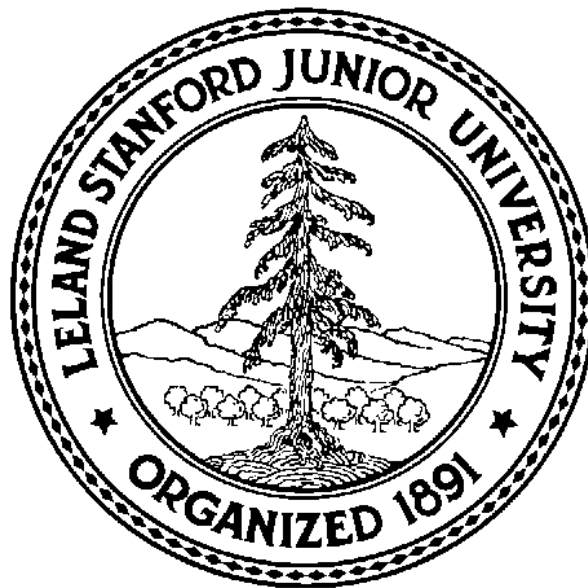


HIV/AIDS Intervention Programs for Youth in Africa: The Role of
Grassroot Soccer



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Monograph
International Comparative Education
School of Education
Stanford University
August 2005

**Stanford University
School of Education**

INTERNATIONAL COMPARATIVE EDUCATION

**HIV/AIDS Intervention Programs in Africa: The Role of Grassroot
Soccer**

**Jason Griffiths
August 2005**

**A Monograph in partial fulfillment
of the requirements for the degree of *Master of Arts***

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ABSTRACT

HIV/AIDS drastically affects Africa's youth. As there is no cure, education and prevention programs are the primary ways of decreasing HIV/AIDS death and infection rates. Health specialists declare that since schools are where the largest proportion of children can be reached, school-based HIV/AIDS prevention programs are the most efficient and effective ways to fight this epidemic (UNICEF, 2001). However, in most African countries, governments have struggled to effectively implement HIV/AIDS prevention programs into schools. As a result, civil society, particularly non-governmental organizations (NGOs) have become legitimate players in trying to improve HIV/AIDS education. In this monograph I identify problems related to the implementation of school-based HIV/AIDS programs, and then use Grassroot Soccer (GRS) as a case study of how an NGO has helped improve current HIV/AIDS prevention programs for children in Africa. I conclude by arguing that if GRS is going to play an important role in improving current HIV/AIDS education programs, they will need to continue to work collaboratively with schools and governments and move the focus on soccer to find other ways of including role models to which both boys and girls can relate.

ACKNOWLEDGMENTS

I would like to thank all those who made this monograph possible. This monograph would never have been accomplished on my own. I would like to give my sincere thanks to the following people:

I was fortunate to have enrolled in a program directed by Keiko Inoue. I honestly feel as if I wouldn't have finished my monograph without her advice and encouraging words. There were many times when I felt as if I had lost all direction and she was always there to help me through it. Keiko, I don't really know where to begin to thank you. Prof. Martin Carnoy, my advisor and friend, for his insightful comments and demanding encouragement. My ICE cohorts, for their mutual support and friendship. I will never forget the time we shared at Stanford. All the GRS members that made this monograph. Special thanks to Dr. Tommy Clark. Finally, my heartfelt appreciation goes to my family and the Greenspuns. Words alone are not able to express my how fortunate I am to have such amazing people in my life. To my parents for being such strong and independent people whose conviction and integrity have been my inspiration, and for always supporting me in my decisions to follow my dreams however far-fetched. To my sister Alison for being my biggest fan- you have always been my hero!

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ACRONYMS

GRS- Grassroot Soccer

HIV- Human Immunodeficiency Virus

AIDS- Acquired Immuno-Deficiency Syndrome

MOE- Ministry of Education

INTRODUCTION AND PURPOSE STATEMENT

In an attempt to prevent the spread of HIV/AIDS among children in Africa, researchers argue that school-based HIV/AIDS prevention programs are the most effective (Barnett et al., 1995; Finger et al., 2002; Kaaya et al., 2002). Gachuhi (1999) asserts that initiating these programs when children are at a young age and developing the appropriate message before they leave school will address the building blocks for healthy living. Schools, as the World Bank (2002) points out, “offer an organized and efficient way to reach large numbers of school-age youth at an age when they are highly receptive to adult influence” (World Bank, 2003, p.22). The International Academy of Education has also stated that schools have excellent resources for delivering effective education, skilled labor, and an interactive educational process that occurs over time, a variety of learning opportunities, materials and methods, and the ability to involve parents in their children’s education (IAE, 2005). However, in some African countries this is not the case.

In this paper, I use Grassroot Soccer (GRS) as a case study to show how one nongovernmental organization (NGO) has used a unique approach to improve HIV/AIDS prevention programs for youth in Africa. GRS is an international nongovernmental health organization that educates and empowers youth (7th graders) through HIV/AIDS prevention programs taught by professional soccer players and other role models (GRS Website). As the best tool for fighting the stigma and fear surrounding HIV is knowledge and understanding, GRS believes that the global soccer community has a unique opportunity to make a difference in Africa (GRS website).

Using their own curriculum, working closely with communities and using professional and youth soccer players to create fun and effective learning environments, GRS

plans to reach hundreds of thousands of children in numerous countries with potentially life-saving information about HIV prevention (GRS Website).

Realizing that African soccer players are admired as heroes and role models in the communities where they live, Dr. Clark, founder and executive director of GRS, believes that there could be no better tool than the popularity of soccer to break through the barriers surrounding the disease in order to dramatically increase awareness, change behaviors, and turn the tide against HIV/AIDS (GRS Website).

In this study, I begin by providing a brief background on the impact that HIV/AIDS has on children in Africa, as well as an overview of the GRS organization. I then lay out my research questions and argument, review the relevant literature and provide a conceptual framework through which to examine the role of GRS and their approach to educating youth about HIV/AIDS. This is followed by a description of the data used and an explanation of my methodology. Finally, the findings are presented and discussed, followed by conclusions and areas for future research.

BACKGROUND

Every minute of every day, a child is infected with HIV¹. AIDS kills 1,400 children every single day and claims more than half a million young lives every year (Teachers without Borders, 2005). In Sub-Saharan Africa alone, an estimated 450,000 children died from AIDS in 2004. Furthermore, an estimated 560,000 children were newly infected, and an estimated 1.9 million children are believed to be living with HIV/AIDS as of end of 2004 (UNAIDS, 2004). A UNAIDS report reveals that in the Sub-Saharan African region, the estimated prevalence and death rates among children are drastically higher than anywhere else in the world.

With few diagnostic tests or medicines specially designed to treat children effectively, and the absence of financial resources to pay for new drug therapies, the future looks bleak for African children. In the absence of a cure, prevention is the next best option and education is considered one of the best forms of prevention. According to Bundy (2003), World Bank Lead Specialist for Education and HIV/AIDS, "education is the social vaccine against HIV/AIDS. Even in the epicenters of infection in Africa, where one in three adults are infected, over 90 percent of school age children remain free of infection. These children, between five and 14 years of age, represent our window of hope to the future" (World Bank, 2003, p.10). However, as the age of first infection continues to decline, this "window" continues to close.

Realizing that there are certain problems that hinder the implementation of these HIV/AIDS prevention programs, Dr. Tommy Clark, Ethan Zohn², Kirk Friedrich³, and

¹ The Joint United Nations Programme on HIV/AIDS (UNAIDS) defines a child as anyone under the age of 15.

² Co-founder of GRS, winner of survivor Africa, and former professional soccer player in Zimbabwe.

³ Co-founder and managing director of GRS, and former professional soccer player in Zimbabwe.

Mthembe Ndlovu⁴, traveled to Zimbabwe in 2002, to meet with educators, civic leaders, and coaches to discuss their own unique approach to try and help educate youth about HIV/AIDS (GRS Website).

After receiving overwhelming support from the local communities and a small grant from the Bill and Melinda Gates Foundation, GRS officially launched their first project in Bulawayo, Zimbabwe in January 2003 (GRS Website). Zimbabwe was chosen as the pilot study location and GRS has since grown its programs in Africa, stretching to Zambia, Botswana and Ethiopia.

⁴ Current Zimbabwean professional soccer player.

RESEARCH QUESTIONS AND ARGUMENT

Grassroot Soccer is a relatively young organization that deals with connecting the powers of sport to engage young minds in essential life-skills and HIV/AIDS prevention education. In order to examine how the process of educating youth takes place and why GRS plays such an important role in educating youth in Africa about HIV/AIDS, my research questions are as follows:

1. What issues have hindered African governments' ability to provide effective HIV/AIDS prevention programs to youth?
2. As a result of the certain governments' inability to address these issues there has been an increased need for NGOs to play an active role in trying to improve current efforts. However, involving NGOs in such projects has its strengths and its weaknesses. What are these strengths and weaknesses?
3. Using GRS as a case study, I plan to discover the important role they play in the educating youth about HIV/AIDS in Africa. Therefore, what is their role in educating youth about HIV/AIDS in Africa?
4. Has GRS been successful, and what are its limitations/problems?

In a time when HIV/AIDS is destroying the lives of Africa's youth, I argue that governments are not fully capable of providing quality HIV/AIDS prevention programs to all children. As a result, the role of GRS and NGOs in general has become paramount. Furthermore, I state that GRS's approach to educating youth about HIV/AIDS is not necessarily the solution to the problem, but rather one of many different ways in which HIV/AIDS education can be improved. I conclude by arguing that if GRS is going to play an important role in improving current HIV/AIDS education programs they need to continue to work collaboratively with schools and governments and move beyond just focusing on soccer and find other ways to include role models that both boys and girls can relate to.

CRITICAL LITERATURE REVIEW

Irrespective of how good a program may seem on paper, the inability to effectively implement it makes it useless. In this section, I examine the literature that pertains to these problems. To be more specific, I focus on five bodies of literature: problems focusing on teachers, schools, curricular, financial constraints, and poor political leadership. As a result of these issues, NGOs are becoming more active in trying to improve HIV/AIDS education for youth in Africa. Yet, like governments, NGOs also have their limitations. Therefore, in the second part of this literature review I discuss the strengths and weaknesses of NGOs with respect to addressing the educational aspects of the HIV/AIDS epidemic.

TEACHER ISSUES

One of the main issues that have hindered the implementation of HIV/AIDS prevention programs is the lack of teacher training. For example, in an article published by the Zimbabwean Ministry of Education, Sport and Culture (2005), only 28,000 teachers have been trained to date, out of 97,100 in-service teachers and 32,000 in pre-service colleges. Like most students in Africa, teachers generally know very little about HIV/AIDS. James-Traore et al. (2004) assert that teachers are a crucial link in providing valuable information about reproductive health and HIV/AIDS to youth. But to do so effectively, they need to understand the subject, acquire good teaching techniques, and understand what is developmentally and culturally appropriate (James-Traore et al., 2004). Yet due to the lack of training, teachers are unable to master the basic information about HIV/AIDS, thus making it impossible to practice and become confident enough to effectively educate their students. As a result, teachers frequently fail to teach topics in which they have been poorly educated, as they feel uncomfortable with the subject (Finger et al., 2004). This forces them to become

selective in their teachings, only teaching the children what they know, instead of the entire message. HIV/AIDS needs to be understood and taught in its entirety. Educating young children about what HIV/AIDS means, yet not being able to explain how it can be contracted and prevented, drastically reduces the effectiveness of HIV/AIDS education.

Another issue that emerges from the lack of training is teachers' inability to differentiate between teaching regular subjects such as math and science and teaching HIV/AIDS and sexual education (Ragon, 1995). HIV/AIDS education should include multiple media (e.g. stories, role-play, lectures and self-tests) thus giving the students an opportunity to be actively involved in the learning process, rather than continuing with the more didactic, traditional teaching methods, which are often focused on information alone (Ragon, 1995). Ultimately, without the necessary training, teachers will continue to have difficulty adapting to this new hands-on form of teaching.

A third issue that teachers are faced with is the culture of silence surrounding the disease. Haignere (1996) argues that the reluctance to discuss both sex and HIV/AIDS within schools and communities greatly devalues and reduces the effectiveness of these programs. The fact remains that teachers are still too afraid to address issues such as HIV/AIDS and sex education as they are unsure whether it is their responsibility or that of the parent. Kinsman et al. (2001) stress that teachers still risk the chance of community disapproval if they discuss issues in the classroom that the parents or communities believe is inappropriate. Schenker (2001) asserts that it is the responsibility of the specific country's ministry of education (MOE) to make sure that when a curriculum is created for school-based HIV/AIDS programs the MOE have "paid attention to the norms, values and traditions of the target population" (Schenker, 2001, p.6). The International Academy of Education asserts that this is only

possible if MOEs work closely with the target group of children, local communities and school administrators during the “development, planning and implementation, evaluation and redesigning of the programs” (IAE, 2005, pg.20). Involving all these actors in this process would give teachers a clear understanding as to what should be discussed in the classroom, and also allow for a wider distribution of the message.

A fourth factor that is discussed in the literature is high teacher attrition and absenteeism rates. While the data are limited, it is publicly known that HIV/AIDS drastically affects the number of teachers in Africa. A World Bank (2002) report reveals that up to 30 percent of teachers in Uganda and Malawi and up to 12 percent in South Africa are HIV/AIDS-positive. Furthermore, in Botswana and Zimbabwe, as many as 1.5 percent of the teaching force are lost each year to AIDS (World Bank, 2002). Gallant and Maticka-Tyndale (2003) highlight that “this poses a barrier of effectiveness as the intervention may come to a halt when a trained teacher falls ill and dies” (p.1349). Furthermore, Barnett and Whiteside (2002) emphasize that losing teachers in high numbers greatly reduces the capacity of a school system to provide basic education to its youth. Therefore, irrespective of how great the school-based HIV/AIDS prevention programs are, without enough teachers to effectively implement them, programs continue to struggle and children continue to suffer.

ROLE OF SCHOOLS

In an attempt to improve HIV/AIDS education among youth, schools play an important role in providing a safe and secure environment for children to learn. However, Kinsman et al (1999) stress that schools have failed to provide a healthy supportive environment and failed to implement strong ethical policies in terms of behavior of teachers

towards students. For example, a World Bank (2002) report found that in countries such as South Africa and Zambia, students, usually female, have their school fees paid by teachers in exchange for sex. A recent Human Rights Watch report claims that in Zambia, due to the high rate of sexual abuse, HIV prevalence is five times higher among young girls than young boys (Human Rights Watch, website). Not only does sexual abuse fuel the HIV/AIDS epidemic, it produces a strikingly higher HIV prevalence among girls than boys, and has a profoundly destabilizing effect on education (Human Rights Watch website). It must also be stated that these types of actions also affect those students who have not been sexually abused, as they are still generally aware of their teachers' behavior. Kinsman et al. (2001) point out that other than family members, teachers are often the only other adults with whom these young people interact on a daily basis. In the era of HIV/AIDS, teachers are needed and expected to function as "role models, advocates for healthy school environments, guides for students in need of services, resources of accurate information, mentors, and effective instructors" (James-Traore et al., 2004, p. 44). Unfortunately, some teachers are engaging in criminal actions and consequently reducing their credibility among students and hindering any progress made in the battle against HIV/AIDS. Unless schools help create an environment where students are protected and teachers are supported to learn about HIV/AIDS and how to conduct themselves appropriately, school-based HIV/AIDS prevention programs will continue to serve a minimal purpose.

CURRICULUM ISSUES

As HIV/AIDS continues to spread, ministries of education (MOEs) are faced with the task of trying to find an effective way to incorporate HIV/AIDS education into an already overloaded curriculum. James-Traore et al. (2004) point out that due to curriculum overload,

educators are expected to teach HIV/AIDS education as an extra curricular activity either during a teachers' free time or after school. Furthermore, schools have also tried to address this issue by incorporating HIV/AIDS education within other subjects. However, this limits the amount of HIV/AIDS education that can be taught and drastically reduces the number of hours that should be spent effectively educating these young children about HIV/AIDS. Gachuhi (1999) argues that "stand-alone life skills programmes or having one lesson a week entirely separate and on its own, or a special lesson within a subject like health education or biology, have a better chance of succeeding than those that are infused in the curriculum" (p.25). By not addressing these issues more critically, schools are sending the wrong message to the children concerning the seriousness of this virus, and the hope of improving the current epidemic in Africa continues to decline.

FINANCIAL CONSTRAINTS

There is no doubt that governments play a leading role in HIV/AIDS education as they set policy and facilitate the implementation of policy. However, one of the reasons why Africa is over-represented in the statistics for infection and death is that many African countries do not have the resources or the infrastructures to carry out effective prevention programs. Without the necessary funding, health care budgets are grossly inadequate to provide basic healthcare, let alone implement effective prevention programs. Furthermore, with the modest funds they have, governments are still expected to disburse the money across all sectors of society. As a result, responses to HIV/AIDS in many African countries have been slow and inadequate. Botswana is a solid example whereby the government has made strong efforts to fight HIV/AIDS yet due to the lack of funding, they have struggled to make improvements. For example, in Botswana, teachers are often expected to educate students

without the necessary teacher materials, or the HIV/AIDS material that is available is outdated (Gachuhi, 1999). The political will is increasingly there; the money is not. Unfortunately, Botswana is not the only country in Africa that is faced with this dilemma.

POOR POLITICAL WILL

Another issue that arises in the literature is the discussion of political will. Without this, the best HIV/AIDS programs will struggle to be effective. U.N. Secretary-General Kofi Annan states that "in most countries where major progress against HIV/AIDS is reported, strong political leadership is a central feature" (UNAIDS, 2004). Unfortunately, many countries in Africa have lacked strong political will thus leading to poor HIV/AIDS prevention programs. To be more specific, I focus on Zimbabwe. As mentioned earlier, in 2003, GRS launched its pilot study in Bulawayo, Zimbabwe. First, Zimbabwe exhibits one of the highest levels of HIV/AIDS prevalence rates in the world, with approximately 34 percent of the adult population now infected with HIV (UNAIDS, 2004). Secondly, on December 9th 2004, under the orders of President Mugabe, Zimbabwean parliament passed the NGO bill which bans foreign funding for political governance, human rights and anti-corruption work and effectively proscribes international NGOs from carrying out such work (Kibble, 2004). Under the poor and selfish guidance of President Mugabe, Zimbabwe has struggled to control the impact of HIV/AIDS on its people. Without clear political guidance from the government, it becomes impossible to expect schools and teachers to have a clear understanding as to how to address the HIV/AIDS issue.

THE ROLE OF CIVIL SOCIETY

As a result of the above mentioned factors it has become clear that African governments have struggled to come to terms with the impact that HIV/AIDS has on its children. In turn, NGOs have become legitimate players in trying to educate Africa children about HIV/AIDS. While NGOs play an important role, the literature suggests that NGOs have both strengths and weaknesses when it comes to providing HIV/AIDS education. In order to understand their role, it is necessary to identify these strengths and weaknesses. Although NGOs focus on different aspects of HIV/AIDS, such as service providers, innovators, advocates, critics, policy partners, and agents in community governance, they ultimately share similar strengths (UNESCO, 2001). For example, due to their small size, more flexible administrative systems, and less cumbersome bureaucracies than governmental organization, NGOs are able to devise and implement programs faster than governments (Arnold, 1997; Brown & Korten, 1989; Mercer et al., 1991). In a time when HIV/AIDS is killing young children by the minute, both time and less cumbersome bureaucracies become extremely important factors.

Furthermore, NGOs are often created and or staffed by local community members. Mercer et al. (1991) believe that this gives NGOs credibility with and understanding of the community they serve and they are more likely to attract community participation for HIV/AIDS prevention programs. When NGOs employ community members, these members are more likely to recognize what is appropriate and effective for their communities, which would ultimately increase the potential for transforming community attitudes, beliefs and behaviors from within the community (Mercer et al., 1991). Furthermore, by employing these community-based educators and by establishing local reference groups or committees, NGOs hope to bring a sense of community ownership to a program and thus better able to

determine the direction and nature of the project and influence the allocation and distribution of resources (Williams et al., 1998). Additionally, NGOs often have skills and knowledge that communities do not possess and desperately need. Such partners therefore have a responsibility to pass on skills to the community through aptitude building, so that the community can cooperate effectively and on an equal playing field with all partners (DeJaeghere, 2000). Lastly, often governments do not fully understand what needs to be done at the grassroots level, and therefore NGOs can play an important role as a facilitator between the government and the local communities.

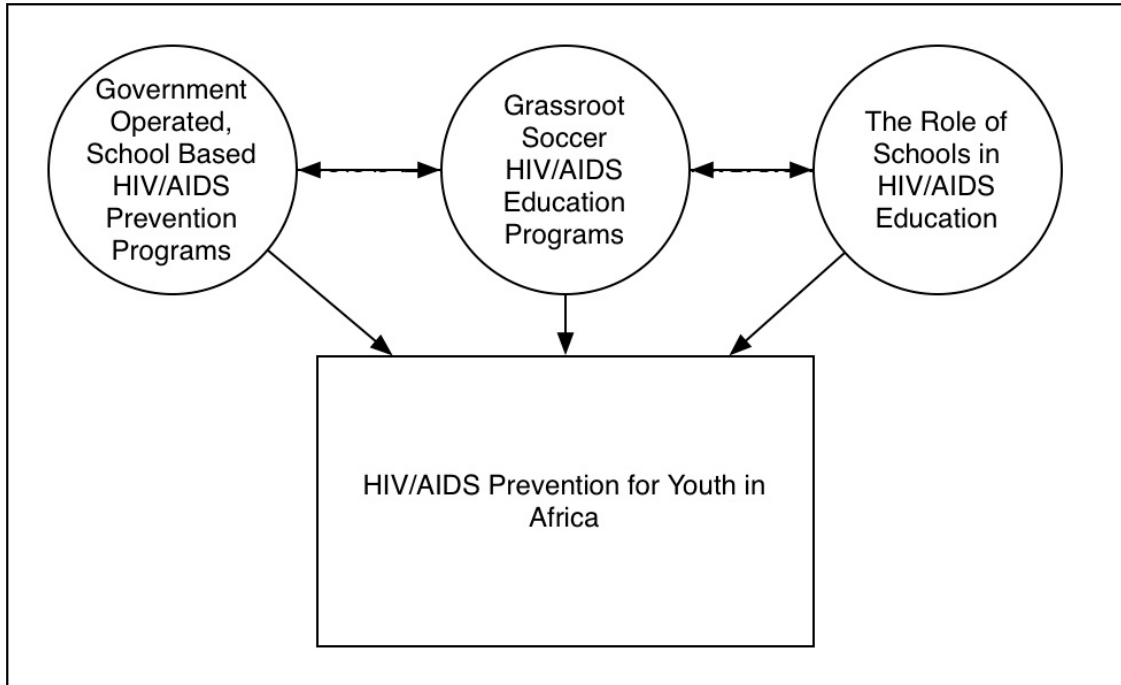
While NGOs contribute a significant amount to improving HIV/AIDS education, they do have their limitations. For example, given their non-profit mandate, NGOs are often accused of being un-focused and/or fiscally unsustainable (The Foreign Aid Certification and Network [FACN], 2004). As a result, the FACN argue that many NGOs experience high employee turnover, chronic under-investment in organizational infrastructure, and/or “fly-by-night fever”, which is characterized by numerous short term projects lacking follow-through (The Foreign Aid Certification and Network, 2004). Consequently, governments are often hesitant to include NGOs in these types of projects as many NGOs only serve a short-term purpose to a long-term problem. Moreover, critics argue that NGOs should no longer act as service providers as it lets governments off the hook with respect to their obligations to provide HIV/AIDS education. Vanden (2000) claims that NGOs actually perpetuate the problem because the government has no incentive to take on the task if NGOs will do it. Lastly, from the perspective of the government there are difficulties in working with NGOs. There are so many NGOs, how can they tell which ones should be supported and which are ineffective or fraudulent?

Having addressed the problems with which some governments in Africa are faced, and discussed the strengths and weaknesses of NGOs, I now plan to focus on a specific NGO called Grassroot Soccer (GRS), and the important role they play in providing HIV/AIDS education to youth in Africa.

CONCEPTUAL FRAMEWORK

In order to conceptualize the role that GRS play in improving HIV/AIDS prevention programs for youth in Africa, I situate my analysis based on the importance of the relationship between governments, schools and NGOs, and how these three groups need to work together in order to improve current HIV/AIDS prevention programs for youth in Africa.

FIGURE 1: THE ROLE OF GOVERNMENT, SCHOOLS AND GRASSROOT SOCCER IN IMPLEMENTING HIV/AIDS EDUCATION PROGRAMS



The literature indicates that governments alone have struggled to effectively implement HIV/AIDS prevention programs into schools. Furthermore, from the literature review and the potential role of NGOs, I expect to find that while GRS might have a positive impact on improving upon current HIV/AIDS prevention programs, without the support of government, GRS's role becomes limited. Therefore, the future success of these HIV/AIDS

prevention programs lies in the relationship between government and NGOs such as GRS, and their willingness to work collaboratively.

DATA AND METHODS

To discover the role that GRS plays in the educating youth about HIV/AIDS in Africa, I conducted a qualitative study based on interviews with three different members of the GRS organization; an examination of the GRS official website; an analysis of the GRS curriculum and the GRS coaches' guide; and reviewed an evaluation of GRS conducted by the Children's Health Council. The three interviewees were with Dr. Thomas Clark, Kirk Friedrich, and Jeff Decelles⁵. I conducted five interviews with Clark, and four each with Friedrich and Decelles. One interview with Dr. Clark was conducted in person and all others were carried out via email. The personal interview with Dr. Clark lasted roughly an hour, and I used this as a way to better understand GRS and the "brains" behind the operation. This was an informal interview and consisted of numerous open-ended questions. Through this informal discussion I was able to gain a better understanding of the organization and also help formulate the foundation for my research questions. Once I completed this interview I reviewed the literature pertaining to issues that African governments were faced with when trying to implement HIV/AIDS youth prevention programs in Africa. Using the five issues that were identified through the literature review, namely issues concerning teachers, schools, curriculums, financial constraints and poor political will, I was able to create my email questionnaires to the three participants in an attempt to find out how GRS has tried to address these issues. Each email consisted of between eight to twelve questions (See Appendix 1 for interview questions). Furthermore, for each email interview, I sent the same list of questions in an attempt to gain both a personal as well as a well-rounded perspective of GRS. Unsurprisingly, each GRS member has similar answers to each question. However, this

⁵ Director of the GRS venture in Zambia and Botswana.

method was helpful because in some of the responses I receive one-word answers from one respondent while the other GRS members responded more in-depth. Had I only sent these emails to one member I would have risked the chance of not understanding fully that GRS is trying to accomplish.

The next resource was the GRS website (www.Grassrootsoccer.org). The website is structured into six different categories: Introduction to GRS, HIV/AIDS curriculum, Global Issues, United States Involvement, Get Involved, and The Facts. Within each category there are more subsections that gave information about the make up of GRS. The Introduction section outlines why GRS chose Zimbabwe as its pilot study destination and also discusses why Dr. Clark chose soccer as the most effective way to address the epidemic. The HIV/AIDS Curriculum section gives a brief description of the curriculum and breaks down the three components that make up this document. These components are: 1) The 120-page *Coach's Guide* used to train professional soccer players in Africa to speak to school children about HIV prevention; 2) *Extra Time*, a 36-page magazine and workbook used as a guide for peer educators; and 3) The 12-page *Kick AIDS Guidebook* designed to train U.S. college-aged Kick AIDS Ambassadors, who use what they learn to talk to U.S. high school and junior high school Kick AIDS participants about the global HIV epidemic. The Global Issues section gives a brief outline of the impact of HIV/AIDS at the global level and reiterates the point that organizations such as GRS are needed in order to prevent further impacts. The United States Involvement section goes into great detail about the role that the U.S. should play in the fight against HIV/AIDS. Furthermore, it discusses GRS's sister organization in the U.S., KICKAIDS (www.kickaids.org) and its efforts in making young Americans aware of the impact that HIV/AIDS has on young children in Africa. The Get Involved section

introduces the variety of ways for businesses and individuals of any age to get involved with Grassroot Soccer. Lastly, The Facts section lists ten different links to useful HIV/AIDS websites to help the reader gain a better understanding of the general issues surrounding HIV/AIDS. As mentioned earlier, I took the five different issues that governments were struggling with while trying to implement HIV/AIDS prevention programs in Africa, and through analyzing the website I was able to discover ways in which GRS has tried to address these issues.

With respect to the evaluation, in January 2003 Grassroot Soccer hired the Children's Health Council, an affiliate of Stanford University, to conduct an independent summative and formative evaluation of its program. Data were collected from the pilot project in Bulawayo, Zimbabwe in 2003. By analyzing this evaluation I was able to both discover and critique the role that GRS played in improving current HIV/AIDS prevention programs in Africa.

While reliable, the fact that most of the documents and data come from one organization means that there is definitely the possibility that opposing views towards this unique approach may have been filtered out. Furthermore, due to the fact that GRS is a relatively new organization, there have been no critiques of the GRS program of which I am aware. Although the evaluation that was conducted by the Children's Health Council provides somewhat of an outside view of GRS's pilot study in Zimbabwe, the GRS evaluation is only based on a relatively short period of time and therefore only gives the audience a short term idea of what GRS has been able or unable to accomplish.

FINDINGS

To understand GRS's approach to helping improve HIV/AIDS prevention programs, I begin by examining GRS's theoretical framework. In *School-based interventions to prevent unprotected sex and HIV among adolescents*, Kirby (2000) argues that building a program on a theoretical framework contributes to the effectiveness of the program. GRS's program is based on social learning theory devised by Dr. Albert Bandura-a behavioral change psychologist and GRS board member. This theory states that observational learners change their behaviors not only through direct reinforcement of the new behavior, but also by observing other people (role-models) who engage in new behaviors, recognizing the consequences of these new behaviors for other people, and imitating these new behaviors (Huffman and Botcheva, 2004).

Professional soccer players are revered as heroes and role models within the communities where they live, particularly in Africa. Modern behavior change theory states that the use of positive role models can be a significant factor in increasing an individual's self-efficacy, the confidence in oneself to change behavior (Huffman and Botcheva, 2004). For a young person to have the opportunity to interact with their role models face to face and discuss difficult issues related to HIV/AIDS can be a life altering learning experience. Furthermore, Bandura (1977) states that there are certain characteristics that dictate the effectiveness of the observational learning. In the case of GRS, social learning theory focuses on two characteristics, the role model (athlete) characteristics and the learner (student) characteristics. Bandura (1977) believes that some models can be more effective than others in attracting a learner's attention. He adds that in certain cases, a learner is more likely to

imitate a model that is similar to a learner, is rewarded for his/her actions, and has prestige because of his/her possessions and strengths (Bandura, 1977).

Secondly, focusing on the learner's characteristics, observational learning actively involves the student. Bandura (1977) asserts that this form of learning depends on: the learner's motivations; their previous experiences and values; their cognitive processes (e.g. attention, retention, reasoning); and their self-efficacy (i.e., the conviction that one can successfully execute the behavior) (Huffman and Botcheva, 2004).

Having outlined GRS's framework, I now focus on the problems that African governments are faced with and discuss how GRS has tried to address these issues. This section is broken down into five categories: problems involving teachers; schools; curricular; and funding and political will.

ROLE OF TEACHERS

Realizing that most African teachers have very little HIV/AIDS training and the increased need for well-educated HIV/AIDS specialists, GRS has tried to address this issue in three ways. First, by working within this existing structure and by training/educating role models-professional players, coaches and youth players themselves-about HIV/AIDS, GRS has tried to increase the number of HIV/AIDS specialists in an attempt to people's awareness about HIV/AIDS and healthy behavior. For example, prior to the professional athletes entering the schools to teach the GRS curriculum they have to complete an intense one-week training course to make sure they understand the issues and objectives of the GRS program. During this course, GRS educators go through the curriculum that will be used to discuss the programs, objectives and expected outcomes, discuss the activity guides that will

be used during the four classroom sessions, and then discuss the homework assignments that the teachers will give to the students (Huffman and Botcheva, 2004). Decelles states “we first make the coaches participate in the activities and then practice leading them as we help out. Only once the athlete has followed all these necessary steps, will they be allowed to enter the classroom” (Decelles Interview). In addition to this, once the athlete is in the classroom with the students they will have the GRS curriculum, a coach’s guide, and a GRS mentor to help them through the process. Therefore, not only is GRS making sure that the role models are well-educated and comfortable discussing HIV/AIDS, but also provide the necessary guidance and teaching tools to make this happen.

The second aspect of providing teacher training is a program GRS recently launched called the African Teaching Internship for U.S. college students. This internship is often referred as a “Peace Corps for soccer players” (Friedrich Interview). Once accepted, the students (male and female) commit to the program for 6 to 9 months, and are sent to different regions in Africa to assist in the teaching of the Grassroot Soccer curriculum. Through this program, GRS is able to maximize their productivity by bringing in educated individuals to become involved in daily teaching in schools with local professional players and assisting with the evaluation of projects (GRS website).

Lastly, over the past six months, GRS has conducted train-the-trainer exercises for physical education teachers in both Ethiopia and Zambia. Decelles points out that in these countries GRS found physical education teachers to be generally energetic and looked upon as role models in schools (Decelles interview). Therefore, GRS has been able to educate teachers while at the same time working with their social learning theory (role model) framework. Decelles adds that although educating large numbers of teachers makes it

difficult for GRS to monitor and evaluate, the response they have received from the respective governments and physical education teachers shows signs that this could prove to be a successful model.

Another area that needs to be addressed is teachers' reluctance to discuss sex and HIV/AIDS. Indirectly, GRS is able to help address this issue. First, one of GRS's primary objectives is to break the silence on HIV/AIDS. For example, once the students have completed the two-week HIV/AIDS workshops GRS holds a formal graduation for the students involved. The purpose of this graduation ceremony is two-fold: first, it adds a sense of legitimacy to the GRS program, and second, GRS encourages both the role models and children to invite their families and friends to attend. By doing so, GRS is attempting to involve the communities in this venture with the hope that they will become more involved in the education process and encourage communities to become comfortable with discussing the issues surrounding HIV/AIDS. Additionally, GRS hopes that this two-week workshop will empower children to become peer educators, and encourage them to educate their friends and families about the issues surrounding HIV/AIDS. Lastly, by including these well-respected role models in the graduation ceremony, GRS hopes that in addition to promoting the program's marketability, it will enhance its credibility, and increase participatory learning and behavior throughout communities. Zohn compares the impact of role models in these programs as "getting Michael Jordan to go to Harlem to explain how drugs affect teens." People would pay attention. In these countries, soccer stars are hugely famous and locally recognizable-the appearance becomes an event, and a dialog can start on a topic that might usually have stigma or societal barriers against the discussion. Although this does not directly address teachers' reluctance to discuss sex and HIV/AIDS, it increases the overall

awareness and discussion within communities which in turn could make it easier for teachers to openly discuss sex education and HIV/AIDS in the schools.

A third issue that arises is high teacher attrition and absenteeism rates. Due to the short length of the program (only lasts a total of three weeks), and the small number of role models that go into schools at one time (between five and ten), GRS tries to make sure that the athletes attend every session. Furthermore, GRS works collaboratively with the soccer players and the teams to make sure the program fits in with their schedules. The key aspect of this issue is establishing a solid relationship with both the players and the teams. As mentioned earlier, numerous members of the GRS organization played professional soccer in Africa, and during those times they were able to form a solid relationship with the players and teams. Decelles states that it is important to work with the clubs, finding out what works for them, and basing the program around their schedules. In programs such as GRS, it is not about enforcing rules and guidelines, but rather finding a method that works effectively for all parties (Decelles interview). Lastly, while GRS is not directly able to reduce these high death and attrition rates, by increasing awareness within schools and communities and making people realize the impact that HIV/AIDS has on education as a whole, the hope is that important members of society realize and acknowledge the need to change their lifestyles.

ROLE OF SCHOOLS

One major concern surrounding the role of schools is their failure to enforce strong ethical policies. While GRS cannot force schools to improve their ethical policies, they lead by example by condemning any inappropriate actions. When sexual abuse was discussed with Dr. Clark, he stated that although there is no way to fully control this, GRS strictly addresses the issue with the athletes during the one-week training course. GRS is very conscious of the children's well-being, their own reputation and the reputation of those athletes who choose to participate. Furthermore, acknowledging that this does happen in schools, GRS has preferred to try and conduct their program when the school teachers are not in the classrooms. Dr. Clark reiterates the point that there is always GRS staff with the role models thus making sure that no coach or trainer is ever left alone with a student (Clark Interview). Therefore, if schools and governments were to make a serious effort to address any sexual abuse cases, this would give GRS more freedom and comfort to work with the schools and students.

CURRICULUM ISSUES

Another serious concern with which governments and education ministries are faced is curriculum overload. Governments have struggled to figure out when and how is the best way to incorporate HIV/AIDS into the curriculum. In addition providing HIV/AIDS specialists in the form of role models, GRS has gone one step further and in June 2003, following extensive consultation with the United States Centers for Disease Control and Prevention, behavioral scientists, and educational consultants, launched its own unique activity-based curriculum. GRS has designed a behavioral change curriculum that focuses on basic life skills that help young people adopt healthy behaviors and live risk-free. This

program is implemented through a series of “interactive games, activities, and discussions” that allow “students [to] gain a tangible understanding of core messages and develop skills necessary for sustainable behavior change” (GRS Website). Not only does this program help educate young children about the seriousness of HIV/AIDS, but the hope and intention is that “youth are then empowered to educate their friends and peers about the healthy behaviors they have learnt” (GRS Website 2003).

The GRS curriculum is based on three main principles: student knowledge, communication and attitudes. Firstly, student knowledge focuses on increasing one’s understanding of HIV/AIDS and discussing ways to protect each student from the virus. As a result of the myths surrounding the virus, GRS educates the professional athlete to make sure that they are able to discern fact from fiction. According to the GRS curriculum, the second component of student knowledge is to increase students’ awareness of available HIV/AIDS community services. With respect to student communication and attitudes, the objective is to increase students’ abilities to speak openly about HIV/AIDS with peers, families and others. Another component is based on improving their recognition of HIV/AIDS-related negative attitudes. Lastly, to understand and change their own negative attitudes about people who have HIV/AIDS, students are taught to identify actions that can be taken to benefit people who have HIV/AIDS and developing and delivering their own HIV/AIDS intervention messages to schoolmates, friends and family members (GRS Curriculum). This educational intervention curriculum uses highly innovative action-orientated approaches, such as warm-up games, role-plays, discussions, and brainstorming activities. The GRS requires “active participation and creates a safe, ‘team-based’ environment in which participants can share their feelings, beliefs, and ideas about HIV/AIDS” (GRS Coach’s Manual).

Furthermore, Friedrich was quick to add that GRS prides itself on the simplicity of its curriculum. He states, “We have tried to simplify our message as much as possible; the last thing we want is a bible-sized curriculum that the trainers are slaves to” (Friedrich interview). To make the learning process even more simple, and due to the fact that a significant percentage of African students and mentors struggle to effectively read and write, GRS is working with Johns Hopkins University to devise drawings in collaboration with the curriculum.

FINANCIAL CONSTRAINTS

In a time when funds are low, governments continue to struggle to provide teacher training, materials, and research to improve school-based HIV/AIDS prevention programs. As a result, NGOs such as GRS have taken it upon themselves to try and improve these situations. Considering GRS’s relatively short existence, they have been quite successful in receiving aid which has helped their program grow. For example in February 2003, GRS received \$70,000 over one year from the Bill and Melinda Gates Foundation, and after the GRS evaluation was completed in 2004, the Gates Foundation increased their donation to \$500,000 over three years (GRS website). In addition, Nike recently donated 5,000 soccer balls which go towards the Zambia projects later this year. Unlike many NGOs that are unable to continue to remain financially stable, GRS has created a diverse financial portfolio which focuses on long term sustainability. GRS have diversified their funding sources by “utilizing its affiliations with the soccer community to capitalize on interest from various revenue sources” (GRS website). GRS will generate revenue differently for each of its major operational divisions. GRS's education and prevention programs will be funded by a mix of contracts from other organizations, foundation grants, corporate partners, and individual

donations (GRS website). Lastly, GRS anticipates the following mix by the year 2007: foundations (50 percent), corporations (20 percent), individual donations (10 percent), and contracts (20percent) (GRS website). Unlike governments where finances need to be distributed across numerous different sectors, GRS can put all their finances towards the one common goal of “mobilizing the global soccer community in the fight against HIV/AIDS” (GRS website).

Another issue that needs to be discussed is the lack of solid infrastructures in Africa to help support constructive learning. As a result, GRS has employed a simple approach which allows them to adapt quickly and effectively to a variety of circumstances. Dr. Clark affirms that “we can operate our own programs in a variety of places or by building deliberately upon existing infrastructures such as those run by large university and other NGO programs. Soccer itself provides a natural infrastructure, with clubs in every town, village and school around the world that can adopt elements of the GRS program”.

Having addressed these issues, the next important step is to discuss the actual impact that GRS has had in certain countries. In January 2003 Grassroot Soccer hired the Children's Health Council, an affiliate of Stanford University, to conduct an independent summative and formative evaluation of its program. Data were collected from the pilot project in Bulawayo, Zimbabwe in 2003. Under the guidance of Dr. Luba Botcheva and Dr. Lynn Huffman from the Children's Health Council Outcomes Research Consulting Service, the official evaluation was published in August 2004. As stated on the GRS website, the objectives established for this evaluation were:

- (1) to assess the impact of the program on student knowledge, self efficiency 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 a 5-month period; and,

- (3) to determine student and teacher behavior about the program and their ideas about program improvement (Huffman and Botcheva, 2004).

Furthermore, data were collected through use of a specifically developed survey, that 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 (Huffman and Botcheva, 2004). 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 (Huffman and Botcheva, 2004).

The evaluation findings indicate that (Hoffman and Botcheva, 2004):

- The program significantly improves student knowledge, attitudes and perceptions of social support related to HIV/AIDS.
- These positive changes, with few expectations, are sustained over a 5-month period.
- Students were very satisfied with the program, and intend to use the knowledge learned, and report that they actually use knowledge learned after five months.

As a result of these positive findings and increased funding, GRS has expanded its projects into Ethiopia, Zambia, and most recently Botswana. In Zimbabwe in 2003, GRS trained 15 professional athletes to become peer educators who reached over 1,500 young people by organizing and running two-week sessions as after-school programs (GRS website). GRS has begun to consult with other NGOs in these respective countries in an attempt to get these NGOs to incorporate the GRS model into their organizations. In partnership with Johns Hopkins University and the Ethiopian Ministry of Education, GRS has launched a project in Ethiopia which is expected to reach more than 1 million students over the next 3 years (GRS website). Additionally, in 2005, GRS launched projects in Zambia partnering with local

communities and focusing on three refugee camps. GRS has initiated actions towards working in Botswana in the coming months. Lastly, GRS will be working in collaboration with an NGO based in the U.S. known as KICKAIDS (www.kickaids.org), which focuses on educating young Americans about the impact that HIV/AIDS has on people in Africa and also raising funds to help support organizations such as Grassroot Soccer (GRS website).

Although GRS is a relatively young organization, the literature suggests that they may become an important player in trying to improve existing HIV/AIDS prevention programs. However, having pointed this out, there are also a few problems that GRS is faced with that need to be addressed in order to improve their overall effectiveness.

DISCUSSION

GRS has its strengths and its limitations. In this discussion I will discuss GRS's limitations and the steps they will need to take in order to try to address these issues. This section will be discussed in five parts: Teacher involvement, length of program, gender issues, professional athlete involvement, and relationship with governments.

TEACHER INVOLVEMENT

One has to speculate what GRS has done to involve and educate the actual school teachers while at the same time educating athletes and children. In an attempt to stick with their social learning theory model, GRS has only educated teachers that they believe are role models in the community. While this model has its strengths, there is the concern that regular teachers will never benefit from this program. Furthermore, in the evaluation done by the Children's Health Council, one of the evaluation's findings indicates that the teachers in the schools were satisfied with the program, but would like to be more actively involved in the educational process (Huffman and Botcheva, 2004). Although GRS's focus is on educating youth about HIV/AIDS, in order to have a long-term effect it will need to include the school teachers in the educational process. GRS needs to realize that many teachers are soccer fans also, so shouldn't GRS be able to train teachers to be better AIDS prevention instructors? I argue that the long-term benefits of this type of teacher training program will greatly improve the current HIV/AIDS prevention programs. Instead of GRS' having to enter schools each year to educate new groups of 7th graders, the role models could spend more time educating the teachers in the schools. As a result, teachers will be included in the learning process and eventually be prepared with the necessary knowledge and tools required to educate their students. However, both governments and schools play an important role in

this activity as they are the ones responsible for making sure children feel safe and are well supported in a school environment. To be more specific, if governments and schools do not clamp down on issues such as sexual abuse, GRS's attempts to educate teachers would be pointless.

LENGTH OF PROGRAM

As mentioned in the findings section of this paper, the actual time that the professional athletes spend with the young students is limited-- they meet twice a week for two weeks. Therefore, one has to question the long-term effects of these sessions if the students are only exposed to these issues for such a short period of time. In an evaluation completed by the Children's Health Council, researchers Huffman and Botcheva address this issue. To examine the long-term effects, the evaluation consisted of a pre- and post-test data collection from intervention and control group and then followed up with a five-month follow-up evaluation. The report concluded that the students were still using the knowledge learned after five months (Huffman and Botcheva, 2004). The two major findings indicated that the positive changes, with few exceptions, were sustained over a five-month period, and students were very satisfied with the program and intend to use the knowledge learned, and report that they actually used knowledge learned after five months (Huffman and Botcheva 2004).

Furthermore, when asked about the length of the program, Dr. Clark stated, "it's a questions of time and impact. If we could spend two years with a group we would, but the cost benefit goes down and the opportunity to impact others goes way down. Our evaluation showed that in general lessons learned were retained after five months" (Clark Interview). However, in an article published by the International Academy of Education, IAE assert that

for school-based education to be effective, it must not be based on a quick fix approach. Furthermore, experience with successful programs suggest that spending at least four hours in a classroom over a period of time is essential to achieving even a minimal impact on student knowledge, attitude and behaviors (IAE, 2005). Subsequently, ten to 14 sessions should provide positive results. Decelles adds that as GRS continues to grow and the schools become more actively involved in the program, there is the possibility of increasing the length of the program. For example, in Ethiopia, the purpose of educating the Physical Education teachers was so that instead of the children only partaking in a two-week course, these PE teachers could teach the curriculum to them over an eight-week period (Decelles Interview). Having said this, there is a definite need for GRS to gather data from projects like the one in Ethiopia to discover whether more time equals better knowledge, behavior and attitude.

GENDER ISSUES

In *A review of studies of sexual behavior of school students in sub-Saharan Africa*, Kaaya et al. (2002) state that HIV/AIDS prevalence rates in Africa are higher among females than males. As soccer is a male dominated sport, one has to question whether or not soccer is the right tool to address HIV/AIDS in Africa. As stated on the GRS website, “Soccer is an integral part of local cultures across the world, something so positive that it brings smiles to children's faces even in the worst of circumstances. In most places around the world simply arriving at a field with a soccer ball will gain you instant friendships and immediate access into a local culture. By using soccer role models to get the message out about healthy behavior and the risks of HIV/AIDS, we believe that we can dramatically increase awareness, change behaviors, and turn the tide against AIDS” (GRS website). Discussing the

gender issue, Dr. Clark points out that “GRS’s focus is not on boys as 50 percent of all our participants are girls. In addition, GRS has three women’s Zimbabwean national team players as part of our core staff. These role models are very important for young women who have few role models in today’s society” (Clark Interview). While Clark emphasizes the importance of women roles models in the fight against HIV/AIDS, GRS still needs to find other female members in society that are looked upon as role models. Therefore, what needs to change in order to get more females involved in the program? One option would be to choose another sport or industry where women are viewed as role models. Therefore, GRS would need to do research within each country in order to discover these female role models.

PROFESSIONAL ATHLETES’ COMMITMENT

One area of concern is the commitment level of the professional athletes. Decelles states that the key aspect here is establishing a solid relationship with both the players and the teams. As mentioned in a previous footnote, numerous GRS members played professional soccer in Zimbabwe and therefore have formed a solid relationship with the players and teams. However, as GRS expands into other regions of Africa, they will not have these types of connections and this will make it harder for professional athletes to commit their time and effort to this program.

Furthermore, due to the rigorous schedule of being a professional athlete, there is concern surrounding how committed these athletes are to the program. How are these athletes able to balance their professional careers with helping educate the youth in their respective countries? The general consensus among the members of GRS is that the athletes enjoy being a part of the programs. Realizing the impact that HIV/AIDS has on the communities, this program gives the role models a chance to become educated about HIV/AIDS, while at the

same time improving the lives of young children in their respective communities. In terms of time commitment, the main issue is trying to work with athletes' schedules. On one hand it is convenient because athletes have relatively more free time between training sessions and games, yet at the same time they have very unpredictable schedules. While GRS has worked hard to form solid relationships with both the players and their respective teams, the unpredictability will continue to be an issue of concern.

RELATIONSHIP WITH LOCAL GOVERNMENTS

While GRS has been relatively effective in a short period of time, the key to their success lies in their relationship with local governments. For example, in Zimbabwe, GRS has helped improve HIV/AIDS education in a small region, yet due to the fact that the government does not commend the role of NGOs, GRS has been unable to expand into other communities. While most African countries realize the need for help, Zimbabwe is proof that without government support, a NGO can only do so much.

Decelles points out that in Ethiopia, Zambia and Botswana, the governments have been overwhelmingly supportive of GRS. As a result, Decelles has been able to work closely with the government and communities to find the most effect way to implement the GRS program. In programs such as GRS, it is not about enforcing rules and guidelines, but rather finding a method that works effectively for all parties. Decelles adds, "GRS tries to diversify their program so that it fits in with other nongovernmental organizations, government, and faith-based approaches. Although this is no easy feat, the challenge is getting easier as we continue to build credibility in Africa" (Decelles interview). GRS wants to work with anyone that is interested in the same collective goal, but can only do so much if there is no support from the local governments.

CONCLUSION AND FUTURE RESEARCH

HIV/AIDS is rapidly killing Africa's children. As there is no cure, education and prevention programs will continue to be the next best option. Using a qualitative approach to understand the complexity of providing effective HIV/AIDS prevention programs for youth in Africa, I made the following arguments in this paper: HIV/AIDS is a problem that governments cannot address by themselves and therefore desperately need help from organizations like GRS; GRS may have a positive impact on children and communities by improving upon existing HIV/AIDS prevention youth programs in countries such as Zimbabwe, Ethiopia, Zambia and Botswana; to achieve long term success, GRS will have to continue to work closely with communities, schools and governments while at the same time focusing more of their time and research addressing issues such as gender and the incorporation of school teachers into the program.

With respect to teacher training, there is an indication that due to the enormity of the problem, both governments and GRS can play an active role in providing training. Teacher training is critical for long-term development. Furthermore, Gatwa (1995) and Gachichi (1999) believe that in addition to training, there needs to be sufficient support from the government and communities to motivate them to apply their new knowledge and skills. By gaining community support, which can often come as a result of working with NGOs, teacher will not be viewed in isolation from the larger community.

In terms of curriculum issues, if governments continue to struggle to find ways to incorporate HIV/AIDS into their national curriculums, there may be an increased need for NGOs like GRS to provide their own curriculum and programs. Yet the key issue here is to make sure that governments are not passing off the responsibility to GRS and expect them to

provide all the HIV/AIDS education. Therefore, as mentioned earlier, GRS will need to make sure they work collaboratively with schools and governments instead of replacing the school-based curricula.

It is obvious that HIV/AIDS places a heavy strain on government budgets. Therefore, it is important for developing countries to ensure that whatever money is available for the education sector is being used as effectively and equitably as possible. Governments will have to decide whether it is cost effective to provide funds to organizations such as GRS or to use the money to try and implement their own programs. Yet, when governments provide funds to NGOs this normally results in NGOs having to change certain aspects of the program in order to meet government objectives. In the case of GRS, they do not receive funding from governments as they do not want governments to set guidelines around their flexible and diverse program. For example, in Ethiopia, GRS agreed to train the physical education teachers only if the government agreed to use the GRS curriculum. By having a respectful relationship with governments such as Ethiopia, GRS is able to further market their curriculum while at the same time educate over 100 teachers. Therefore, GRS and the respective governments need to work together to find the most cost effective way to provide HIV/AIDS prevention programs.

As with any research, there are limitations to this study that point in the direction to areas for future research. First, the majority of my data analysis is based on interviews from GRS staff or documents from the GRS website. Second, one needs to take into consideration that fact that GRS is a relatively new organization. As a result, there is very little research that exists surrounding this type of alternate approach to educating youth about HIV/AIDS. However, there are a few other NGOs that use sport as a tool to educate youth. Future

research could focus on a comparison between these different types of sports approaches and discover which programs are the most effective and where they might learn from each other.

Another area for future research might focus on gender issues. Due to the fact that women's soccer is not popular in Africa, are these women's Zimbabwean national team players viewed as role models to girls? Are girls and boys being taught about HIV/AIDS in the same classroom/environment or are they taught separately? Does it matter? What other types of role models can be used to help educate girls? Does there have to be a focus on sports? What does GRS need to change in order to increase female participation and reach female students effectively?

Due to the fact that many teachers also view these professional athletes as role models, should GRS diversify its program even more in order to educate teachers? What does GRS need to change in order to involve teachers in the learning process? Will the social learning theory have as strong of an impact on teachers as it does on children?

Last, one could focus on addressing different issues that may arise during the evaluation process. To be more specific, these studies would answer questions such as: Has community involvement collaboration increased as a result of GRS involvement? To what degree is GRS actually effecting behavior change in youth, as opposed to just spreading knowledge? How effective are these GRS teachers? What effect does serving as role model have on professional and coaches who participate as educators?

There is enormous potential for GRS to play a major role in the effort to combat HIV/AIDS. In order for GRS to perform at their full potential, they will need support from governments, schools and local communities. I hope it will be possible to find many examples from Africa in the coming years of ways in which governments and NGOs-if not

always hand in hand, at least in discussion with each other-will find ways to confront and change the worst aspects of the spread of HIV/AIDS.

REFERENCES

- Arnold, D (1997). Sex, State and Social: Sexually Transmitted Diseases and HIV/AIDS in Modern India. Westport, Connecticut: Greenwood Press.
- Bandura, A. (1977). Social Learning Theory. New York: General Learning Press.
- Barnett, E. K. de Koning, et al. (1995). Health and HIV/Aids Education in Primary and secondary schools in Africa and Asia. Overseas Development Administration, Education Resource Group. (1995)
- Barnett, T. A. Whiteside. (2002). AIDS in the twenty-first Century. New York, NY: Palgrave MacMillan.
- Brown, L. D. Korten. (1989). The role of voluntary organizations in development. Concept paper prepared for the World Bank.
- Bundy, D (2003). Accelerating the Education Sector Response to HIV/AIDS in Africa: Lessons Learned from 24 Countries. World Bank.
- Clark, T (2005) Interview.
- Decelles, J (2005) Interview.
- Finger, B. M. Lapetina, et al. (2002). Intervention strategies that work for youth. Family Health International.
- Finger, B. T, James-Traore, et al (2004). Teacher Training: Essential for school-based reproductive health and HIV/AIDS education. Family Health International.
- Friedrich, K (2005). Interview.
- Gachuhi D, 1999. The impact of HIV/AIDS on education systems in the Eastern and Southern Africa Region, and the response of education systems to HIV/AIDS: Life Skills programmes.
- Gallant M and Maticka-Tyndale E. (2004). School-based HIV prevention programs for African youth. *Social Science & Medicine*, 2004, 58(7): 1337– 1351.
- Grassrootsoccer Curriculum (2003).
- Haignere, C (1996). Teachers' receptiveness and comfort teaching sexuality education. *Journal of school health*. New York, HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute.

Huffman, L., L. Botcheva (2004). HIV/AIDS Education Program: An Intervention in Zimbabwe. Stanford, The Children's Health Council.

Kaaya, S., A. Fisher, et al. (2001). School-based sexual health initiatives in sub-Saharan Africa: A review. *Social Dynamics*, 28, 64-88.

Kinsman, J., J. Nakiyingi, et al. (2001). Evaluation of a comprehensive school-based HIV education program in Uganda. *Health Education Research*, 16, 85-100.

Kirby, D. (2000). School-based interventions to prevent unprotected sex and HIV among adolescents. In J.L. Peterson & R.J. DiClemente (eds), *Handbook of HIV prevention*. New York: Plenum.

Mercer, M., L. Liskin, et al. (1991). The role of non-governmental organizations in the global response to AIDS. In *AIDS Care*, 3 (3): 265-270.

Ragon, B. (1995). The effect of a single affective HIV/AIDS educational program on college student's knowledge and attitudes. *AIDS education and Prevention*.

Schnecker, I. (2001). New Challenges for School AIDS Education with an Evolving HIV Pandemic. *Prospects* (Paris), vol. 30, no. 3, p. 415-34.

UNAIDS (2004) Global summary of HIV and AIDS epidemic in 2004. UNAIDS.

UNESCO (2001). Institutional Response to HIV/AIDS- What Works? UNESCO.

Williams, B. E. Gouws, et al (2000) Where are we now? Where are we going? The Demographic Impact of HIV/AIDS in South Africa. *South African Journal of Science* 96: 297-304.

World Bank (2002). Education & HIV/AIDS: A Window of Hope.

World Bank (2003). Blunting the spread of HIV/AIDS through education.

www.foreignaid.com/NGOCertification

www.grassrootsoccer.org

www.hrw.org

www.intlacademy.com

<http://www.moesc.gov.zw/hivprog.html>

www.teacherswithoutborders.org

http://www.unicef.org/lifeskills/index_8761.html