

**Together
for HIV
and AIDS
prevention** 
a toolkit for the
sports community



**Together
for HIV
and AIDS
prevention** 
**a toolkit for the
sports community**

© IOC / UNAIDS, 2005

International Olympic Committee, Château de Vidy, 1007 Lausanne, Switzerland

Website: www.olympic.org

UNAIDS, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

Website: www.unaids.org

Words: Andrew Doupe. **Images:** IOC; UNAIDS; Getty Images.

Cover Image: Alamy. **Illustrations:** Ben Sullivan.

© Joint United Nations Programme on HIV/AIDS (UNAIDS) 2005.

All rights reserved. Publications produced by UNAIDS can be obtained from the UNAIDS Information Centre. Requests for permission to reproduce or translate UNAIDS publications – whether for sale or for noncommercial distribution – should also be addressed to the Information Centre at the address above, or by fax, at +41 22 791 4187, or e-mail: publicationpermissions@unaids.org.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

UNAIDS does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Abbreviations

Acknowledgements

Foreword

Section 1 Why this toolkit

1.1 Introduction and Background

Box 1: From policy to practice – examples of initiatives undertaken at field level

1.2 Toolkit objectives

1.3 The Statistics

Box 2: HIV and AIDS Statistics

Section 2 You the Coach, Trainer or Sport Administrator

2.1 Sport a force for change

2.2 Protect Yourself

Box 3: Young people and HIV and AIDS

2.3 Educate young people

2.4 The 'Hows' and 'Whys' of responding to HIV

Box 4: Common incorrect ideas about HIV

Section 3 What's inside?

Section 4 What you need to know

4.1 HIV and AIDS

4.1.1 What is HIV?

4.1.2 What is AIDS?

4.1.3 Is there a cure for HIV infection?

4.1.4 Who is affected?

4.1.5 Can you tell someone has HIV just by looking at them?

4.2 HIV Transmission

4.2.1 Can I get AIDS from 'casual contact' with a person who has an HIV infection?

4.2.2 Should I be concerned about being infected with HIV while playing sport?

4.2.3 How is HIV transmitted?

4.2.4 Sexual Transmission



Contents

- 4.2.5** Women who have sex with women (WSW)
- 4.2.6** Transmission through Injecting Drug Use
- 4.2.7** Steroids
- 4.2.8** Transmission through Blood and Blood Products
- 4.2.9** Mother to Child Transmission
- 4.2.10** Alcohol use and HIV

4.3 How do I prevent becoming HIV infected?

- 4.3.1** Sexual transmission
- 4.3.2** Injecting drug use
- 4.3.3** What is 'safer' sex?
- 4.3.4** What about a HIV vaccine?
- 4.3.5** Is there a 'morning after' pill that prevents HIV infection?

4.4 HIV Testing

- 4.4.1** What is an HIV test?
- 4.4.2** How long after possible exposure should I wait to be tested for HIV?
- 4.4.3** What should you do if you think you have exposed yourself to HIV?
- 4.4.4** Why should I get an HIV test?
- 4.4.5** Where can I get tested?
- 4.4.6** Are my test results confidential?
- 4.4.7** What do I do if I have HIV?

4.5 Care and Treatment

- 4.5.1** What sort of care and treatment is available?
- 4.5.2** What are antiretroviral drugs?
- 4.5.3** What kind of care is available when antiretroviral drugs are not accessible?
- 4.5.4** What about a good diet?
- 4.5.5** How can I care for my community?

Section 5 Sport and HIV

5.1 The effects of HIV on exercise and the effects of exercise on HIV

- 5.1.1.** Effects of exercise on HIV
- 5.1.2.** Effects of HIV on exercise
 - 5.1.2.1** What if I have no HIV associated symptoms?
 - 5.1.2.2** What if I have symptoms associated with HIV?
 - 5.1.2.3** Are there sports which may be hazardous to people living with HIV?
 - 5.1.2.4** Should I divulge my HIV status to anyone involved with my sport?
 - 5.1.2.5** How can I minimize the risk of HIV transmission?

5.2 Minimizing the risk of HIV transmission on the sports field

Box 5: Action to be taken in the event of a blood spill

5.3 Sports men and women as role models

5.4 How can coaches and athletes respond to HIV-positive athletes?

Box 6: in summary: coaches and athletes responding to HIV-positive athletes

Section 6 Sport organizations responding to HIV and AIDS

6.1 HIV in the workplace

6.2 A HIV and AIDS Workplace Policy?

6.3 Employee HIV education

6.3.1 Ice breaker

6.3.2 HIV transmission

6.3.3 Condom use

6.3.4 Voluntary (confidential) counselling and testing

6.3.5 Stigma and discrimination

6.3.6 Creating a Supportive Environment

Section 7 Sport coaches, trainers and leaders responding to HIV and AIDS

7.1 Starting HIV and AIDS work with groups

Box 7: Different ages groups are ready for different levels of information

Box 8: The Leaders in Training Programme, Swaziland

7.2 So you feel ready. How are you going to engage the team?

Box 9: Basic rules

7.3 Reflecting on the Sessions

Activities Level 1 Suggested Ages: Ten to Twelve

Activities Level 2 Suggested Ages: Thirteen to Fifteen

Activities Level 3 Suggested Ages: Fifteen and over

The HIV and AIDS Quiz

Glossary

Annex 1 International Olympic Committee Policy on HIV/AIDS

Annex 2 Epidemiological Data by Region

Annex 3 Web-Based Information

Annex 4 Condoms

Abbreviations

Abbreviations

AIDS	acquired immunodeficiency syndrome
CBO	community-based organization
HIV	human immunodeficiency virus
IDUs	injecting drug users
IEC	information, education, communication
ILO	International Labour Organization
IOC	International Olympic Committee
MoU	Memorandum of Understanding
MSM	men who have sex with men
MTCT	mother to child transmission
NGO	nongovernmental organization
NOC	National Olympic Committee
OI	opportunistic infection
STIs	sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session
VCT	voluntary (confidential) testing and counselling
WSW	women who have sex with women

Acknowledgements

Acknowledgements

A special thank to Andrew Doupe, HIV/AIDS specialist, the writer of this toolkit, who managed to adapt its content to suit the sport community needs and make it as global as possible.

Our thanks also go to Andrew Mutwanda, journalist and specialist on HIV/AIDS issues, Dr Shuaib Ismail Manjra, director of the South African Institute for Drug Free Sport, Calle Almedal, senior adviser on partnership developments at UNAIDS, and Dr Patrick Schamasch, Director of the IOC Medical Department, who all contributed to the preparation of this work with many ideas, material and reviewed its content.

Thanks to the numerous National Olympic Committees of the five continents who shared with us their experience about HIV/AIDS prevention programmes and activities, and to the role model athletes who lent their names to this project: Kipchoge Keino, Sergey Bubka, Nawal El Moutawakel, Frank Fredericks, Yaping Deng and Matthew Pinsent, and all others too numerous to mention. They will no doubt inspire many more sportspeople to get involved in this fight.

T.A. Ganda SITHOLE

Director, Department of International Cooperation and Development

Katia MASCAGNI

**Head of International Organizations' Relations & Cooperation, and
coordinator of this project**

Joint Message from IOC President Dr Jacques Rogge and UNAIDS Executive Director Dr Peter Piot

AIDS continues to challenge communities and individuals all over the world. One third of the 39.4 million people living with HIV are under the age of 25, and many are involved in sports, either as spectators or as participants.

Sport breaks down barriers, builds self-esteem, and can teach life skills and healthy behaviour. This is why the International Olympic Committee (IOC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have decided to join forces in the global response to AIDS.

Prevention and fighting against discrimination are two fields in which sport can clearly make a difference. The sports community is a key partner in reaching out to young men and women in their villages or cities. And sports events, clubs and gyms offer a perfect platform to make young people aware of the issue, to promote preventive messages, and to ensure that persons living with HIV are not discriminated against. Discrimination towards a country, or a person on grounds of race, religion, politics, gender, or otherwise, is incompatible with the principles of the Olympic Movement.

Through this Toolkit, the sports community will learn more, and adopt a responsible attitude towards this pandemic and thus contribute with all the means at its disposal to preventing its spread. Sports people can be an inspiration and, through their personal behaviour, can be role models for the youth of the world.

We are all concerned because HIV can affect anyone, anywhere. By changing our own attitudes, beliefs and behaviour, we can change relations between people, and make the world a better (and safer) place for us all.



Dr Peter PIOT
Executive Director
UNAIDS



Dr Jacques ROGGE
President
International Olympic Committee

Section 1



Why this toolkit

1.1 Introduction and Background

“The world of sport is not separate from the rest of the world. Sport breaks down barriers, promotes self-esteem, and can teach life skills and healthy behaviour. Athletes can be an inspiration and role models for the youth of the world.”

International Olympic Committee, President Jacques Rogge

The International Olympic Committee (IOC) recognizes and is concerned with the extent of the AIDS pandemic. Every age group and community from the young to the old, from the poor to the rich is affected. This in turn has had a devastating impact on the productivity of society and has taken a great toll on the breadwinners of families, resulting in the living standards of many dropping. It has drained resources that could have been used for major development projects. The sports community has not been spared.

Olympism is a philosophy, combining in a balanced way the qualities of body, mind and will. It is a way of life based on the joy of effort, the educational value of good example and respect for universal fundamental ethical principles. Its core values are placing sport at the service of human development, including:

- promoting of peace through sport;
- preserving human dignity and confronting any form of discrimination;
- protecting the environment and promoting sustainable development; and
- supporting education and culture.

As such, the AIDS pandemic is an affront to Olympism and the IOC is committed to fulfil its obligations to respond for the good of all, and to make contributions to finding solutions to social problems through sport. Within this framework, the IOC cooperates with competent public and private organizations and authorities in endeavours to place sport at the service of humanity.

Recognizing the impact that HIV and AIDS is having on young sports people and on the population at large; on 1 June 2004, the IOC signed a Memorandum of Understanding (MoU) with the Joint United Nations Programme on HIV and AIDS (UNAIDS) in Lausanne, Switzerland, in which both organizations agreed to combine their efforts to raise awareness about HIV and AIDS, particularly among the sport community.

The main objectives of the MoU are to:

- exchange regular information and lessons learned in order to enhance the role of sports organizations in the fight against AIDS at community and national levels; and organize AIDS

Section 1

awareness activities with coaches, athletes and sports personalities.

The IOC and the International Federation of the Red Cross and Red Crescent Societies also signed a MoU for joint cooperation in Madrid, Spain, in May 2003.

Furthermore, the IOC has developed a **Policy on HIV/AIDS**¹, which highlights its commitment in this field and areas of activities to be developed:

- The IOC has a moral obligation, as indeed it is required by its own Charter to place sport at the service of mankind. The world of sport is not separate from the rest of the world. Sport teaches life skills, builds self-esteem and confidence, all of which can be used in tackling the spread of HIV.
- The IOC will play a leading role in the Olympic Movement's contribution to the global fight against HIV/AIDS by committing effort and mobilizing resources. It will encourage its constituents to participate fully in the effort.

In particular, the policy outlines the role that National Olympic Committees should play in fighting this pandemic:

- The IOC will actively urge NOCs and their structures to place their networks and organizational and other resources at the disposal of national efforts that are aimed at reducing and eventually reversing the HIV/AIDS pandemic. To that end, the IOC urges NOCs and their structures to include in their training programmes for coaches, administrators and athletes, HIV/AIDS awareness sessions.
- NOCs are urged to particularly encourage high-profile sports personalities to be involved in anti-HIV/AIDS campaigns as role models.
- The IOC encourages NOCs, their structures and their constituents to participate in capacity building to give them the necessary confidence and tools in order to effectively contribute to the fight against the pandemic. The NOCs are encouraged to actively participate in activities marking World AIDS Day and other such symbolic public occasions.

Box 1: From policy to practice – examples of initiatives undertaken at field level

International Olympic Committee:

- Musa Njoko, a 31 year-old HIV-positive woman, participated in the **Olympic Torch Relay** in the Cape Town leg on 12 June 2004. Nine years ago, Musa was one of the first South African women to publicly disclose her HIV status at a time when the stigma and discrimination associated with HIV and AIDS could have resulted in physical harm and even death. Undeterred by this reality, she has given a voice to women and girls, shattering the silence around issues such as rape, abuse and HIV.
- **A Regional workshop on Sport and HIV and AIDS** was organized by the IOC in cooperation

¹ See Annex 1 International Olympic Committee policy on HIV/AIDS

Section 1

with UNAIDS, and the International Federation of Red Cross and Red Crescent Societies in Johannesburg, South Africa, on 17-18 June 2004. The event gathered experts and National Olympic Committees from twelve countries in sub-Saharan Africa to discuss how sport could help support national and international efforts to curb the spread of the AIDS epidemic, especially among young people. The IOC and UNAIDS plan to organize a similar workshop for other regions of the world where the pandemic is particularly severe.

- **HIV awareness cards** were distributed to the 11,000 athletes who took part in the Games of the XXVIII Olympiad in Athens in 2004.

Your help in the fight against HIV/AIDS

Faithful sexual partnerships and safe sex using condoms offers the best protection.

For more information:
www.unaids.org
www.staying-alive.org

National Olympic Committees:

- The **Brazilian NOC** has undertaken HIV awareness raising campaigns, advocacy work, documentation distribution, lectures by volunteer members of vulnerable populations to athletes and distribution of free condoms, all of which is in keeping with the National AIDS Policy of the Brazilian Government.
- In the Caribbean, the **Barbados NOC** has included modules on HIV/AIDS in seminars organized for young sportswomen, in cooperation with the National Sports Commission, and has

Section 1

partnered with the Commonwealth Sports Development Programme to develop the Caribbean Healthy Lifestyle Project for Caribbean Youth that addresses HIV and AIDS and is currently developing a specific module on HIV and AIDS.

- The **German Olympic Committee** and the Bundeszentrale für gesundheitliche Aufklärung (BZgA) developed the 'Go for Gold' HIV prevention Campaign for the 2000 Sydney Olympics. The Campaign was again used for the Athens Olympics and gold condoms were provided to athletes, street posters were displayed in Germany and several prominent athletes provided their support. <http://www.gib-aids-keine-chance.de/gogold04/gogold04.htm>
- The **Kenyan NOC** liaises with National AIDS Control Council. Role models, including the athletes Paul Tergat, Catherine Dereba and Margaret Okayo participated in HIV prevention activities. HIV prevention awareness is also part of the Olympic Day Run programme.
- The **Lesotho Red Cross** is developing a sports manual in conjunction with the Lesotho NOC and plans to involve the NOC in coaching activities. Furthermore, since July 2003, the Olympic Youth Ambassador Programme of the Lesotho NOC, in cooperation with the Lesotho National Volunteer Commission, has trained young people to organize sport activities for other young people and to use these activities as a platform for peer education on relevant social issues.
- A joint working group of the **NOC of Malawi** and the National Red Cross Society has been created, which will provide HIV-related messages in all the NOC activities and the NOC will be involved in all the sports activities organized by the Red Cross. In addition, the NOC is working with Youth Net Counselling (YONECO), a NGO, to stop HIV transmission and mitigate the impact of AIDS through sports.
- In September 2004, the **Mozambique NOC** and the National Red Cross Society held a joint meeting at which HIV focal points were appointed. The NOC has since worked with the Provincial Red Cross and the Basketball and Athletics National Federations. Local Red Cross Societies have undertaken advocacy activities during sports events.
- The **Myanmar NOC** has established the Sport Medical Committee, which runs the Continuing Medical Education Programme for athletes and coaches, which includes 'Education Talks' – a weekly discussion of issues including HIV prevention.
- The **Papua New Guinea NOC** through its Medical Commission in partnership with various government agencies, including the National AIDS Council as well as NGOs, has undertaken HIV advocacy and prevention both nationally and in Oceania. Activities include educational and awareness programmes in the framework of the Sport Science and Medicine Courses aimed at behavioural change; encouraging athletes, particularly those involved in contact sports, to undergo voluntary HIV testing and counselling; the National AIDS Council spoke about HIV to athletes at the last Athletes Commission Forum and is about to launch a general HIV campaign using high profile athletes as role models; and one member of the Women and Sport Commission working with the National AIDS Council and the Leadership and HIV/AIDS Programme has been appointed to act as a facilitator during NOC courses and workshops for women and at other NOC events.
- The **South African NOC** has been involved in AIDS since 2002 through the nationally organized Sports Heroes Annual Walk from Johannesburg to Bloemfontein. In 2004, the walk took place from 25 November to 1st December and several Olympic athletes joined, raising

funds for projects and giving talks on HIV prevention.

- The **Swaziland NOC** has developed a HIV and AIDS policy, and works with UNAIDS and UNDP. It also has an on-going partnership with the Commonwealth Games Canada and cooperates with the Swaziland National Sports Council on this subject. It is instrumental in the Leaders in Training programme and the Positive Play Days (see Box 8).
- The **Ugandan NOC** has been responding to HIV and AIDS since 1993, through its programme of Health Education through Sports and has organized advocacy activities with several NGOs during sport events. Also, with the assistance of the Government, the Ugandan NOC has developed the National Sports Strategic Framework aimed at providing financial and technical support to local partners and organizing HIV prevention activities.

Other Initiatives:

- The **Supreme Council for Sport in Africa Zone VI** consisting of Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, works closely with National Olympic Committees and the regional National Olympic Committees organization, COSANOC, and has begun a HIV and AIDS Awareness Campaign Programme.
- In Swaziland, the **Leaders in Training (LIT) programme**, involves training young adults to run grassroots Sport for All Centres in their own communities and aims, among other things, to curb the spread of the HIV by providing communities with physical activity opportunities – an alternative to useless idle time (see Box 8).
- In **Botswana**, a Policy on Sport and HIV and AIDS was developed with the aims of increasing awareness of sports people about the dangers of HIV and AIDS as well as promoting behavioural change. It also seeks to secure the commitment of sports people and sports organizations in the fight against the AIDS pandemic, to identify strategies that will help to minimize HIV transmission through sport and to enhance cooperation between the sports and health sectors in preventing HIV transmission.
- The **Youth Education through Sport (YES) programme**, of the Sports and Recreation Commission of Zimbabwe, aims to facilitate the advancement of sustainable human, social, political and economic development of the youth (13-19 years old boys and girls) through sport and recreation. http://www.zimsport.org.zw/yes_edu.html
- The **International Cricket Council**, in partnership with UNAIDS, has undertaken a series of HIV and AIDS awareness raising initiatives. <http://www.icc-cricket.com/icc/unaid/>

Section 1

1.2 Toolkit objectives

This toolkit, developed in partnership with UNAIDS, is another step in the IOC's efforts to raise awareness about HIV and AIDS by providing materials on HIV and AIDS education to members of the Olympic Movement and sports people generally.

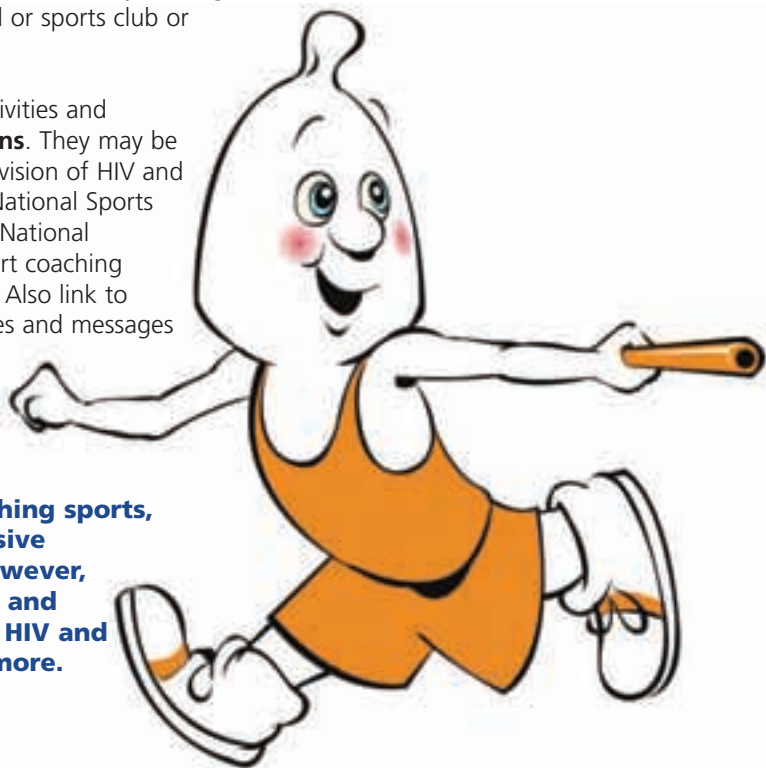
The objectives of the toolkit are to:

- provide tools for empowerment of coaches, athletes, clubs and federations, sports administrators and leaders to deal with HIV and AIDS;
- provide a step by step approach to programme implementation; and
- foster appropriate behaviour change in the context of sports people's lifestyles.

This toolkit is mainly for **National Olympic Committees, coaches, athletes, administrators, and sports clubs and federations**. However, this book can also be of use for anyone involved in promoting and including HIV and AIDS education and work in sports activities and programmes. This makes it a useful tool for physical education teachers and sports teachers in schools. This toolkit should be considered a supplement to already existing HIV and AIDS education, work programmes and activities in your school or sports club or local community.

It is important that you connect your activities and programmes to **local AIDS organizations**. They may be able to help with training and in the provision of HIV and AIDS materials and teaching aids. Your National Sports Councils and associations, including the National Olympic Committee, may have basic sport coaching courses on HIV and AIDS, and materials. Also link to **National AIDS Councils** so that activities and messages are coordinated. They might also be of assistance in brokering partnerships and be able to provide materials.

You do not need extensive experience in coaching or in teaching sports, nor do you need access to expensive equipment to use this toolkit. However, you need to be 'AIDS competent' and capable of communicating about HIV and AIDS properly. Read on to learn more.



Section 1

1.3 The Statistics

In 2004, an estimated 4.9 million people contracted HIV. This is more than in any one year before. Today, **some 39.4 million people are living with HIV**, with **some 3.1 million people dying of AIDS-related causes in 2004**, which brings the number to over 20 million deaths since the first cases of AIDS were identified in 1981. For more in depth regional epidemiological data see Annex 2.

Box 2: HIV and AIDS Statistics²

	Epidemic started	Adults and children living with HIV and AIDS	Adults and children newly infected with HIV	Main mode(s) of transmission for those living with HIV and AIDS
Sub-Saharan Africa	late '70s early '80s	25.4 million (range: 23.4 - 28.4 million)	3.1 million (range: 2.7 - 3.8 million)	Heterosexual
North Africa and Middle East	late '80s	540,000 (range: 230,000 - 1.5 million)	92,000 (range: 34,000 - 350,000)	Heterosexual
South and South East Asia	late '80s	7.1 million (range: 4.4 - 10.6 million)	890,000 (range: 480,000 - 2 million)	Heterosexual IDU, MSM
East Asia		1.1 million (range: 560,000 - 1.8 million)	290,000 (range: 84,000 - 830,000)	IDU ³ , MSM ⁴ , Heterosexual
Oceania	late '70s early '80s	35,000 (range: 25,000 - 48,000)	5,000 (range: 2,100 - 13,000)	MSM Heterosexual
Latin America	late '70s early '80s	1.7 million (range: 1.3 - 2.2 million)	240,000 (range: 170,000 - 430,000)	MSM, IDU Heterosexual
Caribbean	late '70s early '80s	440,000 (range: 270,000 - 780,000)	53,000 (range: 27,000 - 140,000)	Heterosexual MSM
Eastern Europe and Central Asia	early '90s	1.4 million (range: 920,000 - 2.1 million)	210,000 (range: 110,000 - 480,000)	IDU
Western and Central Europe	late '70s early '80s	610,000 (range: 480,000 - 760,000)	21,000 (range: 14 000 - 38,000)	MSM, IDU, Heterosexual
North America	late '70s early '80s	1 million (range: 540,000 - 1.6 million)	44,000 (range: 16,000 - 120,000)	MSM, IDU, Heterosexual

² UNAIDS (July 2004). *Report on the global AIDS epidemic*. Geneva, Switzerland. <http://www.unaids.org/bangkok2004/report.html>
UNAIDS (December 2004). *AIDS epidemic update*. <http://www.unaids.org/wad2004/report.html>

³ IDU: injecting drug use

⁴ MSM: men who have sex with men

Section 2



You the Coach, Trainer or Sport Administrator

2.1 Sport a force for change

You are already aware that sport is a power force for shaping young people's lives. In the era of AIDS, this potential is being harnessed to deliver HIV and AIDS education and awareness raising activities.

As Dr Peter Piot, Executive Director of UNAIDS stated:

“One third of the 40 million people living with HIV are young people under age 25, many of whom are involved in sports, either as spectators or as participants. It is vitally important for young people to have access to information about HIV so that they can stay HIV-free and lead healthy and productive lives. The sports community is a key partner in reaching out to young men and women, whether in their village or town, or globally.”

The reality is that the majority of people who participate in sports activities engage, or will soon engage, in behaviours that put them at risk of HIV transmission. You have the chance through sport to promote HIV behaviour change for those that are sexually active or to promote safe behaviours for those that are not yet sexually active.

2.2 Protect Yourself

You too may be at risk of HIV infection. Before teaching others, you need to be AIDS competent. This means not just knowing the basics about HIV and AIDS but also living in a way that protects you from infection.

Often we talk about how to try to help others by teaching them what they should do but we do the opposite ourselves. For example, if you tell young people not to smoke tobacco and you smoke – then you are not credible. The “do as I say, not as I do” school of teaching does not work.

It is the same with HIV. **Teaching by example** is what young people take on board. If you want your players to care for people living with HIV, then the best example is yours. If there are comments about someone who is HIV-positive, confront the person and explain why it is wrong to discriminate against someone who is HIV-positive. If you have the opportunity to bring someone who is HIV-positive into your team, do so.

And it is the same with HIV prevention. If you are a ladies' man or the players see you with a string

Section 2



Section 2

of men, then your teachings about sexual abstinence and being faithful will not be credible. By providing a good example, what you say holds more weight, and at the same time you are protecting yourself from infection.

This toolkit aims to give you the information to protect yourself, those you love as well as sexual partners from HIV infection. By being safe you can continue to coach, train and manage the current and future generations of children, young people and sports people who need your support.

“As an athlete, I played hard on the field, but I don’t play with my life or the life of others. Protect yourself from HIV/AIDS.”

Frank Fredericks, Namibia, Track and Field Quadruple Olympic Silver Medallist.

2.3 Educate young people

Today’s young generation, which is the largest in history, has never known a world without AIDS. **Young people between the ages of 15 and 24 are both the most threatened by AIDS** – accounting for half of all new cases of HIV or 6,000 new infections per day – **and the greatest hope for turning the tide against the HIV epidemic.** 50% of HIV infections occur in young people with many of them contracting HIV before their 20th birthday. Most young people become sexually active in their teens, many before their fifteenth birthday and yet millions of young people have not even heard of HIV.

Box 3: Young people and HIV and AIDS

A few of the reasons why young people are at risk of HIV infection:

- Nearly 90% of all HIV-positive people worldwide do not know they have the virus, though they can transmit it to others;
- Sexually Transmitted Infections (STIs) are most frequent in young people aged 15-24. STIs help the transmission of HIV;
- Young adults are particularly vulnerable to STIs and most know very little about them. Young people who become sexually active at a young age are more likely to change sexual partners and risk greater exposure to STIs;
- Young people may be more reluctant to seek help from health services, because they do not know they have an infection, because they are embarrassed or ashamed, or because they can not afford services. In many places, health services do not exist for young people, and where they do, often they do not cater for young people. Some services may be judgemental towards young people who are sexually active;
- Being young is often synonymous with risk taking and experimenting. This can lead to unsafe sex or experimenting with drugs, including injecting; and
- Many young men are particularly vulnerable to HIV infection because, when they socialize, they often drink to the point of intoxication and experiment with sex. Drinking alcohol often leads to unsafe sex as it becomes more difficult to say no to sex, to use condoms and to practise safer sex.

Section 2

In many communities, the impact of AIDS is already clearly visible; while in others HIV is still something whispered about. Yet **AIDS is threatening to destroy our collective future and everyone must play their part to prevent HIV infection as well as care and support people living with HIV or AIDS.**

This is why you – a father or mother, a son or daughter, a brother or sister, a worker, a teacher and sometimes a coach – are being called on to play your part in the response to HIV and AIDS. As a coach or trainer, you play a special role in the lives of a number of young people. These young people are on the verge of discovering themselves, including their sexuality, and the world around them. These young people, who are searching for their own way to live, to find answers to questions such as “who am I?”, “what is the purpose of my life?” and “what is it to be a man or woman?”, are sometimes confused, angry and alone.

In an era when families are disjointed, parents have less time for their children due to the pressures of work and survival, people such as you, a coach, trainer or administrator – a constant in sportspeople’s lives – have a role like never before. You are someone, who is trusted, looked up to and learnt from. You are a role model. And now you face the challenge to help protect these young people from HIV infection and to create a society which can respond to the needs generated by AIDS.

Contrary to popular belief, sexual health education does not hasten the onset of sexual experience or increase risk among those who are already sexually active. Research shows that good quality sexual health education can actually decrease the likelihood that young people will have sex, and increases condom use among those who are already sexually active.⁵

The choice you face is stark: is it more embarrassing to talk about sexuality and drug use or watch your players and the people you love die from AIDS?

2.4 The ‘Hows’ and ‘Whys’ of responding to HIV

The example in the box opposite shows that HIV awareness-raising has multiple effects. While the primary reason for HIV awareness-raising is to protect your players and sport leaders from HIV infection; they also have a role in educating their communities. Your efforts can be the impetus for creating an AIDS competent community.

Before you start providing information on HIV and AIDS, it is a good idea to get parental consent. This will protect you from any unwanted consequences or harassment.



⁵ UNAIDS, *Goals, Objectives and Ideas for Action*, Men Make a Difference, World AIDS Campaign 2000, at 20.

Section 2

When talking to your players, **it is important not to over emphasise the negative aspects of sexuality** – unwanted pregnancy, sexually transmitted infections, HIV – **and forget the positive aspects** such as intimacy, sexual love and pleasure. Likewise when drugs are talked about the emphasis is often only on the damage they can cause. Such an unbalanced approach will be seen through by your players, your sports leaders and volunteers, and as a consequence, they may reject all you have to say, seeking guidance and role models from peers and from the media. Speaking openly and honestly about sex and drugs is the key to gaining their trust so they can make the choices necessary to protect themselves.

Young people need to know how to protect themselves from HIV. They need simple, clear information before they become sexually active and before they might be tempted to experiment with alcohol and drugs. **The sports club or sports events** are a ideal place and situations for sports people – boys and girls, and young women and men – to discuss matters of sexuality and substance use openly with members of their own sex under your protective guidance. They can also benefit from the advice of visiting health workers and others involved in the AIDS response.

If you do not have this expertise yourself, seek out local experts knowledgeable and comfortable with sexual health education to lead discussions with your group. It's all right for you to be in a learning process with your group.

Play your part in protecting the world around you – Help stop HIV.

Box 4: Common incorrect ideas about HIV

These are all areas where you can provide **scientific information** to help young people make informed choices. Remember your behaviour has more influence on young people than anything else.

Women are less likely to become HIV infected. True or not true?

Women are twice as likely as men to contract HIV from a single act of unprotected sex.

Women are particularly vulnerable to HIV, with about half of all HIV infections worldwide occurring among women. This vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides. The female condom allows women some control but is not widely used (see Annex 4). In some of the regions worst-affected by AIDS, more than half of girls aged 15 to 19 have either never heard about AIDS or have at least one major misconception about how HIV is transmitted.

Across the world, between one fifth and a half of all girls and young women report that their first sexual encounter was forced. From a very early age, many young women experience rape and

Section 2

forced sex. Violent or forced sex can increase the risk of transmitting HIV because forced vaginal penetration commonly causes abrasions and cuts that allow the virus to cross the vaginal wall more easily.

If you are married, you are safe from HIV. True or not true?

Marriage is no protection against HIV.

Across the developing world, the majority of women will be married by age 20 and have higher rates of HIV infection than their unmarried, sexually active peers. The **'ABC' slogan** – abstain, be faithful, consistently use a condom – is the mainstay of many HIV prevention programmes. But for too many women and girls, this message holds no weight. Where sexual violence is widespread, abstinence or insisting on condom use is not a realistic option. Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness and use of condoms.

Boys know everything about sex. True or not true?

Boys and young men are often expected to know about sex and sexuality – but do not.

This expectation stops many of them from seeking information about HIV and AIDS for fear of appearing ignorant. Information and education relating to HIV and AIDS can help boys and young men to make the necessary decisions for their healthy development and to become responsible adults. Studies show that when young men lack sexual health education (which can provide them with an understanding of their own bodies, pregnancy and sexually transmitted infections), they have an increased risk of contracting HIV.⁶

Cultural beliefs and expectations also heighten men's vulnerability to HIV. Men are less likely to seek health care than women, and are much more likely to engage in behaviours – such as drinking, using drugs or driving recklessly – that put their health at risk.

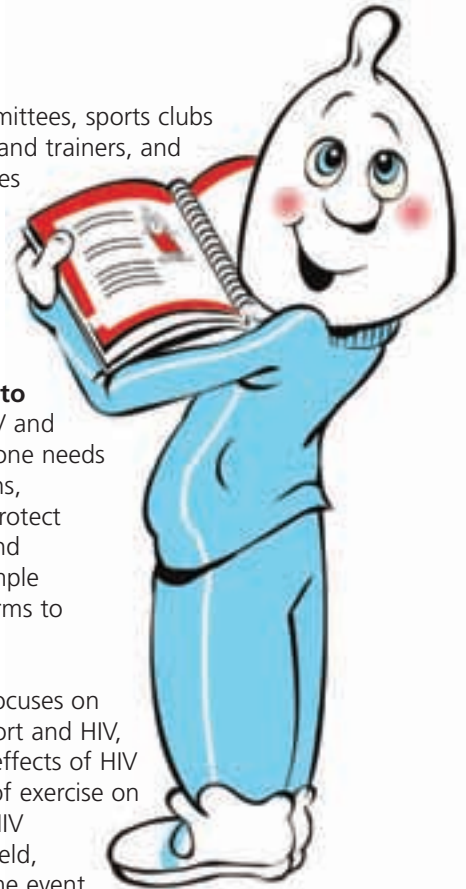
“I think sometimes we think; well, only gay people can get it (HIV) – it is not going to happen to me. And here I am saying that it can happen to anyone, even me Magic Johnson.”

Magic Johnson, National Basketball Association player, United States, when announcing he had tested HIV-positive, in 1992.

⁶ UNAIDS, *Boys, young men and HIV/AIDS, I care... Do you?* World AIDS Campaign 2001

What's inside?

This toolkit provides **practical advice** to National Olympic Committees, sports clubs and federations, managers, administrators, employees, coaches and trainers, and athletes, who have to deal with the numerous and complex issues surrounding HIV and AIDS that arise both on and off the field. The toolkit focuses on HIV prevention, and care and treatment simultaneously, i.e. providing HIV prevention information while creating an environment in which HIV-positive people can fulfil their potential and access life prolonging treatment.



Section 4 What you need to know provides the basic HIV and AIDS information that everyone needs to know, including definitions, transmission facts, how to protect yourself, testing, and care and treatment. It is written in simple language, using scientific terms to

describe and explain what can be culturally sensitive subjects.



Section 5 Sport and HIV focuses on the relationship between sport and HIV, covering issues such as the effects of HIV on exercise and the effects of exercise on HIV; minimizing the risk of HIV transmission on the sports field, including action to take in the event

of a bleeding wound; sports men and women as role models, particularly the role of HIV-positive athletes; and coaches and athletes responding to HIV-positive athletes.



Section 6 Sports Organizations responding to HIV and AIDS focuses on NOC, sports clubs and federations as employers and their responsibilities to protect their workforce from HIV infection as well as to create a supportive and non-discriminatory environment. Basic guidance is provided on developing a HIV in the workplace policy, including relevant resources. A series of activities, covering HIV transmission, condom use, voluntary (confidential) counselling and testing, stigma and discrimination, and creating a supportive environment, are provided for training both

Section 3

managers and employees on HIV and AIDS. These should be undertaken in conjunction with **Section 4 What you need to know, Section 5 Sport and HIV and Annex 4 Condoms.**



Section 7 Sports coaches, trainers and administrators responding to HIV and AIDS covers the role of coaches and trainers in **educating players and sports leaders on HIV and AIDS**. A number of training programmes and resources are highlighted.

While coaches, trainers and administrators are obviously concerned about not only how to protect their players and sport leaders and volunteers from becoming HIV-positive; they must also protect themselves from HIV infection. Furthermore, while working to protect HIV-negative people from infection, they must protect the rights of people living with HIV and AIDS. This means fighting stigmatization of and discrimination against people infected and affected by HIV wherever it occurs, be it in or out of the sports arena. All of these issues are dealt within the section.



The **activities for different age groups** (ten to twelve, thirteen to fifteen, and fifteen and over) are designed to provide age appropriate knowledge and aim to help young people:

- learn about drug use and the dangers involved;
- learn about resources in their own communities, i.e. people they can talk to if they need information or help;
- explore issues of discrimination and prejudice and how these are linked to HIV and AIDS; and
- explore ways they can make a difference in the fight against HIV and AIDS.

(These activities should be undertaken in conjunction with **Section 4 What you need to know, Section 5 Sport and HIV and Annex 4 Condoms.**)



A general **HIV and AIDS Quiz** to test basic knowledge about HIV and AIDS is provided. This quiz can be taken by everyone undertaking HIV and AIDS education – managers and administrators, employees, coaches and trainers, and athletes.

Section 3

The **glossary** provides accurate and scientific information on common HIV- and AIDS-related terms.

The annexes include:

- **Annex 1:** the text of the IOC's Policy on HIV and AIDS, which outlines the specific roles of NOCs.
- **Annex 2:** a region by region analysis of the AIDS pandemic.
- **Annex 3 Web-Based Information**, which provides websites of organizations with a brief description of what each website offers. Websites chosen include those providing information and resources on HIV and AIDS, sexuality and related issues, anti-stigma campaigns as well as training materials for coaches and other relevant resources. Web-based information should be used to supplement local resources provided by National AIDS Councils, the NOC and other sporting bodies, and AIDS organizations, including people living with HIV and AIDS organizations, United Nations bodies, National Red Cross and Red Crescent Societies and AIDS service organizations.
- **Annex 4 Condoms** covers the basic scientific information on condoms, myths and misconceptions, reasons for using condoms, confidence tips and negotiating condom use as well as diagrams of how to use male and female condoms.

Section 4



What you need to know



"HIV/AIDS. It's everybody's responsibility."

Sanath Jayasuriya, Sri Lankan Cricket Team, UNAIDS Goodwill Ambassador

4.1 HIV and AIDS

4.1.1 What is HIV?

HIV stands for Human Immunodeficiency Virus. This is the virus that eventually causes AIDS or Acquired Immunodeficiency Syndrome. HIV attacks and destroys the body's immune system – the system that fights against infections.

4.1.2 What is AIDS?

AIDS – the Acquired Immuno-Deficiency Syndrome – is the late stage of the infection caused by the Human Immunodeficiency Virus (HIV). A person living with HIV can look and feel healthy for a long time. However, HIV weakens the body's defence (immune) system until it can no longer fight off diseases and infections such as pneumonia, diarrhoea, tumours, cancers and other illnesses.

4.1.3 Is there a cure for HIV infection?

No, there is no cure for HIV infection. Progression of the disease can be slowed down but cannot be stopped completely. The right combination of antiretroviral drugs can slow down the damage that HIV causes to the immune system and delay the onset of AIDS.

4.1.4 Who is affected?

HIV does not discriminate: anyone can get infected with HIV.

Every day 12,000 people become infected with HIV. Half of these are young people.

4.1.5 Can you tell someone has HIV just by looking at them?

You cannot tell if someone has HIV or AIDS by just looking at them. A person infected with HIV may look healthy and feel good, but they can still transmit the virus. A blood test is the only way a person can find out if he or she is infected with HIV.



"It's a tough game when you're facing an incurable disease. Hardly a fair fight. But win or lose, we all know the game is on."

Gheorghe Hagi, Romania's greatest ever footballer.

Section 4



The truth about AIDS. Pass it on...

4.2 HIV Transmission

4.2.1 Can I get AIDS from 'casual contact' with a person who has an HIV infection?

HIV is not spread through casual contact. This means it is OK to play and work together, shake hands, hug or kiss a person living with HIV or who has AIDS. You can share the same room, breathe the same air, use the same drinking and eating utensils, use the same washing water and swim in the same water. HIV is not passed through the air like a cold or flu bug. Mosquitoes or animals do not spread HIV. You cannot get HIV from spit or saliva, tears, or urine.

4.2.2 Should I be concerned about being infected with HIV while playing sport?

No, there is no evidence that HIV can be transmitted while playing sport. In the event of injuries involving blood, universal blood precautions should be used.

4.2.3 How is HIV transmitted?

HIV must be present – infection may only occur if one of the persons involved in an exposure situation is infected with HIV. Some people assume that certain behaviours or exposure situations can cause HIV disease, even if the virus is not present. This is not true.

There needs to be enough virus present – the concentration of HIV determines whether infection will occur. In blood, for example, the virus is very concentrated. A small amount of blood is enough to infect someone. Also, the concentration of virus in blood or other fluids can change, in the same person, over time.

You can become infected with HIV if you do certain things that allow enough of the virus to get into your bloodstream. There are only **four body fluids of an infected person that have enough HIV in them to pass this virus on:**

- Semen
- Vaginal Fluids
- Blood
- Breast Milk

Non-Infectious Fluids

- **Saliva** is NOT considered to be infectious. The only time saliva would pose a risk would be if it had blood present in it. There are no documented cases of HIV transmission through saliva. A protein present in the mucous membrane in the mouth is present in sufficient quantities to reduce the concentration of HIV in saliva to non-infectious levels. This protein attaches itself to the surface of blood cells and blocks HIV infection.
- **Urine** and **Tears** are NOT considered infectious. While HIV has been found in urine and tears, it is not concentrated in an amount sufficient for transmission.
- **Sweat, Faeces** and **Vomit** are NOT considered infectious. HIV has never been found in these materials. The only possible risk would be if blood were present.

Section 4



Section 4

HIV must get into the bloodstream – it is not enough to be in contact with an infected fluid for HIV to be transmitted. Healthy, intact skin does not allow HIV to get into the body.

More than 70% of HIV infections worldwide are estimated to result from sexual contacts between men and women. 10% can be traced to sexual transmission between men, and 5% of infections are due to sharing needles, syringes and drug preparation equipment by people who inject drugs. Four out of five injecting drug users are men.

4.2.4 Sexual Transmission

Penetrative sex is when a man's penis penetrates the vagina or anus (of a woman or a man). HIV can be transmitted through unprotected (i.e. without the protection of a condom) penetrative sex. It is difficult to calculate the odds of becoming infected through sexual intercourse; however it is known that the risk of infection through vaginal sex is high. Transmission through anal sex has been reported to be 10 times higher than by vaginal sex. A person with an untreated sexually transmitted infection, particularly involving ulcers or discharge, is, on average, 6-10 times more likely to pass on or acquire HIV during sex.

Oral Sex (using the mouth to stimulate a person's sexual organ) is regarded as a low-risk sexual activity in terms of HIV transmission. The risk can increase if there are cuts or sores around or in the mouth and if ejaculation occurs in the mouth.

4.2.5 Women who have sex with women (WSW)

Woman-to-woman sex carries a low risk of HIV transmission. Some sexual practices such as oral sex have a low risk of HIV transmission. However, some women who have sex with women have unsafe sex with men and some women who have sex with women inject drugs and share needles.

"It's good to be a champion, but the most important game is the one played outside the four lines. Don't play with your life. Defeat AIDS."

Luis Figo, Portuguese international football star

4.2.6 Transmission through Injecting Drug Use

Re-using or sharing needles, syringes and drug preparation equipment represents a highly efficient way of transmitting HIV and other infections such as hepatitis. The risk of transmission can be lowered substantially among injecting drug users by using new needles and syringes and not sharing them, by properly sterilizing reusable needles and syringes before reuse, and not sharing drug preparation equipment.

4.2.7 Steroids

The use of steroids and other performance enhancing drugs are banned in sports as they undermine the fundamental joy of sport and our collective



Section 4



pursuit of human and sporting excellence. They are also prohibited to protect sports people from:

- the unfair advantage which may be gained by athletes who use prohibited substances to enhance performance; and
- the possible harmful side effects which some substances can produce.

In addition, if sports people inject anabolic steroids, or any other performance enhancer, using the same needle, they could easily transmit HIV to each other, should one of them be HIV-positive.

4.2.8 Transmission through Blood and Blood Products

There is a high risk (greater than 90%) of acquiring HIV through transfusion of infected blood and blood products. However, the implementation of blood safety standards ensures the provision of safe, adequate and good-quality blood and blood products for all patients requiring transfusion. Blood safety includes appropriate donor selection as well as screening of all donated blood for blood borne viruses including HIV.

4.2.9 Mother to Child Transmission

HIV can be transmitted to an infant during pregnancy, labour, and delivery as well as by breastfeeding. A pregnant woman or a woman planning to get pregnant should consider being tested for HIV. If she tests positive, antiretroviral drugs can be provided to help prevent the spread of HIV to the baby during birth.

4.2.10 Alcohol use and HIV

In many countries, for both boys and girls, the age at which they have their first sexual experience correlates with the age at which they have their first experience with alcohol and/or other mind-altering substances. Much drinking takes place in bars, at parties and in nightclubs where people are often searching for sexual partners. Research suggests that excessive alcohol and other drugs, including the so-called 'party drugs', are often linked to unsafe sex (penetrative sex without using a condom) and drinking has been associated with people having more than one sexual partner.⁷ Being drunk often provides the necessary excuse for inappropriate, unsociable or risky behaviour, such as having unintended or unprotected sex or being sexually aggressive. Peers may put pressure on their friends and convince them to have unsafe sex. Rape or other forms of sexual violence can result from excessive drinking.

Sports clubs are often the centre of social events surrounding matches, awards and fundraisers. Alcohol is very often prominent in the entertainment provided. Drinking in the flush of victory or the despondency of defeat can get out of hand. Responsible drinking behaviour should be encouraged and become part of the ethos of the club. After all it is not the winning of a match that counts but good sportsmanship.

“HIV can affect anyone anywhere. As athletes, we are in a unique position to help get messages through on how to avoid infection with the virus. While there may be no cure for AIDS, we must not forget that HIV can be prevented.”

Yaping Deng, China, Table Tennis star and Quadruple Olympic Gold Medallist.

⁷ UNAIDS, *Boys, young men and HIV/AIDS, I care... Do you?* World AIDS Campaign 2001

Section 4



4.3. How do I prevent becoming HIV infected?

“Using condoms and not sharing needles are intelligent decisions that can help you live a longer, healthier life. Through education we can learn more about the prevention of HIV and AIDS and together we can help stop the spread of this epidemic.”

Dikembe Mutombo, Basketball Player and UNDP Youth Emissary.

4.3.1 Sexual transmission

Sexual transmission of HIV can be prevented by abstaining from sexual activity, mutual monogamy and/or using condoms. These behaviours are often called **the ‘ABC’**:

- **A for abstinence** (or delayed sexual initiation among young people)
- **B for being faithful** (or reduction in the number of sexual partners)
- **C for correct and consistent condom use always** (see **Annex 4**).

Having sex in a monogamous (faithful) relationship is safe if:

- both of you are uninfected (HIV-negative);
- you both have sex only with your partner; and
- neither one of you gets exposed to HIV through drug use or other activities.

This assumes that a relationship is between two people. In some cultures, for example in the Muslim faith or in some countries, a man may have more than one wife. In this case, faithful relationships with all wives are safe if all are HIV-negatives and remain that way. Otherwise, correct and consistent condom use should be practiced with all sexual partners.

There are other sexual activities besides penetrative vaginal or anal sex, which are safe such as kissing, erotic massage, masturbation and mutual masturbation.

4.3.2 Injecting drug use

The only way to be sure you are protected against HIV is not to inject drugs at all.

For people who inject drug, certain steps can be taken **to reduce the risk of HIV infection**:

- Take drugs orally (changing from injecting to non-injecting drug use).
- Never re-use or share needles, syringes, water or drug-preparation equipment.
- Use a new syringe (obtained from a reliable source, e.g. a chemist or via a needle-exchange programme) to prepare and inject drugs each time.
- When preparing drugs, use sterile water or clean water from a reliable source.
- Using a fresh alcohol swab, clean the injection site prior to injection.

Section 4



Section 4

Even if sports people generally do not use drugs, it is good to learn about injecting drug use. There are an estimated 13 million drugs users worldwide with injecting drug use reported in 130 countries and most of these also reporting HIV infection among injecting drug users.⁸ It is a global problem.

“Flying high on the field at the peak of your fitness is a wonderful feeling. Don’t be fooled, a high on drugs can give you more than a good feeling, it can destroy your health, and leave you HIV-positive.”
Sergey Bubka, Ukraine, Pole Vault star and Olympic Gold Medallist; Chairman of the IOC Athletes’ Commission.

4.3.3 What is ‘safer’ sex?

No sexual act is 100% safe. Unsafe sex is penetrative sexual intercourse without using a condom. This puts each person at risk of transmitting or acquiring STIs, including HIV.

Safer sex involves taking precautions that decrease the potential of transmitting or acquiring STIs, including HIV, while having sexual intercourse. Using condoms correctly and consistently (see **Annex 4**) during sexual intercourse is considered safer sex.

4.3.4 What about a HIV vaccine?

The best long-term hope to control the HIV epidemic is to develop and distribute a preventive vaccine globally. Vaccines have already helped stop epidemics such as polio and smallpox. There are scientists and organizations working to find and distribute a safe, effective, accessible AIDS vaccine. However, an AIDS vaccine appears to be many years away and will not be a ‘magic bullet’.

4.3.5 Is there a ‘morning after’ pill that prevents HIV infection?

You may have heard about a ‘morning after pill’ for HIV. In fact this is Post-Exposure Prophylaxis (PEP). It is not a single pill, and it does not prevent HIV. PEP is a 4 week treatment which must begin within 72 hours of possible HIV exposure and may reduce the risk of acquiring HIV. It does not eliminate the risk. So far, PEP has mostly been used to treat health care workers who have been exposed to HIV at work. PEP is not a solution to protecting yourself from HIV.

“Using condoms for sex is the safest way to protect ourselves from a range of sexually transmitted diseases – including HIV. If you’re going to do it – play safe and use a condom.”

Matthew Pinsent, British Rower and Quadruple Olympic Gold Medallist.

⁸ UNODCP, World Drug Report 2004, Volume 1, Chapter 1.3. at 48. Reference Group on the Prevention and Care of HIV/AIDS among Injecting Drug Users, 2002. http://www.unodc.org/pdf/WDR_2004/Chap1_injecting_drugs.pdf

Section 4



4.4. HIV Testing



“You cannot tell just by looking at someone that they are infected with HIV. Be safe – wear a condom.”

Ronaldo, UNDP Goodwill Ambassador, Special Representative for the World AIDS Campaign.

4.4.1 What is an HIV test?

An HIV test is a test that reveals whether HIV is present in the body. Commonly used HIV tests detect the antibodies produced by the immune system in response to HIV, as they are much easier (and cheaper) to detect than the virus itself. Antibodies are produced by the immune system in response to an infection.

For most people, it takes three months for these antibodies to develop. In rare cases, it can take up to six months.

4.4.2 How long after possible exposure should I wait to be tested for HIV?

It is recommended that you wait **three months** after possible exposure before being tested for HIV.

Although HIV antibody tests are very sensitive, there is

a period of three to twelve weeks between a sexual encounter or possible infection and the appearance of detectable antibodies to the virus. Thus, if you think you might have been at risk for HIV transmission during a sexual encounter you need to wait for twelve weeks to take the test, and during that time either abstain from sexual intercourse, or always and correctly use condoms (see Annex 4).

4.4.3 What should you do if you think you have exposed yourself to HIV?

If you think you may have been infected with HIV, you should get **counselling and testing for HIV**. Precautions should be taken to prevent spreading HIV to others. In the meantime, either abstain from sexual intercourse, or always and correctly use condoms (see Annex 4). If you inject drugs, do not share needles.

4.4.4 Why should I get an HIV test?

Knowing your HIV status has two vital benefits. Firstly, if you are HIV-infected, you can take necessary steps such as eating well, taking enough rest and, if available, appropriate drugs which slow down the progression of HIV, thereby potentially prolonging your life for many years. Secondly, if you know you are infected, you can take all the necessary precautions to prevent the spread of HIV to others.

Section 4



“There’s a lot of living to be done with proper treatment.”

Greg Louganis, United States, HIV-positive, Diver and five times Olympic Medallist, urging his audience to take a HIV test.

4.4.5 Where can I get tested?

There are many places where you can be tested for HIV: in the offices of a private doctor, a local health department, hospitals, family planning clinics and sites specifically set up for HIV testing. Always try to find a testing service which offers counselling on HIV and AIDS.

4.4.6 Are my test results confidential?

All people taking an HIV test must give informed consent prior to being tested. The results of the test must be kept absolutely confidential.

4.4.7 What do I do if I have HIV?

Thanks to new treatments, many people with HIV are living longer, healthier lives. It is very important to make sure you have a doctor who knows how to treat HIV. A health-care professional or trained HIV counsellor can provide counselling and help you to find an appropriate doctor. Contact a local support group of people living with HIV and AIDS.

In addition, **you can do the following to stay healthy:**

- follow your doctor’s instructions. Keep your appointments. If you accept your doctor’s advice and agree to take medications, then take them exactly as prescribed by your doctor;
- if you have an infection, get treatment;
- get immunizations (shots) to prevent infections such as pneumonia and flu (after consultation with your physician);
- if you smoke or if you use drugs not prescribed by your doctor, quit or at least reduce your intake;
- eat a well balanced diet and eat regularly;
- reduce alcoholic intake and drink plenty of non-caffeinated fluids;
- exercise regularly to stay strong and fit;
- get enough sleep and rest; and
- minimize stress.

“HIV positive or negative? Doesn’t matter. We can all join the fight against HIV.”

Kipchoge Keino, Kenya, Middle Distance Runner, Double Olympic Gold Medallist.

Section 4

4.5 Care and Treatment

4.5.1 What sort of care and treatment is available?

Treatment and care consist of a number of different elements, including voluntary counselling and testing (VCT), support for the prevention of onward transmission of HIV, follow-up counselling, advice on food and nutrition, treatment of STIs, prevention and treatment of opportunistic infections (OIs), and the provision of antiretroviral drugs.

4.5.2 What are antiretroviral drugs?

Antiretroviral drugs are used in the treatment of HIV infection. They work against HIV infection itself by slowing down the reproduction of HIV in the body but are not a cure.

4.5.3 What kind of care is available when antiretroviral drugs are not accessible?

Other elements of care can help maintain a high quality of life when antiretroviral drugs are not available. These include adequate nutrition and sleep, exercise, counselling, prevention and treatment of opportunistic infections, and generally staying healthy.

4.5.4 What about a good diet?

Good nutrition is important for everyone. Being active such as playing sport means you need more food. Good nutrition is even more critical for people living with HIV and AIDS, who need:

- 10-15% more energy fat than a HIV-negative adult;
- 50-100% more protein than a HIV-negative; and
- Vitamins A, B6, B12, C, iron, selenium and zinc to fight infections.

Basically, nutrition should be viewed as an essential co-therapy that can help maximize the medical management of HIV. Eating well can help:

- prevent or delay the loss of muscle tissue or 'wasting';
- strengthen the immune system;
- decrease the incidence and severity of opportunistic infections; and
- lessen the symptoms of HIV and AIDS.

“Enjoy life. Live. For people who have HIV, come out and share your life with somebody and make them feel better. Try to hold it among parents or brothers or sisters. People put so much pressure on themselves by holding it to themselves. You carry a lot of weight when you keep it to yourself.”

Magic Johnson, United States, NBA Basketballer, 1996 after his return to professional basketball due to antiretroviral therapy.

Section 4

If you are HIV-positive, it is important to avoid any unplanned weight loss, which can further weaken the immune system's ability to fight off infection. Eating enough food – and the right foods – to maintain your proper weight and keeping your body strong can make a real difference in staying healthy. Generally speaking, people living with HIV should try to eat a diet that is 30% protein, 30% fat, and 40% carbohydrates. And eat 3-5 vegetable servings and 2-4 fruit servings every day. Minimize smoking, alcoholic and caffeinated drinks, sugar intake and stress.

4.5.5 How can I care for my community?

The stigma and discrimination surrounding HIV and AIDS can be as destructive as the disease itself. Since AIDS can kill people who are HIV infected, many people are afraid of people with HIV and AIDS. Silence, taboos and myths often surround HIV and AIDS because it is associated with private sexual behaviours or illegal activities such as drug use. In many societies, AIDS is seen as shameful and people living with HIV or AIDS bring shame upon their family or community.

HIV has also affected people who are seen as different in our societies, minorities, such as men who have sex with men, sex workers, injecting drug users as well as people of other races and cultures than our own. Many people are uncomfortable with difference, even afraid.

It is important to remember: HIV does not discriminate, people do. Anyone can become infected with HIV and HIV is not spread through casual contact.



Section 5



Sport and HIV

5.1 The effects of HIV on exercise and the effects of exercise on HIV

5.1.1. Effects of exercise on HIV

It is generally accepted that participation in sports benefits people living with HIV. Moderate exercise strengthens the immune system, better equips the body to fight HIV and may delay the onset of AIDS. Considering that over 90% of people living with HIV are unaware of the fact that they are infected, promoting playing sport and getting exercise in communities will boost the immunity of many people who do not know they are HIV-positive.

Exercise is part of the game plan to make a person living with HIV a long-term survivor. Regular exercise not only has cardiovascular benefits for people living with HIV. Psychological tests show that sport activities cause a reduction in depression, fatigue, stress and anger, an increase in vigour and an obvious improvement in the quality of life of HIV-positive people. Exercise provides a focus on health instead of illness.



Sport also provides an arena for **social inclusion and support**, which is extremely important for HIV-positive people. Furthermore, sport demonstrates both to the non-active HIV-positive population and the community that being HIV-positive is not the end of the world.

Sport also provides an arena where important values such as **volunteering** can be nurtured and fostered. Volunteers in sport represent a united force through the personal time they invest and the values they create. These volunteers represent a dedication, a wish to contribute to something that benefits the individual volunteer, the sport as a whole and the local community. This is the value of being a volunteer.

It does not matter whether you are HIV-positive or negative, we can all do sport together without any pressure to win. Sport should be good for your mental and physical health, make you feel good and give you confidence.

“They said playing basketball would kill me. Well, not playing basketball was killing me.”

Magic Johnson, United States, NBA player and Olympic Gold Medallist, upon his return to playing basketball in 1996.

Section 5



5.1.2 Effects of HIV on exercise

So you are living with HIV; physical movement can have a different meaning to that for, say, competitive team-players or the body conscious. Due to HIV infection, uncertainties about the body can arise. Symptoms, even slight conditions, which so-called 'healthy' people would overlook, can cause annoyance. The question, **"What can or should I expect of or demand from my body?"** is posed for new reasons. The occasional feelings of exhaustion may be perceived in a different way.

For people living with HIV taking antiretroviral therapy, new challenges present themselves: coping with the new uncertainties caused by the drugs and their side effects. Side effects can be positively influenced through physical activity. Faith in your own body can be strengthened through sport, be the problem muscle depletion, change in body fat reserves, high cholesterol levels, metabolism changes or osteoporosis. Sport is good for you and is positive!

Some questions for you:

- What do YOU think you are capable of?
- What is it like to play in the group? Does this reduce your feelings of being alone?
- Do you feel better in yourself after playing sport?

"At this moment, I am fully prepared, I know my jumps, and I know that fatigue from HIV-related anaemia won't slow me down."

Rudy Galindo, United States, Ice Figure Skating Champion Living with HIV.

5.1.2.1 What if I have no HIV associated symptoms?

Maximum physical benefit can be obtained from those sports which build and tone your body, for example, muscles through high repetition low intensity weight programmes, and increase endurance through sports such as cycling, walking, jogging, swimming and aerobics.

Combat sports such as boxing and Tae Kwon Do may pose a small risk of HIV transmission to others due to blood splash and may not produce the benefits outlined above.

5.1.2.2 What if I have symptoms associated with HIV?

There is no reason to discontinue your chosen sport as long as it does not cause excessive fatigue. You are the best judge of how much you can do keeping in mind that above normal exertion can put your immune system under further stress. Once again, sports such as cycling swimming and aerobics provide desirable benefits. Light strength work is also valuable.

High and low body contact sports such as all football codes and basketball as well as combat sports, may pose a small risk of HIV transmission to others and could increase your risk of injury.

If you have any neurological symptom such as blackouts, cerebral toxoplasmosis or convulsions

Section 5

sports such as scuba diving, parachuting and motor sports may exacerbate the symptoms and hence could be very dangerous.

5.1.2.3 Are there sports which may be hazardous to people living with HIV?

Apart from those mentioned earlier, high intensity training where above normal exertion is required places your immune system under stress and may be harmful. Any sports which pose the risk of a blood splash has the small potential of blood-borne infections such as HIV and hepatitis being transmitted.

5.1.2.4 Should I divulge my HIV status to anyone involved with my sport?

You are not required to divulge your status; however, in situations where training under direction is required and exertion may be above normal, it may be to your advantage to inform the trainer or coach. **The person who you tell must keep this information confidential.** There is no medical or public health justification for testing or screening players for HIV.

5.1.2.5 How can I minimize the risk of HIV transmission?

If you have a skin lesion, infection or sore, it is best to seek medical advice. Wait until it is healed before you play again. If you sustain a bleeding wound while playing sport, you should leave the field and have it treated immediately. Cover the wound with a waterproof dressing. Once again, allow the wound to heal completely before you resume playing.

5.2 Minimizing the risk of HIV transmission on the sports field

The risk of HIV transmission in sport settings is small, and most HIV-positive athletes have contracted the virus outside of the sports arena. This means that people involved in sports are faced with the same challenges when it comes to HIV infection. However, we must ensure that proper **precautions against blood-borne infections** are taken to minimize even the slightest possibility of HIV transmission in sports.

In most countries there is an **official policy of non-disclosure of HIV status**. Sport participants are not under any obligation to reveal their HIV status, although they are strongly discouraged from participating in sports such as wrestling and boxing. The result of this policy of non-disclosure is that all injuries on the sports field are treated as if the injured person could be HIV-positive so universal blood precautions are to be applied.

There are many things that can be done on the sports field, particularly where there may be direct contact or where bleeding can be expected to occur, to minimize the risk of HIV and other blood-borne infections transmission while participating in sports. For example:

- **HIV transmission may be facilitated when protective sports equipment is not used, including mouth or gum guards, shin guards, shoulder pads, proper footwear and helmets. Wearing these sport aids should be actively enforced by sport coaches, administrators and officials during competitions;**

Section 5

- Those responsible for dealing with injuries on the sporting field should consider being immunised against hepatitis B;
- It is important that whoever deals with injuries use universal blood precautions; and
- Surfaces contaminated with blood or other bodily fluids should be cleaned with a solution of sodium hypochlorite.

The following are **principles recommended by the Australian National Council on AIDS (ANCA) and the Australian Sports Medicine Federation (ASMF)** to help further reduce the low possibility of HIV transmission while participating in sports which involve direct body contact or where bleeding may be expected to occur:

- if a player has a skin lesion, it must immediately be reported to a responsible official and medical attention sought;
- if a skin lesion is observed, it must be immediately cleansed with a suitable antiseptic and securely covered; and
- if a bleeding wound occurs, the individual's participation must be interrupted until the bleeding has been stopped and the wound is both rinsed with plenty of water and, if dirty, washed with soap then covered with a waterproof dressing.

Box 5: Actions to be taken in the event of a blood spill

The following procedures are neither difficult nor expensive and should be adopted by all athletes, coaches, trainers and first-aid officers. So that people learn the procedures, display them in the change rooms and near the first-aid kit.

- Persons administering first aid when bleeding has occurred should wear **protective gloves** at all times;
- **Skin is penetrated** – wash the area well with soap and water or an alcohol based hand rinse foam. No soiled towel should be reused;
- **Clothes are blood stained** – they should be changed for clean ones once the wound has been treated. They should be handled with rubber gloves and soaked in a disinfectant before washing in a domestic machine on a hot water cycle;
- **Blood gets on the skin** – irrespective of whether there are cuts or abrasions, wash well with soap and water. No soiled towel should be reused;
- **Eyes are contaminated** – with the eyes open, rinse the area gently but thoroughly with water or normal saline;
- **Blood gets in the mouth** – spit it out then rinse the mouth with water several times;
- **There is an additional concern about infection** – medical advice should be sought from a physician at a teaching hospital or clinic with experience in the management of HIV infection.

Section 5



“I was watching Brian Wright, HIV-positive, figure skating choreographer, and he was such a character, making me laugh, so alive and doing what he loved. I couldn’t help but think his motivation was so clean and so pure. He was doing what he wanted to do, for all the right reasons. I was thinking people should all learn from him, from the way he was living his life.”

Michelle Kwan, five-time world ice-skating champion, who was the last person choreographed by Brian Wright before he died of AIDS-related causes in 1993.

5.3 Sportsmen and Women as Role Models

Sportspeople, and particularly successful athletes, are role models. No one likes to have every action (and reaction) judged. But despite some sportspeople’s reluctance, they ARE role models. People around them watch and judge everything they do. Peers, trainers, and of course, the general public all watch how the successful athlete acts and reacts in every situation. What these role models do, what they say and how they can respond can speak directly to young people in way that few other education methods can. Role models can be examples for young people of how to discover and realize their own unique talents and an inspiration to do more. In the response to AIDS, **the voice of athletes is another way to drive home prevention and care messages.**

One of the paradoxes of HIV- and AIDS-related discrimination is that these will only be reduced if the epidemic becomes humanized as opposed to a medical problem. One of the most successful strategies in destigmatizing HIV and AIDS is someone saying, “I am HIV-positive”. **Involving HIV-positive sportsmen and women** has already proven itself as being extremely valuable in normalizing HIV and being a role model for sportspeople, both young and old.

Athletes whether HIV-positive or HIV-negative, who take part in HIV awareness raising, are serving their communities and are a living example of the spirit of voluntarism by lending their name to the AIDS response. If we look at the sport world, there is a vast untapped resource of volunteers from different sports.

“I love skating. I wasn’t going to stay home and just do nothing. To be out there just makes me feel so good.”

Rudy Galindo, Ice Figure Skating champion living with HIV, United States.

A number of **HIV-positive sport champions** publicly committed themselves to working to raise HIV awareness and counter HIV- and AIDS-related stigma, including:

- Arthur Ashe, Tennis Champion, United States.
- Greg Louganis, five times Diving Olympic Medallist, United States.
- Magic Johnson, NBA player and Olympic Gold Medallist, United States.
- Rob McCall, Couple Ice Dancing Olympic Bronze Medallist, Canada.

Section 5

- Roy Simmons, Former New York Giants Player, National Football League, United States.
- Rudy Galindo, Ice Figure Skating Champion, United States.
- Tommy Morrison, Heavyweight Boxer, United States.

“Magic Johnson’s announcement showed AIDS was not just a white disease, not just a gay disease. And that was critical. He’s been a remarkable role model, as a human being, an African American, a man living with the HIV.”

Phill Wilson, founder of the African American AIDS Policy and Training Institute in Los Angeles, United States.

Other sportspeople have been active in promoting HIV awareness and promoting HIV anti-stigma and prevention messages, including:

- Britta Heidemann, Germany, Fencing Olympic Bronze Medallist.
- Cathy Freeman, Australia, Track and Field Olympic Gold Medallist.
- Dikembe Mutombo, Democratic Republic of the Congo, Basketball player and UNDP Youth Emissary.
- German 4x400m relay team: Jana Neubert, Anke Feller, Claudia Marx and Claudia Hoffmann, Athens Olympic Games.
- Gheorghe Hagi, the greatest Romanian Football player.
- Frank Fredericks, Namibia, Track and Field Quadruple Olympic Silver Medallist.
- Luis Figo, Portuguese national Football star.
- Matthew Pinsent, United Kingdom, Rower and Quadruple Olympic Gold Medallist.
- Nico Motchebon and Heike Henkel, German High Jump Olympic Gold Medallists.
- Ronaldo, Brazil, Football player, UNDP Goodwill Ambassador and Special Representative for the World AIDS Campaign.
- Sergey Bubka, Ukraine, Pole Vault star and Olympic Gold Medallist; Chairman of the IOC Athletes Commission.
- Sanath Jayasuriya, Sri Lanka, Cricketer and UNAIDS Goodwill Ambassador.
- Thomas Schmidt, Germany, Slalom Canoeing Gold Medallist.
- Yaping Deng, China, Table Tennis star and Quadruple Olympic Gold Medallist.
- Kipchoge Keino, Kenya, Middle distance runner, Double Olympic Gold Medallist.
- Nawal El Moutawakel, Morocco, 400m Hurdles Olympic Gold Medallist.

Messages from these sportspeople appear throughout this toolkit.

5.4 How do coaches and athletes respond to HIV-positive athletes?

People living with HIV are not suffering from any disease; they are simply HIV-positive.

Often the biggest barrier to a person living with HIV participating is not their infection but rather the attitudes of people around them. **Being HIV-positive can be an extremely lonely experience.**

Section 5

Both athletes, coaches and sport leaders need to support people living with HIV; make them part of the team and respect and praise them as you would any one else.

There have been no validated reports of HIV transmission in the sports setting. Therefore, **there is no general restriction on people living with HIV from playing sport merely because they are HIV-positive.** In general, the decision to allow an HIV-positive person to participate in sport should be made on the basis of the individual's health status.

- Remember that the risk of HIV transmission in sport settings is very small. You do not need to know the HIV status of your players; instead implement **universal blood precautions**, if there is a bleeding wound or skin infection. These will protect you from blood-borne infections, including HIV.
- During play, athletes should be aware of any **open wounds** and should bring them to the attention of a coach or trainer, etc. However, coaches, officials and other players should also remain alert for bleeding wounds.
- **Bleeding athletes** should be removed from play and the bleeding controlled, following universal blood precautions. The player should not be allowed back into play until the bleeding has been controlled and the wound properly cleaned, treated and securely bandaged.
- **The identity of a person living with HIV must remain confidential.** Those persons, including coaches and athletes, in whom a person living with HIV chooses to confide his or her HIV status, must respect this confidence in every case and at all times, unless the person chooses to make the fact public.

It is possible, and in some places likely, that there may be players who are HIV-positive or affected by AIDS. Many of these sports people may not wish for it to be known that they are HIV-positive or that they have lost one or two parents because of AIDS; or they may wish to talk about it quite openly.

Make sure that these sportspeople feel supported and integrated into the club and that their feelings are respected. "How can we support our fellow sportspeople living with HIV or affected by it?" is a questions that needs to be answered by coaches and athletes.

As coaches and sports leaders we need to:

- be willing to **review those of our habits** that contradict what we want our players to learn such as making jokes that are stigmatizing to HIV-positive people;
- **speak to all athletes**, including HIV-positive players about nutrition and adequate rest; ensure that universal blood precautions are followed when injuries occur involving blood; and
- identify with and **defend the rights** and interests of those in greatest need, including people living with and affected by HIV.

"HIV doesn't discriminate. People do."

Section 5



As athletes and sportspeople we need to:

- **be a true friend.** A friend with HIV is still your friend. You cannot get HIV from playing sport, holding hands or working together;
- **accept people.** People living with HIV are not asking for your pity but rather your support. They want the same chance as you to live their life to its fullest potential... both on and off the sports field;
- **inform ourselves.** HIV can be terrifying so inform yourself. If you do that then you will see that you have nothing to fear for people living with HIV. Just follow the rules;
- **not be afraid.** There is no need to be fearful about a person with HIV. Treat a person with HIV the same way as you would like to be treated if you had HIV; and
- **follow the coach's directions** if there is an injury involving blood on the field.

Some actions to help people living with HIV participate:

- working with HIV-positive and affected young people to cope with HIV-related stigma;
- involving sports men and women living with or affected by HIV and AIDS as resource persons in your sports programmes and activities.



“Discrimination can stop people from fulfilling their potential. Don’t discriminate against people living with HIV.”

Cathy Freeman, Australian, Track and Field Olympic Gold Medallist.

Box 6: Coaches and athletes responding to HIV-positive athletes

- HIV-positive athletes should be allowed to participate in all forms of competitive sports;
- HIV-positive athletes should be informed of all risks of transmission to other persons;
- a HIV-positive athlete’s right to confidentiality should be respected;
- routine HIV testing for athletes should not occur;
- regulations to discouraging athletes from injecting substances to improve their performance in sports should be reinforced; and
- all athletes should receive counselling regarding the risks of HIV transmission through sexual intercourse.

Section 6



Sport Organizations responding to HIV and AIDS

6.1 HIV in the workplace

“Each of us, at our own personal level, can do something to prevent further HIV transmission and to avoid discrimination against people living with HIV.”

Nawal El Moutawakel, Morocco, 400m Hurdles Olympic Gold Medallist.

One role of National Olympic Committees, sport clubs, bodies or federations is as an employer. It is possible that there may be employees in your organisation who are HIV-positive or affected by AIDS. Many of these employees may not wish for it to be known that they are HIV-positive or that they have lost friends or family to AIDS. Some may wish to talk about it quite openly.



Quite often the initial response to HIV and AIDS is what we can do for others without first making sure that our house is in order. **Sport organisations should not only try to ensure that their players are protected from HIV infection and do not stigmatize or discriminate against people living with HIV and AIDS; they should also ensure that the workplace is a safe environment for discussing HIV and AIDS and a non-discriminating one.** Each employee needs to become AIDS competent, as does the organization.

There is no HIV and AIDS workplace strategy that will work for all organizations; each sport organization needs to look at its own circumstances and develop a solution accordingly. It is, however, possible to identify the main elements that a workplace strategy should cover.

The International Labour Organization (ILO) developed the **Code of Practice on HIV and AIDS in the World of Work**⁹ in June 2001. Subsequently, the IOC has endorsed the Code of Practice,¹⁰ which contains fundamental principles for policy development and practical guidelines from which effective responses can be developed at enterprise, community and national levels in the areas of:

- HIV prevention;
- management and mitigation of the impact of HIV and AIDS on the world of work;
- care and support of workers living with, and affected by HIV and AIDS; and
- elimination of stigma and discrimination on the basis of real or perceived HIV status.

⁹ <http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm>

¹⁰ See **Annex 1 International Olympic Committee policy on HIV/AIDS** Article 1. The Role of the IOC.

Section 6

Your sport organization can become AIDS competent through the following activities:

Policy work

- study the IOC Policy on HIV/AIDS (see **Annex 1**), which outlines specific activities for NOCs, and see how it can be implemented by your sport community;
- develop and implement a HIV and AIDS workplace policy for your organization;
- ensure that the gender dimensions of HIV and AIDS are reflected in any policies developed; and
- encourage and support research on stigmatization and discrimination within sport settings.

HIV Prevention Activities

- helping people in your organization learn the facts about HIV and AIDS;
- including in training programmes for coaches, administrators and athletes (training of trainers) HIV awareness training;
- ensuring that universal blood precautions are implemented in the event of cuts or skin infections on the sports field; and
- promoting, or where possible, providing voluntary (confidential) HIV testing and counselling.

Care and Support

- ensuring that HIV-positive people are allowed to participate in sport;
- learning about and being open and supportive of people living with HIV and AIDS in our families clubs and community;
- recognizing any discomfort you feel about people living with HIV and AIDS and learning the facts about HIV and AIDS so you won't be afraid of people living with HIV and AIDS;
- helping a community association with activities that help to make our communities safer for people living HIV and AIDS;
- avoiding unkind, negative comments about any group of people, including people living with HIV and AIDS;
- using your religious beliefs in caring ways; and
- participating in World AIDS Day activities and wearing a Red Ribbon are ways to raise awareness and to show 'team spirit' with people living with HIV and AIDS.

Advocacy

- helping with local, national or international advocacy efforts, for example, access to treatment and anti-stigma campaigns.

It is important that you connect your activities and programmes to **local AIDS organizations**. They may be able to help with training and in the provision of HIV and AIDS materials and teaching aids. Your National Sports Councils and associations, including the National Olympic Committee, may have basic sport coaching courses on HIV and AIDS, and materials. Also link to **National AIDS Councils** so that activities and messages are coordinated. They might also be of assistance in brokering partnerships and be able to provide materials.

6.2 A HIV and AIDS Workplace Policy?

The jury is still out as to whether HIV and AIDS should be addressed through a discrete policy or as part of a broader chronic illness policy. Most organizations start by developing a specific HIV and AIDS policy because they need to respond quickly and clearly to the pandemic and because there are certain aspects, in particular stigma and discrimination, which are unique to HIV and AIDS. However, for many, the ultimate aim is to integrate this with other policies (e.g. chronic illness, medical benefits, human resources policies). Indeed, for many organizations, the process of developing a comprehensive HIV and AIDS policy can be a catalyst for reviewing the effectiveness of associated areas, such as medical benefits.

If your sports body decides to **develop a HIV and AIDS workplace policy**, it should include the following:

- objectives of the policy
- definitions
- responsibility for implementation
- confidentiality
- gender dimension
- safer practices (sexual or otherwise)
- occupational or other exposure
- health insurance (spouse, partner and children)
- available medication (opportunistic infections, pathology and antiretroviral therapy)
- voluntary counselling and testing
- proactive employment of people living with HIV and AIDS
- HIV screening and employment
- information and training
- reasonable accommodation
- stigma and discrimination
- advocacy for universal access to treatment
- travel
- assignment and vaccination
- disability
- termination of employment
- grievance and disciplinary procedures

Resources:

ILO Code of Practice on HIV and AIDS in the World of Work (June 2001).

<http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm>

The Code of Practice represents ILO's commitment to help secure decent work and social protection in the face of the epidemic and a framework for workplace action. It contains fundamental principles for policy development and practical guidelines from which effective responses can be developed at enterprise, community and national levels.

Section 6

Business Responds to AIDS/Labour Responds to AIDS (BRTA/LRTA) Programs, Centre for Disease Control, United States.

<http://www.hivatwork.org/tools/business-managers.cfm>

The Manager's Kit includes all the resources businesses need to build comprehensive HIV and AIDS workplace programmes. The kit is available in English and Spanish.

Working Positively: Guide for NGOs Managing HIV/AIDS in the workplace. UK AIDS Consortium

<http://www.aidsconsortium.org.uk/Workplace%20Policy/workplaceintro.htm>

This guide looks at the key issues involved in developing a workplace strategy and at how different NGOs and commercial companies are approaching these issues. It also provides a guide to the key components of a successful strategy and a list of useful reference documents.

Workplace HIV/AIDS Programs: An Action Guide for Managers

http://www.fhi.org/en/HIVAIDS/pub/guide/Workplace_HIV_program_guide.htm

The workplace action guide from Family Health International's IMPACT Project is a practical, hands-on 'how-to' guide, advising managers on how to create workplace programmes in the developing world – and how *not* to. These lessons are illustrated with candid case studies of employers' experiences with HIV in the workplace.



6.3 Employee HIV education

It is very important that the **managerial level** of an organization is trained first about HIV and AIDS before you begin to educate the rest of the employees. Managers must understand the facts about HIV and AIDS and your sports body's policy to be able to do the following:

- be prepared to answer employee questions;
- know where to refer employees for assistance or additional information;
- be able to reinforce or develop the sports body's position on HIV and AIDS; and
- support and encourage their employees' participation in training sessions.

You can use the same activities outlined in the following pages for both managers and employees.

Training sessions are a good opportunity to cover most, if not all, of the basic facts about HIV and AIDS, explain national laws and policies of the sport organisation as well as provide information on local HIV-related services. Sessions should be held at least annually and when larger numbers of new employees are recruited, more frequent sessions should be organized or built into existing 'regular' orientation programmes.

Training sessions should provide **contact information** for local HIV and AIDS service organizations such as voluntary testing and counselling centres, people living with HIV and AIDS organizations and AIDS service organizations. Also provide a one-page hand out describing the local AIDS situation and let people know where they can turn if they have more questions.

As sport directly affects health and wellness, it is appropriate to include **health-related information** in any brochure rack, including information on HIV. Although this is a passive approach to community education, such brochures offer fact-based material designed to better educate the community, thus minimizing the risk of an adverse community response if the presence of an HIV-positive athlete become public knowledge. Those concerned for the potential negative public reaction to the presence of an HIV-positive athlete might consider the need for community-based education and training.

At a minimum:

- employees should participate in a facilitated **orientation session** on HIV and AIDS, including a demonstration on the use of male and female condoms (see Annex 4);
- employees should participate in **learning activities** to raise sensitivity towards people living with HIV and to enhance awareness of everyone's vulnerability to HIV; and
- display **posters on HIV and AIDS** prominently in the workplace.

The following pages include an ice breaker for beginning work and outline activities on:

- HIV transmission;
- condom use;
- voluntary (confidential) counselling and testing;

Section 6

- stigma and discrimination; and
- creating a supportive environment

Review **Section 4 What you need to know**, **Section 5 Sport and HIV** and **Annex 4 Condoms**.

6.3.1 Ice breaker

This ice breaker should really get people thinking and talking! It goes to the core of HIV prevention and will provide an insight into attitudes and behaviours among the employees.

Make it fun for people. If possible, ask the questions several days ahead of time, or the evening before the results are presented, or perhaps before lunch or a break to give you enough time to compile the results.

Step 1:

Ask people to write the answers to the questions you will ask aloud. Explain that the answer sheets will be collected at the end of the exercise, but will be anonymous and confidential.

Step 2:

Ask some or all of the following questions. You may decide to eliminate some questions and/or add others:

- At what age did you have your first sexual encounter? If you don't remember the exact age, you may estimate. (If people ask what you mean by 'sexual encounter', tell them that it is up to them to decide for themselves!)
- At what age did you first use a male condom during sex? (If never used, write 'never')
- At what age did you first use a female condom during sex? (If never used, write 'never')
- Would you feel confident doing a demonstration of how to use a male condom?
- Would you feel confident doing a demonstration of how to use a female condom?
- Have you ever had sex under the influence of alcohol or drugs?
- If you are (or were) married or in a long-term relationship, have you ever had sex outside of your primary relationship (i.e., not with your husband/wife/partner)?
If you are (or were) married or in a long-term relationship, have you ever had a meaningful conversation with your partner about HIV, including issues around trust and your personal vulnerability?
- Do you always carry condoms with you when you travel?
- Have you ever had a sexually transmitted infection?
- Since becoming aware of HIV, have you ever engaged in unprotected sex with someone whose HIV status was not known to you?
- Have you ever been tested for HIV?
- If you have been tested for HIV, since your last test, have you engaged in sex without a condom with someone whose HIV status was unknown to you?
- Are you HIV-positive, HIV-negative or do you not know your status?

Section 6

It may also be useful to ask people to identify whether they are male or female to show results by sex and to observe any disparities.

Step 3:

Once the questions have been answered, collect the answer sheets. Then compile the results and present them to the participants.

Some ideas on **presenting results**:

- Show the breakdown by males versus females;
- Show any data that relate one question to another. For example, the average difference in years between first sexual experience and first use of a condom;
- Point out if there are respondents who say that they have not been tested for HIV; yet say that they are HIV-negative;
- Point out if there are people who say that, since their last test, they have had unprotected sex with someone whose status was unknown to them, and still say that they are HIV-negative.

Step 4:

Discuss the results in light of the personal vulnerability to HIV among the participants themselves. This is best done by sharing the 'raw data' and then asking people to interpret the data and make any observations.



Section 6

6.3.2 HIV transmission

Review **Section 4 What you need to know** and **Section 5 Sport and HIV**.

1. General learning activities

Briefly cover the main ways that HIV is transmitted locally, choose one or more of the following activities:

- ask people to name the primary mean(s) of HIV transmission;
- have a local HIV expert make a short non-technical presentation on HIV transmission and how HIV affects the country; or
- ask a local person living with HIV and AIDS to speak. Often people living with HIV are highly effective in explaining the realities living with HIV.

2. Hypothetical situations (Explanations included in brackets)

Case 1

A person living with HIV is helping to prepare food for a staff party. When cutting onions directly over a pot of stew, the knife accidentally cuts the person's finger and a few drops of blood end up in the stew.

(No risk: the heat from the stew will kill any virus immediately.)

Case 2

A person living with HIV comes to a party for someone who is leaving. Everyone is kissing the person goodbye and the person living with HIV does so as well.

(No risk: kissing cannot transmit HIV especially casual kissing when there is no exchange of body fluids at all!)

Case 3

A person is attending a dinner where alcoholic beverages are flowing freely. After some time, two people decide to leave together and they return to a hotel room and start to engage in sex. Neither has brought a condom, but they continue to have sex. After the act, one of the people realizes what has happened, and carefully washes his/her genitals with rubbing alcohol.

(High risk: cleaning after sex does nothing to prevent HIV infection. Safer sex does.)

Case 4

Two athletes are travelling together. Because of limited hotel possibilities, they are forced to share a room together. The next morning, one of them realizes he has forgotten his razor and needs to shave since they have an important meeting. He borrows the razor from the other person.

(Low risk: HIV can live outside the body in wet fluids for a while, although not in dried blood. This scenario presents very limited risk.)

Case 5

A person living with HIV is travelling to a sports event and there is a car accident. The person living with HIV is injured and bleeding. Another person approaches the injured person and attempts to stop the bleeding by tying a clean cloth around the wound.

(No risk: especially if the person helping has no injury or open cuts or sores; touching the blood will not lead to HIV infection, since blood naturally flows 'outwards' and will not enter the body of the person assisting.)

6.3.3 Condom use

Review the information in **Annex 4 Condoms**.

1. General learning activities:

- Undertaking male and female condom demonstrations: at the end of the learning activity, people should be able to correctly use both male and female condoms;
- Condom facts, opinions and false rumours: to allow each person to separate facts, opinions and false rumours about condoms;
- Negotiating condom use: to allow people to jointly talk about ways that they can negotiate with partners to use condoms.

2. Negotiating for condom use

Step 1:

Start off by explaining that sometimes one partner may want to use a condom, but the other partner may not want to do so. This session will be an opportunity for role playing about some of the situations that may come up in this context.

Step 2:

Divide people into small groups and ask them to select a few of the following:

- "But, dear, sex with a condom isn't real sex."
- "But we can't be sure that the condoms won't break!"
- "I don't like using condoms because they can get lost inside my vagina or anus."
- "But I'm on the pill and won't get pregnant!"
- "But I've heard that condoms are laced with HIV and actually cause the disease!"
- "Why should we use a condom since we're both faithful to one another, aren't we?!"

Section 6

- “But sex just isn’t pleasurable with a condom!”
- “If we use a condom each time we have sex, we’ll go broke! Condoms just cost too much!”
- “Condoms will cause me irritation and pain.”
- “When I use a condom, I don’t feel as close to you!”
- “Condoms are just too small for my penis! They are too tight and hurt me!”
- “Poor-quality condoms are sent to our country, so why should we use them?”
- “Condoms cut off blood circulation and will strangle my penis.”

Have people role play with one partner starting off with one of the above statements (or others that people say may come up) and another partner trying to negotiate for condom use. Tell them to have fun!

Step 3:

In plenary, ask for one role play from each of the groups to be re-enacted.

Step 4:

Conclude with a discussion, including observations or ‘tricks’ on how to negotiate for condom use.

6.3.4. Voluntary (confidential) counselling and testing

Ask people to answer ‘true’ or ‘false’ to the questions below. After people answer the questions individually, lead a discussion by giving the correct answers and then making sure that the answer is understood. Reasons are noted below the questions.

1. People often decide to get tested for HIV because they are worried about a behaviour that may have put them at risk.

True

Recent exposure is one of the main reasons that people decide to be tested. A desire to protect the health of others and stopping the worry caused by ‘not knowing’ are other common reasons.

2. There is no real value in the test since, if it is positive, it will only label me as HIV-positive, but there is nothing more I can really do.

False

Facing an HIV test may not be easy, but it is worth it. Today, HIV-positive people can remain healthy longer with proper care and treatment. Also, knowing your status allows you to take steps to protect others from infection.



3. The HIV test can tell you if you have AIDS.

False

A test for HIV can only tell you if you have been infected with HIV by detecting antibodies to the virus that your body will develop if exposed and infected. Keep in mind, however, that it can take up to six months after HIV enters the body for there to be enough antibodies to be detected. If a person has antibodies to HIV, it means that they have been infected with HIV.

A HIV test cannot tell you if you have AIDS; only your doctor can make that determination. It is important to remember that most people living with HIV look and feel very healthy for at least the first five to ten years of infection and only then may begin to develop AIDS-related symptoms.

4. Having symptoms such as night sweats and weight loss might mean I'm infected with HIV.

True

But these symptoms can also be caused by other illnesses and should be checked out by a doctor. The only way to know for sure if you are infected is to be tested. HIV-positive people often do not have any symptoms at all for many years. Don't wait, wonder and worry about your HIV status – get tested.

5. My partner tested negative so that means I'm not infected.

False

The result of your partner's test is not an indication of whether you are infected with HIV. The only way to know your HIV status is to have your own test.

6. If I have had unprotected sex with someone whose HIV status is unknown to me, I should be tested for HIV.

True

HIV testing is recommended for people who have had unprotected (i.e. did not use a condom) anal or vaginal sex. While there is some risk from oral sex, it involves less risk than unprotected anal and vaginal sex.

7. If I shared a needle with an injecting drug user or had unprotected sex with an injecting drug user, I should take a HIV test.

True

HIV testing is recommended for partners of injecting drug users (for spouses, sexual partners, or needle-sharing partners).

8. If I received a blood transfusion from a source that I am not sure about, I should be tested for HIV.

True

HIV testing is recommended if you receive transfusions of blood or blood components from a source that you are not sure about, especially if you received a transfusion before the blood supply in your country was routinely screened for HIV, if it is.

Section 6

9. If I am tested for HIV, the results are made known to others.

False

HIV testing is confidential and any testing centre must fully respect confidentiality. You alone can decide with whom to share your results.

10. Medical service routinely tests for HIV before hiring an employee and then again during periodic medical checkups.

False

HIV testing is not part of the medical exam for employment, nor is it undertaken routinely. To be tested, you must request the test from a qualified testing centre.

6.3.5 Stigma and discrimination

General learning activities:

1. Role play

Use a real or fictitious story or a case study dealing with HIV or AIDS locally. Have the people assume roles and act it out. For example, role-play a scene in which two employees, one living with HIV and the other fearful of interacting with the HIV-positive person. Discuss how the HIV-positive employee feels working in an environment of discrimination and why the other person is fearful. Discuss new insights, attitudes, feelings, values.

2. Religious stigma

Without naming any specific faith or religion, ask people to write on one colour card, the ways in which religions or faith-based organizations stigmatize people living with HIV. On another colour card, have them write down how religions or faith-based organizations have helped in preventing HIV and have supported people living with or affected by HIV. Collect the cards and cluster them. Briefly discuss the positive and negative effects that religions and faith-based organizations have had in the context of HIV and AIDS.

3. News articles

Over time, collect articles from local newspapers and magazines that reflect local attitudes and behaviours about HIV and AIDS, people living with or affected by HIV and about groups of people at higher risk of HIV infection or perceived to be at higher risk (such as men who have sex with men, people who work away from their homes, truck drivers, migrants miners, injecting drug users and sex workers).

Make a presentation based on the articles or have people read a selection of the articles. Discuss how the media affect or reflect local attitudes and how these might affect our own attitudes

towards HIV and AIDS and people often associated with HIV. Discuss what can we do to change our attitudes and behaviours.

4. Debate game

Statements about HIV should be prepared ahead of time. People should be divided into an 'agree' group and a 'disagree' group and then debate each statement. Those 'defending' the position do not always need to personally agree with it, and can play devil's advocate if they are not personally convinced. The following statements may be used, among others:

- You should always tell your HIV status to your partner before you have sex.
- Condoms should be available in public places.
- Women can always resist sexual advances from male co-workers.
- You should always trust that your spouse or partner will be 100% sexually faithful to you.
- People should be tested for HIV before they are hired to work.
- People living with HIV should feel comfortable revealing their serostatus to co-workers.
- Sports should be open and welcoming to people of different sexual orientations.
- HIV-positive coaches should be allowed to train and teach young people.

The 'debate game' allows for in-depth discussion of perceptions and beliefs related to HIV and AIDS and sexual activities.

You may wish to use a variation of the debate game, as follows: place 'Agree' and 'Disagree' signs on opposite sides of the room with a tape on the floor to divide the room in half. After reading the various statements aloud, ask people to 'vote' by walking to a spot that reflects their real or 'devil's advocate' response. If they fully agree or disagree, they should move as close to the posted signs as possible, but they can also choose to be somewhere in between the two. Ask people to explain why they hold a particular opinion.



5. Other activities

- get involved in local HIV anti-stigma campaigns;
- identify sports slang, songs, gestures and traditions in general that are stigmatizing, and promote alternative language that is caring and non-judgmental; or
- work with local athletes to produce HIV and anti-stigma posters.

Section 6

6.3.6 Creating a supportive environment

1. Brainstorm

Have people brainstorm on how your sports body and work colleagues can best create a positive working environment for people living with or affected by HIV.

2. Writing advocacy messages

Have people work in small groups to come up with positive advocacy messages that can be used to show how your sports body supports people living with or affected by HIV. Ask each group to come up with one message. These messages can be used later for locally produced posters, in e-mail messages, and in local AIDS campaigns and actions.

3. Fears about HIV and AIDS, and about people living with HIV

Have people write anonymously on cards any fears they have about HIV and AIDS or people living with HIV. Then collect the cards and cluster them into groups of similar fears. Address the clusters one by one, talking about how people can protect themselves from HIV and dispelling any myths. Pay special attention to any fears people may have about people living with HIV in order to address any potential stigma and discrimination.

4. Labelling game

People should be 'labelled' with locally-perceived discriminatory words, such as 'HIV-positive', 'promiscuous person', 'sex worker', 'prostitute', 'single mother', 'lesbian', 'homosexual', 'drug addict', etc. The labels should be placed on the back of a person so that the person cannot see what their label is. The other people should describe how the labelled people are perceived locally and the labelled person should try to guess his/her own label, based on the comments and questions received.

Through this exercise, people can learn how 'labelling' others can stereotype and discriminate against people and how this can affect others' emotions.

5. Words and phrases

Invite people to anonymously write words and phrases on cards that they associate, or have heard associated, with HIV or AIDS. Ask them to stretch the limits of what they might consider as acceptable language. The point of this exercise is to assess the way that words and phrases label, characterize, identify and potentially wound the person to whom they are directed as well as the person who utters them. Examine the cards with participants and discuss which terms stereotype people, which are hurtful and harmful, what was their intent, and so on. Discuss why persons use these words and what can be done to raise awareness and sensitivity in our language and

attitudes about HIV and AIDS and towards groups of people who may be associated with HIV or AIDS.

6. Fighting stigma and discrimination

Have people think about how they have been stigmatized or discriminated against in their lives due to race, religion, ethnic origin, gender, sexual orientation, nationality, economic status, education, HIV status or other reason. Then have them write on cards how such stigma and discrimination made them feel. Collect the cards and cluster them into grounds of discrimination. Briefly discuss the effects of stigma and discrimination. Then discuss what can be done in the sports body to eliminate stigma and discrimination of any kind, including stigma and discrimination related to HIV.

7. Other activities

- formally commit to creating and promoting an environment sensitive to HIV and AIDS in your organization;
- develop and implement a HIV and AIDS in the workplace policy;
- encourage and support research on stigmatization and discrimination within the sports setting, and use the findings to design actions and policies to promote openness and acceptance;
- involve sportsmen and women living with or affected by HIV and AIDS as resource persons in your sports programs and activities;
- ensure that sport coaches are AIDS competent by including HIV and AIDS related issues in their coaching education;
- display posters on HIV prevention;
- provide basic HIV education for employees and their families;
- distribute educational brochures about HIV transmission and prevention;
- invite outside organizations to present or distribute HIV and AIDS information;
- integrate HIV transmission and prevention information into your day-to-day activities and programmes;
- familiarize yourself with HIV and AIDS service organizations such as voluntary testing and counselling centres, people living with HIV and AIDS organizations and AIDS service organizations in your neighbourhood;
- raise awareness so that players and communities can access services such as care and support services or mother to child HIV transmission prevention services as they become available, or hold authorities accountable if these are not available;
- include articles about HIV and AIDS in your newsletter and on your internet and intranet sites; or
- make condoms and lubricant available.

Section 7



Sport coaches, trainers and leaders responding to HIV and AIDS

7.1 Starting HIV and AIDS work with groups

The activities for different age groups outlined in the next pages are designed for you and your players to learn about HIV, including how to protect themselves and others from infection, as well as to respect people living with HIV and AIDS.

Box 7: Different ages groups are ready for different levels of information

Pre-teens: 9 to 12 years

This age is a period of rapid physical growth and change. This leads to strong concern with bodies, appearance, being 'normal', as well as an intense curiosity about sex. In some children of this age, puberty is already commencing. The development of secondary sexual characteristics (such as swelling breasts, growth of pubic and underarm hair, broadening hips, deepening voice) begins as children stand on the threshold of adolescence. Girls may grow and develop sexually faster than boys. Gay and lesbian individuals often recognize their sexual orientation at this age and may experience tremendous fear, confusion and isolation in a heterosexual world. Peer groups become very important. Children test values learned at home in the context of their peer groups. Pre-teens experience powerful social pressures for conformity.

- **Recognize** that pre-teens stand on the threshold between childhood and adolescence;
- Pre-teens are curious about sex, **need accurate information**, and can understand that sexual intercourse can have consequences, including HIV infection and pregnancy;
- **Teach** pre-teens about menstruation, condoms (see Annex 4), reproductive health, HIV and STIs prevention, and sexual decision-making;
- **Consider teaching** specifics about condom use and needle safety – it will not result in young people trying sex or drugs and may help protect their health and safety. Pre-teens can grasp a full explanation of HIV transmission and prevention;
- **Remember** that many cultures put special pressures on pre-teens as their bodies, hormones and emotions go through tremendous changes. This is a time to share your values concerning sexual relationships, substance use and other issues in two-way discussions. Listen to them as well as telling them how you feel about these issues;
- **Encourage** young people to stay free of alcohol and drug use, and be a positive role model.

"I'm not a victim. I'm a messenger."

Arthur Ashe, HIV-positive, Tennis Champion.

Section 7

Young people: 13 to 18 years

Puberty begins with a growth spurt and changes in hormonal activity. It ends in sexual and reproductive maturity. Where adolescence ends and adulthood begins depends on social and legal norms as well as individual physical and emotional factors. Young people may experiment with sex and drugs. Young people are also searching for intimacy. Some young women may even try to become pregnant so that their intimacy needs will be met, thinking, “The baby will be one person who really loves me”. Young people may experience their first success with adult roles and tasks such as having a job.

- **Young people, between the ages of 15 and 24, are at highest risk of HIV infection.** Their bodies are still maturing, making them biologically more vulnerable to HIV; particularly adolescent girls and young women;
- Remember to **listen to young people**, allowing them to do most of the talking;
- Teach young people **comprehensive and accurate information** about sexuality, HIV transmission and prevention, and safe sexual practices. Teens are able – and need – to learn and understand the wide range of HIV and AIDS information available to adults;
- **Confirm** how good it is when young people do things right rather than only criticizing them when they do something wrong;
- **Encourage** young people to stay free of alcohol and drug use, and be a positive role model.

HIV and AIDS are difficult topics for everyone. They raise issues of sexuality, gender imbalance, sex between men and drug use and discussion about it can provoke strong views as well as highlighting the need for additional information. However, as coach and presenter of information, the first task for you is **to become comfortable with your own sexuality**. This involves issues such as what it is to be a man or woman; your own sexual practices; how you view different sexualities; your own drug or alcohol use; how you treat men and women; your beliefs about abstinence, monogamy and condom use; your religious background, how you view sex work; whether you frequent sex workers and what you think about HIV-positive people.

This may involve a lot of introspection and raise a lot of questions. It is good to talk to others. You would be surprised how willing people are to discuss sexuality once the ice is broken. **Talk to other coaches, friends, contemporaries.** Only when you are comfortable and feel that you can respond to questions honestly and factually will you be able to interact with a curious group of young people, who will know some things about sexuality mixed with many different myths – some that will surprise even you!

Before you start you should find out about are the **national laws** concerning HIV and AIDS, what is the **HIV and AIDS policy** of the National Olympic Committee and your sporting body and what information, policies or activities the National Olympic Committee has developed. These can all offer guidance on, or may even affect, teaching about HIV and AIDS. Links should also be established with the **National AIDS Council** so that activities and messages are coordinated.

As sport directly affects health and wellness, it is appropriate to **include health-related information**

in any brochure rack, including information on HIV. Although this is a passive approach to community education, such brochures offer fact-based material designed to better educate the community, thus minimizing the risk of an adverse community response if the presence of an HIV-positive athlete become public knowledge. Those concerned for the potential negative public reaction to the presence of an HIV-positive athlete might consider the need for community-based education and training.

It is advisable to **seek parental permission** before undertaking HIV and AIDS education. This protects both you and your sport organization from any unpleasant consequences. You and your sport organization in consultation with parents should make a decision whether players will be able to opt-out of HIV-related activities if they want to.

Box 8: The Leaders in Training Programme, Swaziland

The Leaders in Training (LIT) programme, Swaziland, supported by the Swaziland Olympic and Commonwealth Games Association and Commonwealth Games Canada, addresses the need to **empower young people in their communities through sport**, thus tackling HIV and AIDS through building the knowledge base of young people and enhancing the six pillars of character: trustworthiness, respect, responsibility, fairness, caring and citizenship.

The goals are to **provide HIV and AIDS information to rural young people**; use sport to make learning enjoyable; train and empower local leaders of young people; set-up local 'Sport for All' Centres; keep communities involved in sport; and provide future sports coaches and administrators.

Training is provided to selected leaders of young people over five weekends on leadership, coaching, life skills, and HIV prevention. Local 'Sport for All' Centres are established and leaders are taught to build basic equipment for the centres and innovative ways for communities to raise funds and utilize funds for the centre. This empowers young people to run their own local recreational programmes, provides networking opportunities and tools for HIV prevention. The leaders are also community role models.

A sub-programme is the **Positive Play Day**, throughout which participants are reminded of the six pillars of character, which shifts the focus from negativity and violence by honouring the game, redefining 'winner' and emphasis on filling the emotional tank.

Since the LIT programme involves training youth leaders to implement basic physical activities – such as games and hybrid sports, it is felt that it is a natural step leading towards more advanced leadership programmes. The progression takes a young leader through the preliminary LIT programme; grooming them for advancement towards sport-specific administration or coaching qualifications should be the desired route of the leader. There are a total of 16 youth involved, ranging in age from 14-25.

At the end of 2004 the second session of the Leaders in Training (LIT) programme for 40 new LIT

Section 7

leaders was launched. LIT has added a practical component where the young people leader trainees organize a Sports Day in a rural community. Over 400 orphans and vulnerable children attended the Sports Day where they participated in health education and sport activities. This was a valuable learning experience for the LIT trainees as well as a fun and educational day for the participants.

7.2 So you feel ready. How are you going to engage the team?

It is best to use your position as coach to maintain control of the discussions. Some **basic rules** will help. For example, personal information offered by team members or you stays in the group, no abusive language, confidential information about someone else's HIV status will not be told to the group, raising hands to ask questions or when challenging someone, questions should be general rather than asking individuals about their own sexuality. Get agreement on these rules and any others from the players.

Box 9: Basic rules¹¹

HIV affects our most private emotions – our sexuality, our security and trust in relationships and in the future. It is important for **rules of trust and behaviour** to be established when working in a group. In groups where people want to talk about personal feelings and sensitive topics, they must feel able to do so without being laughed at or silenced and without fear of other people finding out. Ask group members what would make them feel safe and comfortable within the group. As people make a suggestion, the leader should make sure that the rest of the group is in agreement before it becomes one of the group rules. When agreed, write down the ground rules. These can be amended or added to as the group develops.

Possible ground rules:

- **Confidentiality;**
- **Respect:** group members should listen to each other without interrupting and should only speak one at a time;
- **Language:** group members should agree to use a language understood by all and to not use words that might offend;
- **Non-judgemental attitudes:** group members should avoid being judgmental of other people's feelings, views and behaviour, unless these views lack respect; and
- Group members should inform the group leader if they are unable to attend.

Group members have the right to expect that what they say will remain confidential; otherwise they will not feel that they can speak freely. They must know that their names will not be passed on to other people without their permission. It is important that your group has a common understanding of what confidentiality means for each of you.

¹¹ Adapted from the Global Network of People living with HIV/AIDS (GNP+) *Positive Development: Setting up self-help groups and advocating for change. A manual for people living with HIV.* <http://www.gnpplus.net/programs.html>

Section 7

It is useful to write this up and have it visible in the space where meetings happen:

- **What you see here,**
- **what you hear here,**
- **please let it stay here!**

One of your initial tasks is to establish what **level of knowledge or misconceptions** the young people might have about HIV and AIDS, STIs, sex and drugs. Using the ice breaker below to begin a session will get people relaxed and you will get an idea of what they do and do not know.

Though this **game** might be a little uncomfortable at first and elicit giggles, it will help get every one comfortable talking about a sexual topic.

- Tell the group, "Before we get started, I want to know all the slang words you know for sex".
- As people volunteer words, write them down on a flipchart. It is helpful to react honestly and candidly, such as, "I've never heard that one before!" or "We used to use that one".

These discussions may **raise some emotions** in the team members. In some communities, most people will know someone living with HIV or AIDS, as in many African and Caribbean countries, whilst in other communities this may be more unusual. It is best to assume that at least one person in the group has a personal experience with HIV. Talking about sexuality may also raise issues of rape and sexual abuse, including incest experiences. It is important to be aware of these possibilities and **be sensitive when planning activities and discussions**. You are in a good position to promote a tone of compassion, respect and safety.

Foster self-esteem. Praising young people frequently, setting realistic goals and keeping up with their interests are all effective ways of helping them to build their self-esteem. And that is important because, when young people feel good about themselves, they are much more likely to withstand peer pressure to have sex before they are ready, and to avoid drugs. In short, they are less likely to engage in behaviour that could put them at risk of contracting HIV.

One way to open up discussions is a **question box**. This allows young people to have their questions answered without feeling embarrassed about asking them aloud. Pass around slips of paper, and ask each person to write down any questions they may have about HIV, AIDS, sexuality, drugs, alcohol etc... Collect the slips in a box. You can either answer them right away, or say that you'll leave the box so that anyone can add more questions. You can answer questions during the session or at the next session.

It is up to you how the sessions are run and how often they take place. The point is to familiarize players about HIV and AIDS and break down barriers to discussion. It is suggested that an activity or discussion on HIV, AIDS, sexuality or substance use takes place once a week or if the club does not meet so often, take half an hour during practice.

Section 7

Many of you will have different needs, so **adapt and use the information to suit your own situation and circumstances**, such as available resources, number of participants and age groups. One of the valuable and exciting aspects of learning, is finding out 'how to do it' on your own as well as together with other people. You learn by looking at the ways things have been done before, and by improving and adapting these methods to suit your own situation. This kind of open-ended, creative learning process is as important for coaches and trainers. After all, finding ways to do things is the key to fighting AIDS and ultimately improving the quality of life in our communities.

7.3 Reflecting on the Sessions

It can be helpful to **get feedback** from the group. One way of doing this is to provide some sheets of paper on which young people can write one of the following before they leave:

- Something that I've learnt;
- Something that I've enjoyed;
- Something that could have been better.

After a session it can be helpful to reflect on it to see **what you can learn for future work** and about your own skills.

- Did everyone seem to understand what was going on and the information that was made available?
- Did anyone find the exercise upsetting or offensive? What can be done to avoid this?
- Which group members seemed most at ease, and why?
- Did anyone ask a question you had difficulty answering?



Activities Level 1

Suggested Ages: Ten to Twelve

This section of the curriculum involves completing 5 out of 10 activities. Review Section **4 What you need to know** and **Section 5 Sport and HIV** with your coach. Do not hesitate to ask your coach for help.

1. Make a flipbook¹² to share with your peers. Include the following topics:

- The human body;
- The body fluids that contain enough HIV to transmit HIV from person to person;
- High risk behaviours that can spread the virus from person to person;
- Three ways to protect yourself from HIV infection.

Share your flipbook with your team and make any changes that will help others better understand the information. Share the information with your family and members of your community.

2. Make a picture poster of activities you can do safely with a person living with HIV or AIDS. Include the following:

- Activities with other sports people¹³;
- Activities with friends;
- Activities at home.

Share your poster with your group, family and friends. Ask them to add activities to your poster.

3. Find out what your school or community is doing for World AIDS Day (1 Dec) and take part. Make sure you let other people know what is on. Bring a report of World AIDS Day activities to your sports club.

4. You can make people in your community or at school aware of HIV and AIDS by:

- Having a poster display about HIV and AIDS;
- Make and give away 10 red ribbons;
- Write a story about what you think it would be like to have a friend or family member living with HIV or AIDS;
- Make a list of places in your community where you can get more information about HIV and AIDS.

¹² A flipbook is a series of pictures with explanations on a particular topic. For example, a picture of high-risk behaviours with labelling of what they are. The flipbook can then be used by the player to illustrate what he is talking about when discussing with friends and family.

¹³ Possible to discuss injuries happening when playing and blood is present. Discuss how to handle these without increasing fear of HIV.

Section 7



The Red Ribbon

The red ribbon started as a 'grass roots' effort to show support for people living with HIV or AIDS, and as a result there is no official red ribbon, and many people make their own. Today the red ribbon is the international symbol of HIV and AIDS awareness and is worn by people all year round and particularly around World AIDS Day. It is a symbol of hope. Hope that the search for a vaccine and cure to stop AIDS is successful and the quality of life improves for people living with AIDS. It is also a message of support for people living with and affected by HIV and AIDS.

To **make your own ribbons**, get some ordinary red ribbon, about 1.5 cm wide and cut it into strips about 15 cm long. Then fold at the top into an inverted 'V' shape and put a safety pin through the centre which you use to attach the ribbon to your clothing.

5. Make a list of ways people living with HIV or AIDS are cared for in your community.

Where would someone living with HIV or AIDS go for help?

- Is there a hospital or a special clinic in your community?
- Are there any community associations that help people living with HIV or AIDS and their families?
- How much care do families need to give when someone is ill with AIDS or any other illness?

Share what you learn with your team mates and see if they know about any other services.

6. Make a poster about what people living with HIV or AIDS need to help them stay well or manage better when they do get ill. Consider:

- What do you need to stay well or to get better when you get sick? (for example, clean water, shelter, someone to look after you)
- What extra things does a person living with HIV or AIDS need to stay well (drugs, good food and people to support them)

Share your poster with your group and one other person – a relative, a teacher, a friend.

7. Illustrate how AIDS can affect many different people. Draw the different faces of AIDS. Think of the different people who could have HIV or AIDS or be related to them, for example, a man, a woman, a child, someone young or old, people of different colours and religions. Share your drawing with your group and discuss.

8. Imagine what it is like to be openly living with HIV or AIDS.

- Make a list of reasons why people would not want others to know they are living with HIV or AIDS.

Section 7

- What are the barriers in your community to openly living with HIV or AIDS?

Discuss with your group.

9. Is there **someone openly living with HIV or AIDS** in your community or country or someone who is an advocate for the rights of people living with HIV and AIDS?

Write a letter to encourage him or her in this difficult role. Share the letter with others in your club and ask others to sign it. Ask your coach to help you send it to the person.

Why?

By knowing how HIV is not spread you can reduce your fear of AIDS. You will also be able to provide care and comfort, without fear, to someone living with AIDS.

How?

For each picture, write down what the people are doing. You will learn that HIV is not spread through any of these activities.



Section 7

Activities Level 2

Suggested Ages: Thirteen to Fifteen

This section of the curriculum involves completing 5 out of 12 activities. Review Section **4 What you need to know** and **Section 5 Sport and HIV** with your coach. Do not hesitate to ask your coach for help.

1. Make a flipbook¹⁴ to share with your peers. Include the following topics:

- The human body both male and female;
- Body fluids of a female infected with HIV that contain enough virus to transmit HIV from person to person;
- Body fluids of a male infected with HIV that contain enough virus to transmit HIV from person to person;
- High risk behaviours that can spread the virus from person to person;
- Ways to prevent HIV infection.

2. Make a picture poster or list of activities you like to do with friends. Include:

- Activities you do with boys only;
- Activities you do with boys and girls;
- Activities you do with girls only.

Show your poster or list to the group. Talk about how these activities make you feel good about yourself. Ask others to add activities that make them feel good about themselves as a friend. Share your pictures or list and discuss your feelings with your family and peers.

3. Talk to a group leader or an older man in your family or community about healthy relationships. Ask him about the skills you need for relationships and that will protect you from HIV infection. Discuss this with a few people in your group. Do a role-play for your group, which shows how to say no to a person who is pressuring you to do something you know is wrong or that you don't want to do.

4. Make a list of services or health care facilities in your community where boys can get information and care related to prevention of HIV and sexually transmitted infections. Talk to a man in one of these agencies about the care men receive. Share the information with your group. Find two opportunities to share this information with your friends in your community.

5. Make a poster about using condoms to prevent HIV. Include information about the following:

- How using condoms can prevent sexually transmitted infections;

¹⁴ A flipbook is a series of pictures with explanations on a particular topic. For example, a picture of high-risk behaviours with labelling of what they are. The flipbook can then be used by the player to illustrate what he is talking about when discussing with friends and family.

- Information on where to get condoms;
- Steps to correct condom use.

Use this poster in a World AIDS display.

6. You can make people in your community or at school aware of HIV and AIDS by:

- Giving out red ribbons with an explanation of what this symbol means;
- Organizing a poster display about HIV and AIDS in your community;
- Asking to have a speaker come to your group or school to talk about HIV prevention;
- Creating a list of agencies in your community where you can get information and advice on preventing pregnancy and protecting yourself from sexually transmitted infections.

7. Find out what your school or community is doing for World AIDS Day (1 Dec) and take part. Make sure you let other people know what is planned. Give a report to your sports club about the results of World AIDS Day activities in your community.

8. Make a list of ways people living with HIV or AIDS are cared for in your community.

Where would someone with HIV or AIDS go for help? Answer as many of these questions as you can:

- Is there a hospital or a special clinic for people living with HIV or AIDS in your community?
- Are there any community associations that help people living with HIV or AIDS and their families?
- What does the government do for people living with HIV or AIDS, or people with any life-threatening illness?
- If there are no HIV or AIDS specific services; what kind of care is available for people with any serious illness?
- Who provides care? Doctors, nurses, volunteers, families?

Share with your group what you learn and ask them if they know about any services for people living with HIV or AIDS or other illnesses.

9. Imagine you know someone with HIV or AIDS – a relative, a schoolmate. Write a story about someone telling you that he or she is living with HIV or AIDS. Describe how you would try to support them and be their friend. Share your story with your group.

10. Imagine what it is like to be openly living with HIV or AIDS.

- Find out if there is anyone who speaks publicly about living with HIV or AIDS. Are there stories in the news? How do people react to them?
- Make a list of reasons why people would not want others to know they are living with HIV

Section 7

or AIDS. What are the barriers in your community to openly living with HIV or AIDS? Discuss with your group;

- Is there someone openly living with HIV or AIDS in your community or country or someone who is an advocate for the rights of people living with HIV or AIDS? Write a letter to encourage him or her in this difficult role. Share the letter with others in your club and ask others to sign it. Ask your coach to help you send it to the person.

11. Discuss prejudice with your group. To start, think of these issues:

- What is prejudice?
- Have you ever felt someone was prejudiced against you? Why? Your age, religion, the colour of your skin or other reasons? How did you feel?
- How could you respond if you heard someone being abused or called names just because they are different?

Share some of your ideas with your group. Discuss and come up with strategies together to be better prepared to respond to prejudice – directed at yourselves or others. Rehearse together by doing role-plays.

12 Make a poster asking people to support people living with HIV and AIDS and not discriminate. If December 1st is near, make it a World AIDS Day poster. Share your poster with your group. Find a place to display your poster in the sports club or at school.

“Respect yourself. Get tested. And be honest.”

Roy Simmons, United States, HIV-positive, former New York Giants Player, National Football League



Activities Level 3

Suggested Ages: Fifteen and over

This section of the curriculum involves completing 8 out of 15 activities. Review Section **4 What you need to know** and **Section 5 Sport and HIV** with your coach. Do not hesitate to ask your coach for help.

1. Make a flipbook¹⁵ to share with your peers. Include the following topics:

- The human body – both male and female;
- The body fluids of males and females that contain enough HIV to transmit infection from person to person;
- High risk behaviours that can spread the virus from person to person;
- How injecting drugs increase the risk of HIV transmission;
- How sexually transmitted infections increase the risk of HIV transmission;
- The effect of alcohol on behaviour and how it increases the risk of HIV transmission;
- Healthy decisions about sex and drugs to prevent the spread of HIV;
- Effective condom use to protect against the transmission of HIV and other sexually transmitted infections.

Share your flipbook with your team and make any changes that will help others better understand the information. Share the information with friends outside your team and your family.

2. Are there sexual health or family planning clinics or agencies in your community that provide information and care related to prevention of pregnancy and sexually transmitted infections including HIV? Contact one of these agencies and discuss the services they can provide to young men. With your coach **invite a counsellor** from a service to speak at one of your sessions and ask him to include the following:

- How condoms prevent pregnancy and sexually transmitted infections;
- Demonstrate how to use a condom properly (see **Annex 4**);
- An opportunity for the group to ask questions about access to condoms, condom use, sexually transmitted infection prevention, pregnancy and relationships;
- Invite other male members of your family and the community to this meeting.

Note for coach: At the end of this session, ask the group for written or verbal feedback on how they feel about using condoms in the future; do they feel they know how to use condoms; do they think their partner will use condoms; can they access condoms? Share the results with the counsellor and plan further strategies to reinforce or increase condom use.

3. Find out where people can receive voluntary counselling and testing (VCT) in your community. You might try a local office of Public Health with this question or a government health

¹⁵ A flipbook is a series of pictures with explanations on a particular topic. For example, a picture of high-risk behaviours with labelling of what they are. The flipbook can then be used by the player to illustrate what he is talking about when discussing with friends and family.

Section 7

office. Check out the following issues:

- Is there a cost?
- How confidential are the results? Who will this information be shared with if the person tests positive?
- Is counselling provided before and after the testing?

From what you learned are there difficulties to being tested? Share what you learn with your group.

4. Are there agencies in your community that help people with drug and alcohol problems?

Make a list of these agencies. Contact one of the agencies and ask what services they provide. Share this information with your group. Ask a health care provider from one of these agencies to speak at a group meeting about the problems of drug and alcohol use in your community and strategies to prevent drug and alcohol abuse. Invite other members of your community to this meeting.

5. Write a series of short dramas or role-plays that deal with setting sexual limits in relationships. For example, a friend of yours tells you he is pressuring his girlfriend to have sex with him. He has threatened to end the relationship if she will not have sex with him. She wants to wait until she is married before having sex.

6. Develop role-plays in which:

- You clearly tell your friend if she wants to wait to have sex then he should respect this;
- A couple negotiates using a condom when they have sex. Include what options a person has if one partner refuses to use a condom;
- A friend offers you some drugs.

Ask your group to do the role-play with you and practice so you can use the role-play in World AIDS Day events in your community.

7. You can make people in your community or at school aware of HIV and AIDS by:

- A red ribbon campaign in your sports club;
- Organize a sports club or community event with guest speakers from a AIDS organization;
- Provide drama presentation in your school community dealing with relationship issues and negotiating safer sex;
- Provide information about where to access sexual health and family planning clinic services;
- Provide information about correct use of condoms (see Annex 4) and how to access condoms in your community;
- Provide a list of services for people with substance use problems;

8. Develop a display about condoms for your sports club or community during World AIDS day. Suggestions to include:

- Where you can get condoms in your community;
- Positive statements about condom use;
- Demonstration of how to use condoms correctly (see Annex 4);
- Opportunity for visitors to the display to practise correct condom use;
- If possible, provide free condoms to display visitors.

9. Find out what your school or community is doing for World AIDS Day (1 Dec) and take part. Make sure you let other people know what is on. Bring a report of World AIDS Day activities to your sports club.

10. Find places in your community that provide care and support to people living with HIV and AIDS. Where would someone living with HIV or AIDS go for help? Answer as many of these questions as you can:

- Is there a hospital or a special clinic for people living with HIV or AIDS in your community?
- Are there any community associations that help people living with HIV or AIDS and their families?
- If there are no HIV or AIDS specific services, what kind of care is available for people with any serious illness?
- Who provides the care? Doctors, nurses, volunteers, family?

Share with your group what you learn and ask them if they know about any services for people living with HIV or AIDS or other illnesses. If there are professional counsellors or community services nearby, ask them how your club can help – perhaps by visiting or doing errands for people living with HIV or AIDS or volunteering at a community organization or clinic. (Be sure you have your parent or guardian's permission). Share your experience with the team.

11. Talk to a caregiver in your community – nurse, counsellor or a family member who cares for someone who is ill. Ask them what care giving is like – its difficulties and rewards. Think about whether you would like to work in health care or not and why. Create a gift for a caregiver. Share your experience with your group.

12. Imagine what it is like to be open about having HIV or AIDS.

- Find out if there is anyone who speaks publicly about being HIV positive or having AIDS. Are there stories in the news? How do people react to them?
- Make a list of reasons why people would not want to be open about having HIV or AIDS. What are the barriers in your community to being open about having HIV or AIDS? Discuss with your group.

If there is someone known in your community or country to have AIDS, write a letter to encourage them in their difficult work. Share with your group and ask others to sign it with you. Ask your leader to help you send it to the person.

Section 7



Section 7

13. Discuss prejudice and help confront it. To start, think of these issues:

- What is prejudice?
- Have you ever felt someone was prejudiced against you? Why? Your age, religion, other reasons? How did you feel?

Create a poster against prejudice towards people living with HIV or AIDS. If December 1st is near, make it a World AIDS Day poster. Share your poster with your group. Find a place to display your poster in the sports club or at school.

14. Talk to a local community association that works in AIDS. Ask them what change is needed in your community to help people living with HIV or AIDS. Write a short letter or make a petition on the subject and ask your group to sign it with you. Give it to the community association to send to the right decision-maker.

“I thought AIDS was something that happened to gays and drug addicts. A macho guy like me who loves ladies and is superfit – he doesn’t get AIDS.”

Tommy Morrison, HIV-positive, Heavyweight Boxer, 1996.

15. Sometimes it is difficult to say “no” to sex or to delay sex. The guidelines below may help you with these decisions.

Write in the boxes **(E)** for those things you would find easy to do and **(D)** for those things you would find difficult to do

- 1** Go to parties and other events with friends.
- 2** Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
- 3** Decide your alcohol/drug limits before being in a pressure situation.
- 4** Avoid falling for romantic words and arguments.
- 5** Be clear about your limits – don’t give mixed messages, e.g. by acting sexy when you do not want sex.
- 6** Pay attention to your feelings; when a situation becomes uncomfortable, leave.
- 7** Get involved in activities (e.g. sports, clubs, hobbies).
- 8** Avoid “hanging out” with people who



- might pressure you to have sex.
- 9** Be honest from the beginning, by saying you do not want to have sex.
- 10** Avoid going out with people you cannot trust.
- 11** Avoid secluded places where you could not get help.
- 12** Do not accept rides from those you do not know or cannot trust.
- 13** Do not accept presents and money from people whom you don’t know very well.
- 14** Avoid going to someone’s room when there is no one else there.
- 15** Explore ways of showing affection other than sexual intercourse.

Notes

The HIV and AIDS Quiz

The HIV and AIDS Quiz is designed to test basic knowledge about HIV and AIDS. It can be given to any of the three age groups. When correcting the quiz, you have the opportunity to correct inaccurate beliefs held by your sport community and it can be used to stimulate discussion.

1. Approximately how many people are infected with HIV worldwide?

- 3.5 million
- 25 million
- 40 million

2. How can you tell if somebody has HIV?

- Because of the way they act
- They look tired and ill
- You cannot tell

3. The risk of HIV transmission through sport is

- High
- Moderate
- Low

4. Can you get HIV from sharing the cup of an infected person?

- No
- Yes
- Only if you don't wash the cup.

5. Can insects transmit HIV?

- Yes
- No
- Only mosquitoes

6. How many body fluids of a person living with HIV contain enough HIV for transmission?

- 2
 - 4
 - 6
- Name them

7. If you are playing sport and are cut, you should...

- Continue playing
- Leave the field and ask for medical treatment
- Ask another player to help stop the bleeding

8. Which protects you most against HIV infection?

- Contraceptive Pills
- Condoms
- Anal intercourse

9. What are the specific symptoms of AIDS?

- A rash from head to toe
- You look tired and ill
- There are no specific symptoms of AIDS

10. HIV is a...

- Virus
- Bacteria
- Fungus

11. Is there a cure for AIDS?

- Yes
- No

12. When is World AIDS Day held?

- 1st January
- 1st June
- 1st December

13. Is there a difference between HIV and AIDS?

- Yes
- No
- Not very much

14. Approximately what percentage of those infected with HIV are women?

- 19%
- 46%
- 74%



15. Worldwide, what is the age group most infected with HIV?

- 0-14 years old
- 15-24 years old
- 25-34 years old

16. Extra large condoms are...

- Wider
- Longer
- Both larger and wider

17. A person living with AIDS, needs you to...

- Avoid him or her in the street
- Give what care and understanding you can
- Blame him or her for the illness

18. Coaches and trainer treating players with cuts or skin infections should...

- Reuse towels and bandages if necessary
- Use universal blood precautions
- Do nothing

Quiz Questions Answer Sheet

1. 40 million
2. You cannot tell
3. Low
4. No
5. No
6. Four – Semen, Vaginal Fluids, Blood and Breast Milk
7. Leave the field and ask for medical treatment
8. Condoms
9. There are no specific symptoms of AIDS
10. Virus
11. No
12. 1st December
13. Yes
14. 46%
15. 15-24 years old
16. Both
17. Give what care and understanding you can
18. Use universal blood precautions



Glossary

Acquired Immunodeficiency Syndrome (AIDS) – is the late stage of the infection caused by the Human Immunodeficiency Virus (HIV). A person living with HIV can look and feel healthy for a long time before signs of AIDS appear. However, HIV weakens the body's defence (immune) system until it can no longer fight off diseases and infections such as pneumonia, diarrhoea, tumours, cancers and other illnesses.

Anti-Retroviral (ARV) Therapy – drugs used in the treatment of HIV infection. They work against HIV infection itself by slowing down the reproduction of HIV in the body but are not a cure.

Condoms – are the only form of protection which can both help to stop the transmission of sexually transmitted infections including HIV and prevent pregnancy. Male condoms are usually made out of latex; come in a variety of shapes, sizes and colours, and should be used with a water-based lubricant. There is also a female condom, which is used by a woman and fits inside the vagina.

Human Immunodeficiency Virus (HIV) – This is the virus that eventually causes AIDS or Acquired Immunodeficiency Syndrome. HIV attacks the body's immune system – the system that fights against infections.

Masturbation – is self-stimulation of the male or female sex organs to the point of intense pleasure or orgasm. Masturbation is not bad for you physically, sexually or emotionally and can be, in fact, good for you. Masturbation is medically viewed as a normal and healthy sexual activity.

Opportunistic Infections – Illnesses caused by various organisms, such as bacteria, parasites and viruses, some of which usually do not cause disease in persons with healthy immune systems.

Oral Sex – using the mouth to stimulate a person's sexual organ is regarded as a low-risk sexual activity in terms of HIV transmission.

Penetrative sex – is when a man's penis penetrates the vagina or anus (of a woman or a man). HIV can be transmitted through unprotected (i.e. without the protection of a condom) penetrative sex.

People living with HIV and AIDS – The term 'people living with HIV and AIDS' is used to indicate that evidence of HIV has been found in the person's blood.

Red Ribbon is the international symbol of HIV and AIDS awareness and is worn by people all year round and particularly around World AIDS Day. It is a symbol of hope. Hope that the search for a vaccine and cure to stop AIDS is successful and the quality of life improves for people living with AIDS. The Red Ribbon is also a message of support for people living with and affected by HIV and AIDS.

Glossary

Safer sex – involves taking precautions that decrease the potential of transmitting or acquiring sexually transmitted infections (STIs), including HIV, while having sexual intercourse. Using condoms correctly and consistently during sexual intercourse is considered safer sex.

Sexually Transmitted Infections (STIs) – as the name suggests are infections transmitted through sexual intercourse. Some signs of infection are if the urethra ever burns or itches, particularly when urinating, or if there is a greenish, yellowish, foamy, bloody, or foul-smelling discharge from the urethra. Using condoms can prevent sexually transmitted infections such as gonorrhoea and chlamydia, which if not treated can have serious health consequences.

Universal Health (Blood) Precautions are simple standards of infection control practice used to minimize the risk of blood-borne disease infection. Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infective materials. In addition, under universal blood precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions do not apply to faeces, nasal secretions, sputum, sweat, tears, urine, and vomit unless they contain visible blood. Universal precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable.

Unsafe sex – is penetrative sex intercourse without using a condom. This puts each person at risk of transmitting or acquiring sexually transmitted infections (STIs), including HIV.

World AIDS Day is held each year on 1 December and is a day of international, national and local support for the AIDS response and for people living with HIV and AIDS.

Annex 1

International Olympic Committee Policy on HIV/AIDS

Preamble

The HIV/AIDS pandemic has taken the lives of millions of people like never before in the history of mankind. It is estimated that at least 25 million people have died from AIDS since 1981 when the HIV/AIDS virus was first identified. In total, some 70 million have been infected by HIV, the virus that causes AIDS while 42 million are currently living with the HIV/AIDS. Millions more are affected by the epidemic.

According to UNICEF, some 33 per cent of those living with HIV/AIDS are under the age of 25 making it the biggest contributor to significant decline of economic development and the collapse of social structures and cohesion in many of the affected societies. It should be noted that societies depend on that age group for economic development and competitive sport.

The United Nations predicts that although the epicentre of the epidemic is Sub-Saharan Africa, indications are that it is now shifting to Asia and Eastern Europe unless decisive action is taken. One of the United Nations Millennium Development Goals adopted by the 55th Session of the General Assembly has as its target the halting and beginning to reverse the spread of HIV/AIDS by 2015.

It is recognized that confronting the HIV/AIDS pandemic will require a wide range of coordinated actions spanning all sectors, including governments and civil society.

Therefore, the fight against HIV/AIDS is one that the Olympic Movement must of necessity address by joining international partnerships to boost up the global response to this catastrophe. Furthermore, the IOC is unique in that it is one organization that brings together the largest number of disparate international sport federations and youth from around the world and organizes the biggest and most popular sport festival on earth.

Introduction

Millions of young people have died without realizing their full potential, including that of participating in organized sport. The Olympic Movement is aware of the social and economic impact the epidemic has had on the sporting community. It is therefore time that it mobilized its constituents to add to the global effort. There is indeed a need for innovative actions and partnerships to scale up the global response to the epidemic. A new powerful and vibrant voice must be heard in order to scale up the global response to the epidemic. This voice is that of the Olympic Movement.

The IOC acknowledges that the economic decline and the collapse of civil structures in some affected countries inevitably affect sport. It is acknowledged that sport organizations will

Annex 1

increasingly be confronted with the fact that athletes, coaches, administrators and volunteers will become ill and die.

There is widespread feeling that the HIV/AIDS catastrophe is one that the IOC must of necessity help address by joining the international community in fighting by lending its vast network, its credibility and some of its resources.

1. The role of the IOC

The IOC has a moral obligation, as indeed it is required by its own Charter to place sport at the service of mankind. The world of sport is not separate from the rest of the world. Sport teaches life skills, builds self-esteem and confidence, all of which can be used in tackling the spread of HIV.

The IOC will play a leading role in the Olympic Movement's contribution to the global fight against HIV/AIDS by committing effort and mobilising resources. It will encourage its constituents to participate fully in the effort.

From time to time, the IOC will participate in HIV/AIDS awareness programmes. It will also as a policy issue statements of support for the fight against HIV/AIDS on such symbolic occasions as the World AIDS Day.

The IOC endorses the International Labour Organization's "Code of practice on HIV/AIDS and the world of work." The code, among others, requires that there be no discrimination or stigmatization of people living with HIV/AIDS.

2. IOC relationship with UN and other agencies

The IOC is neither a health organization nor an institution that traditionally addresses social issues. The IOC will, therefore, collaborate with existing expert structures of major organizations which are already in the field, in particular UN agencies with which it already has agreements of co-operation. It will also seek new partnerships with multi-lateral organizations such as the World Bank in this regard.

3. Opportunities open to the IOC

The IOC will take advantage of the two Olympic Games, the Olympic Youth Camp and the Olympic Day Run, among others, to carry and pass on important themes and messages on HIV/AIDS information and advocacy by publishing pamphlets and other educational materials for athletes. The Olympic Youth Camp brings together youths from all parts of the world while the Olympic Day Run is uniquely the only global sporting event for ordinary persons.

The IOC will encourage the World and Continental Associations of NOCs to incorporate HIV/AIDS education in their activities.

The IOC will urge NOCs and their structures to work hand in hand with international and national

HIV/AIDS control organizations in this regard. It is particularly noted that in all the target countries, national organizations, which include government and non-governmental organizations as well as multi-lateral bodies, have already established programmes to co-ordinate the fight against HIV/AIDS.

4. The role of the National Olympic Committees

The IOC will actively urge NOCs and their structures to place their networks and organizational and other resources at the disposal of national efforts that are aimed at reducing and eventually reversing the HIV/AIDS pandemic. To that end, the IOC urges NOCs and their structures to include in their training programmes for coaches, administrators and athletes, HIV/AIDS awareness sessions.

NOCs are urged to particularly encourage high-profile sport personalities to be involved in anti-HIV/AIDS campaigns as role models.

The IOC encourages NOCs, their structures and their constituents to participate in capacity building to give them the necessary confidence and tools in order to effectively contribute to the fight against the pandemic. The NOCs are encouraged to actively participate in activities marking World AIDS Day and other such symbolic public occasions.

5. Partners and sponsors

The IOC identifies poverty, lack of education, ignorance and gender inequality as some of the major contributing factors to the spread and impact of HIV/AIDS. Therefore, the IOC shall make special efforts to promote education and develop poverty alleviation programmes for youth and women in developing societies and will encourage its partners and sponsors to join the Olympic Movement in these initiatives.

The IOC shall collaborate with partners, sponsors and relevant international agencies to develop special tool kits specifically designed for use in training programmes for young people, sportspeople and sport personnel.

Conclusion

The HIV/AIDS epidemic poses a real and serious threat to human existence, development and security. The fact that it mainly targets and incapacitates the youth, who form the backbone of Olympic Movement programmes, raises the concern of the IOC. The IOC is therefore obliged not only by this concern but also by its own Charter, which requires that sport be placed at the service of man, to participate in the global fight to halt and reverse the HIV/AIDS epidemic.

Annex 2

Epidemiological Data by Region¹⁶

HIV and AIDS epidemic in sub-Saharan Africa

Sub-Saharan Africa has just over 10% of the world's population, but is home to **more than 60% of all people living with HIV** – some 25.4 million. In 2004, an estimated 3.1 million people in the region became newly infected, while 2.3 million people died of AIDS-related causes. Among young people aged 15–24 years, an estimated 6.9% of women and 2.2% of men were living with HIV at the end of 2004.

In sub-Saharan Africa, heterosexual transmission is by far the predominant mode of HIV transmission. African women are being infected at an earlier age than men, and the gap in HIV prevalence between them continues to grow. At the beginning of the epidemic in sub-Saharan Africa, women living with HIV were vastly outnumbered by men. **The difference in infection levels between women and men** is even more pronounced among young people aged 15–24. A review of HIV-infection levels among 15–24-year-olds compared the ratio of young women living with HIV to young men living with HIV. The ranges were from 20 women for every 10 men in South Africa, to 45 women for every 10 men in Kenya and Mali.

Many African countries are experiencing **generalized epidemics**. This means that HIV is spreading throughout the general population, rather than being confined to populations at higher risk, such as sex workers and their clients, men who have sex with men, and injecting drug users. In sub-Saharan Africa, as the total adult population is growing, the number of people living with HIV is increasing.

In sub-Saharan Africa, adult HIV prevalence appears to have stabilized. However, a stable prevalence is only possible if AIDS-associated deaths are replaced by new infections. Thus, in sub-Saharan Africa, a stable prevalence still represents **more than 2 million new infections each year**.

HIV and AIDS epidemic in Asia

Asia is not just vast but diverse, and HIV epidemics in the region share that diversity, with the nature, pace and severity of epidemics differing across the region. National HIV infection levels in Asia are low compared with some other continents, notably Africa. But the **populations of many Asian nations are so large** that even low national HIV prevalence means large numbers of people living with HIV.

In Asia, **some 8.2 million people are estimated to be living with HIV**, including 1.2 million people newly infected in the past year. The number of women living with HIV has increased by 56% since 2002, bringing the total number of women currently living with the virus to around 2.3 million. AIDS claimed some 540,000 lives in Asia in 2004.

¹⁶ UNAIDS (July 2004). *Report on the global AIDS epidemic*. Geneva, Switzerland. <http://www.unaids.org/bangkok2004/report.html>
UNAIDS (December 2004). *AIDS epidemic update*. <http://www.unaids.org/wad2004/report.html>

Annex 2

The pace and severity of Asia's epidemics vary. While some countries were hit early (Cambodia, Myanmar and Thailand), others are only now starting to experience rapidly expanding epidemics and need to mount swift, effective responses (Indonesia, Nepal, Vietnam, and several provinces in China).

Other countries are still seeing extremely **low levels of HIV prevalence**, even among people at high risk of infection, and have golden opportunities to pre-empt serious outbreaks. These countries include Bangladesh, East Timor, Laos, Pakistan, and the Philippines.

HIV has now spread to all of China's 31 provinces, autonomous regions and municipalities. Much of the current spread of HIV in China is attributable to injecting drug use and paid sex. However, sexual transmission of HIV from injecting drug users to their partners features prominently in China's epidemic. **In China**, 10 million people may be infected with HIV by 2010 unless effective action is urgently taken.

In India, about 5.1 million people were living with HIV in 2003, and serious epidemics are underway in several states. In Tamil Nadu, HIV prevalence of 50% has been found among sex workers. There are signs that injecting drug use is playing a bigger role in India's epidemics than previously thought.

Elsewhere in South Asia, increasingly there are **warning signs of serious HIV outbreaks**. In some areas, injecting drug use and sex work are so pervasive that even low prevalence countries could see epidemics surge suddenly. The Asian epidemic is fuelled by injecting drug use, sex work and sex between men – failure to target populations at higher risk of HIV exposure today means the region will face a full-fledged epidemic for years to come.

HIV and AIDS epidemic in Latin America

More than 1.7 million people are living with HIV in Latin America. In 2004, around 95,000 people died of AIDS, and 240,000 were newly infected. Around 610,000 women are currently living with HIV in the region.

Latin America's epidemic tends to be **highly concentrated among populations at particular risk**, rather than being generalized. In most South American countries, the majority of infections are caused by contaminated drug-injecting equipment or sex between men.

In Central America, the virus is **spread predominantly through sex**. HIV prevalence among female sex workers varies significantly – from less than 1% in Nicaragua to more than 10% in Honduras. Among men who have sex with men, HIV prevalence is uniformly high-ranging from 9% in Nicaragua to 24% in Argentina. In several countries, notably Colombia and Peru, sex between men is the predominant transmission mode. Conditions appear ripe for the virus to spread more widely, as large numbers of men who have sex with men also have sex with women.

In this region, low national prevalence is disguising some serious epidemics. For example, in Brazil – the region's most populous country, and home to more than one in four people living with HIV –

national prevalence is well below 1%. However, in some cities, infections levels above 60% were reported among injecting drug users.

The epidemics will not be vanquished until countries come to terms with the widespread realities of injecting drug use and male-to-male sex.

HIV and AIDS epidemic in the Caribbean

More than 440,000 people, 210,000 of whom are women, are currently living with HIV in the Caribbean, including 53,000 people who were newly infected with the virus in 2004 alone. An estimated 36,000 people died of AIDS-related in 2004. **With average adult HIV prevalence of 2.3%, the Caribbean is the second most affected region in the world after sub-Saharan Africa.**

The Caribbean's epidemic is **predominantly heterosexual**, and is concentrated among sex workers in many places. However, the virus is spreading in the general population. Three countries in the Caribbean have national HIV prevalence levels of at least 3% – the Bahamas, Haiti, and Trinidad and Tobago and in addition Haiti is the worst-affected country, with a national HIV prevalence of 5.6%.

HIV and AIDS epidemic in Eastern Europe and Central Asia

In Eastern Europe and Central Asia the number of people living with HIV has **risen dramatically** in just a few years – reaching **an estimated 1.4 million at the end of 2004**. This is an increase of more than nine-fold in less than ten years. There are currently around 490 000 women living with HIV in the region. Some 210,000 people were newly infected with HIV in the past year, while an estimated 60,000 died of AIDS.

In Eastern Europe, Estonia, Latvia, the Russian Federation and Ukraine are the worst affected countries in this region. However, HIV continues to spread in Belarus, Kazakhstan and Moldova.

Injecting drug use is the driving force behind this region's epidemic – an activity that has spread explosively in the turbulent years since the Soviet Union's demise. In the Russian Federation alone, there are an estimated 3 million injecting drug users (IDUs). The Ukraine has more than 600,000 IDUs and Kazakhstan has up to 200,000 IDUs. In Latvia and Estonia, an estimated 1% of the adult population injects drugs; most of whom are male.

The epidemic's most striking feature is the age of those infected – **more than 80% are under 30**. Condom use is also generally low among this population. By contrast, in North America and Western Europe, only 30% of infected people are under 30.

In Ukraine, drug injecting remains the principal mode of transmission, but sexual transmission is becoming increasingly common, especially among injecting drug users and their partners. However, an increasing proportion of those who become infected through unsafe sex have no direct relationship with drug users.

Annex 2

Recently, several Central Asian countries – notably, Kazakhstan, Kyrgyzstan and Uzbekistan – have reported growing numbers of people diagnosed with HIV, most of whom are injecting drug users. Central Asia is at the crossroads of the main drug-trafficking routes between East and West and, in some places, heroin is said to be cheaper than alcohol.

These epidemics are recent. They can be halted if targeted prevention efforts address higher-risk populations, including injecting drug users, sex workers, men who have sex with men and young people.

HIV and AIDS epidemic in Oceania

An estimated 35,000 people in Oceania are living with HIV. In 2004, although less than 700 people are believed to have died of AIDS-related causes, about 5,000 are thought to have become newly infected with HIV. In 2004 there were 7,100 women living with HIV in the region.

In **Australia**, following a long-term decline, the annual number of new HIV diagnoses has gradually increased from an estimated 650 cases in 1998 to around 800 in 2002.

Papua New Guinea shares an island with one of Indonesia's worst-affected provinces, Irian Jaya. It has the highest HIV prevalence in the Oceania region, with more than 1% among pregnant women in the capital, Port Moresby, and in Goroka and Lae. Papua New Guinea's epidemic appears largely heterosexually driven.

In other islands in Oceania, HIV infection levels are still low, but levels of sexually transmitted infections are high. High levels of sexually transmitted infections indicate behavioural patterns that could also facilitate HIV transmission beyond sex workers and their clients.

HIV and AIDS epidemic in the Middle East and North Africa

HIV continues to increase its presence in the Middle East and North Africa. **Nearly 92,000 people became newly infected with HIV in 2004.** HIV is being transmitted along diverse paths in this region, including paid sex, sex between men and injecting drug use, and there exists significant scope for further expansion of the epidemic. The total number of people currently living with HIV in the region is 540,000. In 2004, some 250 000 women were living with the virus. A estimated 28,000 people died of AIDS-related causes in 2004.

With the exception of a few countries, **systematic surveillance of the epidemic** is not well developed in North Africa and the Middle East. Furthermore, there is inadequate monitoring of the situation among populations at higher risk of HIV exposure, such as sex workers, injecting drug users and men who have sex with men. This means that potential epidemics in these populations are being overlooked.

Sudan is the region's most seriously affected country with an HIV prevalence of 2.3%. The epidemic

is most severe in the southern part of the country, where HIV prevalence among pregnant women is reported to be six-to-eight times higher than around Khartoum in the north. In the Sudan, heterosexual intercourse is the principal transmission route.

In some countries in the region, HIV infection appears concentrated among injecting drug users. Substantial transmission through contaminated injecting equipment has been reported in Bahrain, Libya and Oman. However, there is insufficient behavioural and serosurveillance among injecting drug users, resulting in an incomplete picture of HIV spread.

Unsafe blood transfusion and blood-collection practices still pose a risk of HIV transmission in some countries of the region, although efforts are being made to expand blood screening and sterile procedures in health-care systems to full coverage. In addition, there is concern that the virus may be spreading undetected among men who have sex with men. Male-to-male sexual behaviour is illegal and widely condemned in the region and the lack of surveillance means that knowledge of the epidemic's path in this population is poor.

HIV and AIDS epidemics in North America, Western and Central Europe

Some 64,000 new infections occurred in North America, Western and Central Europe in 2004, raising the number of **people living with HIV in these countries to 1.6 million**. The number of women living with HIV in 2004 rose to 420,000. Widespread access to life-prolonging antiretroviral treatment kept the number of AIDS-related deaths at 23,000 in 2004. However, there are ample indications that prevention efforts are not keeping pace with the changing epidemics.

Sex between men and, to a lesser extent, **injecting drug use** remain prominent factors in the epidemics in these countries, but the patterns of HIV transmission are changing. New sections of populations are being affected, with an increasing proportion of people becoming infected through unprotected heterosexual intercourse.

In the **United States of America** the epidemic has altered demonstrably in the past decade. An estimated 40,000 people have been infected with HIV each year in the United States during the past decade, but the epidemic is now disproportionately lodged among African Americans (over 50% of new HIV diagnoses in recent years have been among African Americans) and is affecting much greater numbers of women (African American women account for up to 72% of new HIV diagnoses in all US women).

For men overall, and African American men specifically, the vast majority of HIV infections occur during injecting drug use and sex between men where high levels of risk behaviour are still being found. However, heterosexual intercourse accounts for most HIV diagnoses among women, and there are strong indications that the main risk factor for many women is the often-undisclosed risk behaviour of their male partners.

HIV diagnoses among men who have sex with men increased by 22% from 2001-2002 in Western

Annex 2

Europe, reversing the slow decline seen in the previous years. However, the new data may reflect an increased uptake of testing services.

Although injecting drug use accounts for a diminishing share of newly diagnosed HIV infections in most Western European countries, it remains an important factor in several countries' epidemics, among them Italy, Portugal and Spain.

There is an increasing trend in the share of HIV infections attributable to heterosexual intercourse in Western Europe – and with it, a rise in the number of women who are being diagnosed with the virus. In the 12 Western European countries for which data are available, the proportion of women among people newly diagnosed with HIV infection increased from 25% in 1997 to 38% in 2002.

In the countries of **central Europe** (including Czech Republic and Hungary), numbers of new HIV infections have stayed stable since the late 1990s, with most of the new infections being recorded in Poland. In the Czech Republic, Hungary, Slovenia, and the Slovak Republic, sex between men is the predominant mode of HIV transmission.

In some countries, a large percentage of HIV infections remain undiagnosed. In the United Kingdom, for example, an estimated one third of people with HIV do not know their serostatus and are likely to discover it only once afflicted by AIDS-related illnesses. And there is worrying evidence of antiretroviral drug resistance among some newly HIV-infected individuals in Western Europe.



Annex 3

Web-Based Information

Avert

<http://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 for both adults and young people.

Go for Gold

<http://www.gib-aids-keine-chance.de/gogold04/gogold04.htm>

German National Olympic Committee's HIV prevention campaign.

International Labour Organization's Code of practice on HIV/AIDS and the world of work.

<http://www.ilo.org/public/english/protection/trav/aids/>

The code, among others, requires that there be no discrimination against or stigmatization of people living with HIV/AIDS.

International Olympic Committee

<http://www.olympic.org>

Official site of the Olympic Movement.

Kicking AIDS Out

<http://www.kickingaidsout.net/>

Kicking AIDS Out! promotes the use of sport as a tool for development. Sport and physical activities are used to build awareness about HIV and AIDS through educational games and activities which encourage peers to discuss issues that affect their lives and their communities. Programmes implemented by member organizations integrate sport skills and life skills through movement games, role plays, drama and other cultural and recreational activities. Central to success and sustainability is capacity building. Kicking AIDS Out develops programmes to train coaches, trainers and leaders, building capacity at the individual, organizational and community level.

Kicking AIDS Out: Through Movements Games and Sports Activities

The book presents various ways on how to integrate HIV and AIDS education and work into your sport activities, in your physical education lessons and in your sports club. Several suggestions are given on where to include other fun and educational activities such as role-playing, child-to-child activities open discussions etc. It covers basic information about several aspects of HIV and AIDS. Particular attention is given to necessary life skills with regard to HIV and AIDS prevention.

Download the book at <http://www.norad.no/default.asp>

Annex 3

LoveLife

<http://www.lovelife.org.za/kids/index.html>

LoveLife is South Africa's national HIV prevention programme for youth. Information and advice on sexual health topics for young people and parents is provided.

Right To Play

<http://www.righttoplay.com/>

Right To Play is a humanitarian organization using sport and play programs to encourage the healthy physical, social and emotional development of the world's most disadvantaged children. Right To Play is built on the belief that sport has the power to help create healthier children and safer communities. Everyday we witness the positive impact sport has on refugee children, former child combatants and young people at risk of HIV infection or orphaned by AIDS.

RFSU (the Swedish Association for Sexuality Education) International

http://www.rfsu.se/rfsu_int/index.htm

Provides a holistic approach towards sexual and reproductive health and rights. Includes pamphlets and materials.

The Body

<http://www.thebody.com/index.shtml>

A complete HIV and AIDS resource.

International Cricket Council

<http://www.icc-cricket.com/icc/unaid/>

HIV and AIDS awareness-raising initiatives.

The International Federation of the Red Cross and Red Crescent Societies

<http://www.ifrc.org/what/health/hiv aids/index.asp>

Anti-stigma campaign.

UNAIDS

<http://www.unaids.org/en/default.asp>

Epidemiological data and information on the global AIDS response.

UNICEF Voices of Youth

<http://www.unicef.org/voy>

Contains fact sheets, how to stay safe, HIV testing and treatment, real life stories, brain teasers, quizzes, and a game: "what would you do?"

Young People's Media Network in Europe and Central Asia

<http://www.unicef.org/magic/bank/case025.html>

All over the world, children and young people are contributing to a range of TV programmes, radio

shows, newspapers, websites and other media projects, getting their voices heard and putting their hopes and concerns into the public arena. The MAGIC website (<http://www.unicef.org/magic/briefing/about.html>) is UNICEF's response to the Oslo Challenge of 1999 (<http://www.unicef.org/magic/briefing/oslo.html>), which called on media professionals, educators, governments, organizations, parents, children and young people themselves to recognize the enormous potential of media to make the world a better place for children.

YPeer Youth Peer Education Electronic resource

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. It is an initiative of the Joint UN Interagency Group on Young People's Health Development and Protection in Europe and Central Asia (IAG), Subcommittee on Peer Education.

Zambian traditional games

This document is a product of Sport in Action (SIA), a Zambian NGO dealing in Development through Sport project, and includes information on the origin, description and values of selected Zambian traditional games. This document also includes the philosophy and methods of conducting physical activities and sport for children. It includes further methods of integrating Zambian traditional games with Health and Civic Education that gives an opportunity for participants especially children to be given information and skills on HIV and AIDS and substance abuse, and Children's rights and responsibilities.

For more information contacts:

Sport In Action

P.O Box 38373

Lusaka, Zambia.

Tel: + 260 1 232146

Fax: + 260 1 232147

email: sia@zamtel.zm

Annex 4

Condoms

Why do I need to use a condom?

Condoms are **the only form of protection** which can both help to stop the transmission of sexually transmitted infections including HIV and prevent pregnancy.

Getting ready, choosing the right condom

A number of different types of condom are now available. What is generally called a condom is the **'male' condom**, a covering which fits over a man's penis, and which is closed at one end.

There is also now a **female condom**, which is used by a woman and which fits inside her vagina. It entirely lines the vagina and it helps to prevent pregnancy and sexually transmitted diseases (STDs) including HIV. The female condom is available in many countries, at least in limited quantities, throughout the world. The female condom carries various brand names in different countries.

What are condoms made of, and what shapes are there?

Condoms are usually made out of **latex**. Condoms come in a variety of shapes. Most have a reservoir tip to hold semen although some do have a plain tip. Ribbed condoms are textured with ribs or bumps, which can increase sensation for both partners. Condoms also come in a variety of colours. Some condoms are flavoured to make oral sex more enjoyable.

The **lubrication** on condoms also varies. Some condoms are not lubricated at all, some are lubricated with a silicone substance, and some condoms have a water-based lubricant. The lubrication on condoms aims to make the condom easier to put on, more comfortable to use and minimize breakage.

The **female condom** is a polyurethane sheath or pouch about 17 cm (6.5 inches) in length. At each end of the condom there is a flexible ring. At the closed end of the sheath, the flexible ring is inserted into the vagina to hold the female condom in place. At the other open end of the sheath, the ring stays outside the vulva at the entrance to the vagina. This ring acts as a guide during penetration and it also stops the sheath bunching up inside the vagina.

There is silicone-based lubricant on the inside of the female condom, but additional lubrication can be used. You can use petroleum-based lubricants with the female condom. The condom does not contain a spermicide. The female should not be used at the same time as a latex male condom because the friction between the two condoms may cause the condoms to break.

What about the size of male condoms?

Condoms are made in **different lengths and widths**, and different manufacturers produce varying sizes. There is no standard length for condoms, though those made from natural rubber will always

Annex 4

stretch if necessary to fit the length of a man's erect penis. The width of a condom can also vary. Some condoms have a slightly smaller width to give a 'closer' fit, whereas others will be slightly larger. Condom makers have realised that different lengths and widths are needed as the sizes of penises vary and are increasingly broadening their range.

The brand names will be different in each country, so you will need to do your own investigation of different brands.

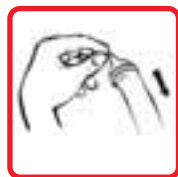
So when do you use a condom?

You need to use a new condom **every time you have sexual intercourse**. Never use the same condom twice. Put the condom on after the penis is erect and before any contact is made between the penis and any part of your partner's body.

How do you use a male condom?



First, **always check the expiry date on the package** – if the date marked has already passed, the condom should not be used.¹⁷ Open the package carefully, but never use a scissors or knife! Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails, so as not to rip the condom.



Place the rolled condom over the tip of the hard penis, and if the condom does not have a reservoir top, pinch the tip of the condom enough to leave a half inch space for semen to collect. If the man is not circumcised, then pull back the foreskin before rolling on the condom. Pinch the air out of the condom tip with one hand and unroll the condom over the penis with the other hand.



Carefully role the condom down over the ERECT penis until it is completely unrolled and/or the entire penis is covered; ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). If you want to use some extra lubrication, put it on the outside of the condom. But always use a water-based lubricant (such as KY Jelly or Liquid Silk) with latex condoms, as an oil-based lubricant will cause the latex to break. The man wearing the condom does not always have to be the one putting it on – it can be quite a nice thing for his partner to do.

¹⁷ Condoms can deteriorate if not stored properly. They can be affected by both heat and light. So, it is best not to use a condom that has been stored in your back-pocket, your wallet, or the glove compartment of your car.



Once the sexual act is complete (remember that you need one condom per act), remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the sperm onto your hands. (This is generally easier to do on a real penis than on a model, since the ejaculation will serve as a lubricant and the penis will usually no longer be erect!)



Tie the end of the condom in a knot and dispose of the used condom in an appropriate manner – for example, in a trash bin, rather than by throwing it out the window. Never flush a condom down the toilet, as it may block the toilet! Some people remember how to dispose of a condom by referring to the '3 Bs': bin, burn or bury.

When do you take off the male condom?

Pull out before the penis softens, and hold the condom against the base of the penis while you pull out, so that the semen does not spill. Condom should be disposed properly, for example, wrapping it in a tissue and throwing it in the rubbish. Do not flush condoms down the toilet – they are bad for the environment.

What do you do if a male condom breaks?

If a condom breaks during sexual intercourse, then pull out quickly and replace the condom. Whilst you are having sexual intercourse, check the condom from time to time, to make sure it has not split or slipped off. If the condom has broken and you feel that semen has come out of the condom during sexual intercourse, you should consider getting emergency contraception such as the morning after pill.

How to use a female condom



This is a female condom. It has a ring at either end.



The first step is to pinch the 'inner' ring so that you can insert it, a bit like one does with a diaphragm.

Annex 4



Next, insert the female condom into the vagina (or anus, minus the inner ring). This is done in much the same way that a woman might insert a tampon or diaphragm.



Push the female condom up into the vagina so that the inner ring is at the cervix. The natural shape of the vagina generally holds it in place. Remember that the female condom can be inserted up to 8 hours before you have sex!



It is now safe to have penetrative sex. Be sure that the penis goes inside of the female condom and not between the outside of the female condom and the wall of the vagina. The surface of the genitals of the male and the female are protected.



When the sexual act is complete, twist the female condom and pull to remove. Dispose of in a responsible and appropriate manner – put it in a trash bin, burn it or bury it. Never flush it down the toilet, as it may block the toilet.

Is using a condom effective?

If used properly, a condom is very effective at reducing the risk of HIV infection during sexual intercourse. Using a condom also provides protection against other sexually transmitted diseases, and protection against pregnancy.

How can I persuade my partner that we should use a condom?

It can be difficult to talk about using condoms. But you should not let **embarrassment become a health risk**. The person you are thinking about having sexual intercourse with may not agree at first when you say that you want to use a condom. Below are **some comments** that might be made and **some answers that you can try**.

EXCUSE	ANSWER
Don't you trust me?	Trust isn't the point, people can have infections without realising it
It does not feel as good with a condom	I'll feel more relaxed, If I am more relaxed, I can make it feel better for you.
I don't stay hard when I put on a condom	I'll help you put it on, to help you keep it hard.
I don't have a condom with me.	I do.
I am afraid to ask him/her to use a condom. He'll/She'll think I don't trust him.	If you can't ask him/her, you probably don't trust him/her.
It's up to him... it's his decision	It's your health. It should be your decision too!
I'm on the pill, you don't need a condom	I'd like to use it anyway. It will help to protect us from infections we may not realise we have.
It just isn't as sensitive and I can't feel a thing	Maybe that way you will last even longer and that will make up for it
Putting it on interrupts everything	Not if I help put it on
I guess you don't really love me	I do, but I am not risking my future to prove it
I will pull out in time	Women can get pregnant and STIs including HIV can be transmitted through pre-ejaculate
But I love you	Then you'll help us to protect ourselves.
Just this once	Once is all it takes

Annex 4

There are many reasons to use condoms when having sexual intercourse. You could discuss the reasons with your partner and see what s/he thinks.

Reasons to use condoms

- Condoms are the only contraceptive that also helps prevent the spread of sexually transmitted infections including HIV when used properly and consistently.
- Condoms are one of the most reliable methods of birth control when used properly and consistently.
- Condoms have none of the medical side-effects that some other birth control methods have.
- Condoms are available in various shapes, colours, flavours, textures and sizes – to increase the fun of making love.
- Condoms are widely available in bars, pharmacies, supermarkets and convenience stores.
- Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sexual intercourse.

Confidence tips

Here are also some tips that can help you to feel more confident and relaxed about using condoms.

- **Keep condoms handy at all times.** If things start to get steamy– you will be ready. It is not a good idea to find yourself having to rush out at the crucial moment to buy condoms – at the height of the passion – you may not.
- **When you buy condoms, do not get embarrassed.** If anything, be proud. It shows that you are responsible and confident and when the time comes it will all be worthwhile. It can be more fun to go shopping for condoms with your partner or friend. Nowadays, in some countries, it is also possible to buy condoms discreetly on the internet.
- **Talk with your partner about using a condom before having sexual intercourse.** It removes anxiety and embarrassment. Agreeing to use condoms before the passion starts will make you both a lot more confident.
- If you are new to condoms, the best way to learn how to use them is to **practice putting them on by yourself.** It does not take long to become a master.
- If you feel that condoms interrupt your passion, then **try introducing condoms into your lovemaking.** It can be very stimulating if your partner helps you put it on or if you do it together.

