

THEMATIC PROFILE

SPORT AND HEALTH

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Introduction

This section provides an overview of the related areas between sport and health. An introduction to the role of sport in enhancing physical and mental well-being is provided. A number of key themes related to sport and health are then explored in more detail:

- The health benefits of sport and physical activity
- Sport, physical activity and risk factors for major diseases
- Tackling HIV/AIDS and other communicable diseases through sport
- Practical implications for sport for HIV prevention programmes
- Sport and public health campaigns.

Each sub-section contains a list of recommended reading for those who wish to delve deeper into the topic and these publications are available to download.

A bibliography of recommended readings and further resources is also included of sources that are not available online but may be accessed through your local library.

A project case study is included at the end of this document, providing information about the practical application of a sport-for-health approach to an operational programme.

Locating Sport and Health

During recent decades, there has been a progressive decline in the level of physical activity in people's daily lives in developed countries. For a majority of people, little physical effort is involved any more in their work, domestic chores, transportation and leisure. Whilst specific health risks differ between countries and regions, the fact remains that physical inactivity is a major risk factor for most common non-communicable diseases and physical activity can counteract many of the ill effects of inactivity.

The WHO estimates that, with the exception of sub-Saharan Africa, chronic diseases are now the leading causes of death in the world. The WHO cites four non-communicable diseases that make the largest contribution to mortality in low- and middle-income countries, namely: cardiovascular disease, cancer, chronic respiratory disease, and diabetes.

One of the most widely-used definitions of health is that of the World Health Organisation (WHO), which defines health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition goes well beyond a condition of physical health but includes mental health and general well-being.

Sport and physical activity has long been used as a tool to improve mental, physical and social well-being. Physical inactivity is a major risk factor associated with a large number of lifestyle diseases such as cardiovascular disease, cancer, diabetes and obesity. Sport projects that specifically focus on health outcomes generally emphasise:

- The promotion of healthy lifestyle choices among children and young people as well as adults to combat inactivity;
- The use of sport as a tool to raise awareness on communicable diseases in developing countries, for example, through district or national health campaigns supported by athletes and sports competitions;
- The use of sport as a didactical tool to communicate vital health-related information to 'at risk' groups;
- The use of sport to mobilise hard-to-reach groups as part of large-scale health campaigns, including for example, communities with low population density;
- Sport is considered to contribute to achieving mental health objectives, including addressing depression and stress-related disorders

How can sport help to reach specific health objectives through these approaches?

Read the following chapters on: the physical and mental health benefits of sport and physical activity; how sport tackles HIV/AIDS and other communicable diseases; the practical implications for sport for HIV/AIDS prevention programmes; and the use of sport in public health campaigns.

Recommended Reading

Zakus, D., Njelesani, D. and Darnell, S. (2007) **The Use of Sport and Physical Activity to Achieve Health Objectives**
<http://iwg.sportanddev.org/data/html/editor/file/Lit.%20Reviews/literature%20review%20SDP.pdf>

This literature review, part of the series commissioned by the Sport for Development and Peace International Working Group, provides a detailed analysis of research relating to sport, physical activity and health as it relates to development. It also includes an annotated bibliography.

United Nations Inter-Agency Task Force on Sport for Development and Peace. (2003) **Sport for Development and Peace: Towards Achieving the Millennium Development Goals**

<http://www.sportanddev.org/data/document/document/13.pdf>

This report introduces concisely the value of sport for health within a development context and includes an overview of the global rise in non-communicable diseases, the rise in physical inactivity, health benefits of sport and physical activity and recommended levels of activity.

The Physical and Mental Health Benefits of Sport and Physical Activity

Although research interest on physical activity and health dates back to the 1950s, the breakthrough in the scientific evidence on health benefits of physical activity largely took place during the 1980s and 1990s. There is an overwhelming amount of scientific evidence on the positive effects of sport and physical activity as part of a healthy lifestyle. The positive, *direct* effects of engaging in regular physical activity are particularly apparent in the prevention of several chronic diseases, including: cardiovascular disease, diabetes, cancer, hypertension, obesity, depression and osteoporosis.

The Report from the United Nations Inter-Agency Task Force on Sport for Development and Peace states that young people can benefit from physical activity as it contributes to developing healthy bones, efficient heart and lung function as well as improved motor skills and cognitive function. Physical activity can help to prevent hip fractures among women and reduce the effects of osteoporosis. Remaining physically active can enhance functional capacity among older people, and can help to maintain quality of life and independence.

Furthermore, the WHO has estimated that “one in four patients visiting a health service has at least one mental, neurological or behavioural disorder, but most of these disorders are neither diagnosed nor treated”. A number of studies have shown that exercise may play a therapeutic role in addressing a number of psychological disorders. Studies also show that exercise has a positive influence on depression. Physical self-worth and physical self-perception, including body image, has been linked to improved self-esteem. The evidence relating to health benefits of physical activity predominantly focuses on intra-personal factors such as physiological, cognitive and affective benefits, however, that does not exclude the social and inter-personal benefits of sport and physical activity which can also produce positive health effects in individuals and communities.

A number of factors influence the way in which sport and physical activity impacts on health in different populations. Sport and physical activity in itself may not directly lead to benefits but, in combination with other factors, can promote healthy lifestyles. There is evidence to suggest that changes in the environment can have a significant impact on opportunities for participation and in addition, the conditions under which the activity is taking place can heavily impact on health outcomes. Elements that may be determinants on health include nutrition, intensity and type of physical activity, appropriate footwear and clothing, climate, injury, stress levels and sleep patterns.

Sport and physical activity can make a substantial contribution to the well-being of people in developing countries. Exercise, physical activity and sport have long been used in the treatment and rehabilitation of communicable and non-communicable diseases. Physical activity for individuals is a strong means for the prevention of diseases and for nations is a cost-effective method to improve public health across populations.

Recommended Reading

World Health Organisation. (2003) **Health and Development through Physical Activity and Sport.**

<http://www.sportanddev.org/data/document/document/75.pdf>

The World Health Organisation outlines the global health crisis and explores the relationships between physical inactivity and health. In addition to stating the health

benefits of physical activity for various populations, this report also considers economic benefits, environmental issues and the importance of a multi-sectoral approach to health policy to support physical activity.

Bailey, R. & Dismore, H. (2004) **The Role of Physical Education and Sport in Education (SpinEd)**

<http://spined.cant.ac.uk>

An international research project that gathers and presents evidence from over 50 countries and more than 6,000 children regarding the benefits to schools of quality physical education and school sport. The full report also includes a comprehensive literature review available in each of the SpinEd domains – physical, lifestyle, affective, social and cognitive development. In each domain there is evidence that physical education and school sport can have a positive and profound effect on children and young people.

Rankinen, T. & Bouchard, C. (2002) **Dose-Response Issues Concerning the Relations between Regular Physical Activity and Health**

http://www.fitness.gov/Reading_Room/Digests/september2002digest.pdf

This article describes the current debates on appropriate dosage of physical activity in order to obtain health benefits.

Warburton, D., et. al. (2006) **Health Benefits of Physical Activity: the evidence**

<http://www.cmaj.ca/cgi/reprint/174/6/801>

This article concludes that there is irrefutable evidence of the positive benefits of physical activity in reducing chronic illness, especially in previously sedentary individuals.

Sport, Physical Activity and Risk Factors for Major Diseases

An understanding of the most prevalent diseases and associated risk factors is crucial to conceptualise the role of sport in health prevention and promotion. In developing countries, sport is widely used as a tool to educate individuals and communities on the risk factors associated with HIV/AIDS. Whilst HIV/AIDS and other communicable diseases continue to affect millions of people around the world, there is a significant increase in the global burden of non-communicable diseases related to lifestyle changes in physical inactivity, unhealthy diets and tobacco use. Some of the most prevalent non-communicable diseases include:

Cardiovascular diseases

Cardiovascular diseases include coronary heart disease and stroke and are the leading causes of death globally. Causes of cardiovascular disease are unhealthy diets, physical inactivity and tobacco use. Physical activity reduces the risk of cardiovascular disease by improving glucose metabolism, reducing body fat and lowering blood pressure.

Diabetes

Diabetes is a disease which occurs when the body does not produce or properly use insulin and this may result in Type I or Type II diabetes. Diabetes may be prevented, or at least delayed, by weight loss, a healthy lifestyle, in particular, regular physical activity. Diet, drug therapy and physical activity are also major components of the treatment of diabetes.

Obesity

Obesity is an abnormal accumulation of fat that may impair health and unlike other diseases, social and environmental factors play a significant role in defining obesity. The incidence of obesity is a growing concern internationally with an estimated 400 million obese people in 2005. The global rise in the incidence of obesity is related to a shift in diet and decreased physical activity levels.

Cancer

Cancer is not a single disease with a single type of treatment and in fact, there are over 200 types of cancer involving abnormal growth of cells in different parts of the body. It has been estimated that 40% of all cancers may be prevented by a healthy diet, physical activity and no tobacco use.

Mental health

One in four patients visiting a health service has at least one mental, neurological or behavioural disorder (such as depression, anxiety or mood disorders) that may not be diagnosed or treated. There is evidence to suggest that physical activity can reduce the symptoms of depression and can also help to ameliorate mental well-being through improved mood and self-perception.

Global trends in physical inactivity claim that more than 60% of adults do not participate in sufficient levels of physical activity and physical inactivity is more prevalent among women, older adults, people from low socio-economic groups and people with disabilities.

In 2005 it was estimated that 80% of cardiovascular disease deaths occurred in low- and middle-income countries. The prevalence of those suffering from overweight and obesity is increasing in developing countries and even in low-income groups in richer countries. The rise of chronic disease, coupled with the existing burden of

communicable diseases such as HIV/AIDS, malaria and tuberculosis, produces a 'double burden of disease' on low- and middle-income countries.

There are a range of methodologies utilised around the world to deliver health promotion and prevention strategies and an interesting example is the emergence of internet-based health information for developing countries. Sport and physical activity, however, remains an attractive low-cost strategy to promote healthy behaviours and lifestyles throughout the lifespan and reduce the burden of chronic diseases on public health systems.

Recommended Reading

United Nations Development Programme. (2007/2008) **Human Development Report 2007/2008 - Fighting Climate Change: Human Solidarity in a Divided World**

http://hdr.undp.org/en/media/hdr_20072008_summary_english.pdf

The latest UNDP Human Development Report focuses on climate change and this impact of climate change on health and development world-wide. The full report details specific indicators for countries and regions.

English, T. (2006) **Looming Chronic Disease Creates Double Burden in Africa**

<http://www.cfah.org/hbns/getDocument.cfm?documentID=1256>

A new analysis commissioned by the World Health Organisation found that chronic illnesses such as heart disease and diabetes are on the rise in Africa. The report reviews 57 studies from more than 20 African countries to begin to define the burden of chronic illness on the African continent. The report concludes that the growing problem of non-communicable diseases remains nearly unchecked.

Nieman, D. (2001) **Does Exercise Alter Immune Function and Respiratory Infections?**

<http://www.fitness.gov/June2001Digest.pdf>

This article considers the evidence for the relationship between physical exercise and reinforcing the immune system and concludes that the evidence suggests that an increase in moderate exercise can strengthen the immune system.

Further Links

World Health Organisation. (2008) **Global Strategy on Diet, Physical Activity and Health**

<http://www.who.int/dietphysicalactivity/publications/facts/pa/en/index.html>

The basic facts surrounding physical activity and health are clearly stated on this website of the World Health Organisation and information regarding the magnitude of the problem of inactivity and the actions required to combat these global challenges.

Tackling HIV/AIDS and Other Communicable Diseases through Sport

The World Bank states that communicable diseases are the biggest causes of child deaths in the world and are significant causes of preventable deaths among adults in the developing world. Together they claim more than an estimated 15 million lives a year, with over 80% of these deaths occurring in developing countries.

Sport and physical education have shown that they can play an effective role in the fight against HIV/AIDS by providing a popular site for preventative education. There is also evidence indicating that involvement in sport may help to slow down the disease in individuals who are HIV positive.

In Africa, there is an overwhelming majority of sport programmes addressing health concerns with a particular focus on HIV/AIDS. Most of the sport-for-HIV prevention programmes centre their activities on sharing information and using sport and games to raise awareness about HIV/AIDS prevention measures to minimise the risk of contracting the virus. None of the sport-based programmes provide direct treatment such as ARVs (anti-retroviral treatment) for HIV positive individuals as part of their activities but rather focus on using sport as a method of mobilising youth, women and at-risk target groups for health promotion, prevention and education.

HIV/AIDS is usually considered a taboo subject and the creation of safe and informal spaces to discuss HIV/AIDS through sport and games allows young people to learn about steps they can take to protect themselves from this deadly disease and to avoid risk-taking behaviour. A study conducted by MercyCorps on two of their programmes in Liberia and south Sudan has shown that HIV/AIDS knowledge and protective attitude levels of the participants were higher after being involved in their programmes.

The role of sports coaches as role models and mentors has proved a vital component of HIV/AIDS prevention programmes using sport. These coaches can also be peers to other young people of a similar age, with whom building relationships of trust can be easier. The programmes that have proven to be most successful in HIV/AIDS prevention have been those that emphasise developing strong leaders and coaches who offer support and guidance.

Fifty-nine percent of HIV positive individuals in sub-Saharan Africa are women. A number of actors have attempted to address the impact of this gender bias in HIV/AIDS affected groups through sport. For example, the Go Sisters project in Zambia seeks to provide sports opportunities to girls and young women and to provide factual information pertaining to sexual and reproductive health. The health elements of the Go Sisters 'message' goes hand-in-hand with the promotion of young women as peer leaders and coaches for other girls and young women.

The use of sport in addressing HIV/AIDS does not only focus on the epidemiological aspects but the social impact of the disease on individuals and communities as well. The EduSport Foundation was created from the 'bottom-up' by individuals directly affected by HIV/AIDS, who not only prioritise providing young people in affected communities with life-saving information on preventative and protective measures but also actively promote the social integration of HIV positive individuals into the community through sport and physical activity.

Sport and other communicable diseases

A number of sports programmes target other communicable diseases in addition to HIV/AIDS. Programmes in countries affected by malaria and tuberculosis, for

instance, have also used sport to raise awareness about prevention from these diseases. The Right to Play project called Thailand Migrant SportWorks Project focuses on using sport as a didactical tool to teach children about infectious disease prevention. Experience shows that programmes which aim to show how infection spreads, along with its causes and symptoms are also effective when physical activities and games are used to communicate these ideas. Partnerships between national health agencies and sport-focused organisations have attempted to provide children and young people with ‘active learning’ models in which to better retain and then discuss abstract health concepts.

Recommended Reading

Kirk, A. (2006) **HIV Knowledge in ‘Coaching for Hope’ Participants, Compared with Non-Participants: Coaching for Hope Burkina Faso evaluation report**
<http://www.sportanddev.org/data/document/document/374.pdf>

This report captures the impact of Coaching for Hope’s work on raising awareness of HIV/AIDS among young people in Africa. A baseline study showed how far Coaching for Hope courses have influenced people’s attitudes and behaviour, with the aim of improving and developing the organisation’s work in coordination with local coaches.

Delva, W. & Temmerman, M. (2006) **Determinants of the Effectiveness of HIV Prevention through Sport**

[This chapter is available from the Toolkit:

http://www.toolkitsportdevelopment.org/html/topic_E0B0281D-0D2B-4F7C-B96C-B05439BDC642_D1DD74C4-B100-461A-BF9D-DFFFD1F01C6C_1.htm

This article is a chapter in the book Sport and Development (in Dutch). See full reference below]

Delva, W. & Temmerman, M. (2006) “Determinants of the Effectiveness of HIV Prevention through Sport” in Auweele, Y. et al. (eds.) *Sport and Development*, Leuven: Uitgeverij Lannoo.

This article assesses the extent to which sport can be used as a HIV-prevention tool based on evidence from South Africa.

Bosmans, M. (2006) **The Potentials of Sport as a Tool for a Rights-based Approach to HIV/AIDS**

[This chapter is available from the Toolkit:

http://www.toolkitsportdevelopment.org/html/topic_E0B0281D-0D2B-4F7C-B96C-B05439BDC642_D1DD74C4-B100-461A-BF9D-DFFFD1F01C6C_1.htm

This article is a chapter in the book Sport and Development (in Dutch). See full reference below]

Bosmans, M. (2006) “The Potentials of Sport as a Tool for a Rights-based Approach to HIV/AIDS” in Auweele, Y. et al. (eds.) *Sport and Development*, Leuven: Uitgeverij Lannoo.

This paper explores how sport can be used as a rights-based tool that may facilitate the access of vulnerable young people to HIV/AIDS information, education, care and treatment.

UK Department of Culture, Media and Sport & UK Department for International Development (2006) **Tackling AIDS Through Sport: A discussion paper**
<http://www.sportanddev.org/data/document/document/202.pdf>

This paper analyses the role of sport in addressing HIV/AIDS, primarily in Africa and draws on experiences from UK Sport’s programmes.

Further Links

Kicking AIDS Out Network

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

The Kicking AIDS Out! Network provides tools and training on HIV-prevention through sport. Further details on member organisations, projects and activities are available from the Kicking AIDS Out! website.

UNAIDS Sports partnerships

<http://www.unaids.org/en/Partnerships/Advocacy+partners/Sport/>

This link provides an overview of UNAIDS' use of sport as a tool for HIV prevention and to raise awareness on HIV/AIDS.

Waadenburg, M. (2006) Active HIV Awareness: A study into the meanings of sports as a medium of HIV awareness in a South African township

[This document is available from the Toolkit. It is a Master's dissertation by a student of the Utrecht School of Governance, Utrecht University

http://www.toolkitsportdevelopment.org/html/topic_E0B0281D-0D2B-4F7C-B96C-B05439BDC642_D1DD74C4-B100-461A-BF9D-DFFFD1F01C6C_1.htm]

This Master's dissertation examines the use of sport as a tool to prevent HIV in community development programmes. The analysis is drawn from experiences and evidence from South Africa.

Griffiths, J. (2005) HIV/AIDS Intervention Programs for Youth in Africa: the role of Grassroot Soccer

[document is on SAD N server!]

This monograph identifies problems related to the implementation of school-based HIV/AIDS programmes, and uses Grassroot Soccer (GRS) as a case study of how an NGO has helped improve current HIV/AIDS prevention programmes for children in Africa.

Practical Implications of Sport for Health Programming

The optimal combination of type, frequency and intensity of physical activity for different populations is not known, yet there is a clear consensus that regular physical activity of at least 30 minutes of moderate intensity is recommended for a healthy lifestyle. It is also important to select activities with cultural relevance for individuals.

In at-risk populations, careful consideration needs to be given to the prescription of physical activity to ensure that the conditions to promote positive health benefits are optimised. Physical fitness, physiological factors (heart and respiratory rates, blood sugar), diet and nutrition, hydration and the type and intensity of activity are factors that impact on the provision of physical activity and sport, particularly for people at risk of chronic non-communicable diseases. For example, walking, light cycling and swimming and other low-impact activities are often selected for people with cardiovascular disease, obesity and diabetes.

There are a number of considerations for sport and physical activity programming that targets HIV/AIDS prevention across various settings:

Active learning models

Participatory game-based learning methods are increasingly being recognised as particularly useful in transmitting HIV/AIDS prevention messages and encouraging changes in attitudes towards HIV/AIDS and sexual health. In sports programmes, this approach towards HIV prevention has been favoured over 'classroom-style' teaching such as in school settings and workshop-based methods.

Overcoming barriers to delivering sensitive information

Active learning methods have proved useful in approaching the sensitive topics of HIV/AIDS and sex in ways that allow both mentors and young people to feel more at ease. Interactive games allow participants to address the subject of HIV/AIDS in an indirect way, with learning taking place in a more relaxed atmosphere.

Building capacity among youth leaders

The role of trusted adults in mentoring youth in order to develop youth peer leaders and youth mentors for younger children is increasingly being recognised as an important strategy in HIV prevention. Positive social networks (such as sports teams and after-school clubs) can be used as sites to identify, train and support mentors who can provide support to youth on how to mitigate social pressures that negatively influence behaviour.

Collaboration with health services and specialists

When present, existing HIV prevention services must work alongside sport programmes. The strengths in sport programmes lie in the delivery of information through facilitated means and the role of mentors in providing psychosocial support to young people at risk. In addition, HIV prevention services such as Voluntary Counselling and Testing (VCT), Sexually Transmitted Infection (STI) treatment and condom provision are crucial to maintaining the effectiveness of an HIV prevention programme.

Recommended Reading

Grassroot Soccer (2006) **Resiliency Coach's Guide: for a sport-based HIV/AIDS Prevention and Youth Life Skills Intervention**

<http://www.sportanddev.org/data/document/document/280.pdf>

This guide is meant for peer educators and coaches for use in life skills and HIV prevention sports training programmes. The guide sets out the Grassroot Soccer method of conducting such a programme.

Right to Play. (2005) **Live Safe, Play Safe: A life-skills course to protect children from HIV infection. Facilitator's Guide**

<http://www.sportanddev.org/data/document/document/272.pdf>

This guide outlines the Right to Play approach to HIV-prevention through sport and contains a large number of games, activities, information sheets and other guiding material on using sport as a tool to provide information on HIV/AIDS to young people.

Mercy Corps (2007) **Commitment to Practice: a playbook for practitioners in HIV, youth and sport**

<http://www.sportanddev.org/data/document/document/438.pdf>

This document provides an assessment of HIV prevention sport programmes in Liberia and southern Sudan and provides guidance and tips for practitioners wishing to initiate their own programmes.

Mwaanga, O. (2002) **Kicking AIDS Out through Movement Games and Sport Activities**

<http://www.sportanddev.org/data/document/document/63.pdf>

This manual provides game-based activities and sports exercises for use with young people to communicate HIV-prevention messages.

Banda, D. and Mwaanga, O. (2008) **Dunking AIDS Out: learning about AIDS through Basketball Movement Games**

<http://www.sportanddev.org/data/document/document/452.pdf>

This manual demonstrates how basketball movement games can be a powerful methodology to help young people to learn about HIV/AIDS and other related issues through their active participation.

IOC/UNAIDS (2005) **Together for HIV and AIDS Prevention: a toolkit for the sports community**

<http://www.sportanddev.org/data/document/document/105.pdf>

This toolkit provides practical advice to sports actors on HIV/AIDS prevention in sport, and focuses on HIV prevention, care and treatment.

Botcheva, L. & Huffman, L. (2004) **Grassroot Soccer Foundation HIV/AIDS Education Programme: an intervention in Zimbabwe**

<http://www.sportanddev.org/data/document/document/34.pdf>

This evaluation assesses the impact of the HIV/AIDS Education Programme in Bulawayo, Zimbabwe launched by the Grassroot Soccer Foundation (GRSF).

Further Links

APDIME Toolkit – resources for HIV/AIDS Program Managers

<http://www.synergyaids.com/apdime/index.htm>

Whilst not directly related to sport and physical activity, the resource is a valuable practical guide to programming in HIV/AIDS prevention.

Sport and Public Health Campaigns

In 2002, the World Health Organisation deemed 'Physical Activity' the theme of World Health Day. Since that time, April 6th is celebrated as the World Day for Physical Activity. This is an excellent example of a global initiative aimed at promoting health through physical activity across populations. To reduce the burden of disease world-wide, the World Health Organisation introduced a global strategy in 2004. The Global Strategy on Diet, Physical Activity and Health is a large-scale initiative aimed at promoting health enhancing physical activity and supporting policy development and research.

Collaborative efforts between organisations focusing on sport or health are necessary in ensuring that sport-for-health initiatives are more likely to achieve success. For example, UNICEF has used sport to raise awareness on immunisation and organised sports events for vaccination campaigns in Zambia against measles. Renowned sports stars in various sports promoted the health campaign through which approximately 5 million children were vaccinated in 2003.

Similarly, during the 2003 Cricket World Cup, the cricket teams from India and Pakistan together promoted the national polio eradication campaign in television commercials, competitions and events in the weeks leading up to the tournament.

In 2004, UNAIDS and the International Olympic Committee (IOC) began to collaborate to use sport as a tool for HIV/AIDS prevention. They jointly produced the [toolkit on HIV/AIDS Prevention for the sports community \[link\]](#) and established an intensive communication and awareness campaign on HIV/AIDS prevention through sport during the 2004 Olympic Games in Athens.

Right to Play (an international Sport & Development organisation) has partnered with a number of multilateral agencies and inter-agency programmes for vaccination and immunisation. Right to Play worked with the Global Alliance for Vaccination and Immunisation (GAVI) in 2001 in order to advocate for vaccination. To raise awareness about HIV/AIDS as a preventative method of combating the disease, there are hopes to expand activities for social mobilisation in the 74 countries identified by GAVI. Right to Play also collaborates with the WHO for health and vaccination campaigns in the field as well as the celebration of international events such as World Health Day and World AIDS Day.

Recommended Reading

World Health Organisation. (2004) **WHO Global Strategy on Diet, Physical Activity and Health**

http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

The full text of the global strategy details the background of this important WHO initiative. The strategy aims to reduce risk factors for chronic diseases, increase awareness and understanding; develop, strengthen and implement policies and action plans; and monitor science and promote research.

Further Links

Agita Mundo Network

http://www.agitamundo.org/site_en.htm

The Agita Mundo Network was created to promote physical activity as a healthy behaviour for people all around the world. The network stimulates research, encourages discussion, advocates for physical activity and health and supports programme and network development.

ICC-UNICEF-UNAIDS-Global Media AIDS 'THINK WISE' Initiative

<http://www.sportanddev.org/newsviews/news/?634/THINK-WISE-the-Global-Cricket-AIDS-Partnership>

The THINK WISE initiative was launched in view of the ICC World Twenty20 and seeks to address the challenge of combating HIV/AIDS.

Global Alliance for Vaccination and Immunisation (GAVI) and Right to Play partnership

http://www.gavialliance.org/media_centre/press_releases/2002_02_06_en_pr_olympi_caid.php

This link provides information on the partnership between GAVI and Right to Play that was established in order to use sport as a social mobilisation tool to raise awareness on immunisation.

IOC initiatives in healthy lifestyles promotion and HIV prevention

http://www.olympic.org/uk/organisation/missions/humanitarian/activities/prevention_uk.asp

This link provides information on the initiatives of the International Olympic Committee (IOC) on HIV prevention and links to IOC policy on HIV/AIDS.

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Project Case Study

Title

HIV/AIDS Education Programme: An Intervention in Zimbabwe

Target Group

12-13 year olds

Location

Bulawayo, Zimbabwe

Organisations Involved

Lead Organisation: Grassroot Soccer, Inc.

Partner Organisation: Stanford Children's Health Council, Bulawayo Highlanders

About this Project

The HIV/AIDS Education programme combines teaching with active learning in order to inform at-risk youth about HIV/AIDS. The programme is taught by professional Zimbabwean soccer players, who act as key informants and role models for young people.

The HIV/AIDS Education Programme was launched by Grassroot Soccer (GRS) in 2004 in Bulawayo, Zimbabwe with the goal of reducing the spread of HIV/AIDS by training adult soccer players to educate at-risk youth about HIV/AIDS. The objectives of the project were to increase students' knowledge and understanding of how to protect themselves from HIV/AIDS, to increase students' abilities to speak openly and freely with others about HIV/AIDS, to reduce the stigma surrounding HIV/AIDS, and to increase students' awareness of available HIV/AIDS community services. The intervention implemented was a four-day educational intervention (with teaching sessions conducted twice a week for two weeks), using GRS's innovative curriculum, which is based on social learning theory. The GRS curriculum combines didactic features with an action-oriented approach. The students were taught by professional Zimbabwean soccer players, who were trained in a one-week educator training course. Stanford's Children's Health Council conducted a study on the efficacy of the programme.

Impact

Those involved in the project demonstrated being equipped with the right information to make healthy choices and to respect others living with HIV/AIDS. Read more here on the impact of the project.

Facts and Figures

Data was collected from 304 students from 4 different schools. 155 students participated in the programme and 149 formed a non-participant control group. Participating students underwent the programme over 4 days, twice weekly for two weeks. Students underwent a GRS survey before, upon conclusion, and 5 months after the programme was completed to assess whether or not knowledge was retained.

As a result of project implementation, there was a significant increase in participant students' knowledge about HIV/AIDS. Specifically, after the programme there was a significant increase in the percentage of participant students who now know where to look for help for HIV/AIDS-related problems; there was a significant increase in participant students' positive attitudes towards HIV/AIDS prevention through condom use or regular testing; and there was significant decrease in participant students'

prejudice towards people infected with HIV/AIDS.

Lessons learned

Benefits from project implementation were two-fold. First, participating students' knowledge of and attitudes towards HIV/AIDS significantly improved. Students emerged from the project better equipped to make healthy choices and respect others living with the disease. Second, the professional soccer players' abilities to teach the GRS curriculum improved over the course of the programme. An unmet challenge, common to our cause, is that 'no significant changes were found in either participant student or non-participant students' belief that HIV/AIDS is their problem, or their belief that they have control over whether they are going to get AIDS.'

Local and national ownership of the project was ensured because the GRS facilitators were professional Zimbabwean soccer players. Visibility was ensured because Grassroot Soccer is very strongly aligned with the Bulawayo Highlanders, a professional soccer team known and respected in Zimbabwe and the rest of Southern Africa. GRS continues to run programmes in Zimbabwe.

Recommendations

Creating a space in which young people can be reached and in which relationships of trust between participants and educators are built is essential. Read more here for recommendations on HIV/AIDS prevention through sport.

The desired goal in HIV/AIDS prevention is behaviour change based on a feeling of control and self-efficacy. Effective methodology is required to encourage young people to feel comfortable discussing HIV/AIDS and sexual health. Sport and health programmes must use a methodology which reaches participants on a personal level. Sustained relationships with the participants must be established.

Establish partnerships with professional soccer players and clubs which elevates the programmes' credibility on the ground with the children, as well as in the community and the country in general. GRS reports that 'students were excited by the presence of professional soccer players and were willing to listen to them.'

GRS has found that by working with partner organisations that are capable of providing access to the children and taking care of other organisational aspects, GRS may focus on its innovative curriculum and build relationships in the soccer community. GRS' ability to find viable partner organisations creates a multiplier effect, as they are able to train a significantly higher number of educators than they are capable of directly managing. GRS continues to implement its HIV/AIDS prevention programmes in Zimbabwe. In addition, programmes are also run and sustained in several other countries in the region, including Zambia, South Africa, and Namibia.

Voices from the Field

Children's Health Council, who conducted the study on the programme in Zimbabwe:

"Students were very satisfied with the programme. They intended to use their new knowledge by teaching others and preventing HIV/AIDS spread themselves. After 5 months, they reported that they remembered what they had learned and had used this knowledge."

Poem by a student participant:

"We can make a difference. The duty is in our hands, now let's go out there."

Children's Health Council:

“According to the regular teachers, significant positive changes in the behavior of the students are observed as a result of the Programme. Soccer Players/educators are critical in this process.”

Children’s Health Council:

“Overall, the Grassroot Soccer Programme is a culturally appropriate, internationally suitable, creative, and effective way to educate at-risk youth about HIV/AIDS and its prevention.”