

LOCAL AND NATIONAL HEALTH ADVANCEMENT USING THE POWER OF  
SPORT IN SOUTH AFRICA

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## 2 Abstract

South Africa currently suffers greatly from disease and poverty. In particular, the country has a remarkably high prevalence of HIV/AIDS. This study looks at how the popularity of sport is being used to combat these social and health concerns. Many believe the power of sport is one means by which educational messages can be communicated to the public. Over a period of one month, three different sports related non-governmental organizations (NGOs) were examined. Two of the organizations, PeacePlayers International, which uses basketball to teach HIV/AIDS education and personal development, and loveLife Games, which uses sport to attract youth to their health education programs, were observed in Durban. The third organization, Grassroot Soccer, which integrates soccer and HIV/AIDS education into a game-oriented curriculum for youth, was observed in Port Elizabeth. On an international level, this study examines how sport is being used for the achievement of national development goals.

The effectiveness of the NGOs at communicating educational messages was examined using interviews, observations, and focus group discussions. Formal interviews were used to discuss the programs with trainers, coaches, and administrators. Participation in programming events added to observations. Two focus group discussions were organized to receive feedback from Grassroot Soccer youth participants. Media publications were used to learn of international and national efforts for development through sport.

In all of the NGOs, it was found that sports create an excitement that facilitates learning. Therefore, the NGOs are able to reach youth otherwise uninterested in the educational programs. On a larger scale, there have been recent international and national efforts to promote health education through sport. In a similar manner, South Africa is hoping to direct the enthusiasm for hosting the FIFA World Cup 2010 toward health development and advancement.

### **3 Methodology**

This study is a hybrid of a social analysis and a practicum. Two weeks were spent with the Grassroot Soccer organization in Port Elizabeth, South Africa. During this time a great deal of information was gathered by observing the daily activities of the organization. In addition, formal interviews were conducted with coaches, trainers, and administrators. For a list of interview questions, please refer to Appendix D. On the 17<sup>th</sup> of November 2007, the Grassroot Soccer organization hosted a Volunteer Counseling and Testing Tournament called “Kick ‘n Test”. During this event, two focus group discussions were conducted with participants.

In Durban, participation and observation of PeacePlayers International events benefited the study. In addition, formal interviews were conducted with PeacePlayers International staff. Finally, a formal interview with a worker of the loveLife Games was held.

In each organization, the coach and staff were asked about their intentions in running the program. Their opinions of the overall efficacy as well as shortcomings of the program were also discussed. When possible, the youth participants were questioned as to their opinion of the program. A main aspect examined in this study is the participant’s retention of knowledge during the program.

During all interviews, the intentions and goals of the project were fully explained. The names of interviewees have been included in this study only when verbal consent was granted. Organization administrators approved all interview questions and permission was gained before interviewing any youth participants. Any information gathered that could possibly cause harm to an individual or organization was left out of the report.

Secondary sources were used to complement primary data gathered throughout the study. In particular, secondary sources were used for background information on the organizations. Additionally, secondary sources provided empirical findings regarding the effectiveness of certain sport development programs. When examining the international and national efforts to promote the advancement of health through the use of sport, most information came from media sources.

## 4 Introduction

Poverty and disease often come hand-in-hand. Of the 47.4 million people living in South Africa, approximately 5.5 million are living with HIV. 240 000 of those 5.5 million are children aged 0 to 14 years of age. In addition, 34.1% of the population is living with less than US\$2 a day.<sup>1</sup> The link between poverty and HIV/AIDS creates a cycle in which one fuels another. Poverty creates vulnerability, placing people in high-risk situations without access to health information and preventive interventions. Many people suffering from poverty lack access to health care and live without control over life choices. Thus, poverty can lead to illness. On the other hand, illness such as HIV/AIDS leads to a loss of income, high health care costs, increased dependency ratios and lower productivity, fueling poverty.<sup>2</sup> This cycle is one in which far too many South Africans find themselves.

The high prevalence of disease has left 1.2 million children 0 to 17 years old orphaned in the country.<sup>3</sup> Unfortunately, only 21.0% of HIV-infected men and women receive antiretroviral therapy due to factors such as poverty, lack of education, inaccessibility, and the stigma of AIDS.<sup>4</sup> Decreasing poverty and disease in South Africa is a daunting and overwhelming task. Nevertheless, there is a plethora of organizations filled with people dedicating themselves to chipping away at these problems.

It is impossible to combat poverty and disease without addressing changes in lifestyle. By promoting education, health, development, and peace, it is hoped that people will live with an overall better lifestyle. As a result, the amount of poverty and disease will decrease in South Africa. One way in which to promote this change in lifestyle is through sport. The power and popularity of sport, coupled with its universal language, makes it the ideal tool through which to communicate. According to the

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<sup>1</sup> UNAIDS. "Country Situation Analysis". 6 November 2006.

[http://www.unaids.org/en/Regions\\_Countries/Countries/south\\_africa.asp](http://www.unaids.org/en/Regions_Countries/Countries/south_africa.asp).

<sup>2</sup> Colvin, Mark. "Current Controversies in HIV & AIDS in South Africa". PowerPoint Presentation. School for International Training: Glenmore, Durban. 2006.

<sup>3</sup> UNAIDS. 6 November 2006.

<sup>4</sup> UNAIDS. 6 November 2006.

Federation Internationale de Football Association (FIFA), “there is a substantial need for raising awareness, for education and prevention that can only be mastered by simple messages transmitted by a channel that reaches the whole population without difficulty.”<sup>5</sup> Sports may be that channel.

Institutions such as the United Nations have recognized the usefulness of sport in the pursuit for development. At the World Sport’s Forum in March 2000 Louise Frechette, the UN Deputy Secretary General, stated that,

The power of sports is far more than symbolic. You are engines of economic growth. You are a force for gender equality. You can bring youth and others in from the margins, strengthening the social fabric. You can promote communication and help heal the divisions between people, communities and entire nations.<sup>6</sup>

Later, in November of 2003, “The General Assembly of the United Nations adopted a resolution affirming its commitment to sport as a means to promote education, health, development, and peace and to include sport and physical education as a tool to contribute towards achieving the internationally agreed development goals, including those contained in the United Nations Millennium Declaration.”<sup>7</sup> Therefore, the potential for sport to be used as a conduit for educational messages has been recognized. Currently, local, national and international organizations are putting the idea of “sport for development” into practice.

Africa, in particular, is saturated with a love and passion for the sport of soccer. FIFA states that the overwhelming popularity of soccer on the continent can be attributed to the following reasons: In view of scarce resources, soccer can be played everywhere at anytime without the need for expensive equipment and it does not require any exceptional skills to be enjoyed.<sup>8</sup> The popularity of soccer within South Africa and Africa as a whole can be incredibly valuable in the promotion of health education. “Football is the ideal tool to transmit educational messages on the most prevalent

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<sup>5</sup> FIFA. “Football for Health: Strong FIFA Message to Africa”. 6 February 2007. Accessed 12 October 2007. [www.fifa.com](http://www.fifa.com).

<sup>6</sup> Coalter, page 342.

<sup>7</sup> Commonwealth Advisory Body on Sport. Report. Penny Crisfield Apolinaire Consultancy Associated Ltd. January 2006.

<sup>8</sup> FIFA. 6 February 2007.

diseases in Africa. It reaches the young to the elderly, the male and the female, the rich and the poor. We should start to actively use this unrivaled advantage to improve not only football, but public health today.”<sup>9</sup>

In 2010 South Africa will become the first African country to host the FIFA Soccer World Cup. The occasion to host the World Cup provides South Africa with the opportunity to use the common language of soccer to unite a nation made up of 11 national languages and numerous cultures. As a united nation, the population can begin to battle poverty and disease. “The hosting of the 2010 Soccer World Cup provides South Africa with a once-in-a-lifetime opportunity to combine the influence of high profile players to help raise awareness of the health issues that are taking such a horrific toll on this part of the world.”<sup>10</sup>

South Africa will not be acting alone in its effort; the country has international support to use soccer and other sports for the promotion of health education. FIFA, which is promoting soccer “...as a health-enhancing leisure activity, also improving social behavior,” believes that “...we really can make a difference if we use the power of football for prevention of some of the most challenging diseases – far beyond 2010.”<sup>11</sup>

The international and national support of “sport for development” only strengthens and emphasizes the efforts made by non-governmental organizations (NGOs). Although national efforts to use sport for development are investigated in this study, the focus of the study looks at the work done by grassroots NGOs. A majority of national and international work remains in legislature, with events and happenings yet to be seen.

#### **4.1 Organization Background Information**

Below is background information and a description of three different NGOs investigated in this study. Each is using sport in order to promote health education.

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<sup>9</sup> FIFA. 6 February 2007.

<sup>10</sup> Tucker, Timothy. “Unlocking the potential of soccer to help educate vulnerable communities on important health issues”. 22 June 2007. Accessed 22 October 2007. [www.ais-africa.co.za](http://www.ais-africa.co.za).

<sup>11</sup> FIFA, 6 February 2007

### 4.1.1 Grassroot Soccer

*Grassroot soccer is an international non-profit organization whose mission is to mobilize the global soccer community in the fight against HIV/AIDS. Using the power of soccer in the fight against HIV/AIDS, Grassroot Soccer provides African youth with the skills and support to live HIV free.*<sup>12</sup>

Grassroot Soccer began in Zimbabwe during January of 2003 and has now spread throughout Southern Africa. In South Africa, there are three cities: Bloemfontein, Cape Town, and Port Elizabeth currently running Grassroot Soccer programs. The Grassroot Soccer Coaching Guide states the goal of the organization is “to create a positive and trusting environment for participants and coaches to learn, teach, discuss sensitive issues and to feel free expressing opinions and asking questions.”<sup>13</sup>

By working through schools, the curriculum targets 10-18 year olds during 8 weeks, or approximately 12 hours, of programming.<sup>14</sup> The game-based curriculum “creates a fun, friendly and safe environment in which youth can share their feelings and beliefs about HIV/AIDS, increase their knowledge, and develop healthy attitudes and behaviors concerning HIV/AIDS.”<sup>15</sup> A team of researchers and professional soccer players originally assembled the curriculum. Since then the program continues to improve due to feedback from several HIV/AIDS prevention organizations such as the US Center for Disease Control and Prevention and the Matabeleland AIDS Council.<sup>16</sup>

Grassroot Soccer coaches, usually professional soccer players or South African young adults, present the curriculum in approximately 2-hour sessions during the school day. A typical session includes an energizer or icebreaker, a Grassroot Soccer educational game (for an example, see Appendix A), and a soccer match. Health education is primarily taught during the Grassroot Soccer game. In addition, the student is asked to complete homework referring to the health lessons of that day. If a student

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<sup>12</sup> Grassroot Soccer Coach’s Guide. 2006, Page 21.

<sup>13</sup> Grassroot Soccer Coach’s Guide. 2006, Page 24.

<sup>14</sup> Jefferson-Dow, Benjamin. Grassroot Soccer Field Intern. Conversation. 9 November 2007.

<sup>15</sup> Grassroot Soccer Coach’s Guide. 2006.

<sup>16</sup> Clark, *et al.* “An Adolescent-targeted HIV Prevention Project Using African Professional Soccer Players as Role Models and Educators in Bulawayo, Zimbabwe”. *AIDS and Behavior Journal*, Springer Science and Business, Inc. June 2006.

was present at all sessions and all homework was completed, the student participates in the program graduation at the end of the course.

#### **4.1.2 PeacePlayers International**

*PeacePlayers International – South Africa (PPI-SA) is using the sport of basketball as a tool to grab the attention of the youth involved in our program, and in turn provide them with valuable life skills information, necessary to leading long and healthy lives. PPI-SA is breaking down racial barriers, educating children about health issues, and providing alternatives to crime. It is investing in young South African adults in the kwaZulu-Natal province to serve as role models in order to positively effect change and to strengthen their communities.<sup>17</sup>*

PeacePlayers International accomplishes health and community development through the use of basketball. In the PPI-SA Schools Program, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade boys and girls in schools from the city, suburbs, townships, and rural areas participate in PPI programming twice a week. There is a special effort to create teams with students from different schools for basketball games. “For many of these children, these events have provided the first opportunity for meaningful interaction with children of a different race and, in many cases, their first experience in a township, suburb, or rural area.”<sup>18</sup> The program has made a special effort to reach rural areas. Since 2004, PPI-SA has worked in the rural areas, Molweni and Umbumbulu, working with 1500 grade 6 and 7 boys and girls.<sup>19</sup>

The program teaches life skills through the use of young South African adults who act as peer mentors and role models “...educating thousands of children about HIV/AIDS and other critical health and social issues by using an innovative and alternative methodology.”<sup>20</sup> The Leadership Development Program (LDP) extends PPI-SA’s reach to older children who have graduated from the primary school program and want to remain involved. In the LDP, many children develop the leadership skills necessary to become coaches.

Since December 2000, PeacePlayers International-South Africa has:

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<sup>17</sup> PeacePlayers International. Accessed 13 October 2006. [www.peaceplayersintl.org](http://www.peaceplayersintl.org).

<sup>18</sup> PeacePlayers International. 13 October 2006.

<sup>19</sup> PeacePlayers International. 13 October 2006.

<sup>20</sup> PeacePlayers International. 13 October 2006.

- Taught the game of basketball to over 25 000 children from the city of Durban, its suburbs and its surrounding townships
- Actively involved 7 000 10-14 year old boys and girls from 60 schools who participate in inter-community leagues, life skills clinics, court launches, tournaments and clubs
- Trained and employed 200 young South Africans to serve as coaches and youth mentors
- Built 45 outdoor basketball courts each of which is affixed with HIV/AIDS awareness messages
- Held 11 tournaments each involving over 2 000 children
- Developed and implemented a program-wide HIV/AIDS awareness initiative in partnership with Harvard University's School of Public Health and the University of kwaZulu-Natal <sup>21</sup>

#### **4.1.3 loveLife Games**

*LoveLife aims to introduce sport and develop interest and skills of underprivileged children who may not otherwise have the opportunity to play organized sport and instead turn to 'risky' behaviors that make them vulnerable to HIV infection. As in all loveLife programs, HIV prevention messages are integrated into the sporting activities.*<sup>22</sup>

LoveLife is a multi-media campaign with nationwide community-level outreach and support programs for youth. The main goal of loveLife is to reduce the number of new infections of HIV.<sup>23</sup> It hopes to do so by helping kids create goals. Mtu Zulu, who works with loveLife Games, insists that sports encourage the development of ambition. By introducing sports to the youth, it helps them focus on aspirations. Mtu Zulu continues, "Goals help prevent teenage pregnancy and drug abuse."<sup>24</sup>

LoveLife Games works within the school system and school schedule. As often as the school allows, the peer educator uses sport to create a fun and trusting atmosphere

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<sup>21</sup> PeacePlayers International. E-Newsletter, July/August 2007.

<sup>22</sup> "Promoting Sport and HIV Prevention". 12 September 2007. Accessed 22 November 2007. [www.unaids.org](http://www.unaids.org)

<sup>23</sup> Zulu, Mtu. loveLife Games Associate. Formal Interview. Glenmore. Durban, South Africa. 21 November 2007. 10 30.

<sup>24</sup> Zulu. 21 November 2007.

that facilitates conversation and discussion. At every opportunity available the peer educator attempts to pass a message on to the kids. Depending on the curriculum at the time, the youth could be learning one of many life skills. For example, the Motivational curriculum teaches the power of hard work, having a vision and setting goals. During the Sex and Sexuality curriculum youth discuss topics such as puberty, HIV/AIDS, drug abuse, and teenage pregnancy.<sup>25</sup>

## **4.2 Definition of major terms**

Below are definitions and anagrams that will be used throughout this paper.

AIDS: Acquired Immunodeficiency Syndrome

FIFA: Federation Internationale de Football Association – the governing body of world football

FIFPro: Federation Internationale des Footballleurs Professionnels – the sole organization representing professional footballers’ unions around the world

Football and Soccer will be used interchangeably throughout this paper.

Grassroot Soccer: GRS

HIV: Human Immunodeficiency Virus

ICAP Counselor: International Counseling on AIDS care and prevention

PeacePlayers International South Africa: PPI-SA

VCT: Volunteer Counseling and Testing for HIV

Sport: all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include: recreational, organized, casual or competitive sport; and indigenous sports or games.

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<sup>25</sup> Zulu, 21 November 2007.

## 5 Health Education Through Sport

### 5.1 *How can sport be used for health education?*

#### 5.1.1 Integrating games and education

The idea of integrating sport and health education seems ideal. However, how do organizations actually go about implementing an effective health education program through the use of sport? Each of the three organizations investigated in this study combine life skills learning and sport differently.

Grassroot soccer is based on an integrated curriculum. In other words, “many of the activities involve traditional soccer drills that can be used to impart messages and stimulate candid discussion about HIV/AIDS.”<sup>26</sup> The games are meant to engage the youth in their own learning. They create a relaxed and comfortable atmosphere ideal for teaching and discussing sensitive issues, such as that of HIV/AIDS.

In a focus group discussion with eight Grassroot Soccer participants, aged 14 to 19 years, the youth remarked, “The games were a lot of fun.”<sup>27</sup> After participating in a number of Grassroot Soccer games, the youth said the most important game was “HIV Attacks,” a game that teaches the function of the immune system and the effects of HIV on the immune system. In addition, the game explains how Antiretroviral drugs (ARVs) fight HIV by making the immune system stronger and helping an HIV positive person live a longer life. Finally the game highlights the idea that HIV cannot be cured and leads to the disease called AIDS, which eventually kills. See Appendix A for details of the game.

Each game is described in the Grassroot Soccer Coach’s Guide, explaining the goals of the game, the key messages, materials, number of participants, time, direction on how to play, and coaching tips. The directions are very detailed because presentation and implementation of the game are essential. In order to improve the facilitating of GRS

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<sup>26</sup> Grassroot Soccer. Accessed 22 October 2007. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>27</sup> Focus Group Discussion 1. Grassroot Soccer “Volunteer Counseling and Testing Tournament / Kick ‘n Test Tournament”. Formal Focus Group. 8 Participants. Male and female ages range 14-19 years. Translated by Titie. Masibambane High School. Port Elizabeth, South Africa. 17 November 2007.

games, some coaches have the opportunity to lead a game for their fellow coaches during development sessions. The other coaches then provide feedback. On the 9<sup>th</sup> of November 2007, a fairly new coach was observed facilitating the game “Juggling my Life” for the other coaches.<sup>28</sup>

The game “Juggling my Life” uses tennis balls to help participants understand what a choice is and to recognize the choices they make in life. The participants learn what a consequence is and the potential consequences of choosing to have sex. The game begins with the participants standing in a circle as they toss 3-4 tennis balls labeled with things young people have to do in life, such as school, family, eating, sleeping, and bathing. Three or four more balls are added, labeled with things that young people choose to do in life, such as sports, friends, clubs, and TV.

Once again, three more balls are added to the circle. These balls are labeled with potential consequences of sex: HIV/AIDS, pregnancy, and STIs. Finally, a larger ball labeled “sex” is added to the circle. With the addition of the “sex” ball, the coach states: “You are at an age where some of you may begin to feel pressure soon. Some of you may have already started to have sex. Let’s see what happens when we add sex to our lives.” At this point, the balls are thrown more frequently and eventually there are too many balls to handle and the game falls apart.<sup>29</sup>

The game “Juggling my Life” conveys the idea that in life there are things we have to do and things we choose to do. The coach is told to emphasize that it is difficult enough to juggle all the things we do in life without having sex and adding sex just makes things more difficult. In addition the coach stresses that sex is a choice that can have serious consequences.<sup>30</sup>

There are over 18 games and activities similar to “Juggling my Life” in the Grassroot Soccer Coach’s Guide. Through these games, Grassroot Soccer hopes to integrate soccer and health education in order to create a fun and trusting environment that facilitates learning. Siya, one of the head trainers at Grassroot Soccer in Port

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<sup>28</sup> Grassroot Soccer Development Session. Observation. Nelson Mandela Bay Sports and Recreation Office. Port Elizabeth, South Africa. 9 00 – 12 30. 9 November 2007.

<sup>29</sup> Grassroot Soccer Coach’s Guide, Page 123.

<sup>30</sup> Grassroot Soccer Coach’s Guide, Page 123.

Elizabeth, states that the games are very beneficial: “There will be a change in HIV rate as a result of the program. We are making a difference.”<sup>31</sup>

During 2006, the amount of HIV/AIDS knowledge gained by students partaking in the Grassroot Soccer curriculum was measured in four different schools in Bulawayo, Zimbabwe. By using pre-, immediately post-, and five-month post-intervention surveys, the study found that there was an increase from 53% to 78% of participants who could correctly answer that condoms are effective in preventing HIV transmission.<sup>32</sup>

In fact, before the Grassroot Soccer program begins within a school, all of the students are required to fill out a pre-program quiz. The quiz consists of 9 questions regarding HIV/AIDS knowledge with which the student can agree, disagree, or remain neutral. The same quiz is administered after the program. See Appendix B for an example of the quiz. Beth McGill, a Grassroot Soccer intern who documents quiz results, stated that scores always improve. On average she estimates an increase in quiz scores from 60% to 80% between the pre- and post-quizzes.<sup>33</sup> Thus, HIV/AIDS knowledge is being gained through the program, although the quizzes do not assess changes in lifestyle or retention rates.

### **5.1.2 Sports grab attention and create excitement**

All three organizations use sports to attract youth to the programs. Whereas Grassroot Soccer integrates soccer and HIV/AIDS education into games and exercises, loveLife and PeacePlayers International teach life skills separate from sport, although both are used to make up the overall programs.

Mtu Zulu, a worker for loveLife Games, insists on using sport to catch the attention of today’s youth, “Work with what they are interested in – that’s the way to connect to kids today.”<sup>34</sup> By grabbing the attention of youth with sports activities, coaches are then able to communicate educational messages. Zulu states that loveLife

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<sup>31</sup> Ntabeni, Siyavuya “Siya”. Grassroot Soccer Head Trainer. Formal Interview. Dora Nginza Soccer Fields, Zumide Township. Port Elizabeth, South Africa. 10 November 2007.

<sup>32</sup> Clark, *et al.*

<sup>33</sup> McGill, Beth. Grassroot Soccer Field Intern. Conversation. Blue Water Bay, Port Elizabeth. 14 November 2007.

<sup>34</sup> Zulu. 21 November 2007.

coaches and peer educators take advantage of every opportunity available to facilitate discussion regarding health issues. For example, the coaches may discuss health issues such as the mode of HIV transmission and prevention methods.<sup>35</sup>

Similarly, PeacePlayers International “[uses] the sport of basketball as a tool to grab the attention of the youth involved in [the] programs, and in turn provide them with valuable life skills information, necessary to leading long and healthy lives.”<sup>36</sup>

Nokwanda Motokeng, a former PPI-SA coach and current PPI-SA administrator, said that many kids do not enjoy Life Skills classes. The kids are more willing, however, to focus on coursework if they know that there is an hour to play basketball after class.<sup>37</sup>

Using basketball as a reward for participating in life skills class, PeacePlayers International implements two semesters of coursework within each school program. The first semester refers to Personal Development, addressing issues of nutrition, drugs and alcohol. This semester encourages self-confidence, cultural identity and improving oneself. It also highlights decision making when faced with difficult choices.<sup>38</sup>

The second semester of the PPI-SA curriculum consists of nine sessions addressing HIV/AIDS. During the first session, each participant writes three questions they want answered by the end of the program. The first session primarily develops an atmosphere of support for the remainder of the program.<sup>39</sup> By doing so, it is hoped that the participants will feel more comfortable discussing sensitive issues throughout the semester. The other sessions define HIV, discuss and debunk myths around the virus, and talk about HIV and stigma.<sup>40</sup>

Sports keep people interested and engaged. Sine, a former Grassroot Soccer participant and current Grassroot Soccer coach, tried to go through another life skills program for HIV/AIDS education. He never finished the course, however, because he found it boring. He described the course as a lecture series, lacking any student-mentor

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<sup>35</sup> Zulu. 21 November 2007.

<sup>36</sup> PeacePlayers International. Accessed 13 October 2007. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

<sup>37</sup> Motokeng, Nokwanda. PeacePlayers International Coach. Formal Interview. PeacePlayers International Office, 30 Field Street. Durban, South Africa. 20 November 2007.

<sup>38</sup> PeacePlayers International Personal Development Curriculum Handbook. 2006.

<sup>39</sup> PeacePlayers International HIV/AIDS Curriculum Handbook. 2006.

<sup>40</sup> PeacePlayers International HIV/AIDS Curriculum Handbook. 2006.

interaction.<sup>41</sup> Another Grassroot Soccer coach insists that combining sport and education is different from what people already know, and thus the organization is able to “reach many, many more people” than it would otherwise.<sup>42</sup>

### **5.1.3 Sports create a comfortable atmosphere suitable for learning**

All three organizations use icebreakers in order to create a comfortable atmosphere for the participants. The ability for participants to comfortably discuss sensitive issues is essential for progress. When asked why sports facilitate learning, Grassroot Soccer coach, Joe, responded that the kids get excited about soccer and they are actively involved in the activities. As a result, they are in an environment where they feel comfortable.<sup>43</sup> One of the Grassroot Soccer participants agrees, stating that the program “...provided [him] with an atmosphere of support in which [he] could learn about HIV/AIDS.”<sup>44</sup>

An atmosphere fostering open discussion is something new to many of these children who are accustomed to lectures in school. Another Grassroot Soccer participant stated that the program created an environment that is a “very positive way to express feelings, there is a feeling of freedom here.” He went on to say that he wished he could be in a similar atmosphere all year long;<sup>45</sup> further suggesting his school atmosphere is not as hospitable.

LoveLife also tries to create an environment different from what students are accustomed. The loveLife program prides itself in the fact that teachers are not lecturing to the participants. The lessons are driven by youth to whom participants can relate and

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<sup>41</sup> Yiako, Sinesipho “Sine” Zachakia. Grassroot Soccer Coach. Formal Interview. Nelson Mandela Bay Sports and Recreation Office. Port Elizabeth, South Africa. 9 50. 9 November 2007.

<sup>42</sup> Ntabeni, 10 November 2007.

<sup>43</sup> Booi, Thanduxolo “Joe”. Grassroot Soccer Coach. Formal Interview. Nelson Mandela Bay Sports and Recreation Office. Port Elizabeth, South Africa. 11 15. 9 November 2007.

<sup>44</sup> Focus Group Discussion 1

<sup>45</sup> Focus Group Discussion 2. Grassroot Soccer “Volunteer Counseling and Testing Tournament / Kick ‘n Test Tournament” Participants. Formal Focus Group. 9 Participants. Male and female ages range 13-19 years. Translated by Siya Ntabeni. Questions written by Taylor Ahlgren. Masibambane High School. Port Elizabeth. 17 November 2007.

talk. By having young adult South Africans facilitate the program, there is a greater opportunity for ideas and feelings to be shared.<sup>46</sup>

Sports, in general, create an environment of support. Tumie, a Grassroot Soccer Head Trainer, describes that "...soccer teaches three things: support, coaching, and talents / strengths."<sup>47</sup> First, a team relies on each individual, thus creating a feeling of self-importance and trustworthiness. Each individual has a strength and the team capitalizes on that strength in order for the team to become successful. Most importantly, the team provides a feeling of support. Tumie describes the idea of a "home team advantage" resulting from the support of fans. In other words, support leads to success. The same theory can be applied to battling HIV. HIV positive people need support to live healthier lives. A participant can apply this concept whether he or she is suffering from HIV personally or a friend / family member is suffering.

The feeling of support is something lacking in many adolescent lives, thus leading to loneliness. Sport has the potential to overcome this isolation. "Sometimes it seems that there is so much in the world that divides and discourages us. Soccer, in all its humble simplicity, is one of the most powerful tools on the planet to unite and inspire."<sup>48</sup>

## **5.2 Sport used to increase AIDS awareness**

### **5.2.1 Increasing conversation and reducing stigma**

Due to the negative stigma of HIV and AIDS, conversation regarding the topic is often avoided. By doing so, the problem remains lurking under the surface of society. The stigma attributes to denial as well as fear of the disease, both of which fuel the epidemic. The PeacePlayers International website states: "For the vast majority of our children, discussion of HIV/AIDS is taboo, making open dialogues and awareness about the epidemic difficult."<sup>49</sup>

One goal of Grassroot Soccer is to "create a positive and trusting environment for participants and coaches to learn, teach, discuss sensitive issues, in order to feel free

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<sup>46</sup> Zulu. 21 November 2007.

<sup>47</sup> Maneli, Tumie Kholisile. Grassroot Soccer Head Trainer. Formal Interview. Dora Nginza Soccer Fiends, Zumide Township. Port Elizabeth. 10 November 2007.

<sup>48</sup> Grassroot Soccer Annual Report. 2006.

<sup>49</sup> PeacePlayers International. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

expressing opinions and asking questions.”<sup>50</sup> In the previously mentioned examination of Grassroot Soccer curriculum, it was found that the program succeeded in breaking down barriers and increasing conversation. The percentage of students who could list three people with whom they could discuss HIV increased from 33% during the pre-quiz to 72% during the post-quiz. Similarly, the percentage of students who knew where to go for help concerning HIV related problems increased from 46% to 76%.<sup>51</sup> Overall, the study found that “the GRS HIV/AIDS education program significantly improves student knowledge, attitudes and perceptions of social support related to HIV/AIDS.” The positive changes, with a few exceptions, were sustained over a 5-month period.<sup>52</sup>

The Grassroot Soccer curriculum contains one exercise, in particular, that helps to increase conversation about HIV/AIDS. The exercise, entitled “Coach’s Story,” allows each coach to spend five minutes telling the participants a brief story of how he or she has been personally affected by HIV/AIDS and why teaching youth about HIV/AIDS is important to him or her.<sup>53</sup> The story is often very personal and by sharing it with the participants, it opens the doors of communication. The Coach’s Guide lists goals of the activity to include showing participants that HIV/AIDS is not just on billboards and TV, but it affects all of our lives. Additionally the activity creates a safe, comfortable space for participants to speak openly about HIV/AIDS and share personal experiences with HIV/AIDS thereby de-stigmatizing HIV/AIDS.<sup>54</sup>

Sine, a former Grassroot Soccer participant and current Grassroot Soccer coach, shared his Coach’s Story on 9 November 2007. Immediately the room quieted as Sine began his story with a description of his sister, a fun and caring individual who would buy him a chicken to celebrate the end of a good school term. Sine continued, describing the year he was in Grade 9 and his sister had a baby boy that died shortly thereafter. Sine’s sister became quiet and ill soon after the death of her baby son, which her family attributed to the tragedy.

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<sup>50</sup> PeacePlayers International. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

<sup>51</sup> Clark, *et al.*

<sup>52</sup> Clark, *et al.*

<sup>53</sup> Grassroot Soccer Coach’s Guide, page 294

<sup>54</sup> Grassroot Soccer Coach’s Guide, page 294

A year after the baby's death, Sine's family rejoiced that Sine's sister was starting to seem herself again. During the holidays that year Sine remembers his sister saying that she wanted to tell them all something, although she never did. In April she fell ill again, although her family, including Sine, was unaware. Despite her wishes not to, her neighbor visited her family to tell of her illness. Her neighbor informed Sine's mother that her daughter had been in bed for two weeks, without eating. The family was not told the cause of the illness, and was left wondering when she passed away a short time later.

While Sine's family was planning the funeral, the neighbor returned to ask permission for the support group to come to the funeral. Originally unaware of any support group, the family was informed that the organization supported people living with HIV and that Sine's sister had been living with the disease for seven years.<sup>55</sup>

Sine went on to describe the anguish he experienced as a result of his sister's secrecy. His story directly addressed the negative effects of the stigma associated with HIV/AIDS. When Sine was younger, he wanted a program like Grassroot Soccer - something that would have explained what was going on in his family. By telling his story, Sine knows that he can help children currently going through similar circumstances.<sup>56</sup>

There is no doubt that HIV is a sensitive topic, one PeacePlayers International coach even cited that as the hardest part of her job, explaining that it was difficult to facilitate discussion on such a taboo topic.<sup>57</sup> PeacePlayers International realizes, nonetheless, the importance of communication: "It is important to find someone to talk to about HIV and AIDS if you have concerns. Silence only makes the epidemic worse and communities fall apart."<sup>58</sup>

Empirical evidence suggests that the Grassroot Soccer curriculum succeeds at increasing communication and decreasing stigma. The percentage of students who said they would feel comfortable providing emotional support for an HIV positive classmate

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<sup>55</sup> Yiako, Sinesipho "Sine" Zachakia. Speech / Coach's Story. Nelson Mandela Bay Sports and Recreation Office. Port Elizabeth. 9 November 2007.

<sup>56</sup> Yiako, Sinesipho "Sine" Zachakia. Grassroot Soccer Coach. Formal Interview. Nelson Mandela Bay Sports and Recreation Office. Port Elizabeth. 9 November 2007.

<sup>57</sup> Motokeng. 20 November 2007.

<sup>58</sup> PeacePlayers International. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

increased from 52% to 73% from the pre-program quiz to the post-program quiz. In addition, 49% increased to 60% of the participants that reported they would not avoid a classmate who is HIV positive.<sup>59</sup> Overall, teachers within the schools implementing Grassroot Soccer programming reported that students have increased interest in HIV and increased openness to discussing these matters.<sup>60</sup> Awareness and open discussion are key elements in the battle against HIV/AIDS.

## **5.2.2 Volunteer Counseling and Testing Tournament**

On 17 November 2007 the Port Elizabeth Grassroot Soccer Organization hosted a Volunteer Counseling and Testing (VCT) Soccer Tournament, called “Kick ‘n Test,” at Masibambane High School. The all day event, open to the public, featured over 160 high school boys and girls from neighboring schools. Each team received points for winning soccer games, participating in Grassroot Soccer games, and individual team members testing for HIV. At the end of the day, there were several awards given, the two largest being the soccer tournament champion and the overall tournament champion, which factored in points for Grassroot Soccer games and HIV testing.<sup>61</sup>

Combining soccer and free HIV testing and counseling made the event the first of its kind in South Africa. Providing HIV testing to Grassroot Soccer participants and the public marked a great advancement in the organization. After seeing the success of the first VCT tournament in South Africa, the organization hopes to make the tournament a regular event.<sup>62</sup>

In a focus group discussion held at the end of the VCT Tournament, the participants were asked what they enjoyed about the day. Responses varied, but included being provided with knowledge and information about HIV/AIDS as well as being given the opportunity to test for HIV.<sup>63</sup>

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<sup>59</sup> Clark, *et al.*

<sup>60</sup> Clark, *et al.*

<sup>61</sup> Personal Observation. Zook. 17 November 2007.

<sup>62</sup> Ahlgren, Taylor. Grassroot Soccer Administrator. Conversation. Masibambane High School. Port Elizabeth. 16 November 2007.

<sup>63</sup> Focus Group Discussion 1

Throughout the day a comfortable atmosphere for the kids to learn about HIV/AIDS was created. In order to do so, International Counseling on AIDS Care and Prevention (ICAP) counselors provided counseling before and after HIV testing. One participant said that counseling taught her what to expect before going into the room to get tested. It helped her calm down about the entire process.<sup>64</sup> During Focus Group Discussion 1, all of the kids nodded their heads in agreement that counseling was helpful. They learned how HIV spreads as well as HIV prevention methods, such as correctly using a condom.<sup>65</sup>

During the pre-counseling, the counselor explained basic information about HIV. He also insisted that if the participant receives positive results, “it is not the end of the world.” That person will be referred to the clinic and further tests will be done. Positive test results just require a change in lifestyle such as eating healthier foods and using a condom to prevent spreading the virus.<sup>66</sup>

In pre-counseling, Vuyisa Pama, one of the ICAP Counselors present at the tournament, told his personal story of being HIV positive. He has been on ARVs since 2004 and is now living “a fairly healthy life.” During his story, he said that he had been afraid to test because he thought: *if they tell me I’m positive, I will die tomorrow*. Now he works as a counselor to help encourage testing and treatment.<sup>67</sup> Stories like this during the counseling provided support for the youth participating in HIV testing.

The test itself occurred in a private room and consisted of two rapid test devices. Post-counseling remained in the private room. For a negative result, the post-counseling was short and emphasized remaining negative by taking preventative measures.<sup>68</sup> Appointments with a nearby clinic were arranged for any positive test results.

During the focus group discussions uneasiness with the testing situation became apparent. As a result of the participants and teams receiving tournament points for HIV testing, many of the students expressed feeling pressure to test. All seven participants in

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<sup>64</sup> Focus Group Discussion 2. 17 November 2007.

<sup>65</sup> Focus Group Discussion 1. 17 November 2007.

<sup>66</sup> Personal Observation. Zook. 17 November 2007. 10 20.

<sup>67</sup> Pama, Vuyisa. ICAP Counselor. Formal Interview. Masibambane High School. Port Elizabeth. 17 November 2007.

<sup>68</sup> Personal Observation. Zook. 17 November 2007. 10 30.

Focus Group 1 tested for HIV although they all felt pressured, stating they did not want to disappoint their team members by refusing to test. The participants said that fear of the results prevented other team members from testing. No one was afraid of the needle, only the test results.<sup>69</sup> Many of the Focus Group 2 participants agreed with one student who said everyone tested because they felt pressured, not because they wanted to know their status.<sup>70</sup>

The idea of receiving points for HIV testing is debatable. Many see it as an infringement upon the personal decision of whether or not to test. On the other hand, in the greater task of battling HIV, it is essential for people to be tested. Therefore, the question remains, is that person a threat to society? Is it better to protect a community or an individual? By feeling pressured by teammates, the VCT tournament participants are learning to weigh the options between doing something for the community and doing something for personal reasons. Nevertheless, the idea of receiving tournament points for HIV testing is a heavily debated topic.<sup>71</sup> This debate has been brought to the attention of Grassroot Soccer and there is a possibility of ridding the tournament of testing points in the future.

Throughout the day, nurses tested over 200 people at the tournament.<sup>72</sup> The excitement stemming from the soccer tournament attracted many people to the event thus promoting HIV testing. As a result, the tournament was deemed a success at raising HIV/AIDS awareness.

When the students were asked about their opinions regarding the combination of soccer, Grassroot Soccer games, and VCT, the responses were positive. One participant said, “It was a good idea because most kids won’t go out of the home to test. It is better to know they will come out and play soccer and test at some point during the day.”<sup>73</sup> Another agreed, recognizing that by combining soccer and testing, people are motivated to know their status and that way they can lead a healthy life.<sup>74</sup> A 17-year-old participant

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<sup>69</sup> Focus Group Discussion 1. 17 November 2007.

<sup>70</sup> Focus Group Discussion 2. 17 November 2007.

<sup>71</sup> Coventry, JA M.D. Conversation. Entabeni Hospital. 30 November 2007. 11 30.

<sup>72</sup> Finneman, Lauren. Grassroot Soccer Field Intern. Conversation. 17 November 2007.

<sup>73</sup> Focus Group Discussion 1. 17 November 2007.

<sup>74</sup> Focus Group Discussion 1. 17 November 2007.

enjoyed combining soccer with HIV education and recognized the “connection between the soccer team forming a support group and the necessity of having a support group to deal with HIV/AIDS.”<sup>75</sup>

### **5.3 Developing leadership and goal-oriented communities**

#### **5.3.1 Developing goals and visions**

As well as acting as a conduit for educational health messages, sport helps to develop goals and aspirations in youth. In general, being involved in sports keeps youth occupied and focused. As a result, sports can prevent poor behavior. A current coach for PeacePlayers International describes, “As a kid growing up in a township, basketball kept me out of trouble, I didn’t have time to get in trouble. I had to keep focused.”<sup>76</sup> A head trainer for Grassroot Soccer has seen an improvement in participants’ choices giving the example, “...before GRS, I had bad friends – GRS has changed me, I don’t hang around with them anymore.”<sup>77</sup>

A worker with loveLife, cited a lack of vision as being a leading cause of many problems within the lives of today’s youth. “Kids are often pessimistic – don’t see anything in the future.”<sup>78</sup> Sports teach the virtues of setting goals, self-discipline, and hard work. These character attributes often prevent alcohol abuse and sex at a young age. Additionally, these positive assets gained through sport can be applied to every aspect of life.

Although most organizations see the development of goals and visions through their health education programming, PeacePlayers International has designed a specific program to do so. Entitled the Leadership Development Program (LDP), the program is dedicated to developing a future for today’s youth. The LDP “aims to extend PPI-SA’s reach to older children who have graduated from the primary school program and who want to remain involved.”<sup>79</sup> In the program, many children develop the leadership skills

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<sup>75</sup> Focus Group Discussion 2. 17 November 2007.

<sup>76</sup> Motokeng. 20 November 2007.

<sup>77</sup> Ntabeni. 10 November 2007.

<sup>78</sup> Zulu. 21 November 2007.

<sup>79</sup> PeacePlayers International. Accessed 27 November 2007. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

necessary to become coaches. The children also stay active in the community by participating in a young adult basketball league.

The personal empowerment resulting from participation in sporting events works on an individual level, providing children with the potential to succeed later in life. Furthermore, the GRS organization believes that the self-confidence instilled in the children “[results] in youth who not only have the knowledge, confidence and support to stay HIV free but the belief that the solution to the HIV crisis is in their hands.”<sup>80</sup> Perhaps by empowering the youth in South Africa, the battle against HIV and poverty can be won.

### **5.3.2 Peer-to-Peer Education**

The empowerment discussed previously lends itself well to the idea of peer-to-peer education. Each organization discussed in this study hopes that by educating a smaller group of youth in the communities, they are able to reach more people as a result of the diffusion of information. By participating in the programs “[the students are] then empowered as peer educators to teach the community at large what they have learned.”<sup>81</sup> One of the PeacePlayers International coaches says she often encourages the children to coach one another for many reasons. First of all, the kids are more likely to listen to one another. Also, coaching others instills a sense of confidence in the children, once again empowering them.<sup>82</sup>

In a formal study presented in the *AIDS and Behavior Journal*, the effectiveness of the Grassroot Soccer curriculum, implemented in four schools in Bulawayo, Zimbabwe, was examined. Each of the four schools had its own HIV/AIDS education program in which all of the students participated. Some of the students in each school also participated in Grassroot Soccer curriculum. The rest of the students remained in the school’s HIV/AIDS education program as the control group.<sup>83</sup>

The study found the following results in regards to the dispersion of information among peers: “Students in intervention classrooms demonstrated significant increases in

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<sup>80</sup> Grassroot Soccer. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>81</sup> Grassroot Soccer. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>82</sup> Motokeng. 20 November 2007.

<sup>83</sup> Clark, *et al.*

knowledge and attitude using pre-, immediately post-, and five-month post-intervention surveys. There was a delayed increase in these factors among control students, suggesting a possible diffusion of information from their peers who received the intervention curriculum... the control group had ‘caught up’ with the intervention group in all items as measured by the 5-month post-intervention survey.”<sup>84</sup> The progress of the control group can be attributed to peer-to-peer education.

The dispersion of information goes beyond the school gates. During the VCT Tournament focus group discussions, all of the kids in Focus Group Discussion 1 said they would tell their families and communities about the Kick ‘n Test event, hopefully encouraging others to test for HIV.<sup>85</sup> One of the Focus Group participants said that she would tell her family that she came to the event to play soccer and got a chance to test which was much easier than going to a clinic because it was convenient and comfortable, with other people her age being tested at the same time.<sup>86</sup> Peer-to-Peer education is a very powerful tool that these organizations try to encourage.

### **5.3.3 Job Creation for Coaches**

The organizations examined in this study are not just benefiting the youth with which they work. All three organizations employ South African young adults to act as coaches, trainers, and peer educators or mentors. PeacePlayers International has trained and employed over 200 young South Africans to serve as coaches and youth mentors since December 2000.<sup>87</sup> Although many of the coaches work for a paycheck, many of them genuinely wish to give back to the community as well.<sup>88</sup>

Not only are the coaches receiving regular paychecks, they are also learning from the organizations. HIV has personally affected Joe, a Grassroot Soccer coach, having one friend pass away due to the disease and one cousin currently living with HIV. Being involved with the organization has helped him cope with his own personal challenges.

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<sup>84</sup> Clark, *et al.*

<sup>85</sup> Focus Group Discussion 1. 17 November 2007.

<sup>86</sup> Focus Group Discussion 1. 17 November 2007.

<sup>87</sup> PeacePlayers International. E-Newsletter, July/August 2007.

<sup>88</sup> Gescheke, Matt. PeacePlayers International Managing Director. Informal Interview. PeacePlayers International Office, 30 Field Street, Durban. 20 November 2007.

The organization has also provided him with the opportunity to give back to the community and educate others facing similar challenges.<sup>89</sup>

The organizations create a work environment in which the coaches make friends from different races and different backgrounds, but with similar interests. Nokwanda Mofokeng, a PeacePlayers coach since 2004, states: “I am what I am now because of coaching” referring to the friends she has made through coaching as well as the lessons children have taught her. She insists, “Working with these kids makes me want to be a better person.”<sup>90</sup> Youth are not the only ones bettering themselves with health education and self-empowerment through the use of sports, so are the coaches and administrators.

### 5.3.4 Providing Positive Role Models

The relationships formed between the children and the coaches provide the children with an easily accessible and positive role model. “Grassroot soccer trains local role models to deliver an interactive soccer themed behavior development curriculum to youth.”<sup>91</sup> In many cases, coaches act as an informative and positive role model that may not be present in the household. Mtu Zulu, of loveLife games, states: “Parents here [in South Africa], don’t talk to kids about anything having to do with sexuality.”<sup>92</sup> Coaches, however, are able to communicate openly with the children.

It is very important that youth are introduced to mentors who have personal experience with HIV/AIDS. PeacePlayers International boasts, “...our coaches have now established strong relationships with the kids they work with outside the curriculum.”<sup>93</sup> The mentor is able to provide information and guidance regarding the disease on a more personal level than available in a classroom setting. One of the things the PeacePlayers International coaching curriculum insists on conveying to children is that, “I, as your coach and friend, am available to talk any time.”<sup>94</sup>

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<sup>89</sup> Booi. 9 November 2007.

<sup>90</sup> Motokeng. 20 November 2007.

<sup>91</sup> Grassroot Soccer. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>92</sup> Zulu. 21 November 2007.

<sup>93</sup> PeacePlayers International. Accessed 10 November 2007. [www.peaceplayersintl.org](http://www.peaceplayersintl.org)

<sup>94</sup> PeacePlayers International. HIV/AIDS Curriculum. Page 20.

Siya, a head trainer for Grassroot Soccer, hopes that by having a “coach” figure in a child’s life, it will help that child make the right decisions in the future. He describes how people can be surrounded and supported by many others but only the individual truly makes a decision. Siya says, “it is at that time that you listen to a voice inside of you – that of your coach.”<sup>95</sup> Similarly, Nokwanda of PeacePlayers International says that she enjoys being a coach because she can provide guidance for the children that do not have parents to tell them right from wrong.<sup>96</sup>

## **5.4 Building inclusive and integrated communities through sport**

### **5.4.1 Community development and integration**

PeacePlayers International, in particular, works to develop communities by providing schools with basketball courts and integrating race and social class by combining schools for sporting events. On 31 October 2007, Highlands Primary School near Chatsworth in Durban became PPI-SA’s 38<sup>th</sup> school to receive a basketball court since the beginning of the program seven years ago. Each court costs PPI-SA approximately R40 000 and is a gift to the school so that the children can continue to play basketball after the program finishes.<sup>97</sup>

To select a school to receive a basketball court, PPI-SA holds basketball clinics in the area, usually at a community center. A number of schools are invited and the schools with the best turnout rate after a few weeks will be considered for the PPI-SA program. Principals are then interviewed to ensure that the principal’s goals are in line with PPI-SA’s goals.<sup>98</sup>

Once a school has a basketball court, it can now be a site for hosting basketball games against other schools in the area. The program tries to do this once a week. PPI-SA makes a special effort to break all race and social class barriers by taking kids to other

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<sup>95</sup> Ntabeni. 10 November 2007.

<sup>96</sup> Motokeng. 20 November 2007.

<sup>97</sup> Gescheke, Matt. PeacePlayers International Managing Director. Informal Interview. PeacePlayers International Office, 30 Field Street, Durban. 20 November 2007.

<sup>98</sup> Gescheke. 31 October 2007.

townships schools and rural areas.<sup>99</sup> At the court launch at Highlands Primary School in Chatsworth, a primarily colored school, the basketball teams were mixed with other schools from neighboring townships.<sup>100</sup> By doing so, cultural and racial barriers are broken down through the use of sports.

LoveLife Games tries to achieve the same thing by organizing large events in which young people from all around the country join together for sporting events. One of these events will be held from the 6<sup>th</sup> to the 9<sup>th</sup> of December 2007 in Bloemfontein. LoveLife provides transport for selected youth throughout the nation to participate in a number of sporting events with kids from all over South Africa.<sup>101</sup>

Even the Volunteer Counseling and Testing tournament hosted by Grassroot Soccer in Port Elizabeth integrated people and communities. Multiple township schools from the area participated in the event and one participant noted, “I was able to meet a lot of new people and make new friends.”<sup>102</sup> Even by requiring each team to have girls on the roster helped to bring people together. One male participant noted that by playing co-ed soccer, it was the first time he recognized friendly boy/girl interaction instead of romantic interactions.<sup>103</sup> Therefore, sport can be one way in which segregated communities are integrated.

## ***5.5 Using Sport for Advancement on a National and International Level***

### **5.5.1 Celebrity Role Models**

#### **5.5.1.1 Within Grassroot Soccer**

Celebrities have a peculiar ability to influence the general public on many issues. Although celebrity power can be used for the conveying both good and bad messages, there have been recent efforts to use sport stars to promote health messages. *AIDS and Behavior Journal* writes, “a main premise of that theory is that role models are highly

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<sup>99</sup> Gescheke. 31 October 2007.

<sup>100</sup> Personal Observation. Zook. 31 October 2007.

<sup>101</sup> Zulu. 21 November 2007.

<sup>102</sup> Focus Group Discussion 1. 17 November 2007.

<sup>103</sup> Focus Group Discussion 2. 17 November 2007.

effective at generating self-efficacy in others, which in turn is critical to behavior change.”<sup>104</sup>

Within Grassroot Soccer, soccer celebrities are used as coaches because they are “very good people to reach others.”<sup>105</sup> The organization makes an effort to use the power of soccer and stars of the game to make the program highly attractive to youth.<sup>106</sup> The Port Elizabeth Program is currently partnered with the Bay United professional team and employs thirteen coaches from the City Lads, the women’s Vodacom Challenge League Champions of the Eastern Cape. In addition, three of the coaches have previously played, and one currently plays, with Bayana Bayana, the South African women’s national soccer team.<sup>107</sup> Tumie, a head trainer for Grassroot Soccer, says that the kids are always extremely excited to play soccer with these professionals and often attend their coach’s games.<sup>108</sup> It adds an element of excitement to the learning process. The *AIDS and Behavior Journal* states, “The participation of the professional soccer players also ensures community interest and involvement, and makes adolescents more likely to internalize what they have learned.”<sup>109</sup>

### **5.5.1.2 Cricket World Cup Raises AIDS Awareness**

In March of 2007 the International Cricket Council (ICC) held the Cricket World Cup in the Caribbean. During the World Cup, ICC, UNAIDS, UNICEF and Caribbean Broadcast Media Partnership on HIV/AIDS joined forces to draw attention to the issues facing children and young people affected by HIV. Cricket and HIV awareness were partnered because “cricket is popular in many of the countries that are most impacted by AIDS, including India and South Africa.”<sup>110</sup>

AIDS Awareness events in the tournament included activities during the games as well as media messages during broadcastings. The opening of the cup asked “...players and spectators around the world to reflect on the lives of children and young people

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<sup>104</sup> Clark, *et al.*

<sup>105</sup> Maneli. 10 November 2007.

<sup>106</sup> Grassroot Soccer. Accessed 14 November 2007. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>107</sup> Maneli. 10 November 2007.

<sup>108</sup> Maneli. 10 November 2007.

<sup>109</sup> Clark, *et al.*

<sup>110</sup> UNAIDS. “Cricket World Cup raises AIDS Awareness”. 11 March 2007. Accessed 22 November 2007. [www.unaids.org](http://www.unaids.org).

living with and affected by HIV.”<sup>111</sup> Throughout the broadcasting of the tournament video messages featuring 28 of the world’s top cricketers addressed the HIV epidemic. Players and officials from each team wore red and blue campaign ribbons during the first games of the tournament and during the final. Finally, players visited programs in the Caribbean supporting children and young people affected by HIV.<sup>112</sup>

UNAIDS Executive Director, Dr. Peter Piot supported the cause, stating: “Young people today have never known a world without AIDS. Sports stars – such as top cricket players – can act as role models for today’s young generation and reach out to them on AIDS issues...By highlighting AIDS issues, the ICC Cricket World Cup and its cricketing stars are showing exactly the kind of exceptional response needed for the exceptional challenge of AIDS.”<sup>113</sup>

Many of the players also realize the importance of using their power positively. Mashrafe Mortaza, a 24 year-old member of the Bangladeshi team stated, “Young cricket fans look up to us and we have a role to play in teaching them about HIV prevention and how to protect themselves from infection.”<sup>114</sup> Mortaza and the rest of the Bangladeshi cricket team were recently in Johannesburg filming HIV prevention public service announcements for the broadcasts during the twenty20 matches.<sup>115</sup> It is hoped that celebrity sports stars will help to communicate health education messages to the South African public.

### **5.5.1.3 The case of Earvin “Magic” Johnson**

A study was conducted which examined the effect of celebrity AIDS status disclosure on public attitudes towards AIDS within a group of American males. “In a national press conference on 7 November 1991, basketball star Earvin ‘Magic’ Johnson

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<sup>111</sup> UNAIDS. 11 March 2007.

<sup>112</sup> UNAIDS. 11 March 2007.

<sup>113</sup> UNAIDS. 11 March 2007.

<sup>114</sup> UNAIDS. “Promoting Sport and HIV Prevention”. 12 September 2007. Accessed 22 November 2007. [www.unaids.org](http://www.unaids.org)

<sup>115</sup> UNAIDS. 12 September 2007.

disclosed that he was HIV positive.”<sup>116</sup> In the study, 252 men in Chicago were assessed at 3 points prior (10 and 5 days prior) to Johnson’s disclosure. 109 men were assessed at 2 points after (3 and 10 days after) Johnson told of his HIV infection. The assessment included questions regarding HIV risk perceptions, interest in AIDS information, frequency of talking with friends about AIDS, and risk behavior histories.<sup>117</sup>

The results of the study supported the idea that celebrities have a large influence on the public. All men at both post-disclosure assessments indicated that they had heard about Magic Johnson. There was increased concern in all areas listed above regarding HIV and AIDS. It was found that:

The impact of celebrity disclosures on urban men’s perceptions sets the stage for risk-reducing behaviors. We conclude that Magic Johnson’s self-disclosure caused some men to shift from pre-contemplation toward contemplation of self-change. With continued awareness and information, men may engage in self –reevaluation processes that ultimately inspire behavioral changes. Thus, disclosure of celebrity HIV status provides a natural enhancement for AIDS prevention messages.<sup>118</sup>

This study, published in the *American Journal of Public Health*, further proves that celebrities have the influential power to communicate health messages.

#### **5.5.1.4 Ambassadors in Sport**

An organization outside of Cape Town is capitalizing on celebrity power for AIDS awareness. The organization, called Ambassadors in Sport, was started in 2006 to address the fact that health care is not consumer friendly. The organization’s website states, “Our proposed idea uses soccer celebrity endorsements and societal groups to help raise the profile of health education by stimulating a year round health awareness presence in Khayelitsh (population 1 million), an informal settlement near Cape Town,

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<sup>116</sup> Kalichman, Seth C. and Tricia L. Hunter. “The Disclosure of Celebrity HIV Infection: It’s Effects on Public Attitudes”. *American Journal of Public Health*. Vol. 82, No. 10. October 1992.

<sup>117</sup> Kalichman, page 1375.

<sup>118</sup> Kalichman, page 1375.

South Africa, that suffers the highest burden of disease in the country (HIV rates are touching 33% and residents carry 23% of Cape Town's TB infections)."<sup>119</sup>

The organization is developing two soccer-themed board games featuring soccer celebrities. The games will provide age-relevant health information to an initial audience of 5 000 primary school children.<sup>120</sup> Although the effectiveness of using soccer celebrities in Khayelitsh has yet to be measured, it is hoped that the health information available in the board games reaches a new crowd of people in the community.

### **5.5.2 The Future: World Cup 2010**

The people of South Africa have shown paramount excitement for the opportunity to host the FIFA Soccer World Cup in 2010. Commercials are already playing with the slogan "Woza 2010," or "Come 2010."<sup>121</sup> The boardwalk along North Beach in Durban is already lined with World Cup 2010 flags.<sup>122</sup> As Sine, one of the Grassroot Soccer coaches explained, "With 2010, soccer is always on the mind and it gets people excited."<sup>123</sup> Similarly, another Grassroot Soccer trainer stated, "With 2010 coming, there is soccer in all that we [South Africans] are doing."<sup>124</sup>

In 2010, South Africa will be the first African country to host the FIFA World Cup. The idea of South Africa hosting such a large event has produced many critics. Questions concerning the country's ability to provide public transport and supporting infrastructure have arisen. "Few events are comparable to the FIFA World Cup. This is part of the reason why all eyes will be on South Africa come 2010. South Africa will not just be representing the whole African continent, but in a sense, the whole of the developing world."<sup>125</sup> If the event is successful, Dr. Heinrich Bohlmann, a professor in

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<sup>119</sup> Tucker, Timothy. "Unlocking the potential of soccer to help educate vulnerable communities on important health issues". 22 June 2007. Accessed 22 October 2007. [www.ais-africa.co.za](http://www.ais-africa.co.za).

<sup>120</sup> Tucker. 22 June 2007.

<sup>121</sup> Personal Observation. Zook. "Woza 2010". SABC 1. Cato Manor Township, Durban. 3 October 2007.

<sup>122</sup> Personal Observation. Zook. North Beach Boardwalk. Durban. 23 November 2007.

<sup>123</sup> Yiako. 9 November 2007.

<sup>124</sup> Maneli. 10 November 2007.

<sup>125</sup> Bohlmann, Heinrich. "Looking Ahead to 2010." 10 November 2007. <http://www.sportanddev.org/en/articles/looking-ahead-to-2010/index.htm>.

the Department of Economics at the University of Pretoria, believes that, it could act as a catalyst for attracting future mega-events, foreign direct investment and tourism. All of which will lead to growth and development.<sup>126</sup>

During the last FIFA World Cup, held in Germany in 2006, the former General Secretary of the UN, Mr. Kofi Annan, recognized “that football is the most popular sport worldwide and the universal language of football...cannot only be used to foster the peace that is needed so much in the world, but also... to disseminate educational messages.”<sup>127</sup> South Africa is hoping to mimic Mr. Kofi Annan’s excitement for using sport as a conduit for education. FIFA has similar hopes regarding the World Cup 2010, promising that the organization “...as in the past, is willing and ready to actively support this process with the aim of promoting sport as a health-enhancing leisure activity, also improving social behavior.”<sup>128</sup>

### **5.5.2.1 Grassroot Soccer and the World Cup 2010**

Grassroot Soccer hopes to take advantage of the boundless excitement resulting from hosting of the FIFA World Cup in 2010. With all eyes turned to South Africa, “GRS plans to establish a strong presence in southern Africa leading up to the World Cup 2010. [GRS] intends to use the opportunity of World Cup 2010 to show the world how soccer can effectively be used to educate youth and combat some of the world’s most immediate problems.”<sup>129</sup> The program hopes to harness this excitement and reach one million boys and girls by the time the games begin in 2010.<sup>130</sup> From the enthusiasm witnessed thus far, two years before the event, there is a great deal of potential in South Africa hosting the World Cup in 2010.

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<sup>126</sup> Bohlmann. 10 November 2007.

<sup>127</sup> Dvorak, Jiri. International Convention against Doping in Sport. Speech. First Session of the Conference of Parties. Paris. 5 February 2007.

<sup>128</sup> FIFA.com. 6 February 2007.

<sup>129</sup> Grassroot Soccer. [www.grassrootsoccer.org](http://www.grassrootsoccer.org)

<sup>130</sup> Grassroot Soccer Annual Report. 2006. Page 4.

### 5.5.3 National policy supporting advancement through sport

#### 5.5.3.1 Memorandum of Understanding

In July 2006, the Federation Internationale de Football Association (FIFA) and the Federation Internationale des Footballleurs Professionnels (FIFPro) signed a Memorandum of Understanding (MoU) "...to make football a force for development in Africa, in the Caribbean and Pacific (ACP) countries."<sup>131</sup> Present at the signing of the MoU at Berlin's Olympic Stadium was president Thabo Mbeki, Alpha Omar Konare (chairman of the African Union), Jose Manuel Barroso (European Commission president), and Sepp Blatter (FIFA president).<sup>132</sup>

The memorandum is meant to link football with development programs and to use the power of football to realize projects in the regions of need. Projects may address development co-operation and humanitarian aid, racism, post-conflict reconstruction, nation building, health and education.<sup>133</sup> "Barroso said: 'The idea is to use the huge power of football for specific purposes such as fighting AIDS, tuberculosis and malaria, [while] helping in growth and development...'"<sup>134</sup>

As a result of the Memorandum of Understanding, the EU and FIFA will "Pour US\$31.93 bn into ACP countries over the next four years ahead of 2010 World Cup finals."<sup>135</sup> All of the money will be dedicated for development attempts within the ACP countries. "We are not giving the money so that people can play football, people will play football whether they have money or not. What we are doing is using the power of football to realize projects in the Africa, Caribbean and Pacific regions."<sup>136</sup> The development and signing of the Memorandum of Understanding is a monumental step in creating an international effort to use sport for development.

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<sup>131</sup> "Sports and Development Policy" 6 October 2006. Accessed 26 November 2007. [www.sportanddev.org/en/news/sports-development-policy.htm](http://www.sportanddev.org/en/news/sports-development-policy.htm).

<sup>132</sup> Memorandum of Understanding. FIFA and FIFPro. 2006.

<sup>133</sup> "Sport and Development Policy" 6 October 2006.

<sup>134</sup> "Sport and Development Policy" 6 October 2006.

<sup>135</sup> Memorandum of Understanding. 2006.

<sup>136</sup> "Sport and Development Policy" 6 October 2006.

### 5.5.3.2 The use of sport to achieve the Millennium Development Goals

In September 2000, at the United Nations Millennium Summit, world leaders agreed to eight Millennium Development Goals (MDGs) to be achieved by 2015. The first MDG is to eradicate extreme poverty and hunger. To combat HIV and AIDS, malaria and other diseases is the sixth MDG.<sup>137</sup> These two MDGs, among others, especially pertain to South Africa. For the complete list of MDGs, see Appendix C.

There has been a movement to use sport for the attainment of MDGs. In July 2002, the Secretary-General of the United Nations convened an Inter-Agency Task Force to review activities involving sport within the United Nations system. It was hoped that the Task Force would promote the more systematic and coherent use of sport in development and peace activities. Currently, The United Nations Inter-Agency Task Force strongly recommends sport to be better integrated into the development agenda. In fact, the United Nations made the following statement, “The fundamental elements of sport make it a viable and practical tool to support the achievement of MDGs. Sports programs serve as an effective tool for social mobilization, supporting health activities such as HIV/AIDS education and immunization campaigns.”<sup>138</sup> In addition, the Inter-Agency Task Force states the following regarding the battle against HIV/AIDS:

Sport can be a vehicle to help mitigate the spread and impact of HIV/AIDS. The four pillars necessary for effective HIV/AIDS programming are knowledge, life skills, the provision of a safe and supportive environment and access to services. The nature of sport and the benefits derived when it is incorporated into development initiatives make it well suited to support these four pillars.<sup>139</sup>

Encouragement from the United Nations and the Inter-Agency Task Force may lead to an increase in the use of sport for development initiatives. As the year 2015 draws near, it will be important to see if these sport projects prove to be useful and successful.

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<sup>137</sup> “Achieving the Objectives of the United Nations Through Sport”. United Nations, Sport for Development and Peace.

<sup>138</sup> The United Nations. “Sport for Development and Peace: Towards Achieving the Millennium Development Goals”. 2003.

<sup>139</sup> The United Nations. 2003.

## **5.6 Strengths and Challenges**

From observing Grassroot Soccer and PeacePlayers International, two different approaches to integrating sport and health education were observed. Grassroot Soccer uses a very active curriculum to teach HIV/AIDS education. Even if the game does not use a soccer ball, the kids are constantly engaged and interacting with one another. PeacePlayers International, however, teaches HIV/AIDS education or Personal Development curriculum separate from basketball. Although some of the games are engaging, most of the PeacePlayers International health curriculum is centered on discussion rather than games.

It was observed that the youth were very enthusiastic and excited about the Grassroot Soccer games.<sup>140</sup> All of the focus group discussion participants expressed that the games were fun.<sup>141</sup> A PeacePlayers International coach, however, worries that her students become bored with life skills lessons, just waiting for the basketball to start later.<sup>142</sup>

Whereas implementing engaging activities are strengths of Grassroot Soccer, PeacePlayers International works hard to integrate different communities by mixing teams at sporting events. Grassroot Soccer can bring this aspect to their program, as they have expressed hope to do so in the future.<sup>143</sup> With this aspect integrated in the program, Grassroot Soccer can not only battle HIV/AIDS but also help to overcome segregation.

In addition, PeacePlayers International has developed the Leadership Development Program for students who wish to continue participating in the program.<sup>144</sup> By providing an opportunity for continual involvement in PeacePlayers International, retention of information and behavioral changes are more likely. Currently, Grassroot Soccer does not provide a program for “alumni,” although as the recent program graduates become older there is the possibility for them to remain involved by becoming coaches.

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<sup>140</sup> Personal Observation. Zook. Grassroot Soccer games. Masibambane High School, Port Elizabeth. 17 November 2007.

<sup>141</sup> Focus Group Discussion 1

<sup>142</sup> Mofokeng. 20 November 2007.

<sup>143</sup> McGill. 14 November 2007.

<sup>144</sup> Gescheke. 31 October 2007.

There are several aspects of each program that work extremely well at reaching and educating youth. Ideally both programs can exchange ideas in order to develop the most effective programs possible.

## **6 Conclusion**

The information gathered in this study concludes that sports attract youth to many educational programs that would otherwise be overlooked. Sports create an atmosphere of excitement and enthusiasm that is often missing in a classroom setting. An integrated curriculum of games, activities, sports, and education, like that of Grassroot Soccer, is very enjoyable for the participants. Such an environment creates a comfortable atmosphere for the participants, which encourages learning.

Learning is achieved by discussion, which is facilitated by the comfortable atmosphere created by sport. By engaging in open dialogue regarding sensitive topics, such as HIV/AIDS, participants are battling the HIV/AIDS stigma. The diffusion of this information to the rest of the community is very likely. As a result, participants are not only increasing their personal AIDS awareness and knowledge, but also that of their society.

Although health education may be the driving force for many sport-in-development programs, there are other positive gains achieved by introducing sport programs to youth in South Africa. Sports encourage the development of life-long goals that keep youth focused and dedicated, often keeping them out of trouble. In addition, sports instill a sense of self-worth in the participants. In most cases, the programs provide these youth with coaches and trainers that act as peer mentors. Having a positive role model in his or her life is unfortunately something a South African youth often lacks.

The virtues gained through sport can be applied to any aspect of life. If the youth stay dedicated and focused, it is more than likely they can accomplish their goals. In turn, the students may avoid falling into the cycle of poverty and illness. Therefore, HIV/AIDS education directly battles the epidemic whereas the virtues gained through sport can prevent poverty, thus indirectly fighting illness.

Many of the sporting events examined in this study work to build inclusive and integrated communities. Combining townships, rural areas, and private school programs

for sporting events help to break down racial and social class barriers. Students develop an understanding of the many cultures, races, and ethnicities within South Africa.

The use of sports stars to communicate health education messages has proven to be effective. Whether it is on a local level, such as Grassroot Soccer employing professional soccer players as coaches, or an international level, such as the National Cricket Team filming educational messages to be broadcast during cricket matches, the influential power of these sports stars is being used to better humanity.

Now is the time to truly capitalize on using sport for development. Soccer is constantly on the minds of South Africans in preparation for hosting the FIFA World Cup in 2010. NGOs, such as Grassroot Soccer, are planning to capitalize on this large sporting event to promote their own programs as well as to emphasize the concept of 'sport for development.'

The opportunity to host the FIFA World Cup in 2010 provides South Africa with the potential necessary for nationwide improvement. It is hoped that the excitement and enthusiasm generated for 2010 will be used for health advancement. The Memorandum of Understanding is proof of international support to capitalize on the popularity, and subsequent power, of soccer in this nation. The United Nations and the United Nations Inter-Agency Task Force recommend that sport should be better integrated into the development agenda and should be used as a practical tool in the achievement of MDGs. For South Africa, the current excitement for sport has the potential to be used for advancement. By using international policy, working in hand with NGOs on a grassroots level, the use of sport can make great strides in the country's battle against poverty and disease.

## **7 Limitations of the study and recommendations for further study**

There were many limitations in this study resulting from timing, language barriers, and resource limitations. One of the largest limitations of the study was the time of the project. Many of the NGOs using sport for development in and around Durban work within the school system. As a result, many of the sporting events and activities halted

due to exams and the holiday break. Had there been more time, it would have been possible to observe these organizations during the school year. Instead, graduation ceremonies and “extra” activities occurring after the regular programming were examined. As a result, new kids were observed for short periods of time each day and it was difficult to form meaningful relationships.

In further studies, it would be very helpful to interview PeacePlayers International participants. Unfortunately this was not possible because the programs were coming to an end for the year during the first week in November. Having participant feedback from both PeacePlayers International and Grassroot Soccer, however, would be helpful in program evaluation.

While in Port Elizabeth with the Grassroot Soccer organization, language was a barrier. Although the Field Interns all spoke English, they worked mostly on the administrative side of the organization rather than working directly with the youth participants. Most of the trainers, coaches, and kids spoke Xhosa. On a few occasions, the meetings, games, and discussions were held in Xhosa. During the focus group discussions, a translator was able to help overcome the language barrier. Nevertheless, it would have been helpful to speak directly with the participants.

During the Focus Group Discussions there were many times that the participants were distracted by other events of the VCT tournament. In addition, many of the students refrained from talking in the group. It would have been ideal to also speak to participants one-on-one after the event. Due to the transport schedule, however, it was necessary to conduct the Focus Group Discussions quickly during the VCT tournament.

Ideally, interviews would have been organized with government officials and the local organizing committee for the FIFA World Cup 2010. It was extremely difficult to contact any of these officials, however. A recommendation for further study is to contact these officials to discuss the events being organized to promote health education during the World Cup 2010. Many of the media publications regarding the topic were vague, stating that efforts were being made to promote health through the popularity of the event, but specifics regarding how and when were often not included.

In order to speak to government and FIFA officials, a larger time frame for the project is necessary. It is more than likely that traveling would be required to speak to

these people. The time constraint and financial limitations prevented interviews with government officials at this time.

Recommendations for further study include a more in-depth and interactive study of a participant's experiences and opinions of the NGOs. Preferably, the student could follow a group of participants' progress through the entire curriculum of one NGO. In addition, those same participants could be reevaluated in one or two years. At that point the long-term benefits or shortcomings of the program could be measured. The continual involvement in the program, as well as the retention of information, could also be examined.

It would be very beneficial to reexamine the use of sport for development in a few years. By this time it would be possible to examine how the World Cup 2010 was used to communicate health education messages. In addition, the effectiveness of doing so could be evaluated.

## **8 Summary Review of Essential Texts**

- Grassroot Soccer Coach's Guide

This document is essential for understanding the Grassroot Soccer organization. It outlines the goals and objectives of the program. In addition, it provides the coaches with soccer games, activities, and homework, all of which educate youth about HIV/AIDS. During the first few program days, icebreakers are used to develop team unity and a sense of community. A comfortable atmosphere facilitates in education and discussions regarding HIV/AIDS. "The Grassroot Soccer Curriculum creates a fun, friendly and safe environment in which youth can share their beliefs about HIV/AIDS, increase their knowledge, and develop healthy attitudes and behaviors concerning HIV/AIDS."

- Commonwealth Advisory Body on Sport – Report January 2006

This document recognizes sport as a powerful tool for developing people and communities to promote fitness and healthy lifestyles. It specifically investigates the health benefits of sport and physical activity, education through sport, using sport to develop leadership and participation in the community, and building inclusive communities through sport. Within each category, it provides case studies of organizations throughout the world. In particular, it examines the program "Kicking AIDS Out!" which is currently working for HIV/AIDS education within South Africa.

- Clark, *et al.* "An Adolescent-targeted HIV Prevention Project Using African Professional Soccer Players as Role Models and Educators in Bulawayo,

Zimbabwe”. *AIDS and Behavior Journal*. Springer Science and Business, Inc. June 2006.

This study examines the Grassroot Soccer curriculum being used in Bulawayo, Zimbabwe. By implementing the program in four different schools in the area, the effectiveness of the curriculum for AIDS awareness is examined. Some students in each school participate in the Grassroot Soccer program in addition to their schools HIV education program. Others, the control group, remain only in the school program. The two groups are then compared and it is found that the students in intervention classrooms demonstrated significant increases in knowledge and there was a delayed increase in these factors among control students.

- Kalichman, Seth C. and Tricia L. Hunter. “The Disclosure of Celebrity of HIV Infection: Its Effects on Public Attitudes”. *American Journal of Public Health*. October 1992, Vol. 82, No. 10.

This study examines the AIDS-related perceptions of men in Chicago before and after basketball star Earvin “Magic” Johnson told of his HIV infection. This study supports the idea that celebrities can have a very strong impact on perceptions and may ultimately inspire behavioral changes.

- Memorandum of Understanding. FIFA and FIFPro. July 2006.

This piece of legislation describes the efforts made by FIFA, FIFPro, and government officials to dedicate resources to sport and development in Africa, the Caribbean and Pacific. It hopes to use the power of football power for specific purposes such as fighting AIDS, tuberculosis, and malaria, and helping in growth and development.

- Sport for Development and Peace: Towards Achieving the Millennium Development Goals. United Nations, 2003.

This document explains the United Nations efforts to use sport to achieve the MDGs for 2015. It describes the forming of the United Nations Inter-Agency Task Force developed to review activities involving sport within the United Nations system.

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## 10 Appendices

### 10.1 Appendix A

The full directions and goals of this game were taken from the Grassroot Soccer Coach's Guide, 2006.

### HIV Attacks

#### **Key Messages:**

- The immune system (body soldiers) protects the body from germs and diseases
- HIV weakens the immune system, allowing other germs and diseases to attack the body
- ARV's fight HIV, making the immune system stronger, and can help an HIV positive person live a long time (10-20 years or more).
- HIV cannot be cured, leads to the disease called AIDS, and it eventually kills

#### **Participants:**

- 10-20

#### **Time:**

- 30-45 minutes

#### **Materials: (one set for each group of 10-20 participants)**

- 1 soccer ball
- 4 T-shirts with "Human," "Immune System (Body Soldiers (use local language)), "HIV," "ARVs" written or painted on them (t-shirts can be different colors – white "human," white "immune system," red "HIV," blue "ARVs")

#### **Activity Overview:**

Participants are selected to play the role of a human, immune system, HIV, and ARVs. In a dodge-ball style game, "germs" on the outside of the circle try to hit the "human" with a ball while the immune system protects the human; HIV attacks the immune system and ARVs fight against HIV.

#### **How to Play:**

##### **Step 1: Preparation**

Divide the participants into groups of 10-20. Bring all the participants outside in their groups. Each group should have the materials described above.

##### **Step 2: Introduce the Game**

Form a circle 10-15m across. Stand in the middle and introduce the game. "We're going to play a game called HIV Attacks, what is the name of this game?!" Explain: "In

this game we are going to learn how HIV attacks the body, and how ARVs can help someone with HIV live a long life.”

### **Step 3: Introduce the Human, Germs & Immune System (Play Round 1)**

*Introduce human:* “Where does HIV live?” Or “what does the H in HIV stand for?” Have the person who answers correctly put on the “Human” shirt. Explain that this person is any human being: could be male or female, fat or thin, strong or weak, black or white. Have the human stand in the middle of the circle.

*Introduce the germs:* “In this game, everyone on the outside of the circle is going to be different germs and diseases, but not HIV. What are some germs and diseases that attack humans?” (Flu, TB, malaria, common cold, pneumonia, diarrhea)

*Introduce immune system:* “What do humans have in their body to protect them from germs and diseases? What is in the human body that protects us from getting sick, or helps us get better when we do get sick?” Ask the person who answers “immune system,” “white blood cells,” or “body soldiers” to put on the ‘Immune System’ t-shirt. Have this person stand next to the human. “What does the immune system do for the body?” (It protects us from germs and disease and helps us get better when we get sick.” Make sure participants understand that white blood cells are part of the immune system (use local language to describe).

*Explain Rules:*

#### The Germs

- Must stay on the outside of the circle
- Must hit the human with the ball below waist height
- Must throw the ball from the chest with two hands (chest pass)
- May pass the ball to one another instead of trying to hit the human directly to get an easier shot at the human

#### The Human

- Must stand still in the middle of the circle

#### The Immune System (Body Soldiers)

- Must stay inside the circle
- Protects the human from getting hit by the ball being thrown by the germs
- Pushes the ball back out to the germs

*Play Round 1:* “We are going to count how many times the germs can hit the human. Human are you ready to avoid the germs? Germs, are you ready to attack the human? Lets play!”

Play for about one minute and count how many times the human gets hit by the ball. Stop the game after a minute and ask, “How many times did the human get hit?” Germs how do you feel? Human how do you feel? Immune system how do you feel?”

- “Germs, was it easy to hit the human?” (No.) “Why?” (Because the immune system was protecting it.) In life what does the immune system do? (**The immune system (body soldiers) protects the body from germs and diseases.**)

- We all get sick sometimes (flu, malaria, etc) and it is our immune system that makes us healthy again.

#### **Step 4: Introduce HIV (Play Round 2)**

*Introduce HIV:* Tell a story about the human drinking alcohol/taking drugs, then making a bad decision to have unprotected sex with someone who is HIV positive. “What could happen to the human?” (The human could get HIV.) Whoever answers correctly puts on the HIV t-shirt. Ask the participants:

- “What does HIV do to the human body?” (It attacks and weakens the immune system.)
- “What can happen after someone has lived with HIV for a while?” (His/her immune system becomes weak, so s/he can become sick.)

*Round 2 Instructions:* The Human and Germs do the same as round one. The Immune System tries to protect the Human with his/her legs but HIV holds the hands of Immune System behind his/her back (should be strong, but not rough)

*Play Round 2:* “Germs, how many times can you hit the human this time?! Germs, are you ready?! Human, are you ready?! Immune system, are you ready?! HIV, are you ready?! Lets play!”

Play the game for one minute and count how many times the human gets hit. Stop the game. Ask how the human, immune system, HIV and germs feel and why.

- “Germs, how many times did you hit the human? Why were you able to hit the human more this time?” (**HIV weakens the immune system, allowing other germs and diseases to attack the body.**)
- Depending on the level of the group, you may be able to ask, “What does the ‘I’ in HIV stand for?” (Immunodeficiency – ‘Immuno’ refers to the immune system, ‘deficiency’ means ‘lack of’ or ‘weak.’ So immunodeficiency means weak immune system.) That is what HIV is – a virus that lives in humans that causes the immune system to become weak.

#### **Step 5: Introduce ARVs (Play Round 3)**

*Introduce ARVs:* “Our human has been hit \_\_\_ times and s/he is starting to feel weak. S/he has flu, pneumonia, and diarrhea. What is s/he going to do?” (Go to the clinic.) “Sure! S/he goes to the clinic. The doctor gives him/her a physical examination, asks about his/her sexual history, and offers her an HIV test. S/he agrees and it comes back positive.” Ask the group, “What will the doctor tell him/her to do in order to live longer?” (Take ARVs, exercise, eat healthy food, avoid drinking and smoking, practice safe sex, seek out care and support.) Have the person who answered “ARVs” put the ARVs t-shirt on.

*Brief Discussion:* “What does ARVs stand for?” (Anti-retrovirals) “What do ARVs do?” (They are drugs that fight HIV and allow the immune system to get strong again (make sure they do not say that they boost the immune system).)

*Instructions Round 3:* The Human and Germs do the same as previous rounds. ARVs holds HIV’s hands behind his/her back (strong, but not rough) and the Immune System is free to protect the human again.

*Play Round 3:* “Germs, lets see how many times you can hit the human this time?! Germs, are you ready?! Human, are you ready?! Immune System, are you ready?! HIV, are you ready?! Lets play!”

Play the game while counting how many times human gets hit. Stop the game. Ask how the Human, Immune System, HIV and Germs feel and why.

- “Germs, how many times did you hit the human? Was it easy to attack the Human?” (No.) “Why not?” (The Immune System was strong.)
- “HIV, was it easy to fight the immune system?” (No.) “Why not?” (**ARV’s fight HIV, making the immune system stronger, and can help someone infected with HIV live a long time (10-20 years or more).**)
- “Can ARVs get rid of HIV?” (No, HIV stays in the body even when someone is taking ARVs.)

#### **Step 7: Play Round 4 (last round)**

*Discussion:* Ask participants, “What will happen after the human lives a long time with HIV?” (HIV may get used to the ARVs and begin taking over the immune system again.)

*Instructions Round 4:* Human and Germs do the same as previous rounds. HIV holds the hands of ARVs’ and Immune System’s hands behind their backs and ARVs and Immune System stand on one leg.

Play the game while counting how many times the Human gets hit. Stop the game. Ask how the Human, Immune System, HIV and Germs feel and why.

- “Germs, how many times did you hit the human? Was it easy to hit the human?” (Yes.) Why was it easy to hit the human? (The immune system had been taken over by HIV and ARVs were no longer working.)
- “What is the name of the disease cause by HIV when someone has a very weak immune system and has opportunistic infections caused by other germs?” (AIDS)
- “Can ARVs ever completely cure or heal HIV?” (No.) “What will eventually happen to the human after a long time living with HIV?” (The human will die.)
- **HIV cannot be cured, leads to the disease called AIDS, and eventually kills.**

#### **Step 8: Review Key Messages**

- Bring everyone into a group together and have a brief discussion. What did you learn from this game? What does the immune system do? What does HIV do to

the body? What do ARVs do? What eventually happens to someone with HIV?  
Did you have fun?

**Coach's Tips:**

- Some countries in Africa do not have any or easy access to ARVs. If you live in a country where this is true, you may want to take the ARVs stage out of this game.
- **Picking the right immune system is important. Make sure this participant is athletic and is willing to work hard for four rounds of a physical activity**

## 10.2 Appendix B

Date: \_\_\_\_\_

Name & Surname: \_\_\_\_\_

School/Venue Name: \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Class/Group Name \_\_\_\_\_

Grassroot Soccer Head Coach \_\_\_\_\_

### Grassroot Soccer Quiz

We would like to see what you know and think about HIV/AIDS. Read each statement below. If you agree with the statement, tick **Agree**. If you don't agree with the statement, tick **Disagree**. If you are not sure if you agree or disagree, tick **Not Sure**. This quiz will only be used by Grassroot Soccer staff and will be kept private.

Example:

	<b>Agree</b>	<b>Disagree</b>	<b>Not Sure</b>
HIV/AIDS is a big problem in South Africa.	√		

	<b>Agree</b>	<b>Disagree</b>	<b>Not Sure</b>
1. The most effective way to avoid HIV/AIDS is to abstain from sex (to not have sex at all).			
2. HIV is the same thing as AIDS			
3. Using condoms correctly during sex can help protect someone from getting HIV			
4. I can avoid getting HIV/AIDS			
5. If a relative became sick with HIV/AIDS, I would be willing to care for him or her.			
6. I can tell if someone has HIV/AIDS by looking at him or her			
7. Having more than one sexual partner can put someone at higher risk for getting HIV/AIDS			
8. Drinking alcohol or taking drugs can put someone at risk for getting HIV/AIDS			
9. Unprotected sex is the most common way HIV/AIDS spreads in Africa			

### **10.3 Appendix C**

#### The Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV and AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development

## 10.4 Appendix D

### *Interview Questions*

#### Questions for PeacePlayers International

- History and Background
  - How / Where was it founded?
- What are the goals of the program? What do you hope to accomplish?
  - How do you hope to accomplish this?
- Why do you think combining sport and health education is beneficial?
- Are there any drawbacks to combining sport and health education?
- What is the funding for the program?
- What are goals or improvements you would like to see within PeacePlayers International?
- The program focuses on 6<sup>th</sup> and 7<sup>th</sup> graders. Are there any resources available to the children after these ages?
- How does the organization evaluate existing programs at the schools?
- How receptive are the kids to the program material?
- The program requires a strong relationship with the school. How well is that received?
- Do you work with any other organizations?

#### Questions for Gassroot Soccer coaches and trainers

- How did you get involved with GRS?
- Can you explain what you do for your job?
- Why did you decide to work with GRS?
- How do you see the kids learn / progress during the program?
- Has any student stood out to you? Why?
- How does soccer help teach youth about HIV/AIDS?
  - Would it be just as beneficial to educate about HIV/AIDS without teaching soccer?
- What do you think the kids learn?
- Do you believe these kids are more likely to live HIV/AIDS – free lives than they would have without the program?
- If you could change the program in any way – what would you do?
- What is your favorite GRS game? Why?

*Focus Group Discussion Questions*  
*Written by Taylor Alghren, Grassroot Soccer Administrator*  
*17 November 2007*  
*Volunteer Counseling and Testing Tournament*  
*Port Elizabeth*

- What are your ages?
- What did you like about the Kick ‘n Test event?
- What did you not like about the Kick ‘n Test event?
- How can future Kick ‘n Test events be improved?
- What did you learn from the Grassroot Soccer games? To you, what were the most important Grassroot Soccer games that you played? Why? To you, what were the least important games? Why?
- What did you learn from the counseling? Did you find it helpful? Why or why not?
- Did you tell a parent, guardian or family member that you were going to participate in Kick ‘n Test and that you planned to test for HIV? Why did you tell them? Why didn’t you tell them?
- Did you test for HIV today (note how many tested and how many didn’t)? Why or why not? What were some reasons that kids chose not to test today?
- Did you feel pressure to test for HIV?
- Did you talk with your friends about who was HIV positive or negative? Could you tell who was positive or negative after testing?
- Any comments on the soccer experience? Positive or improvement points?
- How did you feel about the idea of soccer, Grassroot Soccer games, and VCT combined in one day like today? Is it a good idea / bad idea? Why?
- Will you tell anyone about your Kick ‘n Test experience? Who will you tell? What will you tell them?
- Would you come to another Kick ‘n Test event?
- General comments on the day? Anything else?