



HIVsport

FACT *or fiction?*

A FILM AND EDUCATION PACK



HIVsport Publications

CONTENTS

FACT or fiction? AN HIVSPORT FILM AND EDUCATION PACK ...page 5

FILM 1 ‘*In touch*’

Understanding HIV and AIDS ...page 7

Taking responsibility for children ...page 11

FILM 2 ‘*Dribbled to a second chance*’

Injecting drug use ...page 13

Challenging stigma and discrimination ...page 15

FILM 3 ‘*Goal for hope*’

How HIV is transmitted ...page 19

The importance of role models ...page 23

FILM 4 ‘*Play it safe*’

Knowing your HIV status ...page 25

The global impact of HIV ...page 27

FILM 5 ‘*Whizzkids United*’

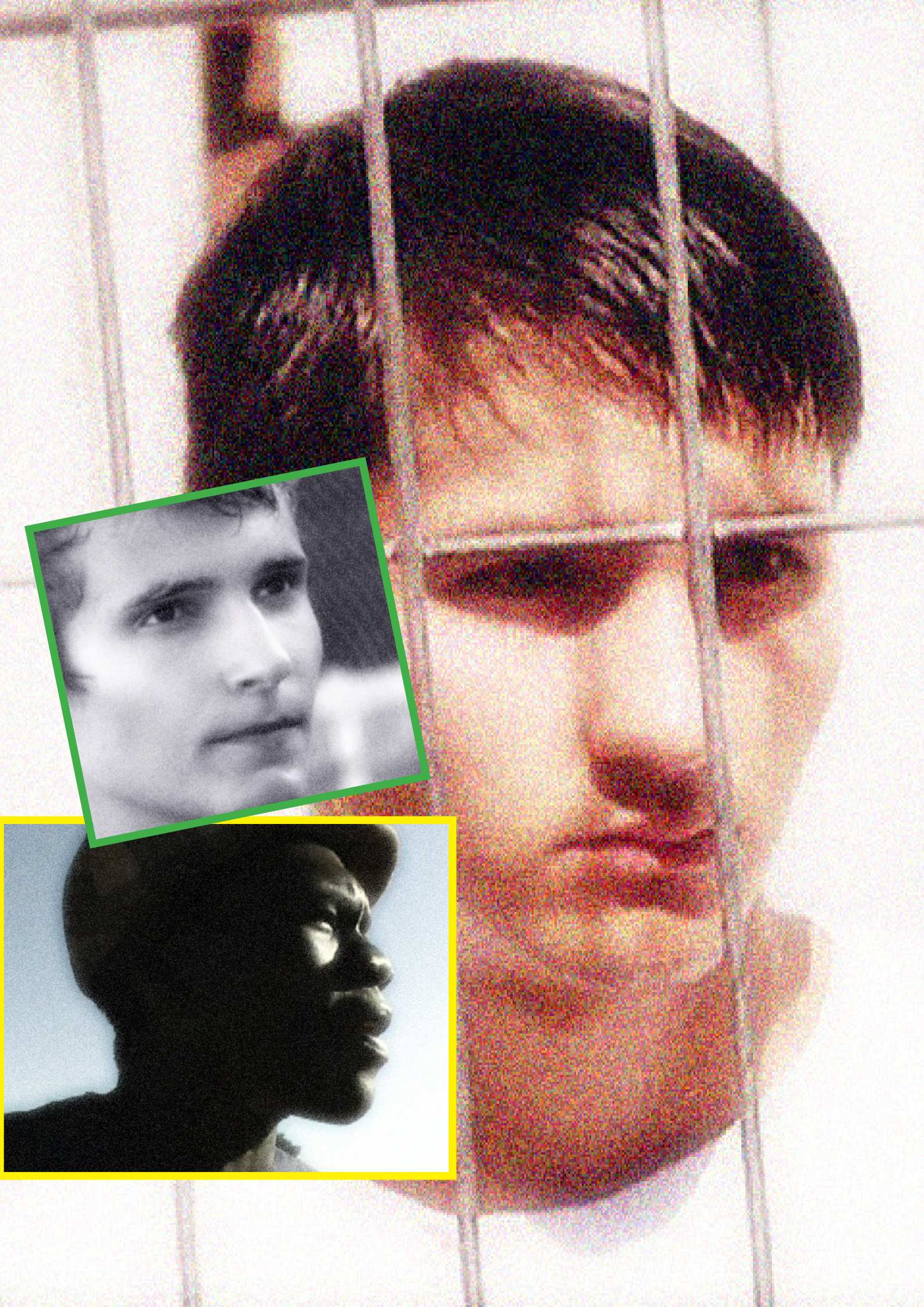
Gender equality ...page 29

What is counselling and support? ...page 31

APPENDIX ONE: HOW TO TREAT BLEEDING INJURIES ...page 33

APPENDIX TWO: SELECTED ONLINE RESOURCES ...page 34

HIVsport would like to thank those who contributed to this film and education pack, with particular thanks to all the young people who entered the competition and made films, to EuropeAid and our partners for their support.





FACT *or fiction?* AN HIVSPORT FILM AND EDUCATION PACK

This film and the associated education pack have been produced by HIVsport as part of the Millennium Development Goals Realisation project, funded by the European Commission's Europeaid programme.

ABOUT THE PROJECT

The objective of this project is to encourage young people and educators from Europe (Bulgaria, Romania, Italy and the UK) and Southern Africa to take action to deal with problems in their communities in support of realisation of the United Nations Millennium Development Goals (MDGs).

See www.un.org/millenniumgoals.

Our lead partner is the Open Education Centre Foundation in Bulgaria. The project website can be found at www.mdgproject.com. Please click on the Union Flag symbol for the English language version.

ABOUT HIVSPORT

HIVsport uses the 'Badge of Hope' to raise awareness of HIV and AIDS and promote sexual health and wellbeing in sport. The organisation works in partnership with professional sporting associations, umbrella HIV and sexual health organisations, the media, medical and corporate bodies to:

- Create, through sport, greater public awareness of the global epidemic of HIV and AIDS
- Provide education and training to people in all roles in sport around HIV and sexual health
- Support sports-related HIV and sexual health education projects

THE FILM

We asked young film-makers to tell us their idea for a 5 minute short film that would show how sport can raise awareness about HIV and AIDS, keeping in mind that the purpose of the film is to educate young people in Europe and Southern Africa. Above all, we wanted young people to tell their stories in the way they wished so that they could speak directly to other young people across the world. We then commissioned 10 short films, which were judged by a panel of professional filmmakers, young people and HIVsport and other sexual health and marketing experts. The result is, 'Fact or fiction?' featuring

...page 5

five short films from Africa and Europe.

The films are:

1. *In Touch* by Timmins Langeveldt
2. *Dribbled to a Second Chance* by Apostu Emilia, Blajin Oleg and Toma Ioana
3. *Goal for Hope* by Danny Lurie
4. *Play it Safe* by Takudzwa Mukiwa
5. *Whizzkids United* by Whizzkids United

THE EDUCATION PACK

Each film deals with two different issues concerning HIV and AIDS and how sport can help raise awareness and educate young people about HIV and AIDS. The education pack supports the films and focuses on the two topics for discussion that are raised at the beginning and end of each film.



FILM 1

'In touch' by TIMMINS LANGEVELDT

Country: Zimbabwe

...page 7

Topic for discussion (1):

Understanding HIV and AIDS

WHAT IS HIV?

HIV stands for Human Immunodeficiency Virus. The virus weakens the body's immune system – the system that fights against infections. HIV eventually causes AIDS, or Acquired Immune Deficiency Syndrome. Left untreated, AIDS will cause the death of the person infected with the HIV virus.

WHAT IS AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome.

The full name for AIDS – Acquired Immunodeficiency Syndrome – describes three features of the infection:

Acquired indicates that it is not an inherited condition.

Immune deficiency indicates that the body's immune system breaks down. A person with HIV becomes vulnerable to a range of opportunistic infections which normally the body could fight off.

It is one or more of these infections which will ultimately cause death.

Syndrome indicates that the disease results in a variety of health problems.

IS THERE A CURE FOR HIV INFECTION?

No, there is no cure as yet for HIV infection. However, advances in medical treatment over the past twenty years means that the infection can be successfully treated in the vast majority of people who have the virus. Recent research has shown that if treatment commences at the right time and is continued according to correct procedures then the person is likely to have a life span equivalent to someone who does not have HIV. These are good reasons to be optimistic but it should be borne in mind that HIV infection is still an extremely serious long-term medical condition that currently requires expensive health and social care management,

similar to diabetes and other complex health conditions.

WHO IS AFFECTED?

Anyone can become infected with the HIV virus. HIV does not discriminate in any way. According to UNAIDS, the coordinating body for the global response to HIV and AIDS, there were 2.7 million new HIV infections in 2010, including an estimated 390,000 among children. This was 15% less than in 2001, and 21% below the number of new infections at the peak of the epidemic in 1997. The number of people becoming infected with HIV is continuing to fall, in some countries more rapidly than others. HIV incidence has fallen in 33 countries, 22 of them in sub-Saharan Africa, the region most affected by AIDS.

The number of people living with HIV is now estimated to be approximately 34 million. The number is increasing each year as more people are being treated and living longer, but it also reflects the continued large number of new infections each year.

You cannot tell if someone has HIV just by looking at them. At the early stages of the infection the person infected will probably not notice any change in their health, but they can still transmit the virus. The only way to find out if a person has the HIV virus is through a simple blood test.

WHAT IS THE GLOBAL RESPONSE TO HIV AND AIDS?

Millennium Development Goal 6 commits the world community to Combat HIV/AIDS, Malaria and Other Diseases. Specifically, for HIV and AIDS this means to:

- Halt and begin to reverse, by 2015, the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ARE THESE GOALS BEING MET?

According to UNAIDS the most dramatic increases in antiretroviral therapy coverage have occurred in sub-Saharan Africa, with a 20 percent increase

between 2009 and 2010 alone. It is estimated that at least 6.6 million people in low- and middle-income countries are receiving HIV treatment. This is an increase of more than 1.35 million over the previous year. In low- and middle-income countries 47% of the 14.2 million eligible people living with HIV were on antiretroviral therapy at the end of 2010, compared to 39% at the end of 2009.

Universal access to treatment (defined as 80%, or greater coverage) has been achieved in Botswana, Namibia and Rwanda, while Swaziland and Zambia have achieved coverage levels between 70% and 80%. Across cities and villages in sub-Saharan Africa, from Harare to Addis Ababa to rural Malawi and South Africa's Kwazulu Natal province, introducing HIV treatment has dramatically reduced AIDS-related mortality. In low- and middle-income countries globally, treatment has averted 2.5 million AIDS deaths since 1995, the majority in the past few years.

(Source: UNAIDS World AIDS Day Report 2011, p. 19).

WHAT IS THE SITUATION IN ZIMBABWE?

In a report written in September 2010, USAID, the US Government Department responsible for international development, stated that

The first reported case of AIDS in Zimbabwe occurred in 1985. By the end of the 1980s, approximately 10 percent of the adult population was infected with HIV. This figure rose dramatically in the first half of the 1990s, peaking at more than 36 percent between 1995 and 1997. Since the late 1990s, prevalence has been consistently declining. With a national adult prevalence of 15.3 percent at the end of 2007, Zimbabwe was one of the 10 highest-prevalence countries in sub-Saharan Africa. According to national estimates, prevalence decreased to 13.6 percent in 2010. The epidemic has reduced life expectancy, deepened pervasive poverty among vulnerable households and communities, skewed the size of populations, undermined national systems, and weakened institutional structures. (Source: USAIDS Zimbabwe HIV/AIDS Health Profile).¹

According to UNAIDS, 59 percent of people infected with the HIV virus are now on treatment and this is responsible for the large drop in deaths from AIDS in recent years. Clearly, with a life expectancy of just 42 years, the situation in Zimbabwe is still extremely serious, but with continued investment in health care, political will and international support there are reasons to be more optimistic about the future.

...page 9



¹ See http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zimbabwe_profile.pdf



FILM 1

'In touch' by TIMMINS LANGEVELDT

Country: Zimbabwe

...page 11

Topic for discussion (2):

Taking responsibility for children

In the film we saw a lot of discussion about children and how they can become more educated about HIV. According to USAID:

Children in Zimbabwe are affected by the epidemic by contracting the disease from their mothers and/or by losing a parent to the disease. At the end of 2009, approximately 1 million children under age 18 had been orphaned by AIDS, according to Ministry of Health and Child Welfare (MOHCW) estimates. The Government estimates that one in four children under 18 has lost one or both parents to HIV. An estimated 152,000 children under age 15 are HIV positive, and, according to UNAIDS, HIV is the underlying cause of more than one-third of all deaths among children under age five.

The traditional extended family and other support systems are

overwhelmed by this situation. The majority of these children have no extended family networks to rely on following the death of their parents.

The elderly have also been affected by the AIDS-related deaths of their grown children who had previously supported them, and, according to the United Nations Children's Fund (UNICEF), 40 to 60 percent of orphans in Zimbabwe are now cared for by their grandmothers. The percent of orphans and vulnerable children (OVC) reached by support services has been declining due to the impact of hyperinflation on national budgets, further burdening those caring for children orphaned by HIV. (Source: USAID Zimbabwe HIV/AIDS Health Profile).

Children living with HIV in Eastern and Southern Africa.

UNICEF, the lead international body for children and young people, reports that an estimated 2.5 million of those living with HIV at the end of 2009 globally were children under the age of 15, with 1.6 million of them residing in Eastern and Southern Africa (ESA). More than 90 percent of these infections occurred during pregnancy, delivery or breastfeeding.

In hyper-endemic countries, HIV has reversed hard-won gains in the reduction of child mortality. In Southern Africa, between 12 and 52 percent of all child deaths are caused by HIV/AIDS.

In 2009, an estimated 370,000 children globally were newly infected, 130,000 of them in Southern Africa. Compared to 2004, the number of newly infected children in Southern Africa decreased by 32 percent, largely as a result of scaled up programmes reducing the transmission of HIV.

ORPHANED AND VULNERABLE CHILDREN (OVC)

As of 2009, more than 10 million children in the region had lost one or both parents to AIDS, and millions more have experienced deepening poverty, lost education and discrimination. For a generation of children and adolescents, HIV and AIDS have redefined the very meaning of childhood.

The risks faced by children whose lives are affected by HIV and AIDS are well documented. The virus adds an extra burden on already poor families, reducing their capacity to care for their children. It causes households to fragment, and makes children susceptible to abuse, exploitation, discrimination and crime.

With millions of children made vulnerable by the epidemic, care and support to help them survive and be protected from abuse and exploitation are nowhere near adequate. Where data is available, the percentage of children receiving external support remains low: Only in Swaziland (41 percent) and Botswana (31 percent) are significant numbers of vulnerable and orphaned children being reached. In most other countries in the region, only around 20 percent or less (7 percent in Tanzania) of these children receive some sort of external support. (Source: UNICEF).²

HOW CAN SPORT HELP?

In the film we saw how the Community Arts Project football programme provides a space for children and young people to spend time together, play football and to learn about HIV and AIDS from each other. The football project also provides a refuge for children who are suffering physical or emotional abuse at home. The film makes clear that many of the children are orphans the project can give these children a sense of family where everyone is equal.

One point of controversy in the film is where the coach says that he encourages sexual abstinence among the children. HIVsport does not support 'abstinence only' programmes as these have been shown to fail to prevent the transmission of HIV. We prefer the term 'sexual responsibility' to mean that everyone should be take responsibility for their own sexual health and that of their partner(s). Being empowered to make informed decisions, including understanding of HIV, is part of sexual responsibility.

² http://www.unicef.org/esaro/5482_HIV_AIDS.html

FILM 2



'Dribbled to a second chance' by APOSTU EMILIA, BLAJIN OLEG AND TOMA IOANA

Country: Romania

Topic for discussion (1):

Injecting drug use

...page 13

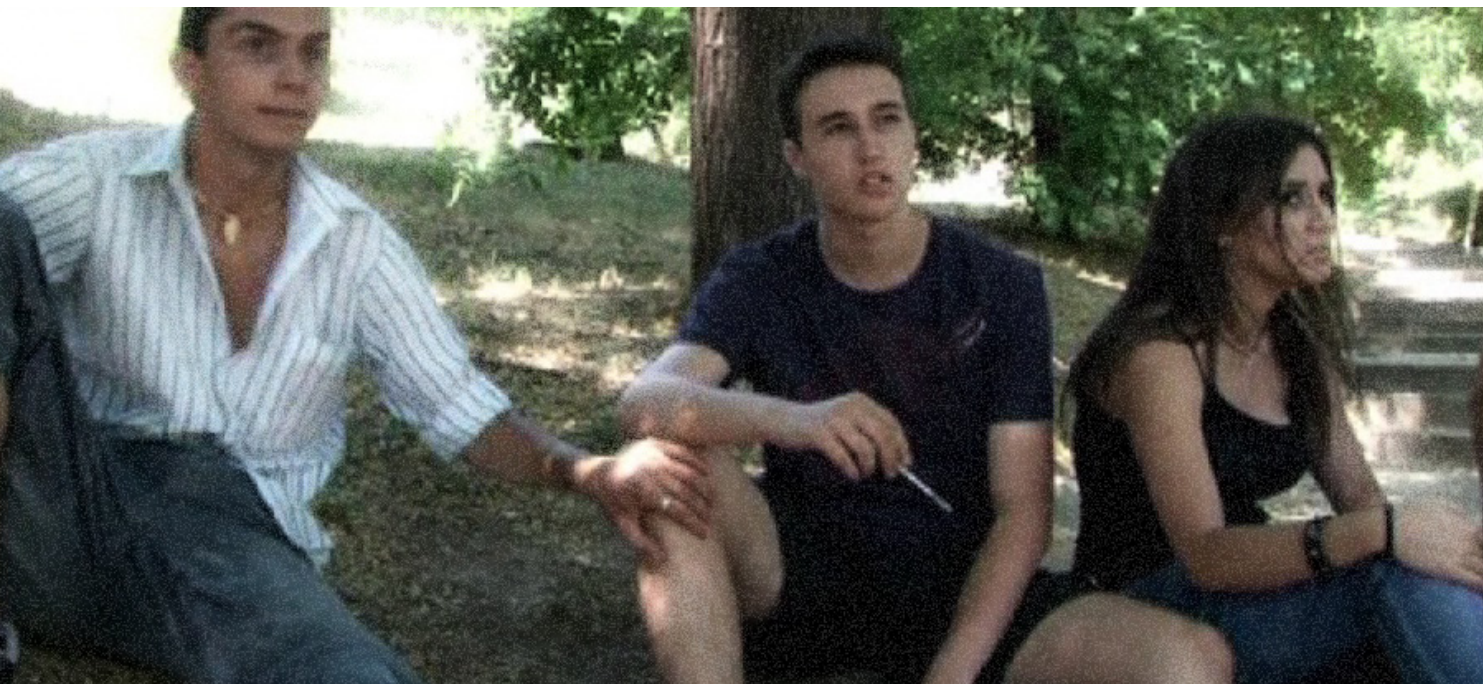
Re-using or sharing needles, syringes and drug preparation equipment is a highly efficient way of transmitting HIV and other infections such as hepatitis.

If injecting steroids (or any other drug) a clean needle should always be used and disposed of safely after use. There is a very small risk of a needle-stick injury resulting in HIV transmission which is why needles must be safely handled and disposed of.

HIVsport does not condone the taking of illegal or non-prescribed drugs. However, people who inject illegal drugs often have chaotic lifestyles and may be unable to make clear and rational choices about their health, thus leading to undue risk-taking.

WHY IS IT AN ISSUE?

According to the UNAIDS 2011 report, in Eastern Europe and Central Asia, there was a 250% increase in the number of people living with HIV from 2001 to 2010. The Russian Federation and Ukraine account for almost 90% of the Eastern Europe and Central Asia region's epidemic. Injecting drug use remains the leading cause of HIV infection in this region, although considerable transmission also occurs to the sexual partners of people who inject drugs. There is little indication that the epidemic has stabilized in the region, with new HIV infections and AIDS-related deaths continuing to increase. After slowing in the early 2000s, HIV incidence in Eastern Europe and Central Asia has been accelerating again since 2008.



Unlike most other regions, AIDS-related deaths continue to rise in Eastern Europe and Central Asia.

WHAT IS THE SITUATION IN ROMANIA?

According to the UNGASS Report of March 2010,

Romania is one of the few countries in Central and South-Eastern Europe with a significant number of people affected by HIV/AIDS. According to the National Report of the HIV/AIDS Monitoring and Evaluation Department in Romania, at the end of 2009, a cumulative total of 16,162 cases of HIV and AIDS infection had been recorded, while 10041 persons were living with HIV/AIDS. The majority of the cases were diagnosed at the age when they were children (<14). Currently, the majority of the people living with HIV in Romania are adults (the 17- 21 years being the most prominent group), while a relatively low number of children are living with HIV.

Almost 50% of the newly discovered

HIV/AIDS cases discovered in 2009 are among young persons aged 15 to 29. Among adults, sexual transmission is prevalent (3/4 of the newly discovered HIV/AIDS cases). In 2009, the testing services provided for vulnerable groups highlight that IDUs (Injecting Drug Users) are may be one the most vulnerable groups to HIV/AIDS. The increased vulnerability of IDUs is demonstrated by the slow increases in HIV newly diagnosed cases among this population. Among the children, the vertical transmission is responsible for 20 new cases of HIV/AIDS in 2009. In conclusion, the sexual transmission of HIV continues to lead the epidemic among adults. Injecting drug use remains as a major risk factor especially for the capital city Bucharest where it is estimated that 1% of the population is injecting heroin. (Source: UNGASS Country Progress Report, Romanian, March 2010).³

³ http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2010countries/romania_2010_country_progress_report_en.pdf

FILM 2

'Dribbled to a second chance' by APOSTU EMILIA, BLAJIN OLEG AND TOMA IOANA

Country: Romania

...page 15

Topic for discussion (2):

Challenging stigma/discrimination

WHAT IS AIDS RELATED STIGMA AND DISCRIMINATION?

AIDS-related stigma and discrimination (whether real or perceived as real) refers to prejudice, negative attitudes, abuse and maltreatment directed at people living with HIV and AIDS. The consequences of stigma and discrimination are wide-ranging: being shunned by family, peers and the wider community, poor treatment in healthcare and education settings, an erosion of rights, psychological damage, and a negative effect on the success of HIV testing and treatment. AIDS stigma and discrimination exist worldwide, although they manifest themselves differently across countries, communities, religious groups and individuals. They occur

alongside other forms of stigma and discrimination, such as racism, stigma based on physical appearance, homophobia or misogyny and can be directed towards those involved in what are considered socially unacceptable activities such as prostitution or drug users.

Stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the epidemic as a whole. On a national level, the stigma associated with HIV can deter governments from taking fast, effective action against the epidemic, whilst on a personal level it can make individuals reluctant to access HIV testing, treatment and care.

Factors that contribute to HIV/AIDS-related stigma include:

- HIV/AIDS is a life-threatening disease, and therefore people react to it in strong ways
- HIV infection is associated with behaviours (such as homosexuality, drug addiction, prostitution or promiscuity) that are already stigmatised in many societies
- Most people become infected with HIV through sex, which often carries moral baggage
- There is a lot of inaccurate information about how HIV is transmitted, creating irrational behaviour and misperceptions of personal risk
- HIV infection is often thought to be the result of personal irresponsibility
- Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished. (Source: Avert: International HIV and AIDS charity).⁴

HOW CAN AIDS-RELATED STIGMA AND DISCRIMINATION BE CHALLENGED?

Stigma can be a very powerful response to the HIV and AIDS epidemic and is present in every country and region where HIV is found, and therefore exists in every country in the world. Unless stigma and its consequence, discrimination, is challenged, a vicious circle emerges whereby people who think they may be infected may go into denial, refuse to get tested and will therefore not get the treatment they need. In the meantime they are highly infectious and can pass the

virus on to other people, who in turn are afraid to get tested and so on. This is how an epidemic spreads and breaking this 'cycle of silence' is crucial in any strategy to effectively tackle HIV and AIDS. The ways this can be done include:

- Raising awareness of HIV and AIDS through the media
- Providing education about HIV and AIDS
- Having laws and policies to prevent discrimination against people living with HIV and AIDS (plwha)
- Encouraging people to talk about HIV and AIDS with their family, community and work colleagues
- Empowering plwha to advocate for and demand rights, such as effective treatments, employment and access to other social resources
- Building the capacity of civil society organizations which provide services for plwha and campaign on behalf of plwha
- Encouraging high profile individuals, such as sportsmen and women to speak out about HIV and AIDS.

HOW CAN SPORT HELP?

In the film we saw how the main character was shunned by his girlfriend and his other friends, but was accepted into the basketball team. Sport can be a very effective way to help challenge stigma. Not only can high profile stars such as Didier Drogba and others provide great publicity, but at a local level sport can be a place where everyone is made to feel welcome.

The good news is there have been no confirmed cases of anyone catching HIV while taking part in sport and medical

experts agree that the chances of it happening are much less than one in a million. HIV cannot be transmitted through normal bodily contact such as might occur in tackling an opponent. It cannot be caught by sharing shower and toilet facilities, or through sharing a glass of water or cutlery.

WHAT SHOULD I DO IF A TEAM MATE HAS HIV?

Discovering that someone you know has HIV can be a bit of a shock. It is just something many prefer not to think about. Unfortunately there is still a lot of stigma and discrimination against people who are HIV positive.

Normally this is because people do not really understand HIV and are frightened by it and turn that fright into hatred or anger against people who are living with it. These feelings are natural but only make matters worse. Remember that HIV cannot be caught while playing sport, sharing changing facilities or in normal social situations so in fact, there is nothing to worry about. If you know of someone who is HIV positive then the right thing to do is just to treat them as you would anyone else.

CAN I PLAY SPORT IF I AM HIV POSITIVE?

Most definitely yes! HIV infection is not a reason to prevent anyone from taking part in sports activities. There has been at least one Olympic Gold Medal Winner who was HIV positive so it is no barrier to participation at any level.

Anyone who is diagnosed HIV positive should take advice from their doctor but generally, regular physical

activity is strongly recommended for most individuals infected with HIV.

Participation in regular exercise/sports can have significant beneficial effects both psychologically and with regard to boosting the immune system. Similarly, progressive resistance training (circuit weight training) can also help to develop muscle mass, muscle strength and play a key role in maintaining bone mass.

Unquestionably, regular physical exercise has definite benefits for people living with HIV and is an effective means of ongoing management of the condition. There may be times, such as when starting on a treatment regime, when it is best to limit the amount and degree of physical activity. HIVsport recommends that the appropriate amount of physical activity be discussed with medical supervisors. (Source: Sport, HIV and AIDS: the facts).⁵

A NOTE ON THE USE OF LANGUAGE

At the very end of the film it says that 'Alex is now close to becoming a famous basketball player and an idol for those who suffer from HIV'. HIVsport prefers to use the phrase 'living with HIV' rather than to use words such as 'suffer' as this can help to reinforce notions of victimization. Likewise the terms 'infection' or 'condition' rather than 'disease' which can also have negative connotations.

...page 17

4 <http://www.avert.org/hiv-aids-stigma.htm>

5 Available for free download from www.hivsport.org



FILM 3

'Goal for hope' by DANNY LURIE

Country: South Africa

Topic for discussion (1):

How HIV is transmitted

In the previous two films we have touched upon the subject of how HIV is transmitted without going into the details. In this film we take a closer look. Knowing how HIV is transmitted, and just as important, how it cannot be transmitted, is the starting point in HIV/AIDS education.

HIV can only be transmitted from one person to another by an exchange of bodily fluids. The bodily fluids in question are:

- Semen
- Vaginal fluid
- Blood
- Breast milk

In reality there are only four ways in which this can happen, and each of these can be prevented.

1. Unprotected sex (without using a condom) – This is by far the most common means of transmission and heterosexual couples are similarly

at risk as homosexual partners. HIV does not discriminate in this way. Condoms are currently the best way to reduce the risk of becoming infected with HIV or giving it to someone else during sex. HIVsport acknowledges that young people and adults make their own decisions about who they have sex with, but we believe that all choices must be with respect to your own health and the health of your partner. Using a condom is a mark of respect.

2. Drug injecting with a contaminated needle – Sharing a needle with someone else is high-risk behaviour and a potential cause of HIV transmission. If, for any reason, you are injecting steroids (or any other drug) you should always use a clean needle and dispose of it safely after use. There is a very small risk of a needle-stick injury resulting in HIV transmission which is why all needles must be safely handled and disposed of. HIVsport does not condone the taking of illegal or non-prescribed drugs.



...page 19

3. Blood and blood products – Due to advances in medical screening, there is negligible risk that transmission could occur through a blood transfusion or during an organ transplant. Virtually every country now has effective screening mechanisms to ensure this does not happen and is no reason to avoid surgery or to have a transfusion when recommended by a qualified physician.

4. Mother to Child Transmission – Children can become infected from their mother particularly during childbirth or through breastfeeding. However, this risk can be reduced markedly provided the mother's HIV status is known in advance. (Source: Sport, HIV and AIDS: the facts)⁶.

Other bodily fluids are NOT infectious. These include: Saliva; Urine; Tears; Sweat; Faeces and Vomit.

There is no evidence to suggest that HIV can be transmitted through any of these fluids.

There must also be a transmission from one person to another, which is why the mere presence of blood, for example, a cut, does not pose a risk provided that it is dealt with appropriately. Please see Appendix 1 for how to deal with wounds caused through playing sport.

...page 20

HIV CANNOT be transmitted in any other way, such as shaking hands, sharing cutlery, cups and glasses, using the same toilet and kitchen facilities etc.

It is perfectly safe to play sport with someone who is HIV positive.

WHAT'S THE SITUATION IN SOUTH AFRICA?

USAID reports that:

With the highest number of infections in the world, South Africa is one of the countries most severely affected by the AIDS epidemic. The country's first HIV infection was reported in 1982. According to the most recent estimate by the Joint United Nations Program on HIV/AIDS (UNAIDS), South Africa's total number of people living with HIV/AIDS (PLWHA) now stands at 5.6 million, and the epidemic is now stable. While the number of PLWHA has stabilized in recent years, South Africa continues to face a generalized hyper epidemic due to high HIV prevalence. There are numerous modes of transmission and drivers of the disease.

South Africa's HIV epidemic is generalized and also considered hyper endemic due to the high rate of HIV prevalence and the modes and drivers of HIV. Also, the country is one of the few where maternal and child mortality has increased since the 1990s, and AIDS is the largest cause of maternal mortality. It accounts for an estimated 42.5 percent of maternal deaths, according to the World Health Organization (WHO), and for 35 percent of deaths in children under 5. (Source: USAID: South Africa HIV/AIDS Health Profile).¹

For many years the South African Government was in denial about the existence of HIV as a cause of AIDS. As a result, the epidemic was allowed to get out of control with the

¹ http://www.usaid.gov/our_work/global_health/aids/Countries/africa/southafrica_profile.pdf

...page 21

consequence of millions of deaths and a hyper prevalence of HIV infection within the remaining population. This situation started to change in 2010 when the South African Government launched a major HIV counselling and testing campaign (HCT). Since its implementation, the HCT campaign has had a notable impact on the availability and uptake of HIV testing and treatment. However, the challenges facing the country are immense and are made worse with the high levels of TB co-infection which threatens to derail current HIV prevention strategies. According to UNAIDS statistics, 55% of people with HIV are on treatment.



NOTES FOR DISCUSSION

In the film we see one of the children saying:

"Even if a person with HIV eats and leaves and leaves saliva on plate you won't catch AIDS, but if you clean the plate you won't catch AIDS. But if you make contact with blood of a person with AIDS you may get AIDS".

In fact no-one 'catches AIDS' as AIDS is a syndrome of other infections that is caused by HIV. It is also not possible to catch HIV from saliva.

Also in the film we see the young boy identifying 'tears' as a bodily fluid. He is correct but it should be noted HIV cannot be transmitted through tears.



FILM 3

...page 23

'Goal for hope' by DANNY LURIE

Country: South Africa

Topic for discussion (2):

The importance of role models



Role models come in many different guises. Some may be high profile international stars such as German international footballer Michael Ballack or the Brazilian ace, Ronaldinho,² who both now work to raise HIV and AIDS awareness among young people. Certainly there is evidence that high profile endorsements can get the attention of young people and give much needed publicity to campaigns.

However, it is not just superstars who can be effective role models: everyone can be, especially local sport coaches. A coach or trainer plays a special role in the lives of young people who are often on the verge of discovering themselves, including their sexuality, and the world around them. In some parts of the world where parents may have died from an AIDS-related illness, the sport coach may well be seen as a surrogate parent, a constant in a young person's life. Someone who is trusted, looked up to and learnt from. In the film we see how Coach Tebogo is able

to gain the attention of children and, therefore, help to educate them about HIV and AIDS. As someone living with HIV himself Coach Tebogo is an especially brave and important role model who is able to talk from personal experience about HIV.

HOW CAN SPORT HELP?

Grassroots Soccer, who helped to make the film, run a large number of projects in South Africa, using football as the medium through which to engage young people. Grassroots know the importance of the coach in the success of their programmes, saying:

Many coaches are also counsellors, mentors, role models, informational resources for their communities, and organisers of innovative prevention activities.

Coaches take on this diversity of functions mainly through their relationships with their players/students. Football programmes have

² <http://www.michael-ballack.com/?120A0A2> and http://www.unaids.org/en/media/unaids/contentassets/documents/pressrelease/2011/10/20111019_PR_Ronaldinho_en.pdf



FILM 4

'Play it safe' by TAKUDZWA MUKIWA



Country: United Kingdom

Topic for discussion (1):

Knowing your HIV status

...page 25

translated the unique relationships coaches have with their players to HIV prevention: just as coaches provide support, advice, and motivation to their players, they can do the same for young people in a prevention program, in many cases becoming caring adults who set a positive example. Coaches can help guide young people through the challenges they face, can personalise the infection, making vivid the human cost of HIV and depicting a way that youth understand the individual reality of the epidemic. Coaches can also individualise prevention messages

so that messages make sense in the face of the real struggles and tough choices that youth face' (Source: Grassroots Soccer, Using Football for HIV/AIDS prevention in Africa).³

Coaches are a powerful influence in the lives of many young people. They have the ability to shape other people's lives in many ways. How they choose to do that is a matter of urgent concern for everyone involved in promoting education about HIV and AIDS.

³ http://www.grassrootsoccer.org/wp-content/uploads/F4_HIV_Report.pdf

In the discussion about the first film, 'In Touch', we said that HIV could now be thought of as a serious infection that could be treated successfully provided the HIV positive person had access to the correct HIV treatment and care. For information, HIV treatment is often termed Anti-retroviral treatment (ART) and consists of a daily regime of taking medication to counter the virus. If taken regularly, medication can reduce an individual's 'viral load' to a very low amount that is undetectable in blood. However, the virus does still survive in some parts of the body and can multiply again if treatment is stopped or not taken correctly. In the latter case, resistance to drugs may occur and the individual may need to change his/her treatment programme.

The good news is that research is showing that when a person has an undetectable viral load, that person has a very low chance of transmitting the virus to someone else as long as they

are also free of sexually transmitted infection. For this reason, treatment is now believed to be the best means to stop the spread of the infection. However, as we saw in the second film, 'Dribbled to a second chance', people may be afraid to be tested due to the stigma attached to HIV and AIDS and the discrimination that people may be subject to if others know of their HIV status. In the past, when treatments were not available there was also resistance to being tested as there seemed to be no point in knowing about something that could not be treated. Now that treatments are more widely available this reason is not so valid.

There is now much more emphasis being placed on 'Knowing your HIV status' as this knowledge will enable the individual and health professionals to develop a treatment programme that will enable the HIV positive person to get the right treatment, to stay healthy themselves and, importantly, to reduce the risk of transmitting HIV.

This is policy not just in the UK but is increasingly the strategy being adopted by international agencies such as UNAIDS and the World Health Organisation (WHO). It is also an ethical policy since it offers a positive choice for health to the HIV positive person.

WHAT'S THE SITUATION IN THE UK?

In the film it was stated that there were an estimated 86,000 people living with HIV in the UK. Other estimates put the figure closer to 100,000 to take account of people who are HIV positive but do not know their status. It is thought that about 30,000 people fall into this category, meaning that they can unwittingly pass on the virus to their sexual partner(s). While these figures make the UK a low prevalence country, there is mounting concern that infection rates are continuing to rise in certain communities. It is thought that this is due to the lower levels of publicity surrounding HIV and AIDS since the advent of treatments in the 1990s. However, as in other countries, people do still die from AIDS-related illnesses, especially if their HIV status is not discovered until a very late stage, hence the importance of testing at the earliest opportunity.

While it remains the case that anyone can become infected with HIV, in the UK there are two main 'at risk' groups. These are 'men who have sex with men', and members of the African community. The term 'men who have sex with men' is used across the globe as way of describing this particular group as many of these men do not identify as being 'gay', which is as much a cultural construct as a sexuality.



FILM 4

...page 27

'Play it safe' by TAKUDZWA MUKIWA

Country: United Kingdom

Topic for discussion (2):

The global impact of HIV

In this film we see that there is a lot of work going on to engage with the African community in London and to educate men in particular about the importance of having an HIV test and 'knowing your status'. The film gives an idea of how HIV became a global epidemic as people travel around the world.

According to the international HIV/AIDS charity, Avert:

The origin of AIDS and HIV has puzzled scientists ever since the illness first came to light in the early 1980s. For over twenty years it has been the subject of fierce debate and the cause of countless arguments, with everything from a promiscuous flight attendant to a suspect vaccine programme being blamed. So what is the truth? Just where did AIDS come from?

The first recognised cases of AIDS occurred in the USA in the early 1980s. A number of gay men in New York and California suddenly began to

develop rare opportunistic infections and cancers that seemed stubbornly resistant to any treatment. At this time, AIDS did not yet have a name, but it quickly became obvious that all the men were suffering from a common syndrome.

The discovery of HIV, the Human Immunodeficiency Virus, was made soon after. While some were initially resistant to acknowledge the connection (and indeed some remain so today), there is now clear evidence to prove that HIV causes AIDS. (Source: Avert website).⁴

What is clear is that HIV, the virus that causes AIDS, spread as people moved around the globe. Migration, tourism, people who travel extensively for work, and other forms of international travel have helped to transmit HIV globally. What is certain is that HIV and AIDS are truly global phenomena that affect every country in the world. While some regions

such as sub-Saharan Africa have been worst affected, it is wrong to think of HIV and AIDS simply as 'someone else's' problem. It is the temptation to figure people living with HIV as the 'other' that has helped to lead to many preventable infections as people thought they were not at risk just because they did not see themselves as being a member of a particular 'at risk' group.

This film shows how all parts of the world are connected with each other, and that we are part of a global community where things happening in places far away may have an impact upon us at home. This is why it is important to think of HIV and AIDS as being a global virus and the 'global' includes us! It is also why HIV and AIDS require a global response as it is not possible for any one country to tackle it on its own. HIV and AIDS is a serious worldwide epidemic that affects us all wherever we live.

The UNAIDS Global Map of HIV Prevalence shows the global distribution of HIV and AIDS. The red areas on the map show the highest levels of concentration while the whiter area shows the least.

The map can be downloaded from:

http://www.unaids.org/globalreport/HIV_prevalence_map.htm

HOW CAN SPORT HELP?

As the film shows, football is a place where men come together and it is this group that it is especially important to reach with the message of 'Get tested: know your status'.

The African Nations, UK football tournament provided a site where African men living in London could come and play football while at the same time get high quality information about HIV and AIDS.



FILM 5

...page 29

'Whizzkids United' by WHIZZKIDS UNITED

Country: South Africa

Topic for discussion (1):

Gender Equality

According to the 2011 UNAIDS global estimates, women comprise 50 percent of people living with HIV. In sub-Saharan Africa, women constitute 60 percent of people living with HIV and the proportion of women living with HIV has been increasing in the last 10 years.

Gender inequalities are a key driver of the epidemic in several ways:

The World Health Organisation says:

Gender norms related to masculinity can encourage men to have more sexual partners and older men to have sexual relations with much younger women. In some settings, this contributes to higher infection rates among young women (15-24 years) compared to young men. Norms related to femininity can prevent women – especially young women – from accessing HIV information and services.

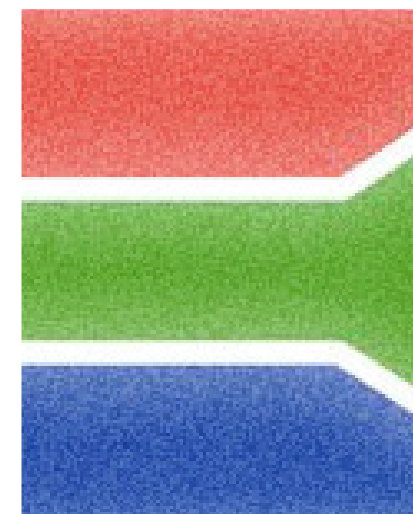
HIV/AIDS programmes can address harmful gender norms and stereotypes

including by working with men and boys to change norms related to fatherhood, sexual responsibility, decision-making and violence, and by providing comprehensive, age-appropriate HIV/AIDS education for young people that addresses gender norms.

Violence against women (physical, sexual and emotional), which is experienced by 10 to 60 percent of women (ages 15-49 years) worldwide, increases their vulnerability to HIV.

Forced sex can contribute to HIV transmission due to tears and lacerations resulting from the use of force.

Women who fear or experience violence lack the power to ask their partners to use condoms or refuse unprotected sex. Fear of violence can prevent women from learning and/or sharing their HIV status and accessing treatment.



Gender-related barriers in access to services prevent women and men from accessing HIV prevention, treatment and care.

Women may face barriers due to their lack of access to and control over resources, child-care responsibilities, restricted mobility and limited decision-making power.

Socialization of men may mean that they will not seek HIV services due to a fear of stigma and discrimination, losing their jobs and of being perceived as “weak” or “unmanly”.

Women assume the major share of care-giving in the family, including for those living with and affected by HIV. This is often unpaid and is based on the assumption that women “naturally” fill this role.

Programmes can support women in their care-giving roles by offering community-based care and support, including by increasing men’s involvement.

Lack of education and economic security affects millions of women and girls, whose literacy levels are generally lower than men and boys’.

Many women, especially those living with HIV, lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This forces many women to adopt survival strategies that increase their chances of contracting and spreading HIV. Educating girls makes them more equipped to make safer sexual decisions. (Source; WHO).⁵

AIDS, TB and malaria and to MDG 3 on promoting gender equality and women’s empowerment.

THE SITUATION IN KWA-ZULU NATAL

Kwa-Zulu Natal, the province of South Africa where this film was made, has an especially high level of HIV prevalence. In 2010, statistics published by Avert show that 39.5% of attendees at pre-natal clinics were HIV positive.⁶ As the film says, 1 in 7 young people aged 15 – 24 are HIV positive in this province. The situation is clearly serious, but as in other parts of South Africa there is also cause for cautious optimism, as UNAIDS reports in June 2011:

The provincial government has put in place integrated programmes to address HIV, TB, breast and cervical cancer, poverty, food security, and a range of other health and social services.

“By bridging HIV services with other services the community needs we believe that we can help South Africa to reach our national targets of reducing the number of new HIV infections by 50% by 2015 and in significantly expanding the number of people on antiretroviral treatment,” said Dr Zweli Mkhize. “Our model is working.”

HIV prevalence was 39.5% in 2009 in KwaZulu-Natal, the highest in South Africa. The integrated approach adopted by the provincial government of KwaZulu-Natal has already contributed to increasing the uptake of HIV testing reaching 2.9 million people in the Province as of end of June 2011. It has also expanded access to lifesaving antiretroviral therapy to 489 801 in 518 sites in the Province and in reducing the rate of infections from mother to child from 21% five years ago to 2.8% in 2011. (Source: UNAIDS).⁷

⁶ <http://www.avert.org/south-africa-hiv-aids-statistics.htm>

⁷ <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/september/20110929psintegrationkzn/>

HIV/AIDS programmes that promote and invest in gender equality contribute to both Millennium Development Goal (MDG) 6 on combating HIV/

FILM 5

‘Whizzkids United’ by WHIZZKIDS UNITED

Country: South Africa

...page 31

Topic for discussion (2):

What is counselling and support?

Counselling is a key part of HIV prevention and treatment programmes. It is usually a confidential one-to-one discussion between a trained counsellor and someone who may be concerned about their HIV status. It is usually offered in advance of having an HIV test, although this is not always the case. Counselling will often cover issues such as:

- possible risk factors
- lifestyle choices and behaviours
- the benefits of having a test
- treatments and support available in the event of a positive result
- confidentiality of test results

Counselling is important as having a test can be stressful, even when there are lots of options for treatment available in the event of a positive result.

If a person is found to be HIV positive, support maybe required as the news can cause emotional difficulties and strong feelings, such as anger. Advice on how to deal with the news is also important,

especially who someone may want to tell, and who they should not tell.

In the film we saw two of the children going for counselling and being able to access a range of health services. This is especially important where so many children are orphans and vulnerable and may have no other safe place to access this sort of help.

HOW CAN SPORT HELP?

The WhizzKids United Health Academy is the long-term component of the programme which gives the behavioural interventions sustainability. Opened on June 1st, 2010, the health centre is located in front of the Edendale Hospital. It is a holistic adolescent-friendly healthy facility operated in partnership with the KwaZulu-Natal Department of Health.

The Health Academy offers a full range of sexual health services including HIV Counselling and Testing, an Orphans and Vulnerable Children (OVC) support and feeding scheme, one-on-one sexual health



counselling, psychological support for HIV positive youth and sexual assault crisis referral. In addition, the health centre also features antiretroviral treatment (ART) as well. Alongside health services, the Health Academy also provides many recreational activities, academic support groups and its very own Mixed Gender Football League.

The Whizzkids United Mixed Gender Football League is an after-school football league that provides township youth with a rare (especially for young girls) opportunity to play organized sports. Boys and girls play together on the same team with special rules designed to promote gender equality. The league matches also fill an

important gap in an adolescent's day: the time between the end of school and the return of their parent or guardian from work, which has been identified as a high-risk period for drug and alcohol use and sexual risk behaviour.

OBJECTIVE

The objective is to build gender equality on the football pitch in order to develop it off the football pitch. By providing a healthy after-school recreational opportunity for under-resourced schools, Whizzkids United strive to develop young football players of both genders to become role models and ambassadors in their families, schools and communities. (Source: Whizzkids United website).⁸

⁸ <http://www.whizzkidsunited.org/health-academy>
<http://www.whizzkidsunited.org/mixed-gender-league>

APPENDIX ONE: HOW TO TREAT BLEEDING INJURIES

HIVsport recommends taking the following precautions in the event of a cut occurring through playing sport as other viruses, such as hepatitis, have been known to affect whole teams where poor health and safety measures were in place:

- Insist that your team has a proper, well-stocked first aid kit.
- All blood and body fluids should be considered as having possible risks (e.g. of hepatitis infection) regardless of circumstances.
- The prompt reporting of injuries, particularly bleeding is in the best interests of all concerned.
- All injuries, especially bleeding wounds, should receive proper and adequate first aid using proper equipment – for example, gloves. Clean blood from wounds with soap and water and apply an antiseptic.
- Any skin injuries, for example abrasions, cuts, or wounds should be covered during sports activities.
- Remove athletes with bleeding injury (not necessarily minor cuts or abrasions) from the event as soon as possible.
- Change out of blood soaked kits and ensure they are properly washed.
- Water containers should be available individually for each player in contact sports. Athletes should use squeeze water bottles that do not require contact with the lips.
- Appropriate protective equipment, including mouth protectors, should be used at all times in contact sports.
- Any equipment contaminated with blood should be removed from the sports activity and either sterilised or disposed of.



APPENDIX TWO: SELECTED ONLINE RESOURCES

There are thousands of web sites dedicated to HIV and AIDS. Here are just a few that will help support education programmes.

HIVSPORT

www.hivsport.org

HIVsport works in partnership with professional sporting associations, umbrella HIV and sexual health organisations, the media, medical and corporate bodies to:

- Create, through sport, greater public awareness of the global epidemic of HIV and AIDS
- Provide education and training to people in all roles in sport around HIV and sexual health
- Support sports-related HIV and sexual health education projects

AVERT

www.avert.org

Provides a wide range of information, including basic factual information about HIV. AIDS and sexuality as well as specific areas of the site for young people and a choice of educational resources, including downloadable booklets and quizzes both for adults and young people.

GRASSROOTS SOCCER

www.grassrootssoccer.org

Grassroots Soccer uses the power of soccer to educate, inspire, and mobilize communities to stop the spread of HIV.

KICKING AIDS OUT

www.kickingaidsout.net

Kicking AIDS Out offers an innovative, inclusive, high energy approach that links sports, physical activity and

traditional movement games with HIV and AIDS prevention and education.

SPORTANDDEV.ORG

www.sportanddev.org

The international platform for sport and development

TACKLE AFRICA

www.tackleafrica.org

Tackleafrica uses football coaching to educate young Africans about sexual health, relationships and HIV.

TERENCE HIGGINS TRUST

www.tht.org.uk

Terrence Higgins Trust is the leading and largest HIV and sexual health charity in the UK.

UNAIDS

www.unaids.org

United Nations co-ordinating body. Epidemiological data and information on the global AIDS response.

WHIZZKIDS UNITED

www.whizzkidsunited.org

WhizzKids United provides HIV/AIDS prevention, care, treatment and support to youth worldwide through the medium of football.

YPEER

www.youthpeer.org

Youth Peer Education Electronic Resource (Y-PEER) is a web site aimed at supporting the development of youth peer education in Eastern Europe and Central Asia.





Open Education Centre



HIVsport



This project is funded by
the European Union