Perceptions of South African university athletes towards people living with HIV

Ayanda Lembethe, Jerry Chiware, Zak Kaufman Clemens Ley

Department Sports, Recreation and Exercise Science, University of the Western Cape, Cape Town, South Africa

Introduction

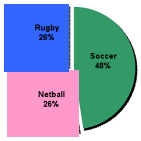
In spite of major progress in HIV prevention, testing and treatment in South Africa, HIV-related stigma remains a challenge. While there is a very low risk of HIV transmission in sport, many athletes fear competing with or against people living with HIV (PLHIV). This study examines perceptions of university athletes towards PLHIV in the field of sport.

Materials and methods

At a South African university, student-athletes (n=61) in soccer, netball and rugby completed a self-administered questionnaire assessing HIV-related knowledge and perceptions. Participants were recruited through sports teams, with both male and female soccer and netball players, as well as male rugby players recruited to participate. Participants ranged in age from 18 to 28 years, with most participants speaking isiXhosa (51%) or Afrikaans (23%) as their mother tongue.

Figure 1: Participants by sport (n=61)

Which sport do you play?



Results

While only 5 participants (8.2%) said their team had participated in an HIV education programme, knowledge about HIV transmission was high, with approximately 85% correct responses. Half of the study participants considered the risk of HIV transmission in sport as moderate (51.7%), one third regarded it as low (33.3%), and 15% perceived it as a high risk. Nearly half of the participants (41.0%) felt that athletes must be tested before they participate in sport. The vast majority of participants (83.6%) said that they would be willing to take an HIV test, though only 60.7% said they have tested for HIV regularly. When asked whether they would stay away from a player with HIV in the field of sport 23,7% were not sure and 8,5% said that they would stay away.

Figure 2: Perception of risk of HIV transmission in sport:

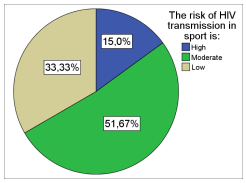
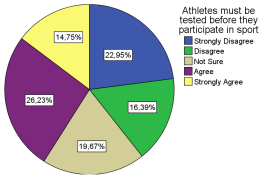


Figure 3: Perceptions regarding compulsory testing



Ten percent of the participants stated that they could not talk freely about HIV with their team mates, while 26.7% were not sure about it, and 63.3% agreed that they could talk freely about it with their team-mates. Coherent with this data, 11.7% of the participants thought that their team had a negative attitude towards athletes with HIV; 55% disagreed. Few said they would disclose to the team if they tested HIV-positive (cf. table 2).

Figure 4: Mean plot for HIV testing in netball, soccer and rugby

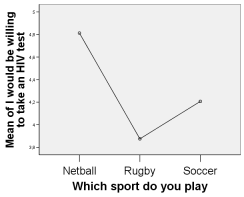
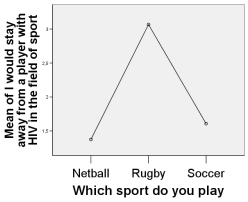


Figure 5: Mean plot for staying away from players with HIV in netball, soccer and rugby



Differences between sport codes

The result indicates that the netball players who participated in this survey expressed more willingness to take an HIV test than did rugby and soccer players. In fact, they also indicated more strongly that they were tested regularly for HIV.

Rugby players seemed to be more likely to stay away from people with HIV than netball and soccer players. However, a limitation of this study is that in this sample the rugby players were mostly males, and the above results indicated that women were more likely than men to stay away from HIV. For that reason, rugby players were compared to soccer players in the sample of only males, using a t-test for independent samples. Soccer athletes showed a significant (t = 4.348; p = 0.0001) stronger disagreement (M = 1.56; SD = 0.814) that they would stay away from an HIV athlete in the field of sport than did the rugby athletes (M = 3.07; SD = 1.100).

Table 1: Analysis according gender

	Gender	N	Mean	SD	T	p
I would stay away from a player with	Male	33	2,27	1,206	2,965	0.005
HIV in the field of sport	Female	25	1,48	,872		
Athletes with HIV can play sport like	Male	34	4,29	1,115	-2.071	0.044
anyone else	Female	26	4,73	,452		

Differences between gender

Analysing the data according to the gender of the participants, using a *t-test* of independent samples, two significant differences were found. Male and female participants differed in opinion regarding the affirmation *I would stay away from a player with HIV in the field of sport* (t = 2.965; p = 0.005) and the affirmation *Athletes with HIV can play sport like anyone else* (t = -2.071; p = 0.044). Female participants expressed stronger disagreement that they would stay away from a player with HIV in the field of sport, and stronger agreement that athletes with HIV could play sport like anyone else.

Regarding the question to whom they would disclose their status if they tested positive, the data indicated the female athletes being more open to disclose their status to their sport teams, unlike the male athletes who indicated that they would stick to their families (Table 2).

Table 2: Disclosure according to gender

	Gender		
If you would test positive, you would tell your status:	Male	Female	Total
- To nobody	4	3	7
- To your family	28	19	47
- To your best friend	10	10	20
- To your sport team	3	7	10
- To anybody and live openly with the status	6	8	14
Total	34	26	60

Conclusions

There is a need for HIV education programmes with sports teams that go beyond providing information. This study shows that university sports teams may not sufficiently embrace disclosure or support PLHIV. Although knowledge is high among student-athletes, risk perceptions and attitudes towards testing can be improved through behavioral interventions.

A close collaboration among the sport teams and HIV-education programmes on campus is desirable. The sport teams could be prepared to be a supportive group, and be sensitive to issues around HIV, where disclosure could take place if wanted, fears could be discussed, and mutual support facilitated. Working on team processes, such as group cohesion and communication among the athletes, could add important information to individual processes in HIV-education. More research is needed on evaluating such mediator effects.

Acknowledgments

We are grateful to all lecturers from the Sports Science Department for their support. Our gratitude is also extended to the coaches, managers and athletes who willingly participated in our research. We would like to thank the 2012 International AIDS Conference for the scholarship to attend this conference. We also like to thank Grassroot Soccer for making this poster presentation a success.

Presented at AIDS 2012 – Washington, D.C., USA