

Football Teams Offer Competition and Education on HIV/AIDS

Struggling youth find new beginning.

Iringa, Tanzania — Neema Sanga, 19, grabs her baby, a two-month old boy named Rahel, as her football teammates from the Upendo Vocational Educational School take a break at halftime. Neema holds the little boy as she discusses her transformation, a result of joining the football team. (Some countries refer to football as “soccer.”)

“Before joining the team, I was having lots of sexual partners and spent my time having sex and using bhangì (marijuana),” she says. “Now, I like playing football more than my previous life.”

Across town, two primary school boys’ teams are also playing a game. At their halftime, a 15-year-old named Tony echoes the story of Neema. “I am trying to separate myself from the bad groups, where I was using a lot of bhangì and alcohol,” he says. “The training with the team is helping a lot, as well as the gathering with the other boys, which gives me support. It is helping me free myself from the bad guys.”

The teams in these two games are among the 100 teams in Iringa Municipality, one of seven districts in Iringa Region, a rural area in southern Tanzania. Each of the seven districts now has 100 football teams holding practices and games on a regular basis, a total of 700 teams involving some 21,000 youth. Iringa Development of Youth Disabled and Children Care (IDYDC), a nongovernmental organization, coordinates the program, which has increased from about 400 to 700 teams in the last six months.

The football teams provide much-needed structure, training, competition, and positive team support. In addition, trained educators (who are often the coaches) provide education on

youth development, HIV prevention, the dangers of alcohol and drugs, and other information before or after practice sessions. The educational sessions come from two modules, packaged in small booklets, one for ages six to 12 and one for ages 13 to 25.

“The books are useful,” says Neema, holding her baby. “They explain how to change my behavior, give me information about my health, about drugs and sexual partners.”

The booklets have recently been expanded, edited, and reviewed by officials from Iringa and the Ministry of Health. IDYDC conducted four two-week trainings on the modules with 108 master health education leaders, who in turn trained health educators for all 700 teams. The teams receive the booklets and assistance with uniforms and equipment.

The booklets, training, and increased number of soccer teams were part of YouthNet/Tanzania’s work in Iringa, with funding from the U.S. President’s Emergency Plan for AIDS Relief through the U.S. Agency for International Development, Tanzania Mission.

Intervention — Sports and Community Involvement

The football project began with ideas from village leaders, who said they did not have enough information on HIV/AIDS for youth, and from a similar football project in Kenya called the Mathare project. IDYDC sent staff to

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observe the Mathare project, which started in a large slum area in Nairobi and has spread to other areas. Research on the Kenya project has shown that participants have changed their behaviors and contributed to substantial community improvements.¹

The village leaders in Kenya and Tanzania liked the idea of the football teams and wanted to be responsible for the teams. "Having the football teams answerable to the village management was the most sustainable way to develop them," says Philotheous Njuyuwi, cofounder and director of IDYDC, who sees sports as one of the least expensive and best ways to attract large numbers of youth. "These were not IDYDC teams but community-based teams."

Sports reach many youth and can be developed in rural areas with less cost than holding meetings or conferences, which are traditional HIV/AIDS intervention approaches. The HIV/AIDS education modules are the first such booklets to reach Iringa

youth at the community level. The program started with nine teams in 2001, which grew with support from CARE International to some 400 teams by the end of 2003. Then YouthNet contributed funding and support, which has helped IDYDC expand the project more widely throughout the region.

As the program grows, more stakeholders in villages, team coaches, and health educators want copies of the modules. Managing all of the districts is a challenging job, even though IDYDC has offices in all seven. But Njuyuwi is optimistic that success stories like Neema's will help. "I have asked Neema to come and be a model," he says. "She was at high risk for HIV infection, but she was lucky. She has been tested and is negative. She can help us show other youth what can happen through the football program."

— William Finger

William Finger coordinates publications and information dissemination for YouthNet.

Reference

¹ Transgrud R. *Adolescent Reproductive Health in East and Southern Africa: Building Experience, Four Case Studies*. Nairobi, Kenya: Regional Adolescent Reproductive Health Network, U.S. Agency for International Development, 1998.

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