

A case for a sport-based curriculum for adolescents living with HIV/AIDS to increase adherence and retention

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BACKGROUND

Government and non-governmental organisations in Zambia have made great progress to meet the Millennium Development Goal (MDG) by 2015. Because of these efforts, there has been increased access to antiretroviral therapy (ART) and more children infected with HIV are living longer and reaching adolescence and adulthood.

Although Zambia's overall HIV/AIDS trends are improving, there remains concern that HIV prevention and treatment among adolescents aged 15-24 years – a population with 7.0% HIV prevalence in females and 3.1% in males – is not receiving sufficient tailored attention from most national HIV/AIDS stakeholders.ⁱ Even though the survival benefits of ART far outweigh the costs of providing treatment, only 78% of Zambians eligible for ART obtain access.ⁱⁱ

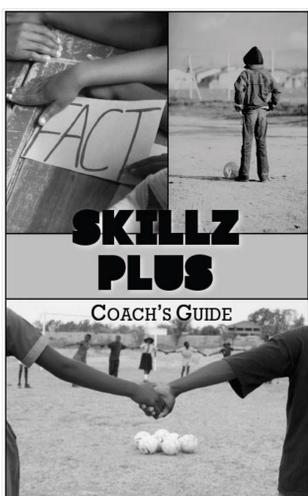
Adolescents have frequently been identified as among the most important groups to target to combat the spread of HIV/AIDS.ⁱⁱⁱ However, minimal research has been conducted to determine best practices and programmes for providing care and support to ALHIVs. While the Zambian government has established protocols and practices for HIV treatment of children and adults, treatment and counseling approaches for adolescents living with HIV/AIDS (ALHIVs) have yet to be fully established. Thus, age-appropriate treatments, care, support, and sexual education need to be further improved for adolescents to live healthy positive lives and reduce HIV transmission.

INTERVENTION OVERVIEW

Two approaches to HIV prevention are peer education and sport-based HIV prevention (SBHP) interventions. HIV peer education has been shown in several studies to contribute to improved levels of knowledge, attitudes and self-efficacy including condom use and delay of sexual activity.^{iv} Interest is growing internationally, particularly in Sub-Saharan Africa, for the use of sport in interventions to combat HIV. A systematic review found strong evidence exists to suggest SBHP interventions can increase HIV-related knowledge and communications.^{vi}

Grassroot Soccer (GRS) has developed the unique SKILLZ Plus curriculum, an interactive SBHP programme led by “coaches” (HIV positive peer counselors), designed to educate, empower, and support ALHIVs through clinical adolescent support groups.

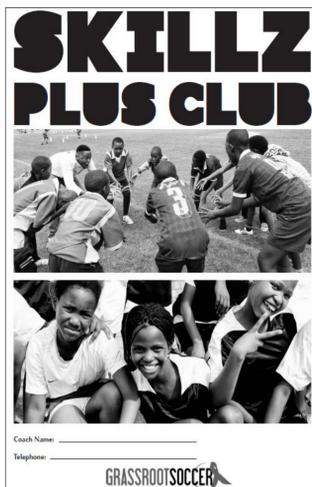
SKILLZ Plus topics include understanding HIV prevention and transmission, reinfection, antiretroviral drugs, and opportunistic infections and importance of adequate support, disclosure, and healthy relationships and choices. The SKILLZ Plus curriculum encourages ALHIVs to have important discussions about living with HIV, making healthy life decisions, working to achieve their goals, and becoming positive role models within the community.



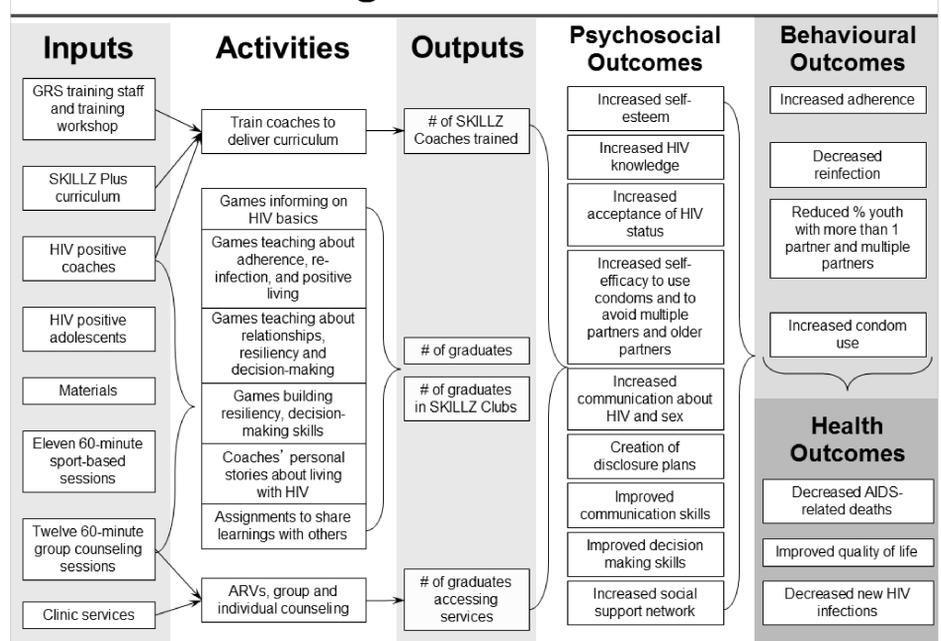
(left) Grassroot Soccer's SKILLZ Plus curriculum targets Zambian adolescents through 11, 60 minute structured “practices”. (above) SKILLZ Plus coaches review the “Disclosure Puzzle” activity, where participants discuss who, when, where, why and how to disclose their HIV status.



(above) Materials for the activity “Juggling My Life,” where participants learn about making healthy choices. (right) After participation in the SKILLZ Plus intervention, adolescents will enter SKILLZ Plus Clubs, ongoing support groups designed to build off key topics and discussions in SKILLZ Plus.



SKILLZ Plus Logic Model



LESSONS LEARNED

The SKILLZ Plus curriculum was piloted in September 2012 in two Lusaka public clinics in order to improve curriculum delivery, language, and acceptability. Observation was conducted throughout the intervention in addition to a focus group discussion with SKILLZ Plus coaches at the completion of the intervention. Through participant discussions, successes include improved confidence, acceptance of status, adherence to ART, and clinic visit retention. An area of improvement includes developing sustainable follow-up and care between participants and clinics after the intervention.

“By going through training and the pilot for SKILLZ Plus, I have been able to see how this program delivers essential life skills for living positively. The kids are able to take the life skills they learn in SKILLZ and bring it back into their communities. The curriculum is amazing because we build each other up and encourage each other to live normal, healthy lives. Also, a lot of people in SKILLZ Plus and Zambia look up to me and see how confident and strong I am, allowing me to help people to know their HIV status.”

– Female SKILLZ Plus Coach; Lusaka, Zambia

NEXT STEPS

GRS is currently conducting a rigorous, randomised design evaluation on the SKILLZ Plus curriculum to determine if providing a tailored, peer-led, adolescent and sport-based-focused program in clinical support groups can cost-effectively improve ALHIVs retention (measured using clinical visit history) and ART adherence (measured using pharmacy refill records and patient CD4 count). Secondary outcomes include changes in HIV-related knowledge, attitudes, self-reported behavior, and psychosocial wellbeing. The evaluation will be conducted between December 2013 to June 2014 in partnership between GRS, IDinsight, Zambia Ministry of Health and the Center for Infectious Disease Research of Zambia, with funding from Elton John AIDS Foundation and MAC AIDS Fund. The evaluation will:

1. Provide evidence that can inform adolescent HIV policy and programming in Zambia.
2. Contribute to the overall knowledge of improving care, treatment, and support to ALHIVs.

ACKNOWLEDGEMENTS

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