.
- After a few after a few minutes a player of one team will be taken out. That team now has a numerical disadvantage of 3-on-4.
- The player that has left the pitch now runs through a technique course next to the playing field.

- After the player has successfully passed through the course, he / she may rejoin the team.

Variations

- Nearly 20% of the South African population is infected with HIV/AIDS, therefore, every fifth player chosen cannot return to the team. The player is out of the match!
- After passing the course, the player may only assist the goalkeeper.



Practical HIV Education through Football Sessions

Football Session 1 - Roles & Responsibilities of a YDF Coach

CONCLUSION

20 MINUTES

GAME

Standard Football Game

⊕ 2 teams - each with a goal + goalkeeper

COOLING DOWN

BALANCING
EXERCISE AND
STRETCHING
OF THE FRONT
BODY
MUSCLES

**Bending the
body
backwards
diagonally
while
standing**



Overstraining of the lumbar spine through the forming of a hollow back and the turning movement.



While lying on the back stretch the arms behind the head. Keep the arms stretched and the hands close to the floor. To support the spine, put a flat cushion or towel under the lumbar region.

STRENGTHEN-
ING OF THE
MUSCLES OF
THE BACK
AND
SHOULDERS

**Throwing the ball
while lying
on the
stomach**



Strong hollow back position and extreme straining stress the lumbar spine.



Kneel down and support yourself on slightly bent arms. Stretch the right leg and the left arm horizontally, but not higher. Then repeat with the other side of the body.

LESSON 7

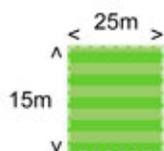
Practical HIV Education through Football Sessions

Football Session 2 - What is HIV and What is AIDS - Checklist

WARM UP



20 MINUTES



1 Ball for every player



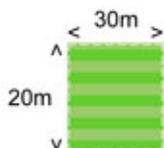
4 Cones

1 copy
"True or False?"
WS 3-1
and answers
WS 8

MAIN PART



50 MINUTES



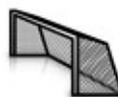
1 Ball for every player



10 Cones



Bibs for half the players

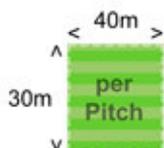


1 Goal

CONCLUSION



20 MINUTES



2-3 Balls for every pitch



6 Cones for every pitch



Bibs for half the players



2 Goals for every pitch

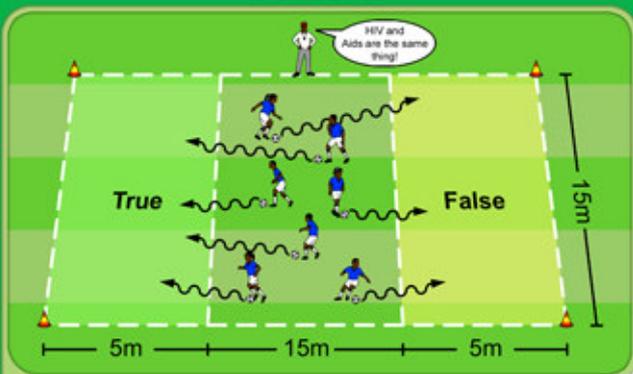
Practical HIV Education through Football Sessions

Football Session 2 - What is HIV and What is AIDS

WARM UP

20 MINUTES

PHASE 1



"True or False?" Dribbling

- 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 about HIV/AIDS from his statement list. 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.

PHASE 2

Spurts

- Sprint exercises at 80-90%.

The various rounds describe the progress of the sickness from the infection with HIV to the outbreak of AIDS.

1st Round: from standing position



2nd Round: from squatting position



3rd Round: lying face down



4th Round: lying face up



5th Round: pick-a-back



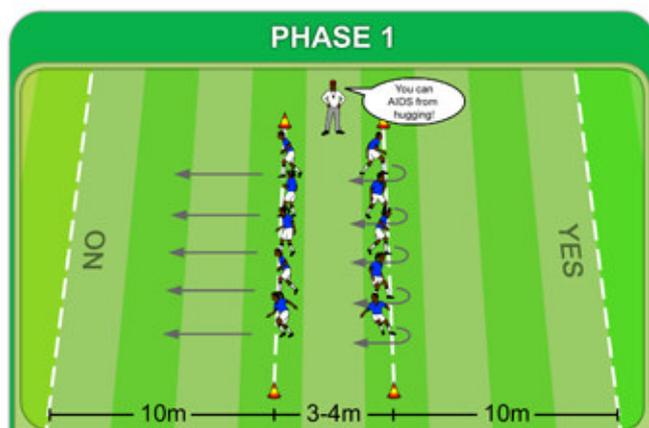
Be Careful

Practical HIV Education through Football Sessions

Football Session 2 - What is HIV and What is AIDS

MAIN PART

50 MINUTES



"Yes or No?"

- ☛ Two groups of players line up opposite each other, 3-4m apart and 10m away from the 'answer' lines.
- ☛ 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.



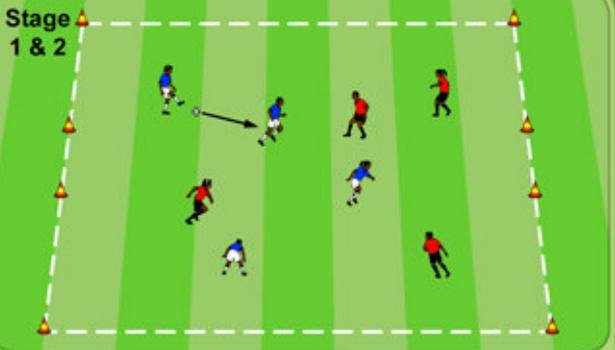
In "True or False?" or "Yes or No?" games, the players should make their own decisions and stick to them.

Practical HIV Education through Football Sessions

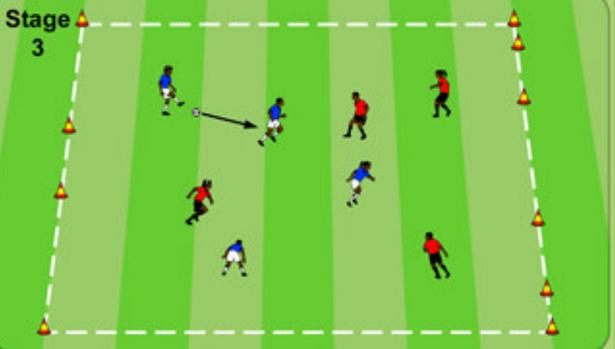
Football Session 2 - What is HIV and What is AIDS

PHASE 2

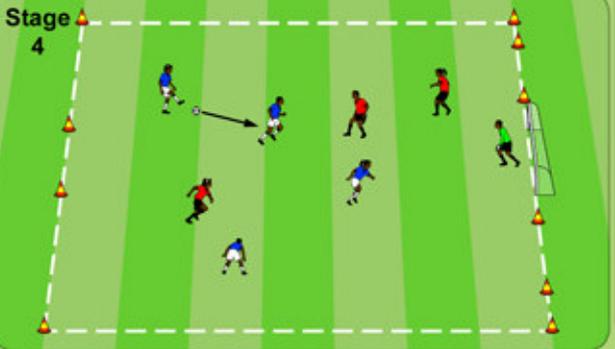
Stage
1 & 2



Stage
3



Stage
4



One team is infected with HIV.

Initially this has no effect on the game, as the virus is not yet so bad (stage 1 & 2). In stage 3 the team is now weakened, due to the sickness breaking out and affecting the immune system.

Then, in stage 4, the sickness breaks out completely. The team is now considerably weakened and can hardly defend itself.

Game-form 4-on-4

- ⊕ Game 4-on-4, also 5-on-5 or 6-on-6 possible.
- ⊕ During **stages 1 and 2**, both teams are equal and play under the same conditions.
- ⊕ In **stage 3** one team plays with an additional cone-goal.
- ⊕ In **stage 4** the game is made more difficult by adding a large goal in which a goalkeeper has to be placed. This means the one team now only has three (+one) players.

Practical HIV Education through Football Sessions

Football Session 2 - What is HIV and What is AIDS

CONCLUSION

20 MINUTES

GAME

Standard Football Game

• 2 teams - each with a goal + goalkeeper.

COOLING DOWN

STRENGTHENING OF THE STOMACH MUSCLES

Leg circles and leg scissors while lying on the back



Especially in people with weak stomach muscles, the long lever action in conjunction with the weight of the legs causes a strong hollow back. Apart from that, the hip-flexors are further strengthened, which are quite strong in most athletes anyway.



Lie on the back with the slightly bent legs pointing upwards. Then lift the pelvis from the floor without the legs moving towards the head.

STRENGTHENING OF THE STOMACH MUSCLES

Sit ups



Too much pressure on the lumbar spine. The hip-flexors mainly exercised.



Lie on the back. Place the lower legs on e.g. a stool so that the thighs are vertical and the lower legs are horizontal. Slowly roll the head and shoulders off the floor until the hands reach the stool.

STRENGTHENING OF THE DIAGONAL STOMACH MUSCLES

Swinging the legs sideways while lying on the back



Overstraining of the lumbar spine through the forming of a hollow back and the turning movement.



While lying on the floor cross the slightly bent legs. Lift the shoulders from the floor and alternate between pressing the right hand against the left knee, and pressing the left hand against the right knee.



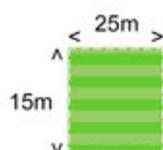
Practical HIV Education through Football Sessions

Football Session 3 - HIV Transmission and Prevention - Checklist

WARM UP



20 MINUTES



1 Ball for every player



4 Cones



1 copy
"True or False?"
WS 3-1
and answers
WS 8

MAIN PART



50 MINUTES



1 Ball for every player



8 Cones



Bibs for half the players



2 Goals



20 obstacle-course planks / bars

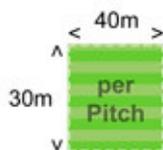


6 Cones in 3 different colours

CONCLUSION



20 MINUTES



2-3 Balls for every pitch



6 Cones for every pitch



Bibs for half the players



2 Goals for every pitch

Practical HIV Education through Football Sessions
Football Session 3 - HIV Transmission and Prevention

WARM UP

20 MINUTES



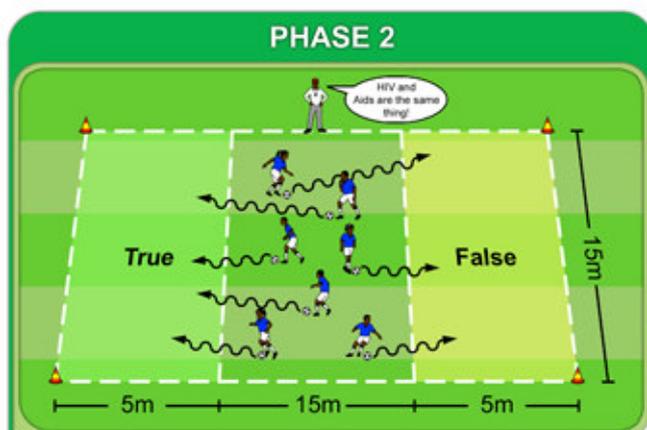
This exercise helps strengthen the whole body!

"Game of Catch" (without ball)

- ☛ In a marked off area two catchers try to tag the other team-mates.
- ☛ One player wears a yellow bib, the other a red bib.
- ☛ If the player with the yellow bib strikes another player that player must stand still for a short time and may then carry on playing.
- ☛ If the player with the red bib strikes another player that player must get a red bib from the coach and is now also a catcher.

Variations

- ☛ Cones or tyres can be scattered across the pitch as "safe" spots.



"True or False?" Dribbling

- ☛ 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 about HIV/AIDS from his statement list. 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.



Practical HIV Education through Football Sessions

Football Session 3 - HIV Transmission and Prevention

MAIN PART

50 MINUTES

PHASE 1



"Game of Catch" (with ball)

- ☞ In a marked off area catchers try to tag the other team-mates.
- ☞ One player wears a yellow bib, the other a red bib.
- ☞ If the player with the yellow bib strikes another player that player must stand still for a short time and may then carry on playing.
- ☞ If the player with the red bib strikes another player that player must get a red bib from the coach and is now also a catcher.

Variations

- ☞ Only yellow catchers
- ☞ Protection: to protect themselves from the catchers the players must stand next to a cone, where they may not be caught. These cones can be placed in two corners.
- ☞ Small square: it is also possible to mark off a further square within the original square and then place players in that square, who may only move around in that area.



The yellow catcher only has HIV, if the player is infected it initially has no effect on the player. But the red catcher has AIDS - whoever comes into contact with this catcher also becomes AIDS infected.

Through certain measures the players can protect themselves against AIDS (and even HIV), that is why the players who stand next a cone cannot be infected.

The risk of infection in the smaller square is much higher, as these players take drugs and are therefore restricted in their movements.

Practical HIV Education through Football Sessions
Football Session 3 - HIV Transmission and Prevention



Shout out the Risks of HIV/AIDS
Fight against the risks of HIV/AIDS

- Depending on the number of players, you need 1 or 2 goals (see above).
- Mark a shooting zone (10m-20m distance from the goal, depending on the players age and ability).
- Only the goalkeeper is able to get points!
- The player dribbles into the shooting zone and tries to shoot a goal. If he / she succeeds, he / she will go into the goal as the new goalkeeper. If he / she misses, the

- goalkeeper gets 1 point and the player has to line up behind the other players.
- When a player reaches the shooting zone, he / she has to shout out a risk of contracting HIV/AIDS (e.g. unprotected sex). The goalkeeper has to prevent this risk from getting into the goal and tries to catch the ball.
- Vary the statements - do not repeat!
- Whenever a player does not score a goal, the goalkeeper gets a point. If the ball gets into the goal, the goalkeeper has to leave the goal and line up behind the other players. Which player gets the most points?

Variations

- You can also turn this game around.
- The scorer has to shout out how to protect himself against HIV/AIDS (e.g. safe sex).
 - For every goal a player scores, he / she will get a point.



Competition

- 2 pitches with obstacles are set up - players without balls
- Exercises: e.g. running-ABC over poles will be performed by the players on these pitches.
- The coach calls out a statement concerning risks of HIV infections and the number of a player.
- Various distances are marked through cones. The players have to shoot from the line they believe to be correct.
 - ▲ 1st Cones (Green) = No Risk
 - ▲ 2nd Cones (Yellow) = Low Risk
 - ▲ 3rd Cones (Red) = High Risk
- Score 2 points for the correct distance (line!) and goal; 1 point for the correct distance.



By having many actions to complete in this exercise, the players have to be alert. They have to listen to what the coach says.



Practical HIV Education through Football Sessions

Football Session 3 - HIV Transmission and Prevention

CONCLUSION

20 MINUTES

GAME

Standard Football Game

• 2 teams - each with a goal + goalkeeper.

COOLING DOWN

FLEXIBILITY OF THE CERVICAL SPINE

Circling the head



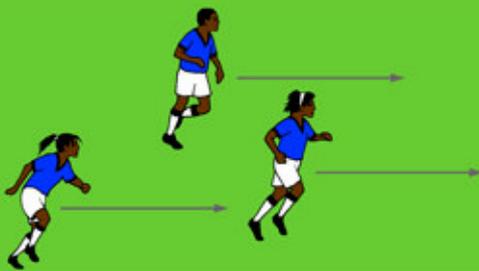
Overstraining of the joints, ligaments and interspinal discs, as the cervical spine is not suited for such turning movements.



Bending the head to the sides, tilting it to the front and slightly to the back and turning it to the left and to the right are the natural movements of the head and therefore the cervical spine.

Afterwards

EASY JOGGING - 10 MIN



or

JUGGLING - 10 MIN



or

STRETCHING - 10 MIN



LESSON 7

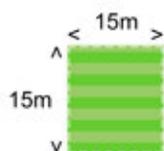
Practical HIV Education through Football Sessions

Football Session 4 - Social Drivers of HIV and AIDS - Checklist

WARM UP



25 MINUTES



1 Ball for every player



7 Cones



Blindfolds / Scarves

MAIN PART



45 MINUTES



1 Ball for every player



16 Cones

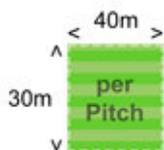


1 Goal

CONCLUSION



20 MINUTES



2-3 Balls for every pitch



6 Cones for every pitch



Bibs for half the players



2 Goals for every pitch

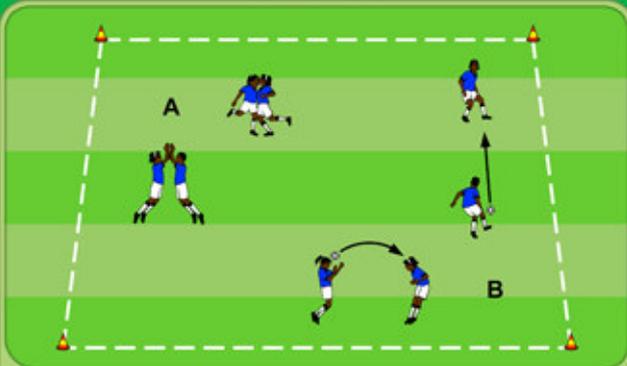
Practical HIV Education through Football Sessions

Football Session 4 - Social Drivers of HIV and AIDS

WARM UP

25 MINUTES

PHASE 1



“Stick with your Partner”

- ☞ All players move around a marked off square without a ball (A).
- ☞ The coach gives them various exercises that always have to be executed with the same partner.

Possible exercises with the partner:

- ☞ high-five with both hands,
- ☞ vaulting,
- ☞ crawl through the legs ...

Variations

- ☞ Do the same exercise with a ball (B).

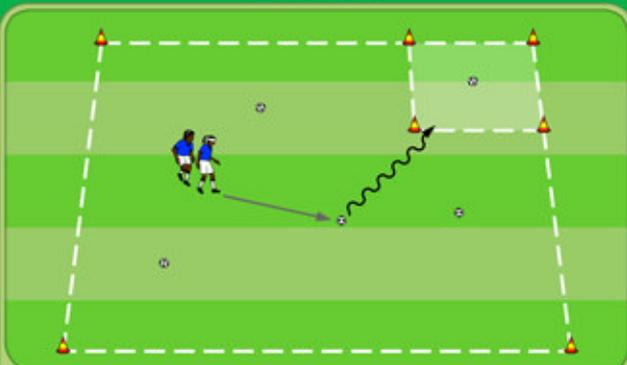
Possible exercises with the partner

- ☞ passing
- ☞ header passes
- ☞ passing through the legs...



The possibility of getting AIDS is less likely, if one only has sex with one partner.

PHASE 2



“Trust your Partner”

- ☞ A square inside a marked area is marked off.
- ☞ A blindfolded player has to collect balls and dribble them into the marked off square with the help of his partner, who is not blindfolded.

Being able to trust your partner is very important in a world with HIV/AIDS.

To build trust takes time and when one jumps from partner to partner, trust will never have time to develop in those relationships.



Practical HIV Education through Football Sessions
Football Session 4 - Social Drivers of HIV and AIDS

MAIN PART

45 MINUTES



Safe-zone Activities

- ☉ Four small playing fields are marked off.
- ☉ All the players are in one playing field.
- ☉ On a command by the coach they all have to change into another field and perform a certain exercise:
 - ▲ **Field 1:** Hold the ball up into the air (4-5 balls, groups of two or three, depending on the number of players)
 - ▲ **Field 2:** Relax, e.g. shake out the legs (break for drinking, if water or juice available!)
 - ▲ **Field 3:** All players pass the ball to each other (also 2-3 balls possible!)
 - ▲ **Field 4:** Every player receives a ball (various exercises)
- ☉ This exercise is carried out until the coach names another field.
- ☉ While changing from one field to another, the coach can strike off the players!



The players are protected against the infection while they are in the fields, as they abide by certain rules.

- ☉ **Field 1:** Use of a condom
- ☉ **Field 2:** No alcohol and/or drugs
- ☉ **Field 3:** "Harmony"
- ☉ **Field 4:** Medication



Practical HIV Education through Football Sessions

Football Session 4 - Social Drivers of HIV and AIDS

PHASE 2

Round 1



Round 2



Round 3



Goal-kick

- ⊗ Place a row of cones in front of a goal with goalkeeper.
- ⊗ The players have to run towards the goal, passing the ball between them and then going for a shot at goal.
- ⊗ The same 2 players should always be partnered together - if one knows the partner one can develop knowledge about and trust in your partner.
- ⊗ 1st Round: return pass, two contacts
- ⊗ 2nd Round: return pass, direct
- ⊗ 3rd Round: return pass, play towards the wing, then cross and goal-kick
- ⊗ 4th Round: further variation possibilities

In this day and age, having a healthy relationship also means knowing the status of your sexual partner. Your life quite literally depends on it!

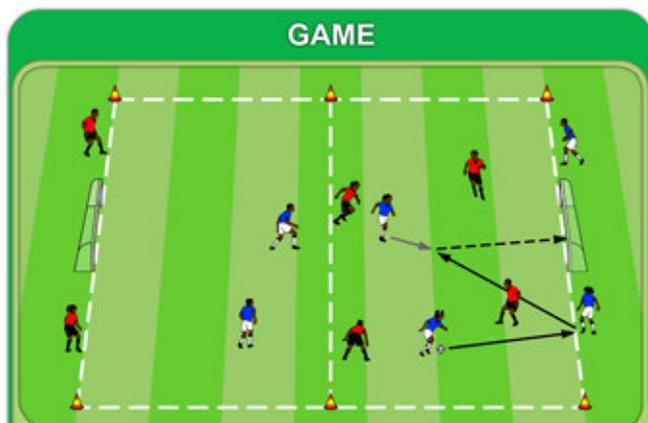


Practical HIV Education through Football Sessions

Football Session 4 - Social Drivers of HIV and AIDS

CONCLUSION

20 MINUTES



Game with 2 Passers behind the Goals

- Standard football game: 4-on-4; 5-on-5, etc.
- Two additional players, for each team, stand behind the opponent's goal-line.
- The players can pass the ball to the passer, who in turn then passes it back to the player or any other player on their team.

Variations

- Either team can use the passers behind the line, the passer are not part of any of the two teams.

Remember - even people who are not part of your situation can still be turned to for support - like the passers in this exercise.



Practical HIV Education through Football Sessions

Football Session 4 - Social Drivers of HIV and AIDS

COOLING DOWN

STRETCHING THE MUSCLES OF THE BACK AND BACK LEG MUSCLES

Body bend with legs extended and in straddle position



Considerable pressure on the lower back (lumbar vertebrae)



While lying on the back leave one leg stretched on the floor and lift the other leg high up. Grip the lifted leg at the upper thigh and pull it toward the chest. Pull in the point of the foot, while leaving the other leg stretched on the floor. Relax the arms and stretch the leg. Hold this position.

FLEXIBILITY OF THE HIP-JOINTS AND STRETCHING OF THE BACK THIGH MUSCLES

Hurdle squat



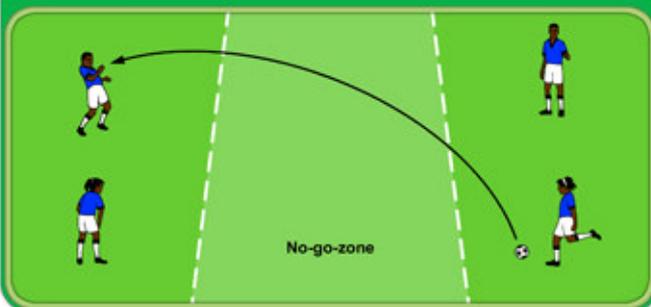
Overstretching of the medial ligaments in the angled knee-joints and overstressing the medial meniscus. Non-functional strain on the lumbar spine



Stand on the slightly angled supporting leg and stretch the other leg to the front resting on the heel. Pull up the tip of the foot and slowly push the pelvis to the back until the stretching is noticeable in the back thigh muscles. The back remains straight.

Afterwards

FOOTBALL-TENNIS - 10 MIN



LESSON 7

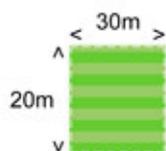
Practical HIV Education through Football Sessions

Football Session 5 - Treatment, Care and Support of People Infected and Affected by HIV and AIDS - Checklist

WARM UP



20 MINUTES



2-3 Balls



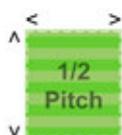
5 Cones

Bibs for half
the players

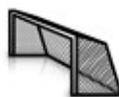
MAIN PART



50 MINUTES

1 Ball for
every player

8 Cones

Bibs for half
the players

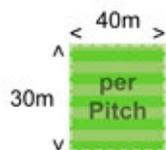
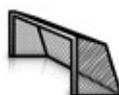
1 Goals

8 Corner
poles

CONCLUSION



20 MINUTES

2-3 Balls for
every pitch4 Cones for
every pitchBibs for half
the players2 Goals for
every pitch

Practical HIV Education through Football Sessions

Football Session 5 - Treatment, Care and Support of People Infected and Affected by HIV and AIDS

WARM UP

20 MINUTES



At the beginning of training one player is given a bib and for the next ten minutes is a "ghost". During this time various small exercises are performed, where the "ghost" has to be purposefully disregarded by the other players.

People with AIDS are often ostracized by the community.

PHASE 1

Handball

- ⊗ A standard game of Handball at two large goals with "Ghost" (visible through bib).

PHASE 2

Corner

- ⊗ A game of 5-on-1.
- ⊗ The "Ghost" is hidden; every player is briefly assigned "the role".

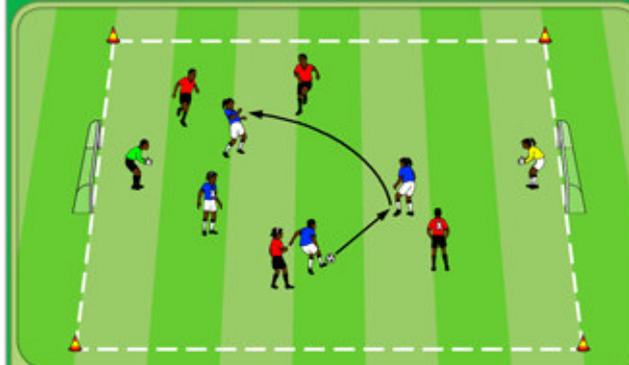
Important

- ⊗ Subsequent reflection by the coach!
- ⊗ This game should only be played once per group!
- ⊗ During a further training unit the 'Outsider Game' (see 'PHASE 2 ALTERNATIVE') could serve as an alternative.

Variations

- ⊗ Play the games with two ball contacts...
- ⊗ Or direct play.
- ⊗ The side-lined player is not informed that he will be ignored by the other players. All the other players are informed. It will be a 5-on-1 game, whereby the ghost-player will not be passed to.

PHASE 2 ALTERNATIVE



Outsider Game

- ⊗ Two teams play against each other.
- ⊗ Both teams have an outsider who will not be included in the course of the game. Their teammates do not pass the ball to them.
- ⊗ After 5 minutes, the outsider tells the other players what kind of feeling not getting the ball and being an outsider is.

Practical HIV Education through Football Sessions

Football Session 5 - Treatment, Care and Support of People Infected and Affected by HIV and AIDS

MAIN PART

50 MINUTES



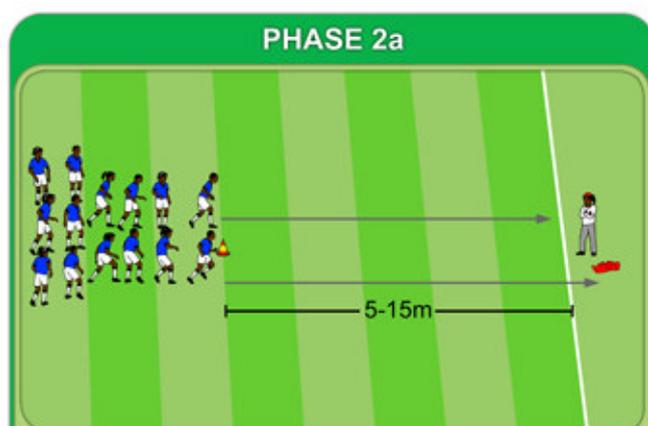
"Taking of Medication" incl. goal-shot

- ☛ The players are divided into 3 groups.
- ☛ Every group represents a time of day:
 - ▲ 8 o'clock in the Morning
 - ▲ 12 o'clock Noon
 - ▲ 6 o'clock in the Evening
- ☛ All players freely move around a marked off square, in the centre of which the balls have been placed.
- ☛ When the coach calls out a certain time of day, all players take a ball. The players belonging to the



Whoever has AIDS can still live a normal life, provided he always takes his/her medication regularly and at the same time. The shot at goal stands for the punctual taking of the medication.

- group of that particular time dribble out of the square and shoot at the goal.
- ☛ As soon as all players are back in the square, all balls are placed in the centre again.



Division through sprint (5 - 15 metres)

- ☛ 4 x group of 2 (losers get a bib)
- ☛ 2 x group of 3 (losers also get a bib)
- ☛ The 14 players will now have been divided into a 'strong' group of 8 and a 'weak' group of 6.



8-on-6 Game

- ☛ The team with the bibs (they play with numerical disadvantage) symbolize the "diseased group".
- ☛ Game: Numerical Advantage against Numerical Disadvantage at two or four goals.



Practical HIV Education through Football Sessions

Football Session 5 - Treatment, Care and Support of People Infected and Affected by HIV and AIDS

CONCLUSION

20 MINUTES

GAME

Standard Football Game

- 2 teams - each with a goal + goalkeeper.

COOLING DOWN

STRETCHING THE MUSCLES OF THE BACK AND BACK LEG MUSCLES

Body bend with legs extended and in straddle position



Considerable pressure on the lower back (lumbar vertebrae)



While lying on the back leave one leg stretched on the floor and lift the other leg high up. Grip the lifted leg at the upper thigh and pull it toward the chest. Pull in the point of the foot, while leaving the other leg stretched on the floor. Relax the arms and stretch the leg. Hold this position.

FLEXIBILITY OF THE BODY, STRETCHING OF THE BACK THIGH MUSCLES AND STRETCHING THE MUSCLES OF THE BACK

Diagonal body bend



Rocking and bouncing do not effect any stretching of the muscles. Twisting the spine causes increased strain in the lumbar region.



Kneel down and support yourself on slightly bent arms. The arms and legs are apart by the width of the shoulders. Press the spine upwards and arch your back like a cat.

Afterwards

SHOOT OUT 1-ON-1 - 10 MIN



- Use cones as goals / targets
- Players are not allowed to defend their own cone

LESSON 7

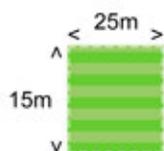
Practical HIV Education through Football Sessions

Football Session 6 - Working with People Living with HIV and AIDS - Checklist

WARM UP



20 MINUTES



1 Ball for every player



4 Cones

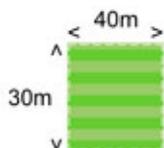


Bibs

MAIN PART



45 MINUTES



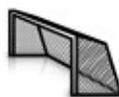
2-3 Balls



6 Cones



Bibs for half the players

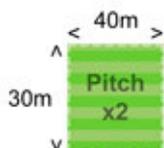


1 Goal

CONCLUSION



25 MINUTES



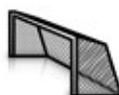
2-3 Balls for every pitch



6 Cones for every pitch



Bibs for half the players



2 Goals for every pitch

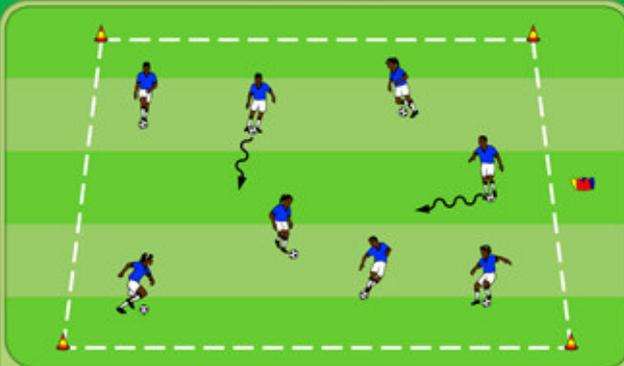
Practical HIV Education through Football Sessions

Football Session 6 - Working with People Living with HIV and AIDS

WARM UP

20 MINUTES

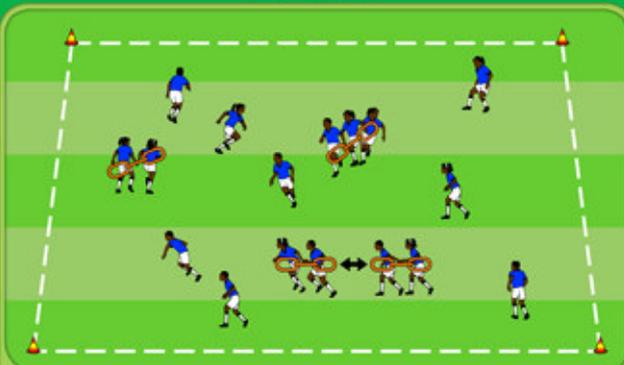
PHASE 1



Dribbling on the Field

- ☞ The players dribble around in a marked off area.
- ☞ Every player has a ball
- ☞ Injury! The 'injured' player must first be bandaged (bibs are lying next to the playing field and will serve as bandage!)

PHASE 2



The Virus-chain

- ☞ All players move about in a marked off area..
- ☞ One player starts the game by touching or catching (infecting) 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 'infect' 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!

All players need to be involved.



LESSON 7

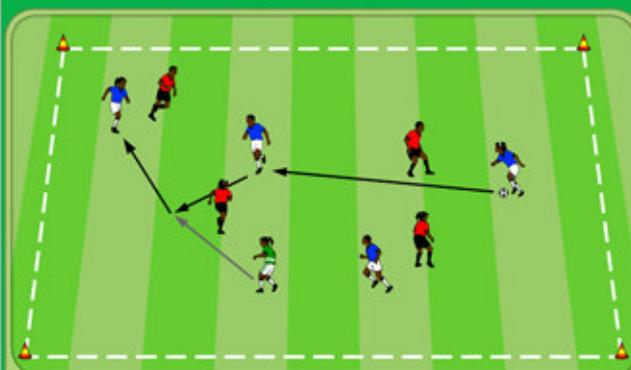
Practical HIV Education through Football Sessions

Football Session 6 - Working with People Living with HIV and AIDS

MAIN PART

45 MINUTES

PHASE 1

**Game with Handicapped Player**

- Game with two teams and one neutral player (with and without handicap), who can play in whichever team has the ball.
- The aim is to keep the ball in the own team.



The HIV infected or sick (AIDS) player must be positively acknowledged by the other players and must / may therefore play in the team that has the ball!

PHASE 2

**3-on-3-on-3 + 1**

- 3 groups of 3 players each and 1 neutral player play against one large goal, with goalkeeper and two "counter-goals" for the defence.
- 2 groups face each other on the pitch while the third group stands behind the lines.
- One of the teams on the pitch is the attacking team while the other team is the defending team.
- Rotation: the attacking team is replaced by the waiting team and is now the defending team.

Important!

- Always exchange the neutral player!



Practical HIV Education through Football Sessions

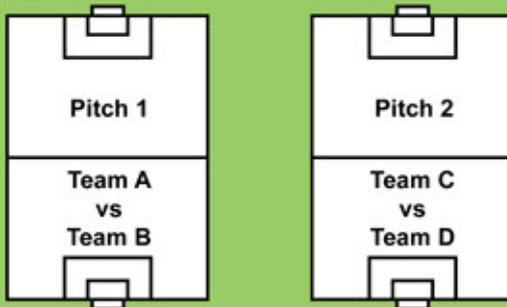
Football Session 6 - Working with People Living with HIV and AIDS

CONCLUSION

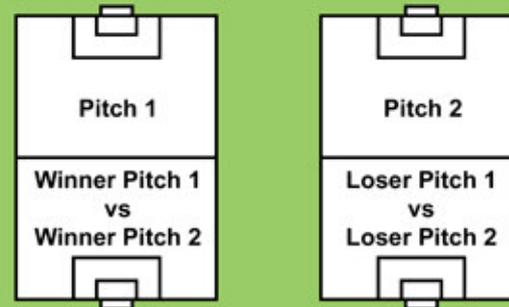
25 MINUTES

GAME

Round 1



Round 2



Mini-tournament Game

- 2 pitches with 2 goals each.
- 4 teams consisting of 4 players and 1 goalkeeper.
- The teams play against each other in two separate 4-on-4 games.
- The winners of round 1 face each other, as do the losers of that round, in a match that will determine the overall rank.

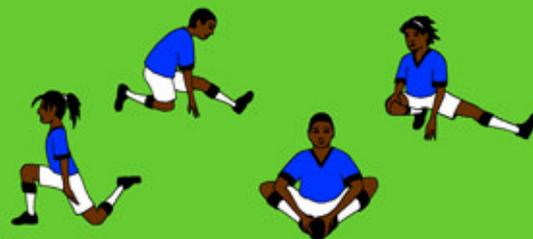
COOLING DOWN

PASSING THE BALL - 10 MIN



Pass the ball to each other in the form of a 1+1, 4 players together, the whole team together with passing 3 or 4 balls at the same time

STRETCHING - 10 MIN



Conclusion, Reflection, Planning

If YDF coaches are going to contribute to HIV prevention, the support of people living with HIV and AIDS, and to help breakdown the prejudice and stigma around the disease, they must have accurate and comprehensive knowledge of HIV and AIDS. Coaches can test their knowledge of HIV and AIDS by completing the questionnaire in the **Lesson 8 Work Sheets**.

YDF Coaches are not expected to be experts in HIV and AIDS or to be counsellors. Instead we would expect coaches to know their communities and to know where the members of that community would be able to access support and counselling on HIV and AIDS. YDF coaches should therefore network and establish relationships with health clinics, community based HIV and AIDS organisations, local support groups and others working to reduce HIV transmission and to support those living with HIV and AIDS.

Codes of Conduct

Codes of Conduct are a useful way of getting coaches and teams to buy in to HIV and AIDS prevention.

In considering how YDF coaches should conduct themselves when working with youth (boys and girls) in respect of the prevalence of HIV and AIDS, we have developed the following short code of conduct. Consider this list and add any additional guidelines that you feel should be included in such a code.

Code of Conduct for YDF Coaches



- ⦿ The YDF Coach must respect the rights, dignity, worth and right to self-determination of all youth (boys and girls) that they work with. YDF Coaches must treat all young people equitably and sensitively, within the context of football and their ability, regardless of gender, ethnic origin, cultural background, sexual orientation, religion, or health status.
- ⦿ The YDF coach will be concerned with the health, well-being, safety, protection and future of each young player. YDF Coaches seek a balance between the development of football ability and the social, emotional, intellectual and physical needs of the individual young person.
- ⦿ The YDF Coach should act as a positive role model for young people and ensure that their behaviour reflects best practice on and off the football field. YDF Coaches must consistently display high personal standards, and project an image of health, cleanliness and functional efficiency.
- ⦿ The YDF Coach should never smoke while coaching. YDF Coaches should not drink alcohol so soon before coaching that it would affect their competence to coach, compromise the safety of the young players or obviously indicate they had been drinking (e.g. smell of alcohol on breath). YDF Coaches should not use drugs recreationally.
- ⦿ The YDF Coach has a duty to protect children (young people under the age of 18 years) from harm and abuse and should know what the reporting procedures to use where they feel a child may be subject to abuse or harm.

Conclusion, Reflection, Planning

- ⦿ The YDF Coach has a responsibility to ensure as far as possible the safety of the young people they work with. All reasonable steps should be taken to establish a safe working environment. Activities undertaken should be suitable for the age, physical and emotional maturity, experience and ability of the young player.
- ⦿ The YDF Coach should use football activity to encourage positive behaviour in young people towards HIV prevention and to develop young people's comprehensive knowledge of HIV. This includes encouraging abstinence, faithfulness to one person and the use of condoms as means of preventing the spread of HIV and discouraging early sexual debut, multiple and concurrent partners, inter-generational and transactional sex, the misuse of alcohol and drugs, and gender based violence.
- ⦿ The YDF Coach should never abuse their position by having sexual relations with anyone under the age of 18 years of age, nor should they use their position to pressurise young people who are 18 years and older to have sexual relations with them.
- ⦿ The YDF Coach should never discriminate, nor tolerate discrimination, against any person living with HIV and should ensure their activities are inclusive of people living with HIV.
- ⦿ The YDF Coach must keep personal information about the young players they work with confidential including information regarding a young person's HIV status. Confidentiality does not preclude the disclosure of information about a young player to persons who can be judged to have a right to know such as in pursuit of action to provide essential medical care to a child or to protect children from abuse.

⦿

⦿

⦿

⦿

⦿

Conclusion, Reflection, Planning

We have also developed the following short code of conduct for teams. Consider this list and add any additional guidelines that you feel should be included in such a code.

Code of Conduct for Team Players



- ☞ YDF Players should take responsibility for developing their football skills and physical fitness; for proper nutrition and the avoidance of smoking, alcohol, and social drugs; for safeguarding their health and wellbeing; and for behaving appropriately and with respect to others in practice, in matches and off the field.
- ☞ YDF Players should act as a positive role models in their communities. They should reflect appropriate behaviour on and off the football field and be a positive example to other young people.
- ☞ YDF Players should make every effort to help their team win within the rules of the game and in the spirit of fair play.
- ☞ YDF Players should know and abide by the laws, rules and spirit of the game.
- ☞ YDF Players should accept success and failure, victory and defeat, equally.
- ☞ YDF Players should demonstrate respect for their opposition and for match officials. They should avoid inappropriate words and actions, violence and rough play, and should give assistance to injured opponents.
- ☞ YDF Players should have comprehensive knowledge of the prevention of HIV and other STIs. They should practice abstinence, being faithful to one partner and use condoms. They should not engage in behaviours that put them and others at risk, such as having unprotected sex with someone whose HIV status they do not know, having sexual relations with someone under the legal age of consent, having multiple and concurrent partners, or having inter generational or transactional sex.
- ☞ YDF Players should know their rights and never feel pressured to have sexual relationship with someone they do not want to especially someone of an older generation.
- ☞ YDF Players should respect others at all times regardless of a person's ability, gender, ethnic origin, cultural background, sexual orientation, religion, or health status.
- ☞ YDF Players should never discriminate, nor tolerate discrimination, against any person living with HIV. They have a responsibility to challenge discrimination and to help remove the stigma around HIV.

☞



Lesson 1

Roles & Responsibilities of an YDF Coach

Exercise 1: Roles of a Coach

Here are some roles of a football coach. Can you add to further roles to the list.

- ☒ Instructor
- ☒ Mentor
- ☒ Teacher
- ☒ Manager
- ☒ Friend

- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____

Exercise 2: Quality of a Coach

List some of the qualities you would expect a football coach to possess.

- ☒ Approachability
- ☒ Trustworthiness
- ☒ Fairness

- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____
- ☒ _____



Lesson 1

Roles & Responsibilities of an YDF Coach

Exercise 3: Responsibilities of a Football Coach

Consider the following list of football coaching responsibilities and rank these from 1 to 10 where 1 is the most important and 10 is the least important.

Responsibility	Rank
To plan activities which are appropriate for the age and stage of development of all the players.	
To ensure the football field is safe for the footballers to play on.	
To improve the physical fitness of the players.	
To ensure the players have fun.	
To involve the players in making decisions.	
To select players and manage arrangements for matches.	
To stop players being subjected to bullying by other players.	
To dress as a coach and to act in a professional manner.	
To require players to behave appropriately on the football field and show respect for other players and officials.	

List below any other important responsibilities football coaches have when coaching young people.

- _____
- _____
- _____
- _____
- _____

Lesson 1

Roles & Responsibilities of an YDF Coach

Exercise 4: Development of the Youth Football Player

Using the box below list some of the attributes you would expect to develop in youth playing for each of the following four characteristics:

Technical & Tactical Qualities

Physical Fitness

Mental or Psychological Qualities

Social Qualities

Are there any legal responsibilities that football coaches have when working with young people? If so list these here.



Lesson 1

Roles & Responsibilities of an YDF Coach

Exercise 5: Needs & Entitlements of Children & Youth

Children and young people have basic needs which they are entitled to have met. These include the right to play sport. These needs have been set out in various United Nations charters and in many cases are addressed nationally through laws and government policies.

List in the following boxes, what you feel children and young people have an entitlement to in terms of their needs for socialisation, for protection, for personal development and for sport.

Social Needs

Protective Needs

Personal Needs

Sporting Needs

Lesson 2

What is HIV and What is AIDS

Exercise 1: How the Infection Progresses

List any facts you know about each of the four stages. An example would be that a person is highly infectious in the Primary Infection and AIDS stages. Also write down what you think the average duration of each stage would be.

Stage	Associated Facts
Primary Infection	<hr/> <hr/> <hr/> <hr/> <hr/> Average Duration
Asymptomatic	<hr/> <hr/> <hr/> <hr/> <hr/> Average Duration
Symptomatic	<hr/> <hr/> <hr/> <hr/> <hr/> Average Duration
AIDS	<hr/> <hr/> <hr/> <hr/> <hr/> Average Duration



Lesson 2

What is HIV and What is AIDS

Exercise 2: What do you know about the Pandemic

1. Approximately, how many people are there in the world living with HIV and AIDS?

- A 13 Million B 23 Million C 33 Million

2. Of all the people living with HIV and AIDS what proportion are living in Sub-Saharan Africa?

- A One Third B Two Thirds C One Quarter

3. What is the number of young people aged 15-25 who become infected with the virus every day in the world?

- A 30 B 300 C 3,000 D 30,000

4. Of all new infections what is the percentage of women being coming infected with HIV?

- A 20% B 33% C 66%

5. Which country has the highest rate of infection (percentage of the population) of HIV in the world?

- A Swaziland B Lesotho C South Africa D Germany

6. Which country has the most people living with HIV and AIDS?

- A Swaziland B Lesotho C South Africa D Germany

7. What is thought to be the origin of HIV?

- A An escaped virus originally created in a laboratory for biological warfare
 B A virus found in Chimpanzees transferring to humans
 C A virus found in Birds commonly known as Bird Flu

8. What impact has HIV and AIDS had on the life expectancy in Sub-Saharan Africans?

- A Life expectancy has increased B Life expectancy has not altered C Life expectancy has decreased

9. In South Africa how many children have been orphaned as a consequence of the HIV and AIDS pandemic?

- A 900,000 B 1,900,000 C 190,000

10. How many young people know how HIV is transmitted and how to prevent transmission?

- A 4 out of 10 young people B 9 out of 10 young people C 5 out of 10 young people

Lesson 2

What is HIV and What is AIDS

Exercise 3: What might a YDF coach do?

Reflect on the information in this lesson on the impact of the pandemic on young people and answer the following questions:

☞ How could you as a YDF coach encourage young people to find out their status?

☞ How could you as a YDF coach engage street children and help them reintegrate with their communities?

☞ How could you as a YDF coach ensure that the young people you work with have comprehensive knowledge of HIV prevention?

☞ How could you as a YDF coach help remove the stigma of HIV and AIDS in your football team.



Lesson 3

HIV Transmission and Prevention

Exercise 1: How do people contract the virus.

Read the following statements and decide whether you think the statements are true or false. Once you have completed the list, check over the page to see if your answers were right or wrong. To improve your knowledge of how people contract HIV read through the underpinning knowledge section of this lesson.

-  1. If you are with a person who is HIV positive you can contract HIV if they sneeze or cough over you. **TRUE** **FALSE**
-  2. You can contract HIV if you have unprotected sex with someone who is HIV positive. **TRUE** **FALSE**
-  3. You can only contract HIV through Anal sex with a man or a woman. **TRUE** **FALSE**
-  4. Mothers can pass HIV to their babies through breast feeding? **TRUE** **FALSE**
-  5. HIV can be contracted if you are taking social drugs and sharing needles with others who may include individuals who are HIV positive. **TRUE** **FALSE**
-  6. You can get contract HIV if you use condoms during sex as they contain the virus. **TRUE** **FALSE**
-  7. You can contract HIV by kissing someone who is infected with HIV. **TRUE** **FALSE**
-  8. A woman can contract the virus by having oral sex with an HIV positive man. **TRUE** **FALSE**
-  9. A man cannot contract HIV by having oral sex with a woman who is HIV positive. **TRUE** **FALSE**
-  10. If you use a toilet after someone with HIV, you risk picking up the virus from the toilet seat. **TRUE** **FALSE**

Lesson 3

HIV Transmission and Prevention

Exercise 3: Myths in Your Community

List any commonly held beliefs in your community about how you can contract HIV that you know are simply not true.

• _____

• _____

• _____

• _____

• _____

Exercise 4: ABC of Prevention

The following table shows the ABC of HIV prevention, Abstinence, Being Faithful, and Condomising. Using the table list some of the challenges that young people have in adhering to the ABC strategy.

Challenges for Young People	
<h1>A</h1> <p>Abstain</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<h1>B</h1> <p>Be Faithful</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<h1>C</h1> <p>Use Condoms</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Lesson 3 HIV Transmission and Prevention

Exercise 5: Condom Use

The following are statements that men often use as excuses for not using condoms. Consider each reason and put forward a response that would encourage condom use.

! Condoms are not safe they could be contaminated with HIV.

Response 

! Wearing a condom is no good, it kills the good feeling of having sex.

Response 

! Condoms are a waste of time, they have tiny holes in them that let the virus through.

Response 

! If I stop to put on a condom I will lose my erection.

Response 

! I am allergic to latex and cannot use condoms.

Response 



Lesson 4

Social Drivers of HIV and AIDS

Exercise 1: Social Drivers of HIV and AIDS

Make a list of the social factors that contribute to the spread of HIV.

• _____

• _____

• _____

• _____

• _____

Exercise 2: Age of Consent

What is the age of consent for boys and girls in your country?

• Boys - _____

• Girls - _____

At what age can you legally become married in your country?

Exercise 3:

The following are strategies that address some of the social drivers of HIV and AIDS.

List one action for each that you as a football coach or your football club or organisation could do to help implement this strategy.

Strategy	Challenges for Young People
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	_____ _____ _____

Continue... ↪



Lesson 4

Social Drivers of HIV and AIDS

<p>Provide access to health services especially for young women</p>	<hr/> <hr/>
<p>Improve comprehensive knowledge of HIV prevention in young people and adults</p>	<hr/> <hr/>
<p>Provide young people with education around the dangers of substance abuse</p>	<hr/> <hr/>
<p>Provide safe places for children to play and engage in positive purposeful activities such as sport, art, drama, music, etc.</p>	<hr/> <hr/>
<p>Promote women's rights, gender equality and the empowerment of women</p>	<hr/> <hr/>
<p>Promote respect for women amongst men and boys</p>	<hr/> <hr/>
<p>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</p>	<hr/> <hr/>
<p>Reduce the stigma of HIV and AIDS and to eliminate discrimination against people living with HIV and AIDS</p>	<hr/> <hr/>



Lesson 5

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

Exercise 1:

Consider the lifestyle of an outstanding sportsperson and make a list of the practices you would expect of such a person.

☞ Takes regular exercise

☞ Doesn't smoke

- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____

Exercise 2:

Make a list of those people you need in your support team at your football club in column **A**. In column **B** list those people who might form the support team for a person living with HIV.

A - Football Support Team

☞ Team manager

☞ Groundsman

- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____

B - HIV Support Team

☞ My partner

☞ My best friend

- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____
- ☞ _____

Lesson 5

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

Exercise 3:

Make a list of the benefits of physical fitness for a footballer in column A and in column B, the benefits to someone living with HIV improving their physical fitness.

A - Footballer	B - Person living with HIV
<ul style="list-style-type: none"> ☞ Will be able to play a full game without becoming tired. ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ 	<ul style="list-style-type: none"> ☞ Will feel healthier and better about themselves. ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____ ☞ _____



Lesson 5

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

Exercise 5:

Make a list of things you can do to avoid opportunistic infections:

• Bath daily with soap and water

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____

• _____



Lesson 6

Working with People Living with HIV and AIDS

Exercise 1: Rights & Responsibilities

Consider what the **rights** of a person living with HIV or AIDS might be. Remember all human being should enjoy the same basic human rights regardless of their gender, ethnic origin, cultural background, sexual orientation, religion, or health status. Make a list here of some basic rights that they should enjoy.

Rights

- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____

With rights come **responsibilities**. So what responsibilities do people living with HIV and AIDS have? Make a list here of some responsibilities that they should undertake.

Responsibilities

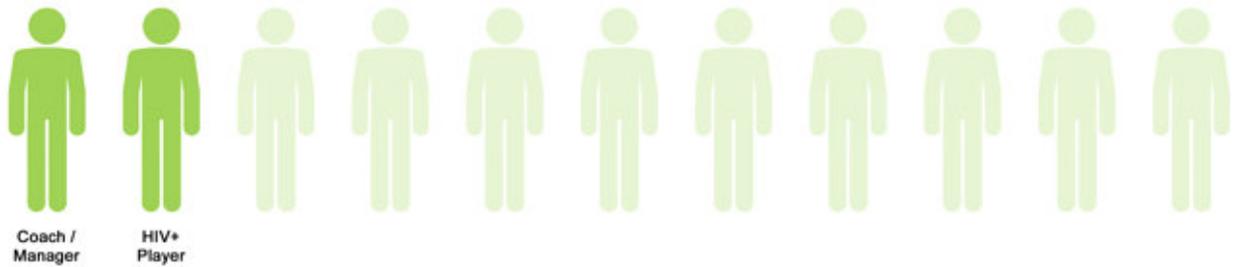
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
- Ⓔ _____
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- Ⓔ _____
- Ⓔ _____

Lesson 6

Working with People Living with HIV and AIDS

Exercise 2: Role Plays

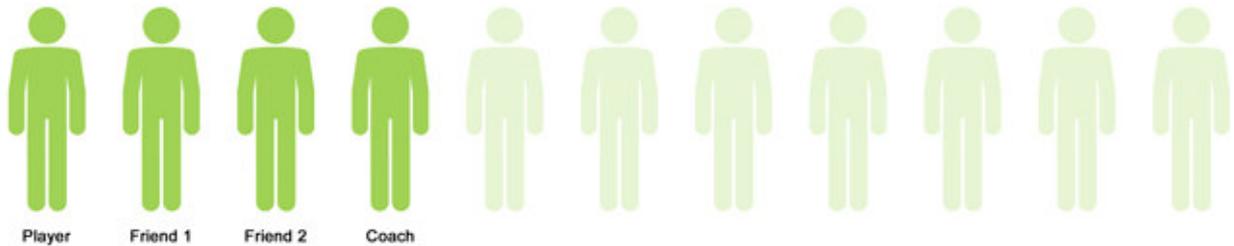
Role Play 1



Two people take part in this role play. One plays the role of a football coach or manager and the other plays the role of a young player who has just discovered they are HIV positive and does not know who they can tell. This young person decides the coach is only person they can confide in and wants to tell the coach.

The person playing the role of the player must disclose their status to the coach and share their concerns. The person playing the role of the coach must be supportive and give sound advice.

Role Play 2



Four people take part in this role play. One is a player who will be telling his friends something about HIV that is a myth i.e. **it is not true**. Two people play the role of two other players who are listening to what the first player is saying. The fourth person is a football coach who hears what is being said and must challenge the myth and correct the players understanding.

First decide who will be the active player and the active coach. The two others must be listening players. The person who is the player telling the myth must think of something to tell the two listening players that they no is a myth and is not true. The fourth person playing the coach, must listen to what is being said and then challenge the myth in an appropriate way that helps the young players understand what the truth is.



Lesson 6

Working with People Living with HIV and AIDS

Exercise 3: Developing Knowledge & Addressing Stigma

- ☛ What can I do as a coach to increase comprehensive knowledge of HIV in my young players?

- ☛ What can I do to increase knowledge in my community of HIV transmission and prevention?

- ☛ What can I do to develop the Life Skills of young players that will help them to avoid HIV?

- ☛ What can I and my partners do to assist people living with HIV?

Lesson 8

Conclusion, Reflection, Planning

Exercise 1: Questionnaire

1. What is the difference between HIV and AIDS?

- A There is no difference they are the same thing
- B HIV and AIDS are two different diseases and are not related
- C HIV is the virus that causes AIDS
- D HIV is a viral infection and AIDS is a bacterial infection

2. HIV is believed to have evolved from a similar virus found in which animal?

- A Monkey
- B Chimpanzee
- C Lion
- D Rat

3. What does it mean if a person's CD4 cell count has dropped to 350 cells/mm³ or less?

- A They have fully recovered from the virus
- B They should start ARV treatment
- C They have developed AIDS
- D They are not vulnerable to opportunistic infections

4. What is the risk of someone contracting HIV during oral sex?

- A Higher risk than during vaginal or anal sex
- B Same level of risk as during vaginal or anal sex
- C No risk at all
- D Low risk, but increased if either person has cuts or sores in their mouth

5. Which country has the highest number of people living with HIV?

- A India
- B South Africa
- C Swaziland
- D Germany

6. What is the age of consent for consensual heterosexual relations in most countries in Africa?

- A 18 years
- B 11 years
- C 16 years
- D 14 years

7. Is there a cure for AIDS?

- A Having sex with a virgin will cure AIDS
- B There is no cure for AIDS
- C There is a cure for AIDS but it is very expensive and only available to rich people
- D There is no such thing as AIDS

8. Post-exposure prophylaxis (PEP) are?

- A Anti-retroviral drugs which may be administered to prevent HIV infection as the result of an event with high risk of exposure
- B Anti-retroviral drugs can be taken before having sex that protect you from HIV
- C Anti-retroviral drugs which can be taken when a person's CD4 cell count drops to 350 cells/mm³



Lesson 8

Conclusion, Reflection, Planning

9. Which of the following behaviours does not place young women at risk of contracting HIV?

- A Having unprotected sexual relations with an older more mature male who treats her well and gives her gifts
- B Having unprotected sex with her boyfriend and with another male friend without telling her boyfriend
- C Taking drugs and hanging about in a gang where the men become aggressive and sometimes demand sex
- D Practicing abstinence and not having sexual relationships until in a mature and faithful relationship with a faithful partner whose status you know

10. Approximately, how many people are there living with HIV in the World?

- A 33 Million
- B 55 Million
- C 11 Million
- D 22 Million

11. Which of the following can transmit HIV?

- A A Mosquito Bite
- B Someone infected with HIV sneezing in a room
- C Using a cup used by a person infected with HIV
- D Having unprotected sex with someone infected with HIV

12. Having unprotected sex with multiple partners at the same time?

- A Reduces the likelihood of becoming infected with HIV and other STDs
- B Increases the likelihood of becoming infected with HIV and other STDs
- C Is not risky, if the partners I am having sex with all appear healthy
- D Has the same risk as having sex with one partner whose status I know is HIV negative

13. How many times can a male or female condom be used?

- A 3 times
- B 5 times
- C Once
- D Male condoms once, but female condoms 5 times

14. If a football player incurs an injury during practice or a match that results in bleeding?

- A The player must leave the field immediately to seek medical attention
- B Can continue playing to the end of the practice or match before seeking medical attention
- C Only needs to leave the field immediately if they are HIV positive

15. If a player on a football team informs the coach that he/she is HIV positive, the coach must?

- A Ask that player to leave the team immediately
- B Treat the player exactly as before, keeping the information you have been confidential between you and the player
- C Inform the other players on the team and ask them if the player should be allowed to remain a member of the team
- D Inform the other players on the team and tell them if they are not happy they must leave the team

Answers

Lesson 2, Lesson 3 and Lesson 8

Lesson 2

Work Sheet 2 - 2 of 3

1	2	3	4	5	6	7	8	9	10
C	B	C	C	A	C	B	C	B	A

Lesson 3

Work Sheet 3 - 1 of 4

- False** - HIV is not transmitted through coughing or sneezing.
- True** - HIV can be transmitted through unprotected sex.
- False** - HIV can be transmitted through, vaginal, anal and although low risk, in certain circumstances through oral sex.
- True** - Mothers who are HIV positive can pass the virus through breast feeding to their child.
- True** - sharing equipment for intravenous use of drugs that are not sterile can lead to transmission of HIV.
- False** - condoms do not contain HIV.
- False** - you cannot transmit HIV through kissing.
- True** - but the risk is very low, but the presence of mouth sores or cuts may facilitate the virus being passed.
- False** - although again the risk is very low, but the presence of mouth sores or cuts may facilitate the virus being passed.
- False** - HIV cannot be spread through environmental contact with items such as door handles, eating utensils, toilet seats, etc.

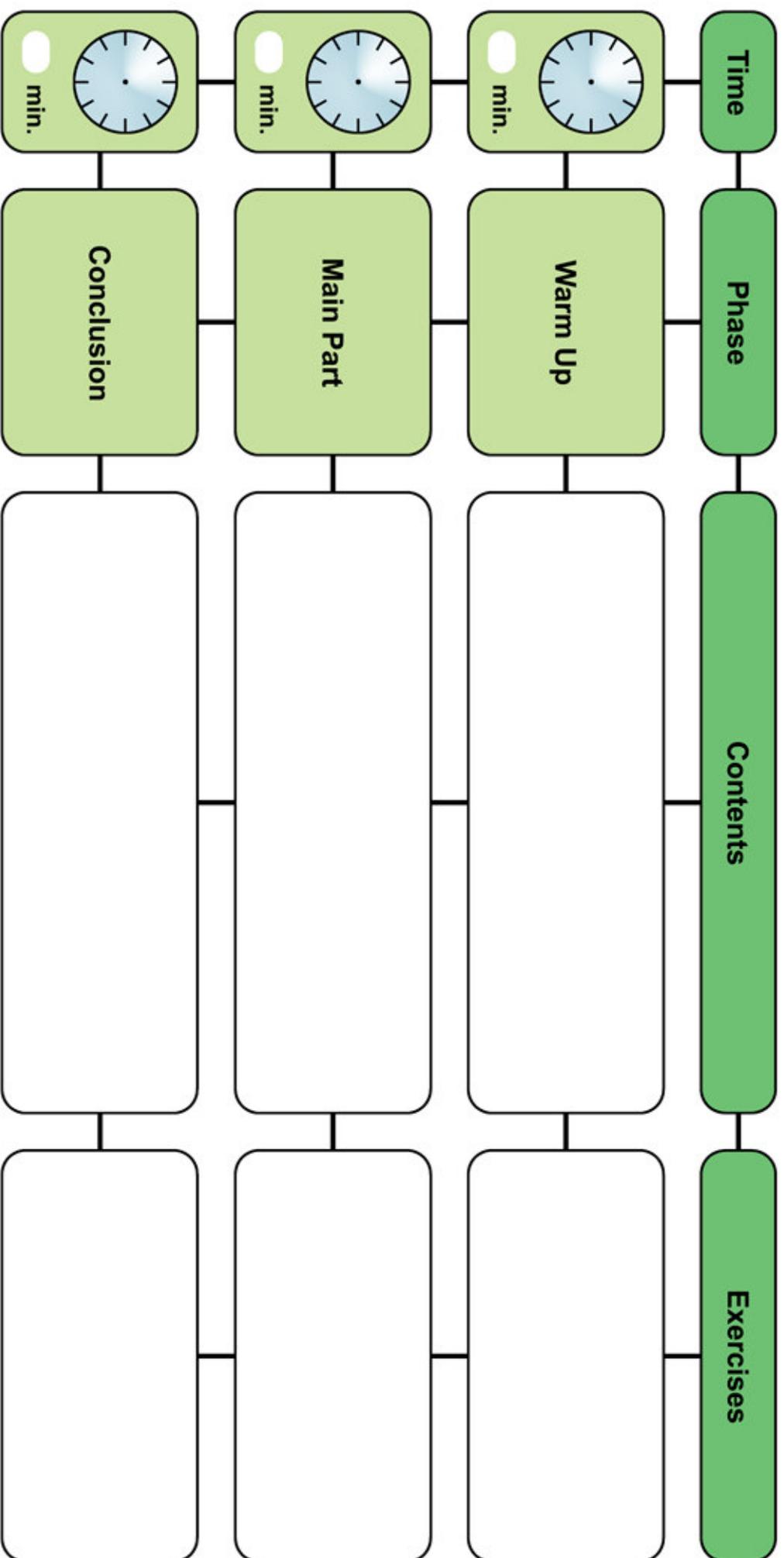
Lesson 8

Work Sheet 7 - 1 of 5 and 2 of 5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
C	B	B	D	B	C	B	A	D	A	D	B	C	A	B

TRAINING SHEETS

Structure of a Training Session



Planning / Monitoring Sheet

Date: DD/MM/YYYY

Venue:

Organiser:

Number of Players:

Objectives / Focal Points:

1. WARM UP

Time:

Training Method 1

Procedure / Organisation:

Variation:

Training Method 2

Procedure / Organisation:

Variation:

Planning / Monitoring Sheet

2. MAIN PART

Time:

Training Method 1	
Procedure / Organisation:	
Variation:	

Training Method 2	
Procedure / Organisation:	
Variation:	

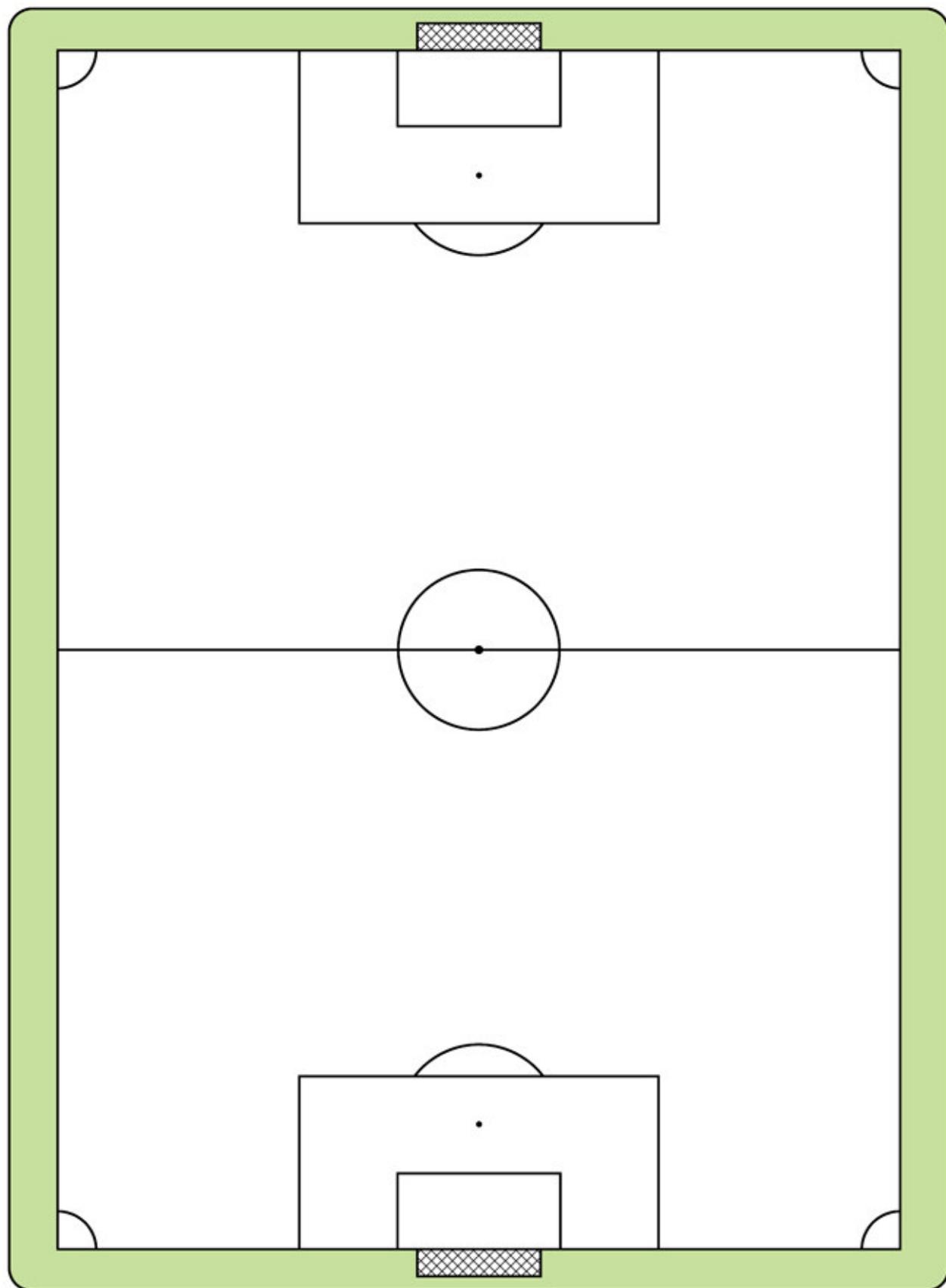
3. CONCLUSION

Time:

Training Method 1	
Procedure / Organisation:	
Variation:	

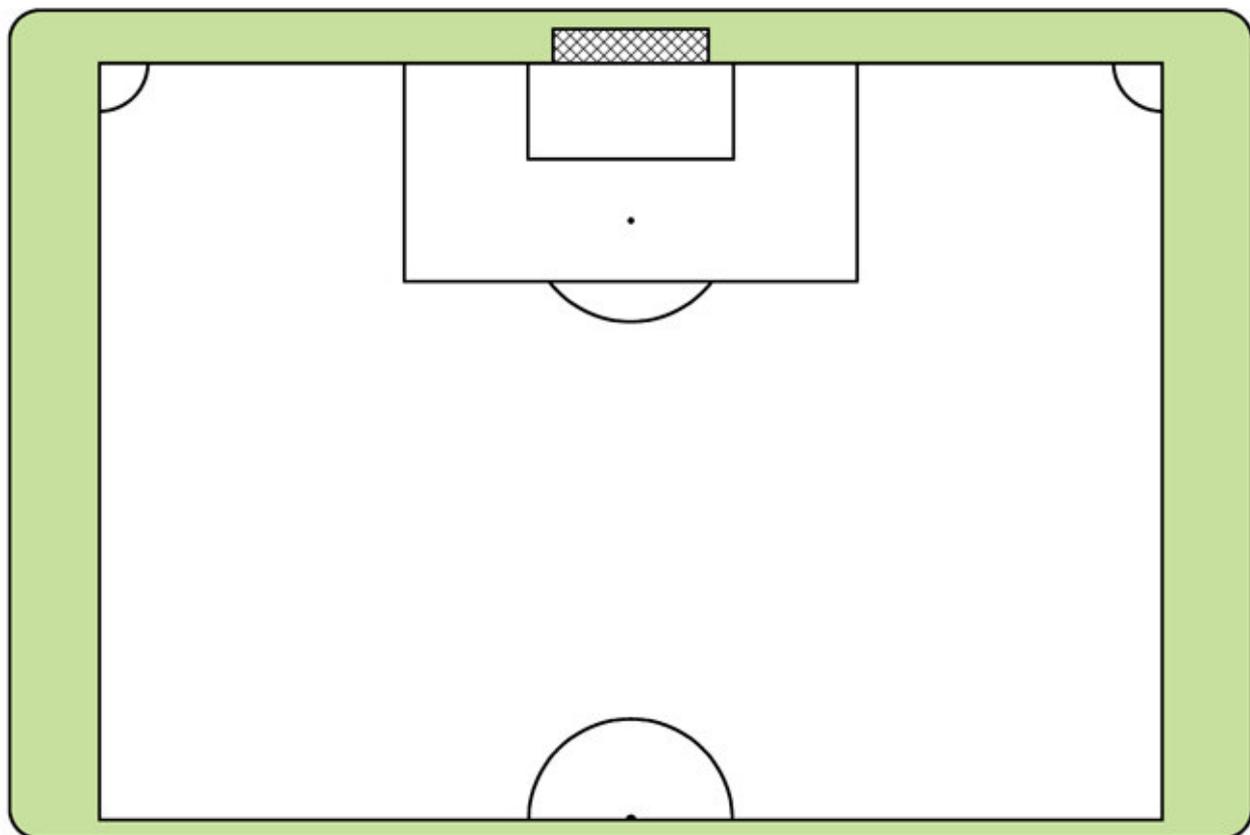
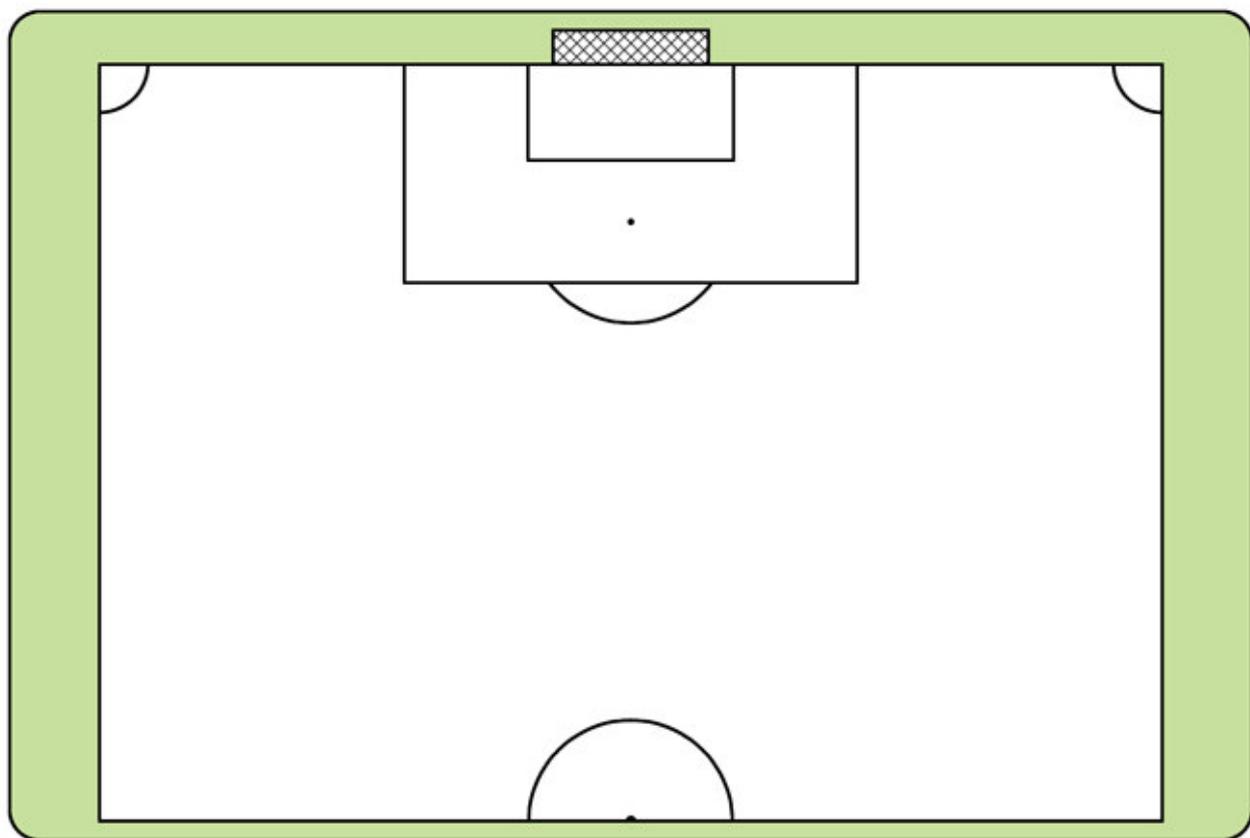


Pitch - Full
With lines and goals

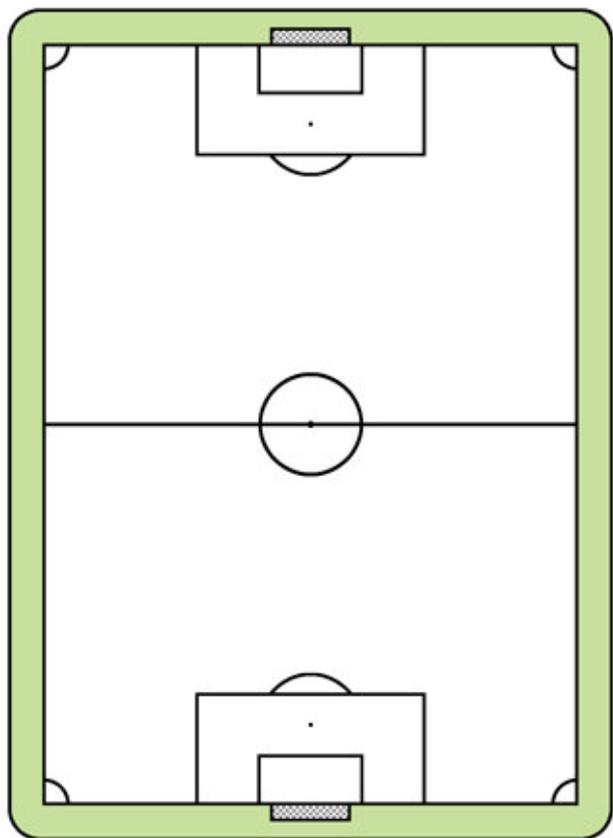
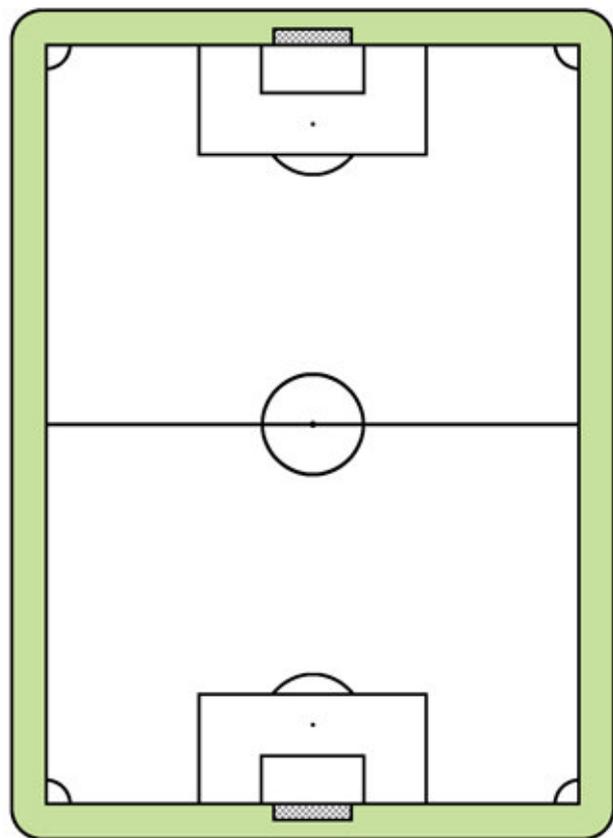
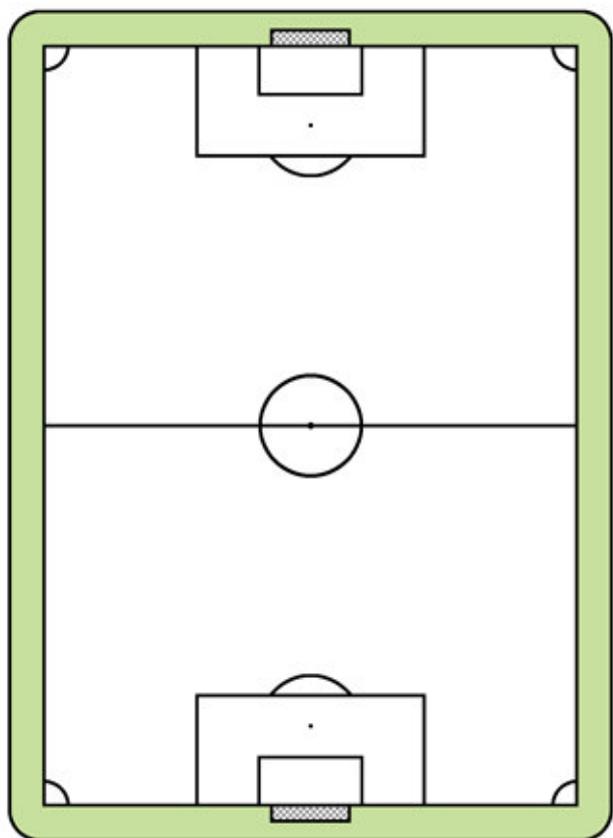
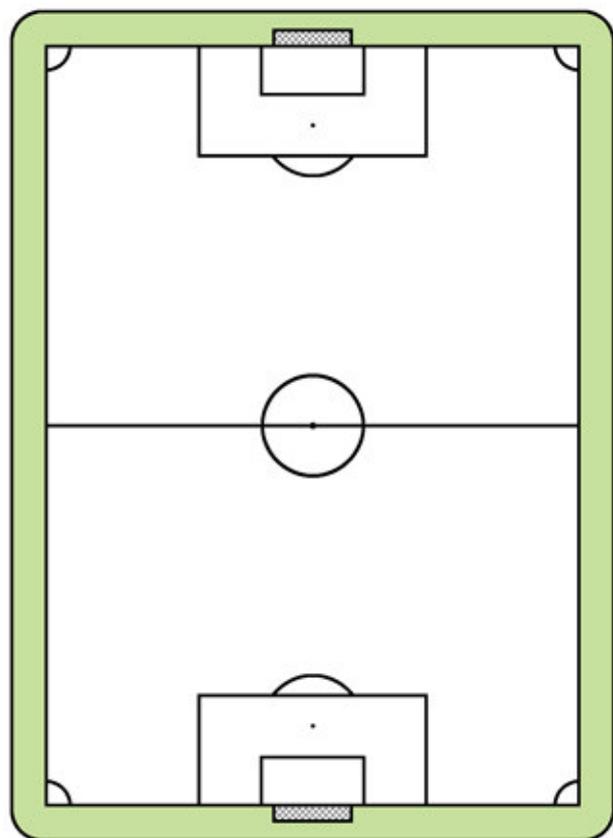


TRAINING SHEETS

Pitch - Half x 2
With lines and goals



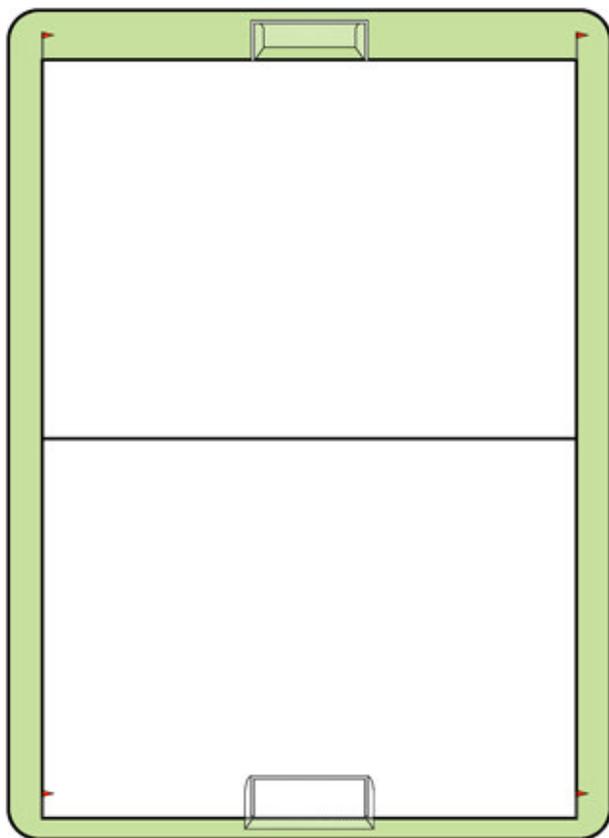
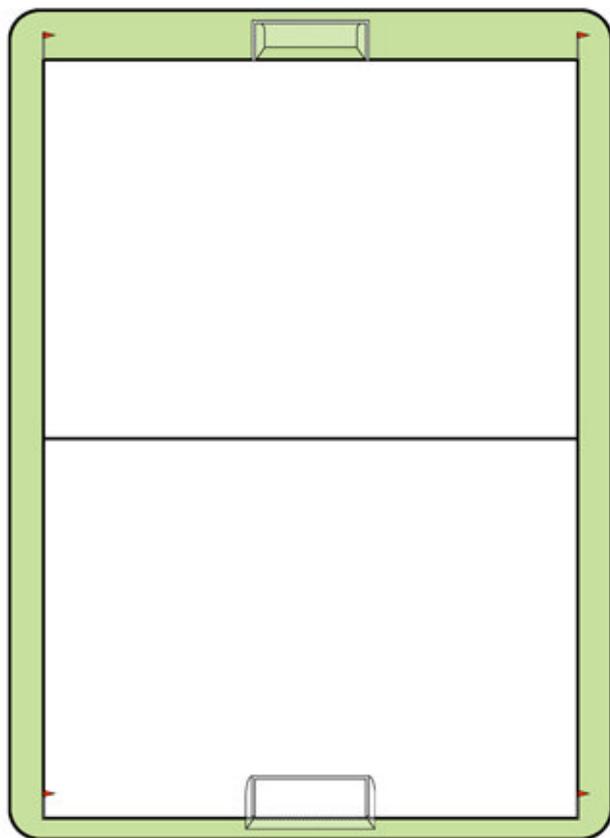
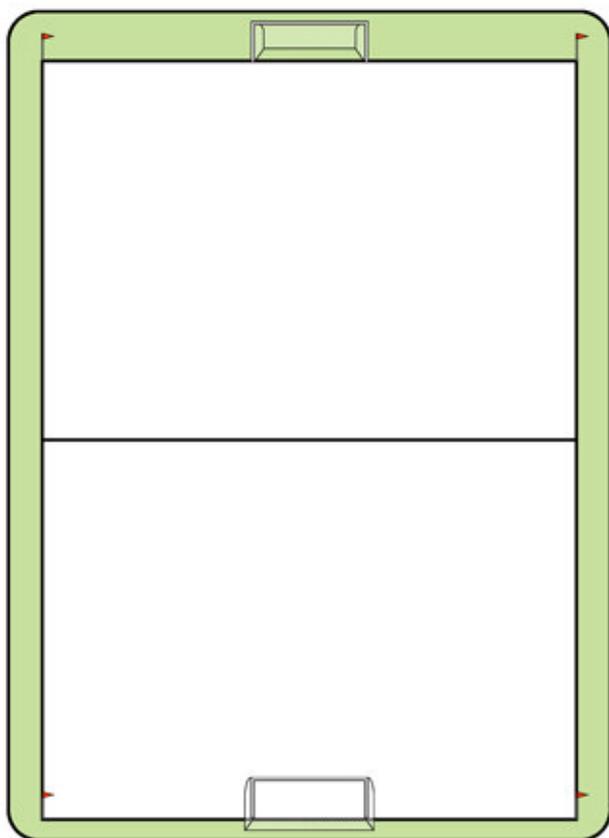
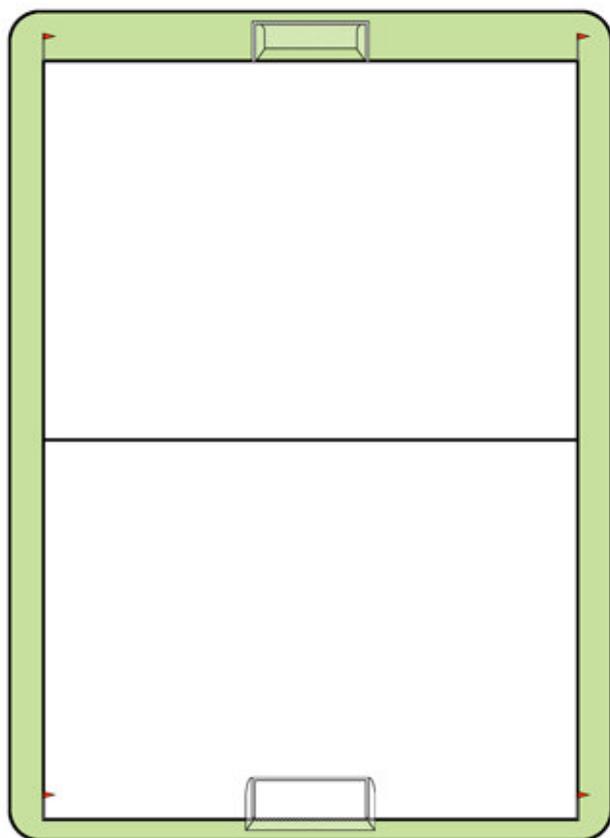
Pitch - Full x 4
With lines and goals



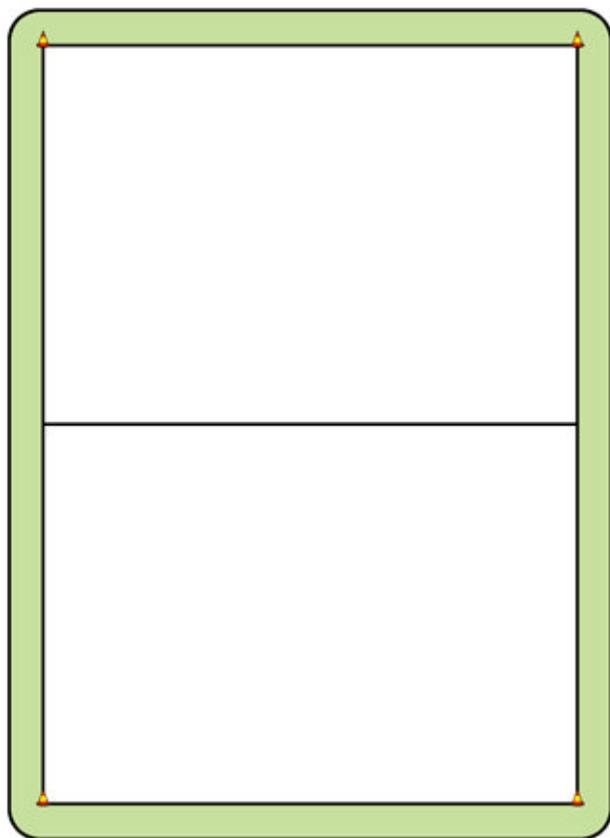
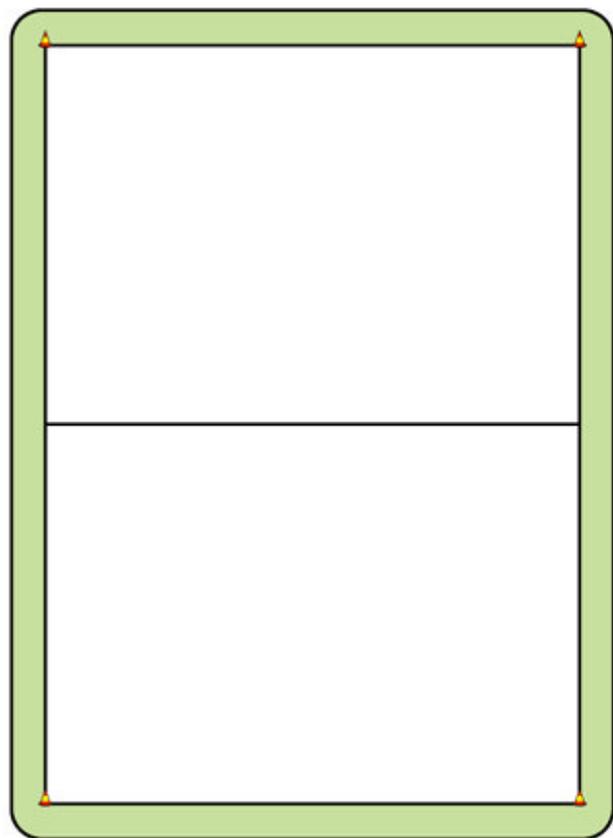
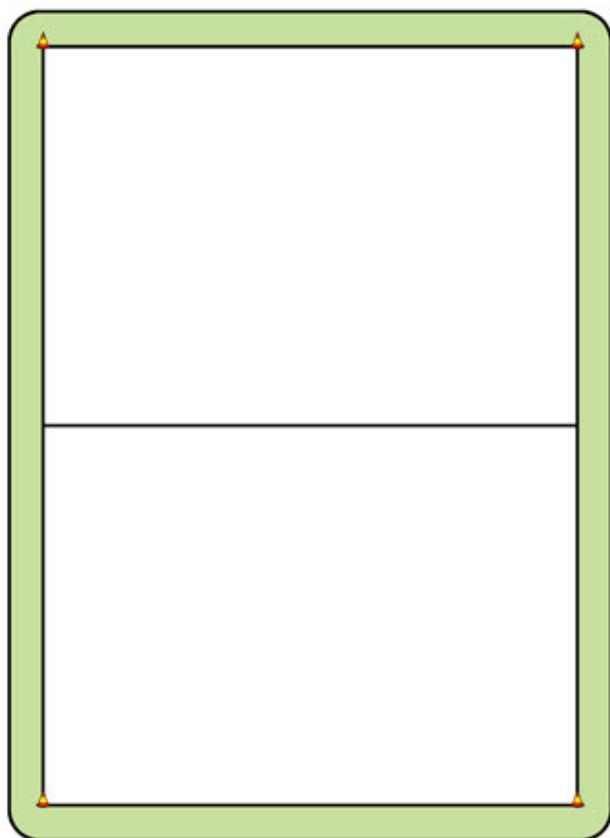
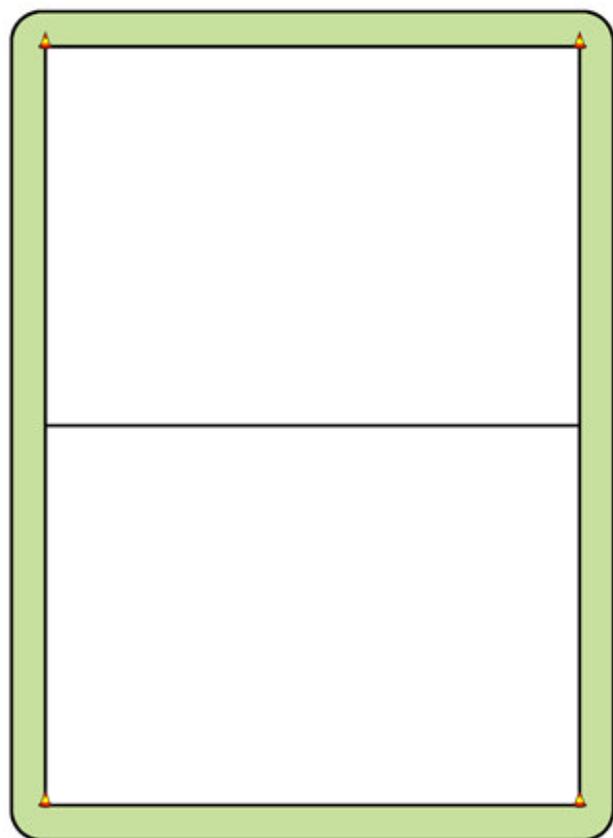
TRAINING SHEETS

Pitch - Full x 4

Without lines, with goals



Pitch - Full x 4
Without lines and goals



Two horizontal green bars with rounded ends, intended for writing a title or subject.

A series of horizontal grey lines for writing notes.