

Grassroot Soccer Foundation

HIV/AIDS Education Program: An Intervention in Zimbabwe

Evaluation Report
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**The Children's Health Council Outcomes Research Consulting
Service**



GRS HIV/AIDS Education Program: An Intervention in Zimbabwe Evaluation Report

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Executive Summary

Grassroot Soccer Foundation (GRSF) launched an HIV/AIDS Education Program in Bulawayo, Zombabwe with the goal of reducing the spread of HIV/AIDS by training adult soccer players to educate at-risk youth about HIV/AIDS. The Program has been implemented in nine schools of Bulawayo, targeting 7th grade students who are at-risk for AIDS by virtue of the HIV epidemic in their community. Fourteen locally and nationally known soccer players, recognized role models for these students, were trained to be educators for the Program. To date, approximately 3000 students have successfully completed the Program.

The objectives established for this evaluation were: (1) to assess the impact of the Program on student knowledge, self-efficacy beliefs, attitudes, and perceptions of social support (2) to assess the degree to which the changes observed as a result of the Program were sustained over 5-month period; and, (3) to determine student and teacher opinions about the Program and their ideas about program improvement .

Data were collected through use of a specifically developed survey, which was administered to intervention and control groups of students from four of the participating schools (n= 314); survey data were collected before Program education, after Program education, and five months after the Program was completed. The survey addressed student knowledge about HIV/AIDS, self-efficacy beliefs, perception of social support, attitudes related to HIV/AIDS, and feedback about the Program. In addition, analyses of student poems (written after the conclusion of the Program at the school) were conducted for students in the control and intervention groups at one of the schools. A focus group, including teachers and health administration officials, was conducted to get feedback about the Program and ways to improve it.

Evaluation findings indicate that:

- ◆ The GRS HIV/AIDS Education Program significantly improves student knowledge, attitudes, and perceptions of social support related to HIV/AIDS. No changes in student self-efficacy and sense of control are observed.
- ◆ These positive changes, with few exceptions, are sustained over a 5-month period.
- ◆ Students are very satisfied with the Program, intend to use the knowledge learned, and report that they actually use knowledge learned after 5 months
- ◆ Teachers are very satisfied with the Program, would like to see more ways to sustain the results, and would like to be more actively involved in the educational process.

Introduction

The following report summarizes findings from an evaluation of the GRS HIV/AIDS Education Program as delivered in Zimbabwe. The purpose of the evaluation was to assess and document the effectiveness of this intervention for educating at-risk youth about the HIV/AIDS disease and the most effective ways for them to protect themselves.

The main questions addressed by this evaluation were:

- ◆ What is the impact of the Program on student knowledge, self-efficacy beliefs, attitudes, and perceptions of social support
 - At the end of the education program?
 - 5 months after the end of the education program?
- ◆ What aspects of the Program do students like, and how do they intend to use lessons learned?
- ◆ What are the strengths and weaknesses of the Program as perceived by educators?

Overview of GRS HIV/AIDS Education Program in Zimbabwe

The overall goal of the Grassroot Soccer Foundation (GRSF) HIV/AIDS Education Program is to reduce the spread of HIV/AIDS by training adult soccer players to educate at-risk youth about HIV/AIDS. A pilot phase of the Program was launched in Bulawayo, Zimbabwe in January 2003. The pilot Program was implemented in nine schools of Bulawayo, targeting 7th grade students who are at-risk for AIDS by virtue of the HIV epidemic in their community. Fourteen locally and nationally known soccer players, recognized role models for these students, were trained to be educators for the Program. To date, approximately 3000 students have successfully completed the Program.

The goals of the GRSF HIV/AIDS Education Program are threefold:

- 1) Concerning student knowledge,
 - a. To increase their understanding of HIV/AIDS and ways to protect themselves from HIV/AIDS
 - b. To increase their awareness of available HIV/AIDS community services
- 2) Concerning student communication and attitudes,
 - a. To increase their abilities to speak openly and frankly about HIV/AIDS with peers, family, and others
 - b. To improve their recognition of HIV/AIDS-related negative attitudes
 - c. To understand and change their own HIV/AIDS-related negative attitudes about people who have HIV/AIDS by

- i. Identifying actions that they could take to benefit people who have HIV/AIDS
 - ii. Developing and delivering their own HIV/AIDS intervention messages to schoolmates, friends, and/or family members
- 3) Concerning the Program,
 - a. To increase the level of HIV/AIDS-related teaching skills of the soccer player educators
 - b. To increase the number of children who successfully complete the GSRF HIV/AIDS Education Program

Ultimately, these changes in student knowledge and attitudes, as well as changes in soccer player teaching skills, are expected to lead to improved community efforts to address the ever-increasing and serious public health problem of HIV/AIDS in Zimbabwe.

The GRSF HIV/AIDS Education Program includes two major components:

- 1) For soccer players, a one-week educator training course
- 2) For 7th grade students, a four-day educational intervention (with teaching sessions conducted twice weekly for two weeks); the educational intervention utilizes a classroom-based curriculum that was developed by GRSF and is based on social learning theory

The one-week educator training course includes appraisal of the classroom-based curriculum, examination of the list of educational objectives and expected outcomes, consideration of the activity guides for the four teaching sessions, and review of the planned homework assignments.

The core of the educational intervention is the classroom-based curriculum. In addition to didactic features (i.e., teaching sessions, homework assignments), the educational intervention uses highly innovative action-oriented approaches, such as warm-up games, role-plays, discussions, and brainstorming activities. An all-inclusive description of the GRSF HIV/AIDS Education Program's resources, activities, projected outcomes, and goals are presented in the attached Program Logic Model (see Attachment A).

The curriculum developed for the GRSF HIV/AIDS Education Program is based on the principles of social learning theory, as developed by Albert Bandura. According to this theory, observational learners change their behaviors not only through direct reinforcement of the new behavior, but also by observing other people (models) who engage in these new behaviors, recognizing the consequences of these new behaviors for other people, and imitating these new behaviors. It has been shown that the effectiveness of observational learning depends on the:

- 1) Model's characteristics – Some models are more effective than others in attracting a learner's attention. A learner is more likely to imitate
 - a. A model who is similar to the learner
 - b. A model who is rewarded for his/her actions
 - c. A model who has prestige because of his/her possessions, strength, etc.
- 2) Learner's characteristics – Observational learning actively involves the learner and depends upon
 - a. Learner's motivation
 - b. Learner's previous experiences and values

- c. Learner’s cognitive processes (e.g., attention, retention, reasoning)
- d. Learner’s self-efficacy (i.e., the conviction that one successfully can execute the behavior)

An analysis of the GRSF HIV/AIDS Education Program shows that most of these principles of social learning theory have been taken into account in designing the intervention. The soccer players are powerful models with high prestige in Zimbabwe; thus, it is suggested that the 7th grade students are more likely to learn facts about HIV/AIDS and related risky behaviors from these educators than from other traditional figures (teachers, counselors, etc.). The action-oriented approach of the intervention and the use of attractive innovative games are highly motivational. Therefore, it is proposed that these games will attract students’ attention to the subject matter and, consequently, will facilitate observational learning. Most of the games take into account the previous experience of the students (e.g., “Fact or Nonsense?” and “Talk Show”). Further, it is put forward that the use of role play to model specific behaviors and skills (such as assertiveness in refusing money for sex, positive attitudes toward people infected by HIV/AIDS, etc.) will lead to development of students’ self-confidence and efficacy beliefs in their abilities to prevent HIV/AIDS.

Evaluation Design and Methods

The evaluation design included pre-and post-intervention data collection from intervention and control groups with 5-month follow-up. In addition a focus group was conducted with teachers and Health administration representative to discuss strengths of the Program and ways to improve it.

Sample

Data were collected from two groups of students, i.e., participants and non-participants in the Program from four schools. The latter served as a control group. The sample composition by school is presented in Table 1 below. There were comparable numbers of students from each school in the Participant and Non-participant Groups. The Participant and Non-participant Groups were also comparable in gender composition: Participant Group – 67 males, 79 females; Non-participant Group – 69 males, 74 females.

Table 1. Composition of the sample by school

	School				Total
	Senzangaknona	Mganuini	Insukamini	Mtshede	
Participant Group	41	38	41	35	155
Non-participant Group	35	40	35	39	149
Total	76	78	76	74	304

Five months later, data were collected from the students who participated in the Program. The number of students from each school in the follow-up sample for each school was: Senzangaknona - 79; Mganuini - 78; Insukamini- 37; Mtshede –37¹.

Methods

Survey

The Grassroot Soccer Survey was developed to address changes in expected outcomes of the Program, i.e.

- 1) 1) Student's knowledge
- a) 2) Self-efficacy and control beliefs-(these questions included items from AIDS Psychosocial Scale (Perkel, 1992), which was developed and used with students in South Africa)
- 3) Perceptions of social support
- 4) Attitudes related to increasing HIV/AIDS prevention and decreasing HIV/AIDS related stigma- attitudes were measured with specifically designed vignettes about HIV/AIDS-related behaviors of two imaginary students- a boy Gift, and a girl Thandi.

The same survey was used in the pre-, post-intervention data collection and the 5-month follow-up. For the post-intervention data collection, we added questions addressing specific aspects of the training that students liked or would change, and the ways they would use the knowledge learned. For the follow-up data collection, we added questions about whether students remembered what they have learned and whether they have used this knowledge since the training.

Sample of the Survey is presented in Appendix B.

Qualitative Analysis of Student Poetry

At the end of the Program, students from the intervention and control groups were asked to write-up a story or poem about HIV/AIDS. Using this mode of data collection, in addition to the survey, allowed us to study student emotional response to HIV/AIDS, which could not be captured with the surveys. The use of poems and stories was also relevant to the narrative culture of Zimbabwe.

We analyzed AIDS poems written by both groups (Intervention [n=15] and Control [n=25]) from Mganwini School using NVivo software to detect themes related to HIV/AIDS in the poems. Based on these analyses we compared the frequencies of themes in the intervention and control groups to determine the impact of the Program.

¹ In Senzungaknona and Mganuini the control group was trained after the post-test data collection and that is why the students were included in the follow-up data collection.

Focus Group

In order to capture perceptions of teachers about the Program, a focus group was conducted by the Grassroot Program Coordinator and one volunteer. The informal interview was conducted with Father Simon, the head master at St. Bernard's Primary. Six St. Bernard's classes have completed the Grassroot Soccer program. The participants in the focus group were: Mrs. Mangena, a 7th grade teacher at Insukamini Primary School, Mrs. Mantenga a 7th grade teacher at Mtshede Primary School, and Gladys Moyo, an official with the BCC Health Department. Mrs. Mantenga's and Mrs. Mangena's classes completed the Grassroot Soccer Program and Mrs. Moyo is familiar with the Grassroot Soccer program and curriculum. Participants were asked to be critical of the Program and were encouraged to provide any information they believe could strengthen the Program.

Findings

Knowledge, attitudes, and perceptions of support: Survey Results

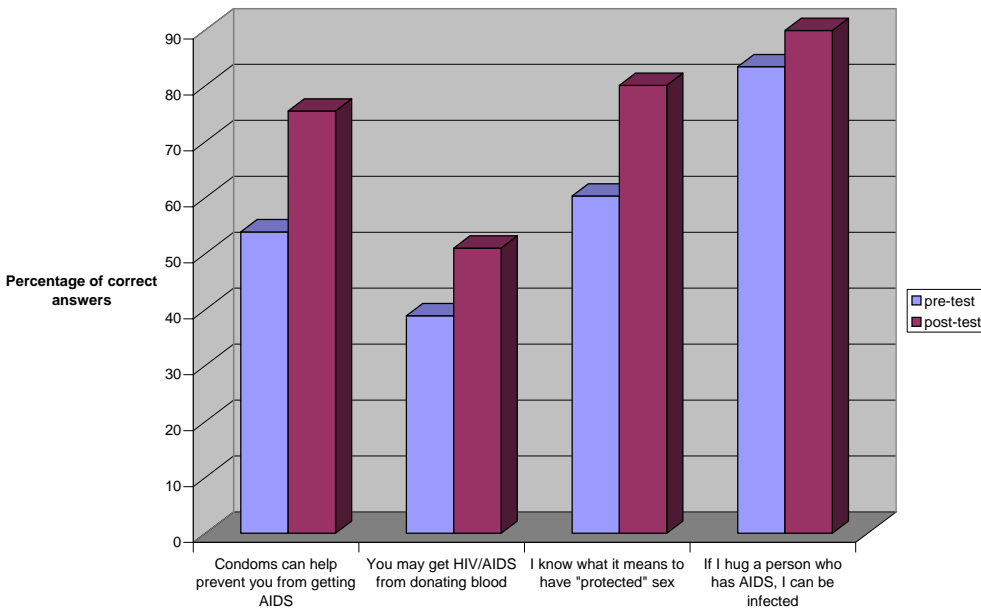
After the intervention²

Changes in student knowledge related to HIV/AIDS

There was a significant increase in participant students' knowledge about HIV/AIDS. As shown in the Figure 1, there was a significant increase in percentage of students from the intervention group who gave correct answers to questions related to HIV/AIDS. In contrary, no significant changes were found in the knowledge of students in the control group.

² Changes in knowledge, attitudes, self-efficacy and perceptions of social support were tested by the means of paired sample t-test

Figure 1.
Changes in participants' knowledge about HIV/AIDS



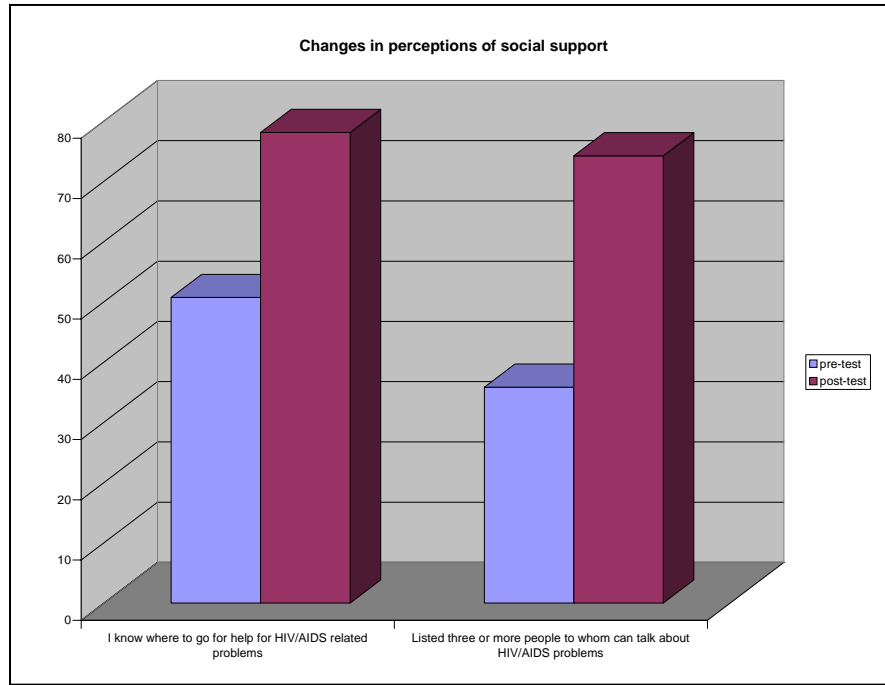
Changes in students' beliefs in their abilities to exercise control over HIV/AIDS prevention

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. There are several possible explanations for these results. First, the concept of self-efficacy and internal control over events might not reflect adequately the way human agency is expressed in Zimbabwe; other concepts, like moral duty (right and wrong), or religious obligations might be more relevant. Second, it may be that this relatively short intervention could not produce significant changes in the belief system of the students. In comparison to level of knowledge, belief systems are more resistant to change, and may need longer and more intensive intervention.

Changes in students' perceptions of social support related to HIV/AIDS issues

As shown in the Figure 2 there was significant increase, after the Program, in the percentage of participant students who stated that they know where to look for help for HIV/AIDS-related problems. Also there was significant increase in the percentage of participant students who listed

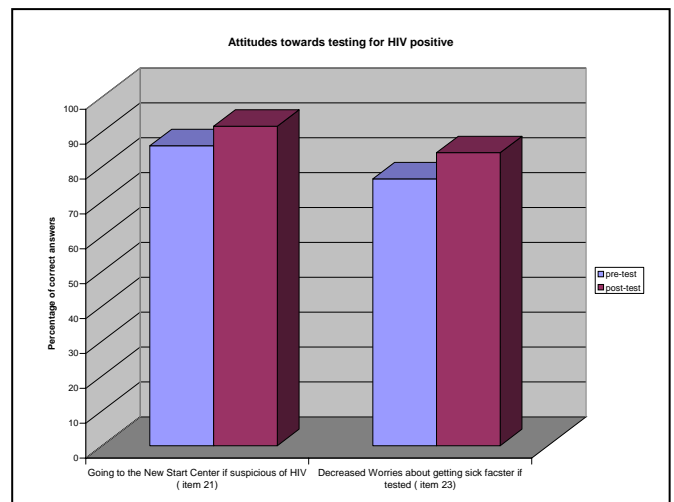
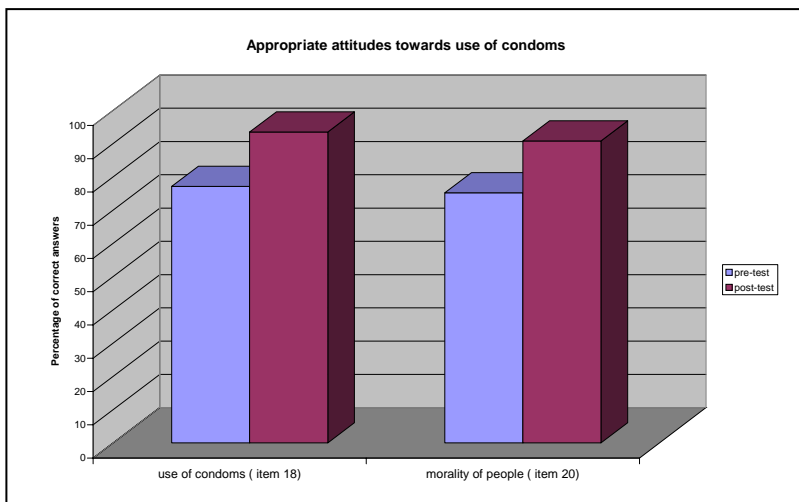
more than three people with whom they can talk to about HIV/AIDS-related problems . No significant changes over time were found in the perception of social support in the control group.



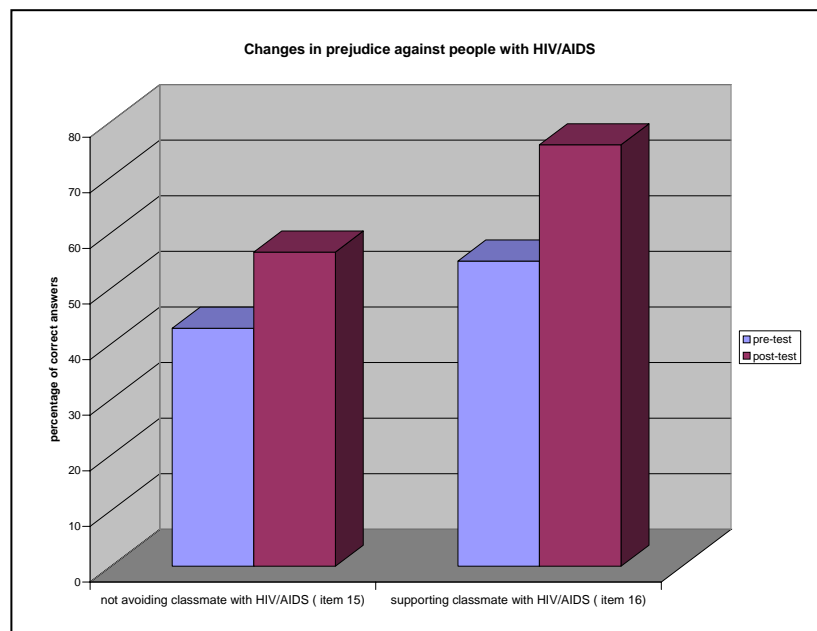
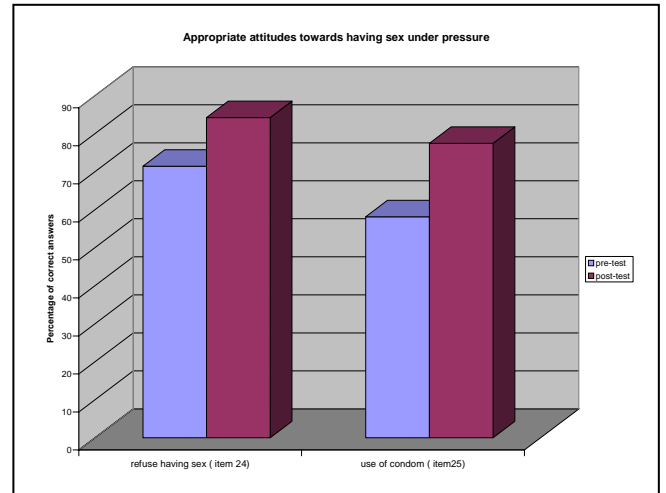
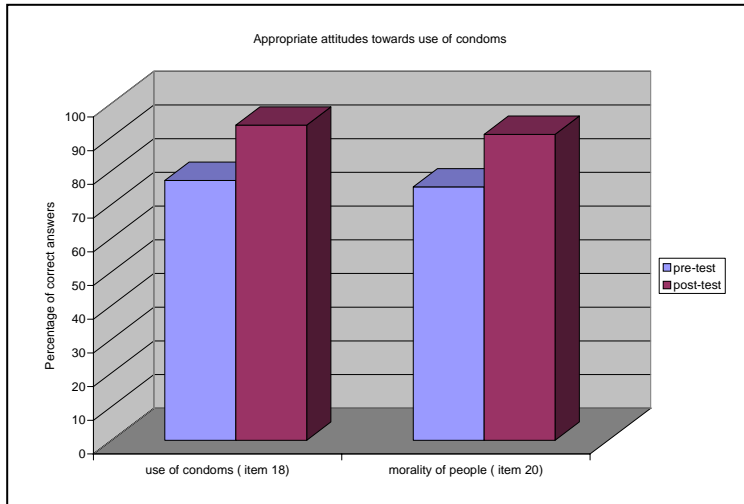
Changes in students' attitudes related to increasing HIV/AIDS prevention and decreasing HIV/AIDS-related stigma

The analysis of the answers to vignette questions describing the behavior of two imaginary students yielded several statistically significant results. After the Program, there was significant increase in participant students' positive attitudes towards HIV/AIDS prevention via use of condoms or testing. Additionally, there was significant decrease in participant students' prejudice towards people infected with HIV/AIDS. In addition, more participant students expressed negative attitudes towards having unprotected sex because of partner pressure, or for money (Figures 3-7).

Figures 3-4. Changes in Attitudes



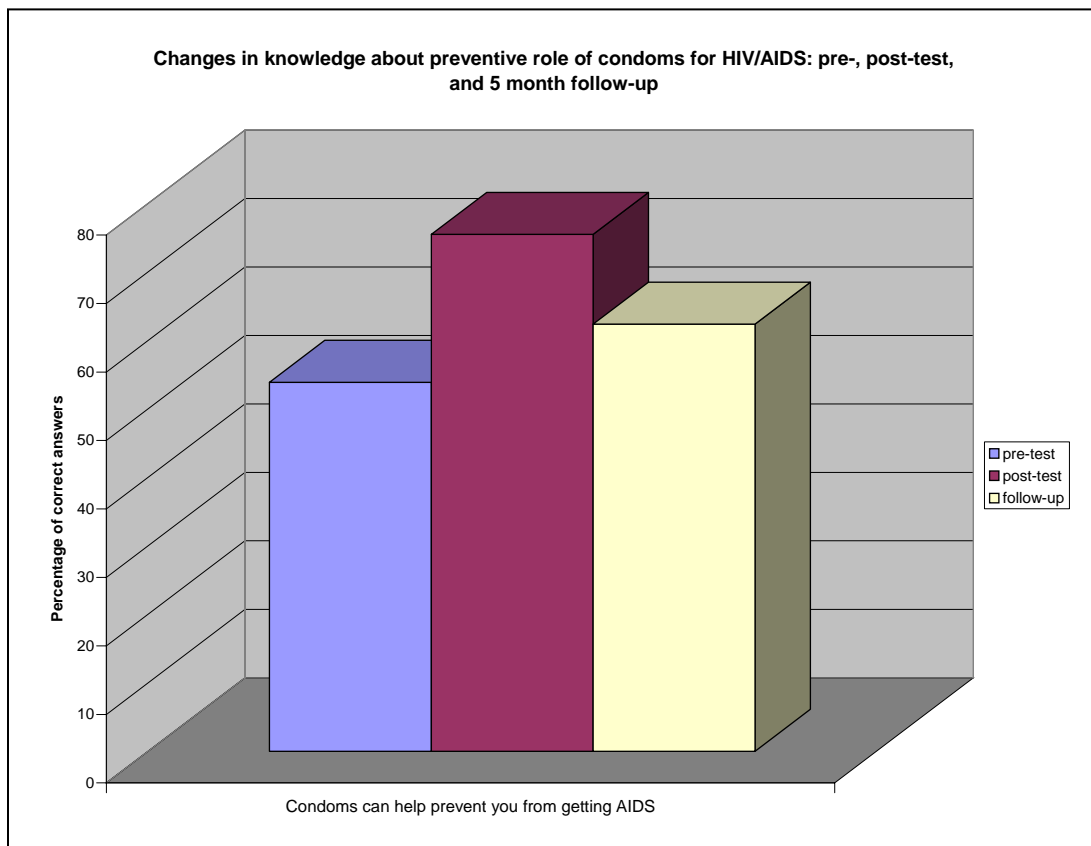
Figures 5-7. Changes in Attitudes



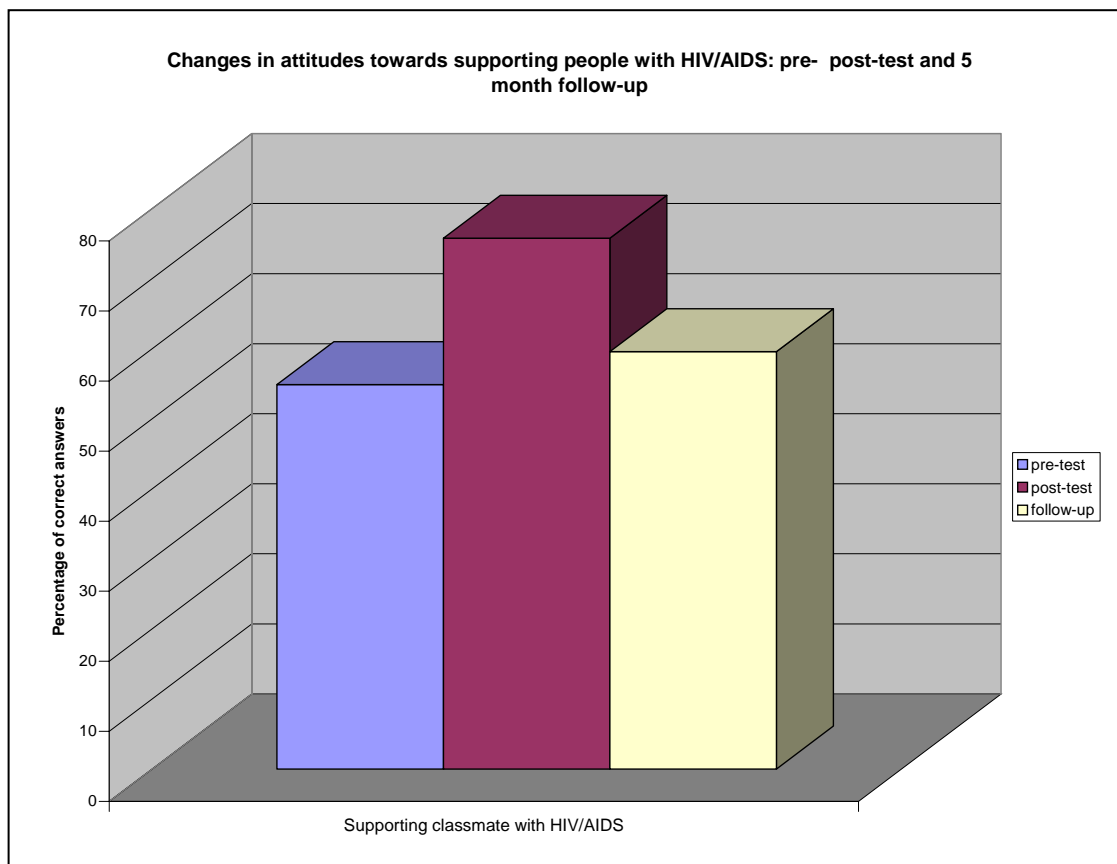
Knowledge, attitudes and perceptions of support: Survey Results

Five-month follow-up³

We were interested in the degree to which the observed changes in knowledge, attitudes, and perception of social support are sustained beyond the completion of the education program. Results of the comparison of student responses in the post-intervention evaluation and the five-month follow-up showed that all changes were sustained (see figures in Appendix.....) with only two exceptions (shown in the Figures below). After five months, there was a significant decrease in the percentage of respondents who agreed that condoms could prevent someone from getting AIDS. Also, there was a significant decrease in the percentage of students that agreed that support of a classmate with HIV/AIDS should be expressed. Although these are only two exceptions, they are related to issues representing important messages of the Program. We would recommend another round of data collection to confirm these results. If confirmed, these two issues should be taken into consideration as a target for more sustainable intervention efforts.



³ Because not all of the students who were included in the post-intervention data collection could be matched by identifiers with follow-up sample, we treated the follow-up sample as 'independent' and tested differences by the means of independent sample t-test.

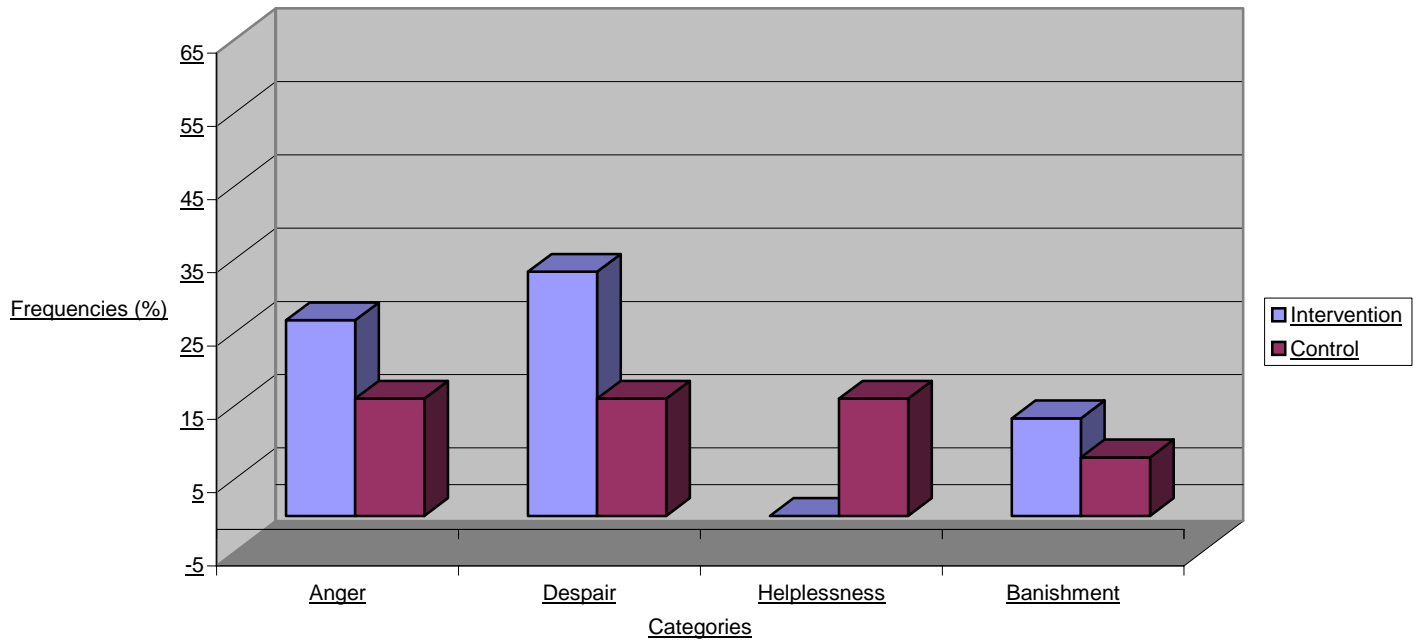


Summary of Findings

The results of this evaluation study showed that, overall, the Program has achieved its goals concerning improvement of students' HIV/AIDS related knowledge and attitudes. Because of the Program, students showed better understanding of HIV/AIDS and ways to protect themselves. They also felt more social support related to HIV/AIDS prevention. Further, students improved their attitudes towards HIV/AIDS prevention and became less prejudiced towards people who have HIV/AIDS. Largely, these results were sustained over five months, except for knowledge about using condoms for protection against HIV/AIDS and positive attitudes towards actively supporting a classmate who has HIV/AIDS.

“Significant changes in students knowledge, attitudes and perceived social support are observed as a result of the Program. These changes were sustained after five months.”

Unexpectedly, the results of this study showed that the Program did not affect students' beliefs in their own ability to have control over HIV/ AIDS disease. As mentioned above, this might be due either to the Program itself, which has mainly educational character and is more likely to affect students' knowledge and attitudes, but not student's beliefs. Another possibility is that the questions used to assess these beliefs, although used to measure self-efficacy in another African culture (South Africa), may not reflect Zimbabwe culture in which the sense of human agency is not expressed by feelings of control. We simplified the questions based on the suggestions of



Program staff, and we will recommend the use of the new version of the questionnaire (Appendix D) to see if it will better detect changes in self-efficacy and control.

Emotional Response to HIV/AIDS: Poems

Samples of Poems from students in the Intervention and Control Group are presented in Appendix E.

Poems were analyzed to detect whether there are common themes that are related to HIV/AIDS. Examples of the main themes that that relatively frequently appeared in the poems are

- 1) Emotions related to HIV/AIDS
- 2) Responses to HIV/AIDS
- 3) Solutions for the struggle with HIV/AIDS

We calculated the frequency of occurrence of these themes in the poems and then compared frequency of themes for students in the two groups; this allowed us to make inferences about the impact of the intervention.

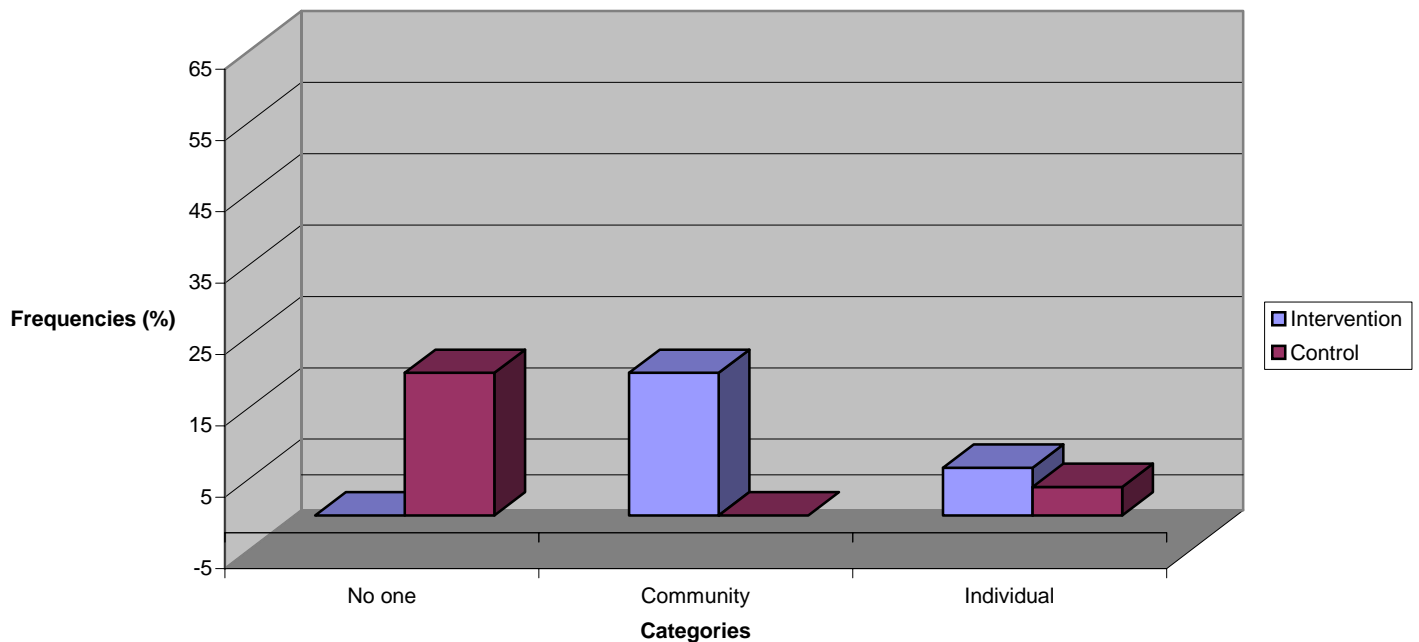
The main results are presented in the figures below:

- 1) **Students in the Participant group more frequently expressed anger (26.7%) and despair (33.3%) with regards to AIDS than did the students in the Non-participant group.**

“May you have mercy on us. We have suffered enough.”

“Deep in my heart it’s tears and sorrows. The world I am in is now dark.”

Who Can Find A Solution to AIDS? (Intervention vs. Control)



- 1) Students in the Non-participant group referred more frequently than did the students in the Participant group to the idea that no one can find solution to AIDS (reflecting passivity).

“Oh AIDS oh AIDS can you just leave us alone.”

- 2) Compared to those from students in the Non-participant group, poems from students in the Participant group poems more frequently included themes about community and individuals as possible solutions to the HIV/AIDS epidemic.

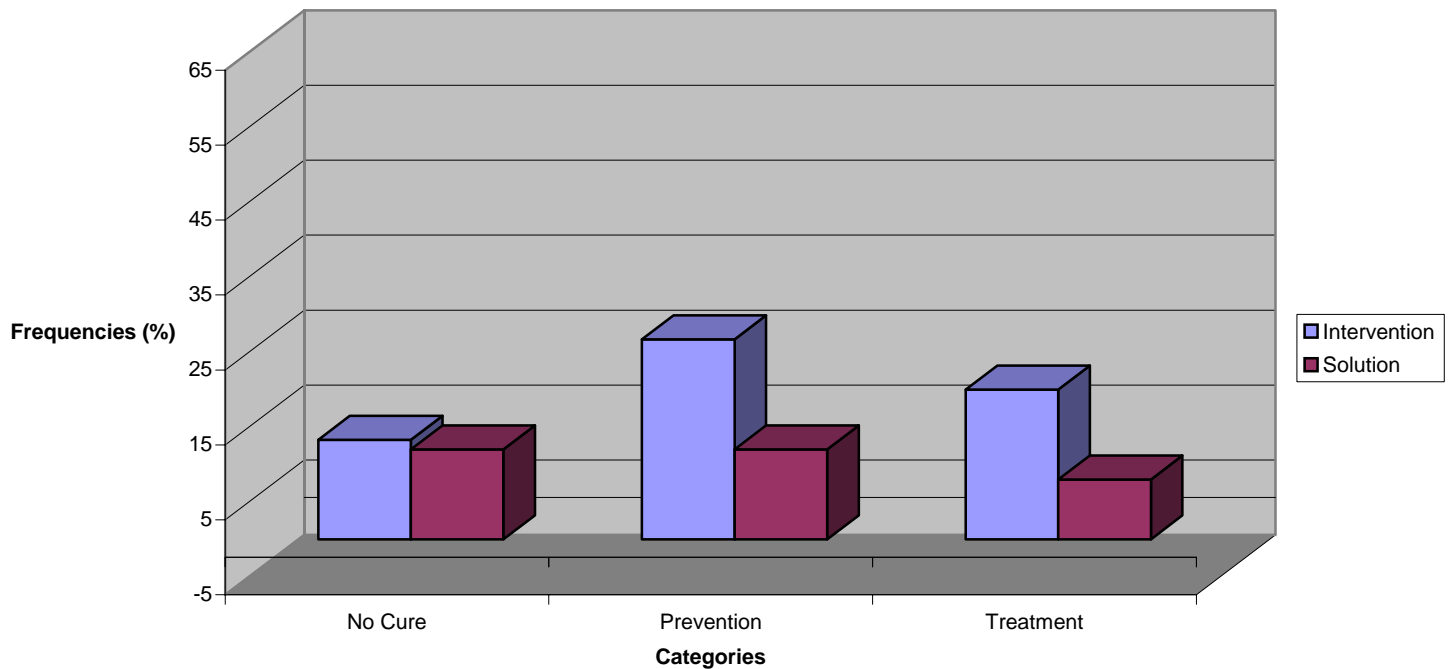
“I wish I could share my experience of AIDS.”

“We can make a difference. The duty is [in] our hands, now let’s go out there.”

“We can make a difference. The duty is [in] our hands, now let’s go out there”

From a poem of student participant in the Program

Solution to AIDS



3) Compared to students in the Non-participant group, students in the Participant group more frequently mentioned prevention as a solution to stop AIDS.

“Boys and Girls, I’m just saying abstain from sexual intercourse!!!”

4) Students in the Participant group relatively frequently mention the possibility of treatment of AIDS via medicine and doctors.

“Scientists, doctors are trying their best.”

5) Students in both Participant and Non-participant groups described the lack of a cure for AIDS.

Summary of Findings

There are differences between the frequency of themes related to AIDS in the poems of the Intervention and Control Group. The poems of the Intervention Group most frequently included themes of:

- ◆ Prevention and treatment
- ◆ Possibilities of cure
- ◆ Emotions concerning AIDS

These results suggest that the intervention had a positive impact on participants' attitudes and emotional awareness regarding AIDS.

Feedback About the Program

Student Feedback

The analyses of the open-ended question administered post-intervention to participant students showed that, overall, students were very satisfied with the Program and that they intended to use the knowledge they had learned. Fifty-six percent said that they would not change anything about the Program. Seventy-six percent of the students liked what they had learned and 66% liked the games and the process of interaction with the coaches and other students.

When asked how would they use the things they learned, 22% answered that they will teach others about AIDS, 19% mentioned that they will use the knowledge for protection, and 10% stated that they will use the knowledge for abstinence.

“ Yes, by telling and teaching others about it so that they plan their future as well as I planned mine”

“You should use it, because it will come to you, like if your relative is infected how to talk to him, how to treat him”

In the 5-month follow-up data collection, 99% of the students answered that they remembered what they learned during the Grassroot Soccer Education Program, and 74% of students reported that they had used this knowledge since the Program.

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

Feedback from regular teachers and Health Administration Representative

1. Noticeable behavior change as a result of Grassroot Soccer

All teachers and health administrators stated that they had noticed an increase in the students' interest in HIV/AIDS and willingness to talk about sexual topics after completing the Grassroot Soccer program. They stated that they consistently have seen Grassroot Soccer Education Program graduates teaching younger children and other 7th graders what they have learned from the Program. They also have seen a considerable increase students' openness to talking about sex-related issues.

Students had written poems and songs about HIV/AIDS upon the completion of the Grassroot program. In some classes, students had independently formed “AIDS Clubs,” without help from Grassroot Soccer educators or from teachers.

2. Professional soccer players/educators as role models

All soccer player educators responded that the students were excited by the presence of professional soccer players and were willing to listen to them. They reported that the kids get so excited about the Grassroot Soccer player educators coming to school, that they often started chanting, “LOOSH!” upon the arrival of Grassroot Soccer educator Lucien Starzinsky.

The presence of an “outsider” helps stimulate openness toward difficult topics like sex and AIDS. Students are often embarrassed to talk about such topics because they are afraid the teachers will be upset with them or will tell their parents or headmaster. Professional soccer players and white people generate that feeling of an “outsider” because they don’t normally come to primary schools and, somewhat surprisingly, the kids feel “safer” sharing ideas and asking questions.

However, it also was mentioned that many professional soccer players live lifestyles that are far from exemplary examples of role models. The children are unaware of this during seventh grade, but may begin to raise questions as they get older.

3. Recommendations for improvement of Grassroot Soccer Education Program

The teachers from the schools where the Program was implemented cited concerns that the Grassroot Soccer program ends after two weeks and is not sustained. Interesting reading material with “pictures and simple facts” that could be distributed to the kids would allow them to reflect on what they have learned. This would also serve as a “resource” for students when they have questions about sex or HIV/AIDS.

Grassroots Soccer Program staff could become involved with the newly formed “AIDS Clubs” at Insukamini and Mtshede Primary Schools. Grassroot Soccer Program could designate the “most outstanding boy and girl from each class and train them to be leaders of their clubs.”

The need for involvement of the teachers and head masters was also discussed. Although students feel more open to talking about sex when the teachers are not physically in the class, it is possible if the teachers are trained and given proper material, they could become extensions of Grassroot Soccer Program who could provide ongoing AIDS/HIV-related education at little cost.

The need for teacher education is critical, as kids often come to their teachers with questions after completing the Grassroot Soccer Program and often the teachers don’t know the answers. Such education also is critical, because often students receive messages from the teachers that contradict to what they have learned in Grassroot Soccer Program. One example of this is the statement that one of the teachers made at the end of the focus group “the lubrication on condoms contains little worms that spread the HIV virus.”

According to the regular teachers, significant positive changes in the behavior of the students are observed as a result of the Program. Soccer Players/educators are critical in this process, although there could be more involvement of teachers and headmasters. The Program is too short, and there should be some follow-up activities/materials to assure the sustainability of the results.

Conclusion

Results of this evaluation study showed that Grassroot Soccer Foundation has developed and implemented an effective intervention program for educating at-risk youth about the HIV/AIDS disease and the ways for they can protect themselves from HIV/AIDS. The 2-week education program produced significant positive changes in student knowledge about HIV/AIDS, their attitudes towards HIV/AIDS prevention and prejudice against people with HIV/AIDS, and their perceived sense of social support. Students were more emotionally aware of the disease and mindful of preventive solutions. No significant changes were observed in students' sense of self-efficacy and control over the disease.

All positive changes observed were sustained over a subsequent 5-month period, except for the changes about the role of condoms as prevention, which might be due to other contradictory messages that students receive from their teachers or religious institutions. Results also suggest that participants show a sustained decrease in prejudicial attitudes towards people with HIV/AIDS (demonstrated by not avoiding people with HIV/AIDS); however, they did not show a sustained increase in their willingness to support people with HIV/AIDS. This might be explained by the socio-psychological fact that substantial time is needed to increase an individual's tendency to support people who are 'different', in contrast to minimal time that is needed to reduce an individual's inclination to avoid people who are 'different'.

Both students and teachers were very satisfied with the Program. Participants expressed their willingness to use the knowledge learned and reported, after five months, that they remembered the knowledge learned and used it.

Suggestions for Further Improvement of the Program:

- ◆ To review existing goals of the Program, especially those related to self-efficacy and control and decide how relevant those goals are to the Zimbabwe culture or how achievable those goals are in a 2-week period.
- ◆ To add new goals and objectives. Results showed that students feel significantly more resourceful and supported as a result of the Program.
- ◆ To assure the sustainability of the Program, especially in areas that are subject to contradictory messages from other significant figures in communities or schools.
- ◆ To include a teacher education component, which seems to be critical for the sustainability of results and support of the Program

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

Appendices

Appendix 1. PROGRAM LOGIC MODEL GRASSROOT SOCCER

Inputs Inputs/ Resources	Intervention	Outputs	Outcomes	Goals
The elements or ingredients that constitute a program	What a program does with its resources to achieve its goal(s)	Units of service or product units. How many, how often, how long	The benefits received or impacts made from a program’s activities; measured by “indicators”- measurable changes in condition, skills, knowledge and behavior due to the program activities	Ultimate impact expected to occur— beyond what one program can achieve alone
1) Funding : Gates Foundation, individual donors 4) 1 staff member , 6 volunteers 5) 1500 students 6) 14 play educators- 11 men, 3 women 5) Trainers, consultants, trainer materials 6) Office space, telephones, computers, printers, supplies 7) Materials Grassroot Soccer Curriculum Workbook Community Resources	Recruitment of play educators- networking Training Training play educators Educational Activities with kids – 2 sessions over two weeks Presentations Discussions Video Games Graduation Ceremonies Soccer Play	14 of play educators recruited 11 stayed in the next year (3 died of AIDS) 14 of play educators trained by the program 9 of schools at which four session over a two week period were conducted 1500 students graduated from the program	For educators: Improved knowledge and skills about intervention For children: <ul style="list-style-type: none"> increased understanding of HIV/AIDS, ways to protect oneself and resources in community decreased stigma and negative attitudes to people who have HIV/AIDS Increased open communication about HIV/AIDS with peers, family and others Decreased HIV risk behaviors For the community <ul style="list-style-type: none"> Increased dialogue and sense of support Improved strategies to fight HIV/AIDS problem	Decrease of HIV Risk Behaviors among Zimbabwe youth

Appendix B. Grassroot Soccer Survey

Today's date _____

Your Initials _____

We would like to understand what you know about HIV/AIDS and how to prevent its spread from one person to another. Please answer the following questions. This survey will be kept private.

1. List 3 things that you know about HIV/AIDS

- 1.
- 2.
- 3.

Here is a list of statements about HIV/AIDS. Read each statement -- then tell us which statements are true and which ones are false, and give a reason for your answer.

Example:

HIV/AIDS is a big problem in Zimbabwe. True False Not Sure

Explain: Many people in Zimbabwe are dying from HIV/AIDS so it is a big problem.

If you think that the above statement is correct, please circle **True**; if you think that the statement is not correct, please circle **False**. If you are not sure if the statement is true or if it is false, please circle **Not Sure**. Next, if you answered True or False, please explain your answer.

2. AIDS is not my problem. Explain:	True	False	Not Sure
3. I have no control over whether or not I am going to get AIDS. Explain:	True	False	Not Sure
4. Getting AIDS is a question of bad luck. Explain:	True	False	Not Sure
5. Condoms can help prevent you from getting HIV/AIDS. Explain:	True	False	Not Sure
6. You may get HIV/AIDS from donating blood. Explain:	True	False	Not Sure
7. I know what it means to have "protected sex." Explain:	True	False	Not Sure
8. AIDS can never happen to me. Explain:	True	False	Not Sure
9. There is nothing I can do to prevent myself from getting AIDS. Explain:	True	False	Not Sure
10. I know where to look for help for HIV/AIDS-related problems. Explain:	True	False	Not Sure
11. If most of my friends did not use condoms, I would not use them either. Explain:	True	False	Not Sure
12. I would know if a person I love has HIV. Explain:	True	False	Not Sure

13. If I hug a person who has AIDS, I can be infected. Explain:	True	False	Not Sure
14. There are many people I can talk to about HIV/AIDS-related problems. Explain:	True	False	Not Sure

Gift is a student at a primary school in Bulawayo. He is thinking about having sex. He knows many people in Bulawayo are HIV positive. Below are some statements about Gift. If you think that the above statement is correct, please circle **True**; if you think that the statement is not correct, please circle **False**.
If you are not sure if the statement is true or if it is false, please circle **Not Sure**.

Gift's classmate has HIV/AIDS....			
15. He should avoid his classmate.	True	False	Not Sure
16. He should support his classmate.	True	False	Not Sure
17. He should teach others to be understanding of his classmate.	True	False	Not Sure
Gift wants to have sex....			
18. He should NOT use condoms because condoms do not prevent HIV/AIDS.	True	False	Not Sure
19. He should make sure that his partner is not HIV positive.	True	False	Not Sure
20. He should NOT use condoms because only immoral people use condoms.	True	False	Not Sure
Gift thinks he might be HIV positive...			
21. He should go to the New Start Centre to talk to someone.	True	False	Not Sure
22. He should NOT go to the New Start Centre because his friends might see him and think he has HIV.	True	False	Not Sure
23. He should NOT be tested because if he knows his HIV status, he might get sick faster.	True	False	Not Sure

Thandi is also a student at a primary school. She has heard that HIV is common in Bulawayo and is worried about herself and her friends getting it. Below are some statements about Thandi. If you think that the above statement is correct, please circle **True**; if you think that the statement is not correct, please circle **False**. If you are not sure if the statement is true or if it is false, please circle **Not Sure**.

Thandi has a boyfriend who wants to have sex with her....			
24. Thandi should have sex because her boyfriend might break up with her if she doesn't.	True	False	Not Sure
25. Thandi should NOT insist on using a condom or going for testing, because her boyfriend might think she does not trust him.	True	False	Not Sure
26. Thandi should insist on using a condom and going for testing.	True	False	Not Sure
Thandi is being pressured to have sex for money ...			
27. Thandi should have sex with a stranger if he will give her money.	True	False	Not Sure
28. Thandi should refuse to have sex for money.	True	False	Not Sure
29. Thandi should have sex for money if her family needs money.	True	False	Not Sure
Thandi is not sure if should she get tested for HIV/AIDS	True	False	Not Sure
30. Thandi should be tested if she has had sex without a condom.	True	False	Not Sure
31. Thandi should be tested if she has had sex with a stranger.	True	False	Not Sure
32. Thandi should be tested if she hears that her neighbor has HIV.	True	False	Not Sure

33. Here is a list of statements about HIV/AIDS. Read each statement -- then tell us if you **Hardly Ever** agree with the statement, if you **Sometimes** agree with the statement, or if you **Usually** agree with the statement.

a. If someone has HIV/AIDS, it is their fault.	Hardly ever	Sometimes	Usually
b. It is someone else's fault.	Hardly ever	Sometimes	Usually
c. There is nothing they can do about it.	Hardly ever	Sometimes	Usually
d. There is nothing that other people can do about it	Hardly ever	Sometimes	Usually

34. In the last six months list the people with whom you have talked about HIV/AIDS:

35. Do you remember what have you learned during Grassroot Soccer? Yes ____ No____

If yes, give an example of what you have learned.....

36. Have you used this knowledge since Grassroot soccer? Yes____ No____

If yes, please give an example.....

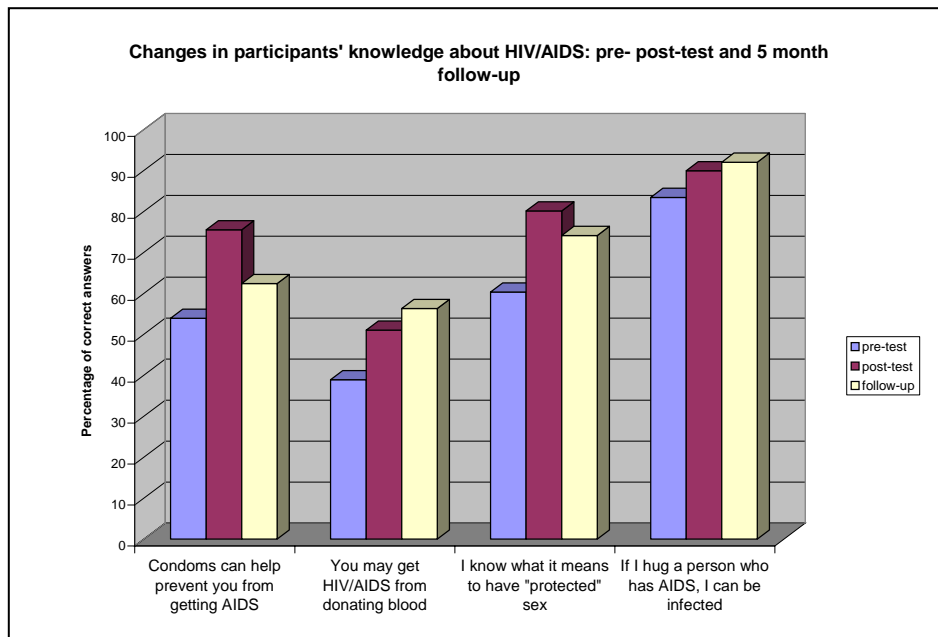
Please tell us a little bit about yourself: Name of School:

Grade level in school:

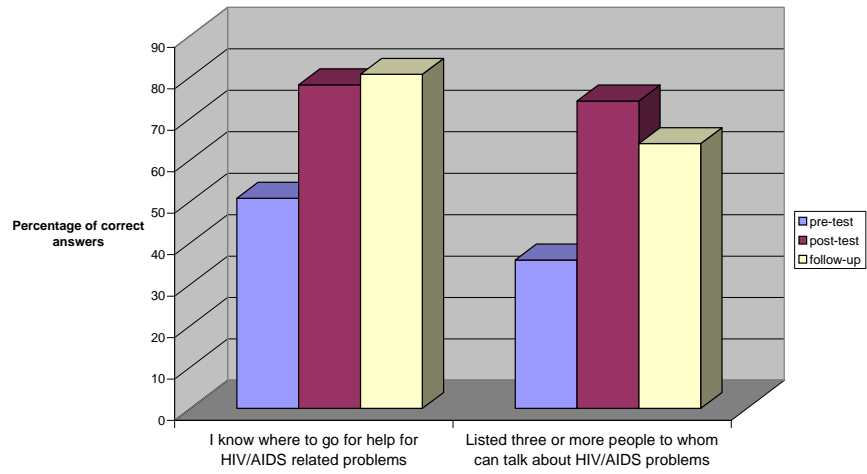
Date of Birth:

Sex (circle one): Male Female

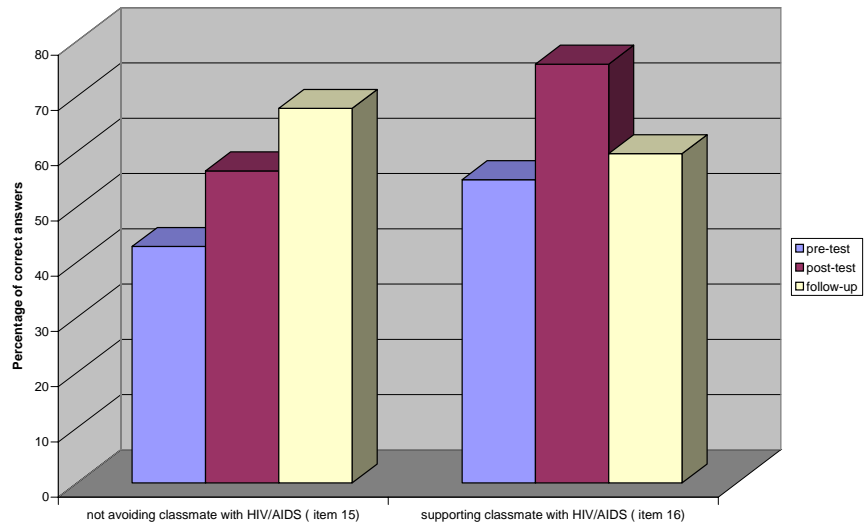
C. Changes in Knowledge, attitudes and perceptions of support: Five - month follow-up

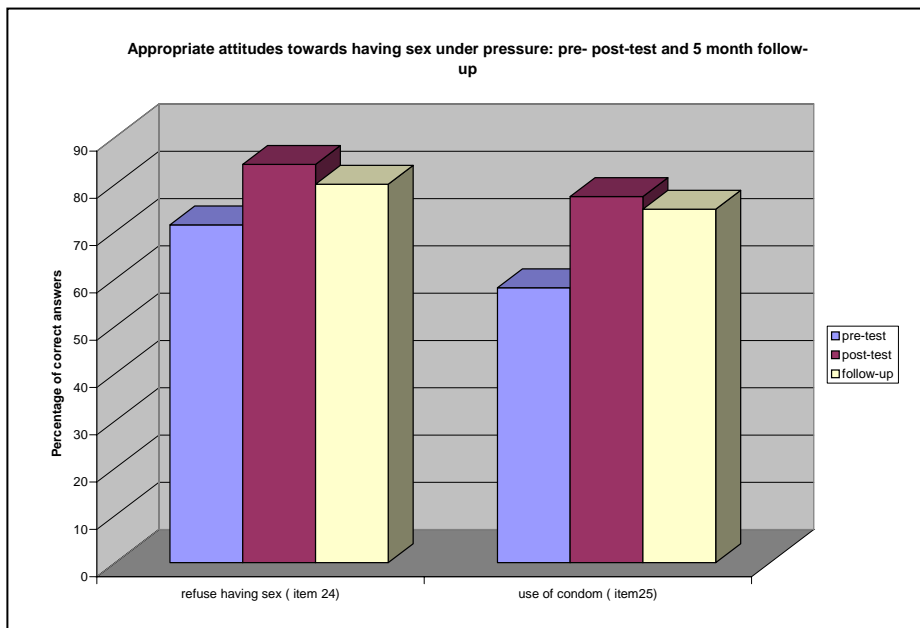
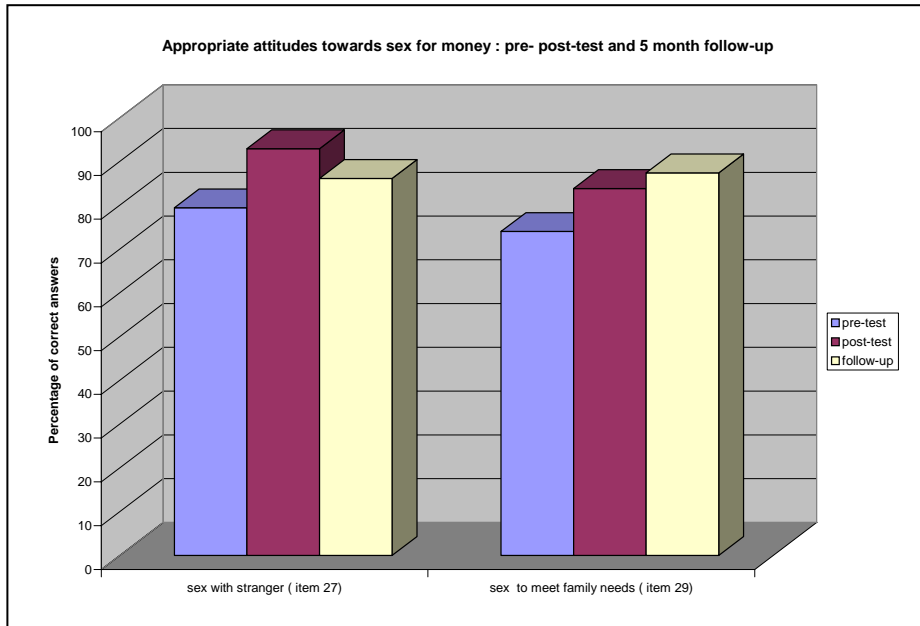


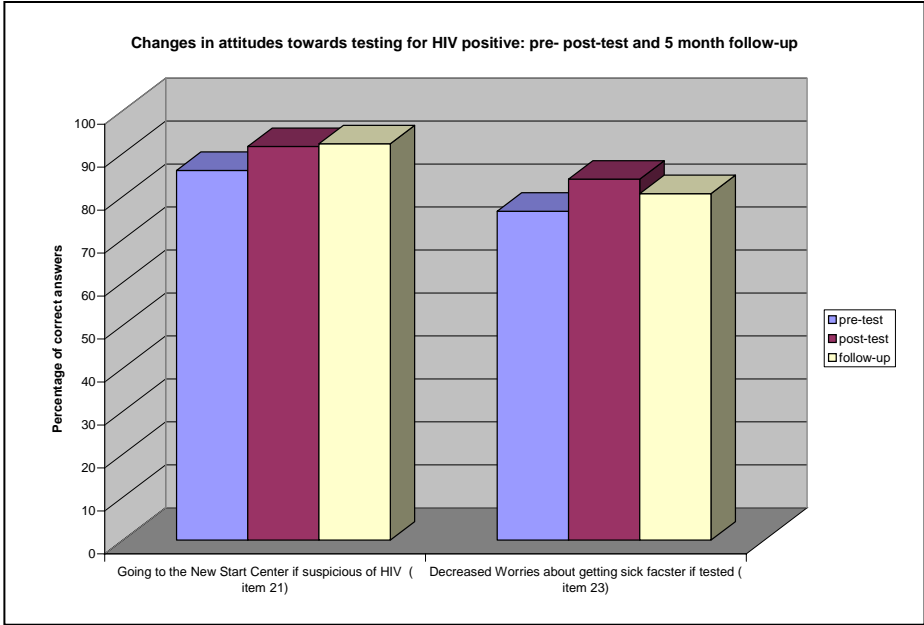
Changes in perceptions of social support: pre-, post-test, and 5 month follow-up



Changes in prejudice against people with HIV/AIDS: pre- post-test and 5 month follow-up







D. Revised Survey

Today's date _____

Your Initials _____

GrassRoot Soccer Survey

We would like to understand what you know about HIV/AIDS and how to prevent its spread from one person to another. Please answer the following questions. This survey will be kept private.

2. *List 3 things that you know about HIV/AIDS*

- 1.
- 2.
- 3.

Here is a list of questions about HIV/AIDS. Read each question and then circle **Yes** or **No**. If you are not sure what the answer is circle **Not sure**. Next, please explain your answer.

Example:

Is soccer a popular game in Zimbabwe?

Yes No Not Sure

Explain: Lots of people in Zimbabwe like to play soccer.

3.	Is AIDS your problem? Explain:	Yes	No	Not Sure
4.	Is there anything that you can do to stop from getting AIDS? Explain:	Yes	No	Not Sure
4.	Can you get AIDS because of bad luck? Explain:	Yes	No	Not Sure
5.	Can condoms help prevent you from getting HIV/AIDS? Explain:	Yes	No	Not Sure
6.	Can you get HIV/AIDS from giving blood to the hospital? Explain:	Yes	No	Not Sure
7.	Do you know what it means to have "protected sex"?	Yes	No	Not

	Explain:			Sure
8.	Do you know where to look for help for HIV/AIDS-related problems? Explain:	Yes	No	Not Sure
9.	Would you use condoms even if your friends do not use them? Explain:	Yes	No	Not Sure
10.	Can you tell by looking at someone if they have AIDS? Explain:	Yes	No	Not Sure
11.	Can you get AIDS if you hug someone with AIDS? Explain:	Yes	No	Not Sure
12.	Are there many people you can talk to about HIV/AIDS-related problems? Explain:	Yes	No	Not Sure

Gift is a student at a primary school in Bulawayo. He is thinking about having sex. He knows many people in Bulawayo are HIV positive. Below are some statements about Gift. If you think that the above statement is correct, please circle **Yes**; if you think that the statement is not correct, please circle **No**. If you are not sure if the statement is true or if it is false, please circle **Not Sure**.

Gift's classmate has HIV/AIDS....				
15.	He should avoid his classmate.	Yes	No	Not Sure
16.	He should support his classmate.	Yes	No	Not Sure
17.	He should teach others to be understanding of his classmate.	Yes	No	Not Sure
Gift wants to have sex....				
18.	He should NOT use condoms because condoms do not prevent HIV/AIDS.	Yes	No	Not Sure
19.	He should make sure that his partner is not HIV positive.	Yes	No	Not Sure
20.	He should NOT use condoms because only immoral people use condoms.	Yes	No	Not Sure
Gift thinks he might be HIV positive...				
21.	He should go to the New Start Centre to talk to someone.	Yes	No	Not Sure
22.	He should NOT go to the New Start Centre because his friends might see him and think he has HIV.	Yes	No	Not Sure

23. He should NOT be tested because if he knows his HIV status, he might get sick faster.	Yes	No	Not Sure
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Thandi is also a student at a primary school. She has heard that HIV is common in Bulawayo and is worried about herself and her friends getting it. Below are some statements about Thandi. If you think that the above statement is correct, please circle **Yes**; if you think that the statement is not correct, please circle **No**. If you are not sure if the statement is true or if it is false, please circle **Not Sure**.

Thandi has a boyfriend who wants to have sex with her....			
24. Thandi should have sex because her boyfriend might break up with her if she doesn't.	Yes	No	Not Sure
25. Thandi should NOT insist on using a condom or going for testing, because her boyfriend might think she does not trust him.	Yes	No	Not Sure
26. Thandi should insist on using a condom and going for testing.	Yes	No	Not Sure
Thandi is being pressured to have sex for money ...			
27. Thandi should have sex with a stranger if he will give her money.	Yes	No	Not Sure
28. Thandi should refuse to have sex for money.	Yes	No	Not Sure
29. Thandi should have sex for money if her family needs money.	Yes	No	Not Sure
Thandi is not sure if should she get tested for HIV/AIDS	Yes	No	Not Sure
30. Thandi should be tested if she has had sex without a condom.	Yes	No	Not Sure
31. Thandi should be tested if she has had sex with a stranger.	Yes	No	Not Sure
32. Thandi should be tested if she hears that her neighbor has HIV.	Yes	No	Not Sure

34. Here is a list of statements about HIV/AIDS. Read each statement -- then tell us if you **Hardly Ever** agree with the statement, if you **Sometimes** agree with the statement, or if you **Usually** agree with the statement.

a. If someone has HIV/AIDS, it is their fault.	Hardly ever	Sometimes	Usually
b. It is someone else's fault.	Hardly ever	Sometimes	Usually

c. There is nothing they can do about it.	Hardly ever	Sometimes	Usually
d. There is nothing that other people can do about it	Hardly ever	Sometimes	Usually

34. List the people whom you can talk to about HIV/AIDS:

Please tell us a little bit about yourself:

Name of School:

Grade level in school:

Date of Birth:

Sex (circle one): Male Female

Father's Level of Education:

Mother's Level of Education:

Father's Job:

Mother's Job:

E. Poems of Intervention and Control Group

Poem of Intervention Group

Mganwini Intervention

By Teberth Dube

Poem AIDS

What an unfortunate hand
What an unfortunate people
Surrounded by murder
Surrounded by AIDS

We can't blame America
We can't blame Africa
For the monsters background
Is fairly unknown

Mothers and fathers
Brothers and sisters
Boys and girls

Stay very well from unprotected sex
Because it may lead to AIDS
AIDS spreads like wild fire
Yet it drops victims like flies

Lets be AIDS free we are the leaders of tomorrow

Poem of Control Group
Mganwini Control

By Nigel Ganha

AIDS

AIDS! AIDS! AIDS!
AIDS you have taken our families
Our friends

Our neighbour
And our community members
Can you have mercy on us
We have suffered because
Of you AIDS

You have no cure
And you always take
People suffering from you
Many people sleep crying
Because you the world
Of all people suffering from you.

In the world people say
Different languages saying AIDS.
In English they call you AIDS
In Ndebele they call you inculaza
And in Shong they call Mukondombera