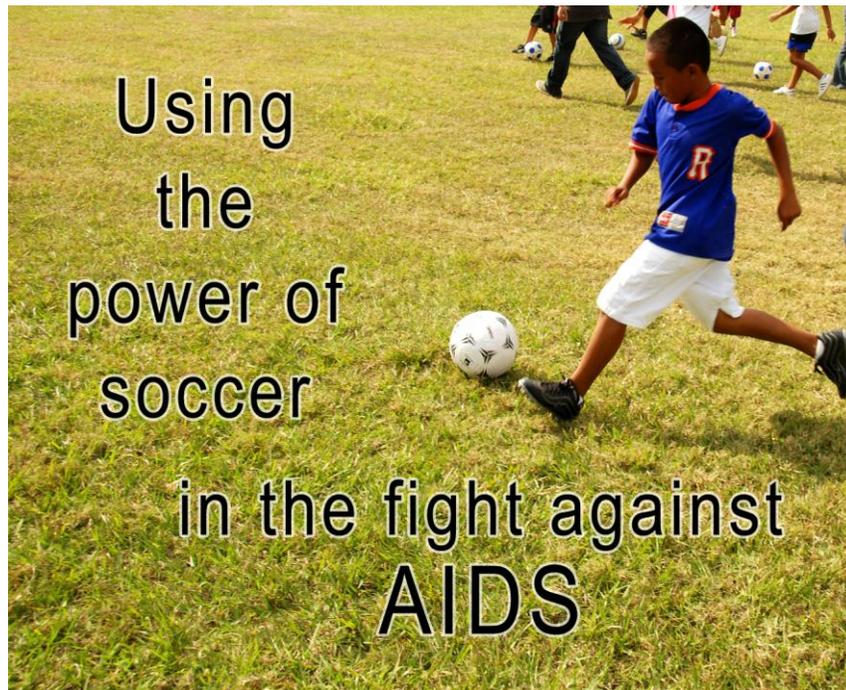


Football for Life

San Ignacio, Belize



Applications of Sustainable Development
Galen University
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Introduction

The intention of Football for Life is to act as a new instrument for HIV/AIDS education and prevention in Belize. Currently, one out of ten people in Belize are living with HIV/AIDS and the disease continues to be a problem nation-wide. Belize also has the fastest growing rate of HIV/AIDS in Central America. This report describes the introduction and implementation of Football for Life in Belize and the progress made in the time period between January and April of 2009 by a group of nine students in an undergraduate Applications of Sustainable Development course at Galen University in the Cayo district of Belize. This report provides background information, the methods and outcome of starting a Football for Life pilot project in Belize, as well as recommendations for the future. In an endeavor to promote sustainable development and combat HIV/AIDS in Belize, Football for Life is an innovative tool to address HIV/AIDS education.

Background

Football for Life is a satellite program of Grassroot Soccer, which began in Zimbabwe and was founded by former professional soccer players, Tommy Clark and Ethan Zohn, in 2002. After his experience in Zimbabwe, Tommy Clark envisioned the idea for Grassroot Soccer, with soccer as the vehicle for social change in the fight against HIV/AIDS. The passion for soccer world-wide and the influence of professional players would help fuel the movement (Grassroot Soccer Website). The Children's Health Council reviewed Grassroot Soccer as follows:

"Overall, the Grassroot Soccer Program is a culturally appropriate, internationally suitable, creative, and effective way to educate at-risk youth about HIV/AIDS and its prevention... Significant changes in students' knowledge, attitudes and perceived social support are observed as a result of the program."

The success of Grassroot Soccer has become globally recognized. Football for Life uses the principles and curriculum of Grassroot Soccer with members of the Cayo community, while it is modified to the influence and effect of HIV/AIDS unique to Belize.

Problem Statement

AIDS, and its predecessor HIV, have combined in a widespread epidemic creating detrimental physical, social, cultural and economic repercussions around the world. Its effects reach men and women in every corner of the globe. Although the most prominent consequences of this disease manifest themselves in specific geographic regions, in a global community, the direct and indirect effects of this disease on poverty, inequality, community development and social services can be seen worldwide (World Bank, 2003).

As of 2007, the total number of individuals living with HIV was estimated at 33.2 million worldwide, with over 6,800 people falling victim to new infections and more than 5,700 suffering AIDS-related deaths each day (World Bank, 2007). Due to the lack of adequate prevention and treatment programs, HIV is recognized as the most serious of infectious diseases threatening public health to date (World Bank, 2007). AIDS continues to be the number one cause of death in Sub-Saharan Africa, as well as one of the leading causes of death among people 15 to 44 years of age residing in the Caribbean region (World Bank, 2007). After Sub-Saharan Africa, the Caribbean region demonstrates the highest prevalence of HIV/AIDS in the world (World Bank, 2007). Within the greater Caribbean region, smaller countries suffer the highest HIV prevalence, such as Belize with 2.5% of its population living with the virus in 2005 (World Bank, 2007).

Based on a review of the facts regarding the widespread nature of the HIV/AIDS epidemic, there is an observable and critical need for the utilization of more effective HIV/AIDS education and prevention programs. The use of game-based education in school settings, such as that employed through the Grassroot Soccer organization, represents an efficient and effective means of fighting the HIV/AIDS epidemic (UNICEF,

2001; Griffith, 2005). Furthermore, through implementing partners and satellite programs such as Football for Life, Grassroot Soccer has extended its range of influence, beyond countries in Africa, to those worldwide (Grassroot Soccer, 2004-2007).

Methods

The Football for Life group used a combination of interrelated methods in order to implement game-based HIV/AIDS education. These methods were formulated with specific project-related goals that were to be met by the end of the project period. These goals included establishing a sustainable HIV/AIDS program that would instill factual knowledge about HIV/AIDS as well as promote the spread of such knowledge throughout the community. Football for Life also strived to empower local community role models, youth sport coaches, teachers, peer educators, and students, providing them with the tools needed to educate youth in their communities. Also, the utilization of football as a means of employing game-based education would serve to break the language barrier of existing HIV/AIDS education. Keeping these goals in perspective, this service-learning group focused on achieving objectives that would create a comprehensive, dynamic HIV/AIDS education program using the following three steps.

1. Grassroot Soccer Training

The first step in this group's project was for its members to undergo the Grassroot Soccer training in order to become familiar with the organization's HIV/AIDS education curriculum. Afterwards, the curriculum, which is laid out in the Grassroot Soccer Coach's Guide (see Appendix E), would be used by the Football for Life group members to educate youth within the San Ignacio school district. The training was facilitated by Chris Wardell, a Grassroot Soccer and Football for Life coach from the University of Vermont. In order to complete the training, the Football for Life group members met with Chris for two-hour sessions Monday through Thursday for a duration of two weeks. The Grassroot Soccer training consisted of Chris teaching the group members each of the games included in the curriculum and explaining how they could

be related back to HIV/AIDS. After learning each game, the members would then take turns instructing and reenacting the games among themselves, pretending they were teaching a group of youth. In this way, the Football for Life members could not only practice teaching but also review the talking points of each exercise, which served to point out the connection between what occurred during the game and what could happen in real life situations regarding HIV/AIDS.

2. Presentation to Youth Ambassador Program (YAP) Members

After undergoing Grassroot Soccer training, students in the Football for Life group focused on sharing the purpose, goals, and objectives of their project with their project partner, Cornerstone Foundation, and a local youth group, the Youth Ambassador Program (YAP), with whom they would be joining forces. In order to introduce the ideas surrounding the Football for Life program, the service-learning group organized a presentation for YAP members. This presentation (Appendix E) served to explain the background of HIV/AIDS in Belize, the concept behind Grassroot Soccer and Football for Life, and the structure of these programs, as well as an upcoming schedule of events to be held in the community to attract interest in the program. During this discussion, the Football for Life group compiled a sign-up sheet of YAP members who were interested in working with Football for Life, denoting their names, contact information and the roles they were interested in playing to help with the implementation of the project.

3. Division into Micro-groups

Due to the fact that the Football for Life group was composed of a total of nine members, division into three smaller micro-groups was necessary. This allowed group

members to better allocate their time and energy, as well as minimize the difficulties associated with coordinating such a large number of individuals. Each micro-group was made up of three members total, with



Display at Broaster Stadium

one member acting as the micro-group liaison. The micro-groups would keep the entire service-learning group informed by emails sent by the liaisons as well as discussions held at each weekly meeting.

The three micro-groups that were created were titled the event planners, school outreach, and the sustainability coordinators. The event planning group was in charge of working closely with Carmita Lemus, the program manager at the Cornerstone Foundation, in an effort to organize community outreach events and spread the word about Football for Life throughout the area. More specifically, the principal event this group was in charge of coordinating was a Football for Life coach recruitment day, which was held on Saturday, March 21, 2009, at Broaster Stadium in San Ignacio. The event planners organized a display of informational posters regarding HIV/AIDS and Football for Life, created a sign-up sheet for people who were interested in becoming coaches, and booked a DJ as entertainment for the day. As a means of advertising, this group also designed and posted flyers (Appendix C) and ran a television advertisement during the week prior to the recruitment event. In addition, they designed t-shirts featuring the Football for Life logo that could be distributed to anyone who contributed to the project's initiative and to members within the San Ignacio community as well. (Appendix F).

The school outreach group was responsible for finding schools in the San Ignacio area that were interested in having their students participate in Football for Life. Schools and organizations were sent formal letters explaining the Football for Life program and inviting them to attend the coach recruitment day (Appendix D). Once interest was expressed, the school outreach group coordinated the implementation of the Football for Life program within the school by following the Grassroot Soccer curriculum. On Friday, March 20, 2009, Football for Life held its first session with roughly 30 standard five students from Sacred Heart. From the Grassroot Soccer curriculum, the



Signing the Football for Life 'Contract'

games, “Choices” and “Find the Ball” were used, in addition to the signing of the contract and a celebration circle at the end to recap what was learned. Another task headed by this micro-group was to find individuals within the schools, such as teachers, who would be interested in becoming Football for Life coaches.

The third micro-group, the sustainability coordinators, was responsible for the actual training of individuals, including YAP members who demonstrated interest in becoming Football for Life coaches. Their goal was to work closely with YAP members to ensure that the local community learned the necessary skills to continue, maintain, and advance the Football for Life program after the initial contribution of the service-learning group was complete. This micro-group was also responsible for finding individuals in addition to YAP that could be trained and, in turn, keep the program operating in the future.

Results/Findings

The outcome of the efforts put forth to obtain the goals of Football for Life provided a learning experience for all those involved in the project. The objective of establishing a sustainable program by working with members of the community was challenging, but using Football for Life as a tool for educating youth about HIV/AIDS proved to have a very positive response. In addition to the positive response from the standard five students, it was found that soccer attracts a crowd in the community and the interest from kids can help sustain the program.

Shortly after commencement of the project, the first finding was that most primary schools did not permit discussion of condoms as a preventative measure for HIV/AIDS. Due to the religious affiliation of the schools, including Sacred Heart Primary School, education programs having to do with sexual intercourse were only allowed to teach abstinence as a method of prevention. The group had been cautioned in advance by YAP members that talking about condom-use for preventing sexually transmitted diseases or HIV/AIDS was not condoned. The result of this finding, though, did not hurt the curriculum that was used at Sacred Heart particularly because the games and

talking points focused more on the importance of getting tested and making healthy everyday choices. Although the games were most effective when there was freedom to discuss the use of condoms for protection, they are all adaptable to use in a setting where abstinence is the preferred means of prevention.

Beyond working at Sacred Heart with the standard five students to introduce the program, it was important to find members in the community that would like to be involved. During the session with Sacred Heart many other students and members of the community came over to the group and the soccer balls with curiosity about what was going to be happening with the soccer balls. This shows that there is certainly an interest in football in San Ignacio. The challenge of finding and training members of the community to become coaches was addressed by holding an event for coach recruitment (stated above in Methods). Low attendance was an unfortunate result, but showed that community outreach could be stronger. Aside from hosting an event to attract potential coaches and raise awareness about the program, it was also a challenge to coordinate scheduling for those already looking to become coaches, such as individuals in the YAP group. Once there was a chance to work with the Sacred Heart students, interaction with the kids became a major incentive to continue the program. Their response reflected the potential for sustaining success for Football for Life.

Working directly with the standard five students at Sacred Heart was a good test to determine their degree of awareness about HIV/AIDS. Students had more of a grasp on HIV/AIDS than expected, but most importantly, they displayed a positive response to the games. The games were effective in educating and entertaining the students, coaches, teachers, and observers. The simple rules and materials used by Football for Life games made it possible to illustrate a broader concept of the skills and knowledge to live HIV/AIDS free. A vital component of the result of Football for Life in its earliest stages was that fun and pleasure were paramount.

Recommendations

In order to make future Football for Life programs more successful in Belize recommendations have been made to help utilize time constraints more efficiently, create a more effective community outreach strategy, and advise Football for Life coaches about how to approach students. What's most important is that Football for Life continues to spread the word so that the program can grow.

Beginning work immediately should remain a priority among group members in order to maximize the time available for the project. Establishing consistent meeting times for the group is also extremely important. Setting consistent meeting times will avoid confusion and help the productivity of the project. Another suggestion for effective time management includes contacting schools as soon as possible in order to establish future dates to work with students. Communicating with schools about their interest and availability to help execute the project should start immediately. If communication with schools starts in the initial stages of the project, it may help prevent a delay between training coaches and implementing the FFL program with students. Establishing set dates to work with schools will help assure that FFL trainers have multiple opportunities to interact with students. It is also recommended that the group train along side with other interested member from the community. There are resources around Belize that would likely show interest in learning more about the program, such as Galen University, other primary schools, and other organizations such as YAP.

When working with students, FFL coaches should be prepared for kids to be more knowledgeable about HIV/AIDS than expected. It is also important to remain flexible when implementing games and adjust games as necessary in order to keep them running smoothly. For example, during the "Celebration Circle" (found within the Grassroot Soccer Curriculum) having students pass compliments around the circle may be more effective than having the students choose another student at will. Passing compliments from one student to the next within the circle eliminates the tendency for students to choose only those students of the same sex to compliment. This strategy may reduce the nervousness surrounding inter-gender interaction. It is important to pay

attention to situations such as these and reflect upon them in order to improve teaching methods and encourage participation.

To create a more effective community outreach strategy, it may be helpful to use various forms of advertising (e.g., print, T.V., and radio) to help spread information about FFL and how community members can get involved. In addition, these forms of advertising may reach a wider range of potential FFL coaches. Having a group of prospective trainers at the outset of the project could have also been extremely beneficial. If a group of interested community members had been present early on, they could have received training alongside the Galen University students, ensuring the sustainability of the project.

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Appendices

Appendix A: Project Proposal

Project Proposal Form:

Football for Life

1. Group Information: Who is in your group? What are their roles in the group? What is their contact information and when do you plan on meeting?

Name	E-mail	Phone	Role in Group	Group Meeting times
1. Gisele Nelson	grnelson@uvm.edu	656-8124	Group Liaison	Tues: 5-6p Thurs: 5-6p
2. Ben Kinne	bkinne@uvm.edu		Presentation	
3. Antoine	Fayan1161@yahoo.com	625-1818	Editor of Lit. Review	
4. Golda Martinez	gdmadem@yahoo.com	6672433	Outreach coordinator, Presentation	
5. Courtney Michalik	camich@umich.edu	664-0997	Media and Marketing, photography	
6. Emily Demikat	edemikat@uvm.edu	665-8052	Event Planning, Presentation	
7. Margaret Patrick	mpatrick@uvm.edu	665-8069	Presentation creation	
8. Becky Stoecklein	rstoeckl13@gmail.com	665-8200	Secretary	
9. Yasmini	Yasmini_1989@hotmail.com	602-8316/ 665-8316	Presentation creation	

2. Project Description: Write a one-paragraph description of the problem. What is the nature of the problem? Why is it a problem?

Belize has the fastest growing rate of HIV/AIDS in Central America. In addition, one in ten of those living in Belize between the ages of 15 and 25 are infected with HIV/AIDS. The Football for Life Project in collaboration with the Cornerstone Organization hope to address this problem with an innovative strategy that hasn't been used in the past. Addressing the problem of HIV/AIDS prevalence in Belize is a problem that has close ties to how the issue is approached. The lack of information or misinformation is the umbrella problem that is due to some of the other problems we have listed below:

- Language barrier of existing HIV/AIDS education (mainly English),
- Unawareness of females in households,
- Cultural sensitivity to existing HIV/AIDS education,
- Social back lash of contracting the disease,
- Denial of HIV/AIDS being a problem,
- Poverty, and even
- Tourism

Many of these problems are the result of a problem in overall communication and can be solved if the correct information was freely available to all and common misconceptions were broken among females and males in all age groups and cultures.

3. The Desired Ends

Briefly describe the desired ends. What does your group envision as the solution to your problem (goal)? How will your project contribute to realizing a MDG objectives?

- | | |
|--|---|
| 1. Eradicate extreme poverty and hunger | 2. Achieve universal primary education |
| 3. Promote gender equality and empower women | 4. Reduce child mortality |
| 5. Improve maternal health | 6. Combat HIV/AIDS, malaria, and other diseases |
| 7. Ensure environmental sustainability | 8. Develop a global partnership for development |

The desired end and goals of our project are as follows:

- Establish a program that the Youth Ambassadors Program (YAP) and others in the community can continue, maintain, and progress after the contribution made by the project initiators is complete.
- Break the language barrier of existing HIV/AIDS education by using the common language of football for HIV/AIDS education.
- Instill factual knowledge about HIV/AIDS.
- Promote the spread of knowledge to families and friends of those involved and interested in Football for Life (FFL).
- Provide life skills and empowerment for FFL facilitators.
-

As for addressing MDG objectives, FFL directly relates to number six, "Combat HIV/AIDS, malaria, and other diseases".

4. Partner Information

Briefly describe your project partner and what its role will be.

Organization	Contact information (name of contact person, address, phone, e-mail address, etc.)
Cornerstone Foundation	Carmita Lemus 90 Burns Ave., San Ignacio Phone: 501-678-9909, Cell: 661-1946 Email: programs@cornerstonefoundationbelize.org www.cornerstonefoundationbelize.org

5. Timeline

Estimated date	Activity	How objectives will be met	Person(s) responsible	Complete?
Feb. 10	Project Proposal due	-Identify why it's a problem, Think of alternatives, Meet with group	Gisele and Becky	Yes
Feb. 12	Partnership Agreement due	-Meet with partner, Identify needs, Schedule meetings, Identify group liaison	Gisele and Becky	Yes
Feb. 26	Literature Review due	- Research web and other sources, Divide responsibilities among group, Write report	Everyone researches and Becky writes	Almost
Feb. 28	Presentation to YAP at Yoli's 3:30p	-Introduce FFL to YAP members. Teach a couple games from the curriculum. YAP will then hopefully help us advertise/invite for our next event.	Entire group	Yes
Mar.20	FFL at Sacred Heart	-Have a session with standard 5 students	Entire Group	Yes
Mar. 21	Community Football for Life coach recruitment day	-Introduce FFL to San Ignacio community and get together those who might be interested in getting involved. Make a list of contacts that would like to learn the curriculum and use it in Belize.	Entire Group (w/ help from YAP)	Yes

6. Proposed Budget

Identify anticipated expenses, including transportation, copying, purchases of materials and equipment, and possible contribution to project partner for continuation of project-related work.

Category of expense	Anticipated expense in \$BZ	Justification	Running Total
Lunch for YAP and FFL members	\$150	We're hoping to kick off the project by meeting w/ YAP and presenting our project to them, to get them excited and on board.	150
Cayo Cable Advertisement	\$99	A week long ad that would let the SI community know about our event on the 21 st . The event is important to invite people to become trainers.	249
DJ for event	\$150	Music will make the event exciting as well as attract people to come check out what's going on.	399
Information display materials	\$85	Banners and posters as visual aid for FFL. Can be used in future	484
T-shirts	Splitting cost w/Galen	Shirts are for recognition of the FFL program	

Format drafted from "A Workbook For Problem-Based Learning," Farley, Erickson and Daly

Appendix B: Literature Review

Football for Life: Literature Review Table of Contents

I. Introduction

Contributed by Becky Stoecklein

II. HIV and AIDS in the Caribbean

Contributed by Antoine Faye and Gisele Nelson

III. HIV and AIDS in Belize

Contributed by Ben Kinne and Yasmini Matus

IV. HIV and AIDS Prevention

Contributed by Courtney Michalik and Golda Martinez

V. Game-based Education

Contributed by Margaret Patrick

VI. NGO: Grassroots Soccer

Contributed by Emily Demikat

VII. Work Cited

I. Introduction

Acquired Immune Deficiency Syndrome (AIDS) and its predecessor, Human Immunodeficiency Virus (HIV), together have combined in a widespread epidemic creating detrimental physical, social, cultural and economic repercussions worldwide. There is no face to HIV/AIDS. Its effects reach men and women in every corner of the globe, young and old, rich and poor, whether they are daughters or sons, sisters or brothers, mothers or fathers, aunts, uncles or cousins. Although the most prominent consequences of this disease manifest themselves in specific geographic regions, as a global community, the direct and indirect effects of this disease on poverty, inequality, community development and social services can be seen worldwide (World Bank, 2003).

As of 2007, the total number of individuals living with HIV was estimated at 33.2 million, with over 6,800 people falling victim to new infections and more than 5,700 suffering an AIDS-related death each day (World Bank, 2007). Due to the lack of adequate prevention and treatment programs, HIV is recognized as the most serious of infectious diseases threatening public health to date (World Bank, 2007). AIDS continues to be the number one cause of death in Sub-Saharan Africa, as well as one of the leading causes of death among people 15 to 44 years of age residing in the Caribbean region (World Bank, 2007). After that of Sub-Saharan Africa, the Caribbean region demonstrates the highest prevalence of HIV/AIDS in the world (World Bank, 2007; World Bank, 2007). Within the greater Caribbean region, smaller countries suffer the highest HIV prevalence, such as Belize with 2.5% of its population living with the virus in 2005 (World Bank, 2007).

Based on a review of the facts regarding the widespread nature of the HIV/AIDS epidemic, there is an observable and critical need for the utilization of more effective HIV/AIDS education and prevention programs. The use of game-based education in school settings, such as that employed through the Grassroot Soccer organization, represents an efficient and effective means of fighting the HIV/AIDS epidemic (UNICEF, 2001; Griffith, 2005). Furthermore, through implementing partners and satellite programs such as Football for Lives, Grassroot Soccer has extended its range of influence beyond countries in Africa to those worldwide (Grassroot Soccer, 2004-2007).

II. HIV and AIDS in the Caribbean

As previously mentioned, outside of Sub-Saharan Africa, the Caribbean region currently has the highest HIV prevalence rate of any region in the world (Sullivan, 2006). Furthermore, the Caribbean also has the highest AIDS incidence rate (the number of new AIDS cases per million population per year) in the Americas (Sullivan, 2006). Within the Latin American and Caribbean region, 2.1 million people are estimated to be living with HIV, including 300,000 in the Caribbean and 1.8 million in Latin America (Sullivan, 2006). Nine out of the twelve countries with the highest HIV prevalence in Latin America are located in the Caribbean (Sullivan, 2006). Haiti has the highest prevalence, with a rate over 3%, followed by Barbados, Belize, the Dominican Republic, Jamaica, and Suriname, which all have infection rates over 1% (Sullivan, 2006).

Young people in the Caribbean are at high risk of contracting HIV because many begin having sexual intercourse at an early age and tend not to use condoms for protection (Sullivan, 2006). Unprotected heterosexual sex seems to be the main mode of HIV transmission in most countries in Central America and the Caribbean (Sullivan, 2006). Although unprotected

heterosexual sex is the primary form of transmission, sex between men attributes to 12% of the share of HIV infection (Sullivan, 2006). Significant factors in the spread of HIV in the Caribbean include the ongoing stigma of having HIV/AIDS as well as widespread homophobia, which drive people away from HIV services. In addition, it is suggested that such stigma and homophobia could hide a higher true HIV infection rate (Sullivan, 2006). In Central America, the epidemic is concentrated in large urban areas, but some rural areas have also been hit hard. For example, in Honduras, the Garifuna community, which is comprised of descendants of freed black slaves and indigenous Caribs from the Caribbean island of St. Vincent, has been especially impacted, with over 8% of the population infected (Sullivan, 2006).

HIV/AIDS is unique among diseases due to the combination of several specific attributes. Each of the interrelated attributes mentioned below have varying and considerable impacts on human, social, and liquid capital. In addition to the fact that HIV spreads fast, people who contract HIV may remain infectious for many years without knowing they have the virus or showing any symptoms. For this reason, the potential for spread is high (Sullivan, 2006). HIV/AIDS primarily affects young people, ages 15 to 49, who are in the prime of their lives as workers and parents (Sullivan, 2006). On a related note, HIV/AIDS reduces the life expectancy of those infected, which is positively related to savings, productivity, and education (Sullivan, 2006). According to the World Bank (2000), economic growth is negatively affected by the epidemic, including negative impacts on economic sectors such as agriculture, tourism, lumber production, finance, and trade. These blows to economic sectors of Latin America and the Caribbean are due to the loss of productivity of economically active adults with the disease (Sullivan, 2006).

People with AIDS also suffer repeated and prolonged illness, imposing great costs on households and health systems (World Bank, 2000). As a result, already-strained health care systems are further burdened with new cases of AIDS as the epidemic continues (World Bank, 2000). Moreover, AIDS breaks down social cohesion, challenges value systems, and raises deeply rooted and sensitive gender inequalities (World Bank, 2000). Finally, there is no vaccine or cure that exists for AIDS (World Bank, 2000). HIV/AIDS is more than just a serious health issue; it is a developmental catastrophe that threatens to dismantle the social and economic achievements of the past (World Bank, 2000).

In regards to programs that prevent the sexual transmission of HIV among adults in Caribbean countries, laws making HIV/AIDS a notifiable¹ disease have been enacted in Guyana, Jamaica, St. Lucia, and Belize (World Bank, 2000). However, in general, Caribbean governments have initiated a limited response to HIV/AIDS. It is suggested that the alarming rates of HIV/AIDS throughout the Caribbean region are a result (Sullivan, 2006). The World Bank warned in 2001 that, “what happened in Africa in less than two decades could now happen in the Caribbean if action is not taken while the epidemic is in the early stages” (World Bank, 2001; Sullivan, 2006). This warning will quickly become a reality if preventative measures, especially those implemented through educational means, are not taken within the Caribbean in the both the present and the near future.

¹ Denoting something, typically a serious infectious disease, that must be reported to the appropriate authorities.

III. HIV and AIDS in Belize

The first case of HIV/AIDS in Belize was reported in 1986 and since then the epidemic has been spreading dramatically (Cornerstone Foundation, n.d.). Proportionately, Belize currently has the highest HIV/AIDS prevalence rate in all of Central America (Kaiser, 2006). As of 2003, 5,300 individuals representing 2.5% of the adult population in Belize, were living with the HIV/AIDS virus. In the same year, an estimated 474 of these people needed anti-retroviral (ARV) treatment but only an estimated 32 received such treatment (World Health Organization, 2004). This limited response could have been caused by the fact that the average cost for a year's dosage of the ARV regime per person was US\$200.00 in the public sector (World Health Organization, 2004). Additionally, as of 2004, the government was completely responsible for the delivery of each ARV to the individual in need and not one non-governmental organization was facilitating this process in Belize (World Health Organization, 2004).

As of 2007, the estimated number of people living with HIV/AIDS in Belize was 3,500 out of a population of 304,001 (Population Reference Bureau & UNAIDS, 2009; World Bank, 2007). Although down from the rate in 2003, this estimate demonstrates a cause for concern due to the fact that it still constitutes a prevalence rate of approximately 2.1% (Population Reference Bureau & UNAIDS, 2009). It was further estimated in 2007 that women age 15 and older and children represented 2,000 and 200 of these 3,500 HIV/AIDS-infected individuals, respectively (Population Reference Bureau & UNAIDS, 2009).

The unprecedented increase in the rate of HIV/AIDS infections in Belize can be attributed to poverty, low levels of condom use, and cultural attitudes that promote multiple sexual partners for men (Cornerstone Foundation, n.d.). The director of the HIV/AIDS program for Belize's Ministry of Health, Paul Edwards, believes that cultural norms among the Belizean people are to blame for the high prevalence rate. Edwards considers that the rate has surpassed that of all other countries in Central America because men frequently interact with multiple sexual partners and there is a high level of sexual activity among uneducated teenagers (Kaiser, 2006). To add to this, many men venture across the border to Guatemala in search of commercial sex workers (Kaiser, 2006). Paired with a high poverty rate, factors like these easily and considerably contribute to the large population of HIV-infected individuals in Belize (Kaiser, 2006).

IV. HIV and AIDS Prevention in Belize

In order to combat HIV/AIDS in Belize, the Ministry of Health helped to establish the National AIDS Task Force (NATF), which was replaced by the National AIDS Commission (NAC) in 2000 (Government of Belize, 2006). Today, the NAC serves as the primary governmental organization in charge of combating the disease. The NAC has representatives from various groups including the Ministries of Health, Education, Labor, Human Development, and Tourism, as well as youth groups, NGO's, and faith-based organizations (Government of Belize, 2006). The NAC is currently charged with the duty to facilitate, coordinate, and monitor the prevention and control of HIV/AIDS in Belize. The facets of the program follow a model that is as follows (Government of Belize, 2006):

Mandate: "To effectively facilitate and monitor the implementation of the National Strategic Plan to reduce the incidence and spread of HIV/AIDS and provide comprehensive, quality support to persons living with HIV/AIDS."

Mission: “To effectively coordinate multi-sectorial programs which address prevention and mitigation of HIV/AIDS in Belize, while promoting healthy sexual behaviors reducing discrimination against people living with HIV/AIDS (PLWHAs) and providing easy access to services to those in need.”

Vision: “The National AIDS Commission will strive to ensure that Belize decreases the rate at which HIV/AIDS is spreading and will be providing comprehensive social services which are affordable and accessible to all persons living with HIV and their families. Discrimination against persons living with HIV/AIDS will be decreased and public and private sector programs addressing the HIV/AIDS situation will be well coordinated and resourced.”

Michael Paydos (2005) has stated that despite the high HIV prevalence rate, “Belize has made many great strides in the fight against HIV/AIDS”. The Ministry of Health launched its first HIV Voluntary Counseling and Testing (VCT) center in Belize City in September 2003 (National AIDS Commission of Belize, 2008). Since that time 11 additional testing sites have been established (National AIDS Commission of Belize, 2008). This initiative enabled the testing of 6,142 people in 2006 and 7,052 people in 2007, which shows that enhancing the accessibility of HIV testing is an extremely important step in preventing the disease (National AIDS Commission of Belize, 2008). These VCT centers have also provided 548 patients with ARV treatments in addition to increasing the distribution of condoms (National AIDS Commission of Belize, 2008). Access to ARV treatment is extremely important in helping those infected with HIV/AIDS to live healthier, longer lives. For this reason, access to ARVs are now provided free of cost by way of the government and the Global Fund Project (National AIDS Commission of Belize, 2008).

A significant turning point in the prevention effort has been through the enhancement of programs aimed at reducing the transmission of HIV from pregnant women to their newborns (Paydos, 2005). More than 90 percent of pregnant women are now voluntarily tested for HIV in Belize (Paydos, 2005). In addition, the Prevention of Mother-to-Child Transmission (PMTCT) Program has been established which aims to help children born to HIV-positive mothers enter the world free of the virus (Paydos, 2005).

Strides that have been made to increase knowledge and decrease stigma surrounding HIV/AIDS in the workplace are also worthy of attention. In December 2007, the Belize Chamber of Commerce and Industry launched the Business Coalition on HIV/AIDS (National AIDS Commission of Belize, 2008). Twenty-two business establishments in Belize “signed on as members of the Coalition, which promotes the adoption of HIV/AIDS policies in the workplace as well as education programs in order to safeguard their employees who may or may not be HIV-positive from stigma and discrimination” (National AIDS Commission of Belize, 2008, p. 25). It has been found that this type of education in the workplace may, in fact, be very effective (Global Health Reporting, 2008). The Strategic HIV/AIDS Responses in Enterprises (SHARE) project of the International Labor Organization (ILO) has reported that attitudes toward condom use has improved in the six countries of Belize, Benin, Cambodia, Ghana, Guyana, and Togo (Global Health Reporting, 2008). The percentage of workers who reported using condoms with non-regular sex partners increased from 74% in 2003 to 84% in 2004 (Global Health Reporting, 2008). The recorded changes in behavior could be partially attributed

to the increased access to HIV/AIDS services in the workplaces of all six countries (Global Health Reporting, 2008).

Specifically within the San Ignacio area of Belize, the Cornerstone Foundation plays an important role in HIV/AIDS education and prevention. The Cornerstone Foundation helps to inform the public about HIV/AIDS by “publishing ‘AIDS Link’, the only nationally published newsletter devoted entirely to HIV/AIDS” (Cornerstone Foundation, n.d.). The foundation also distributes informational pamphlets to local offices and shops, and hosts National AIDS Day, candle light vigils, and community walks. Additionally, the Cornerstone Foundation supports the Youth Ambassador Program (YAP), whose goal is to facilitate HIV/AIDS discussion within the community by training youth as peer-educators (Cornerstone Foundation, n.d.).

V. Game-Based Education

Game-based education is a fusion of physical and mental exercises that provides children with an interactive and versatile level of understanding. This method of sport-based learning uses a sport's ability to attract young people to achieve non-sport related objectives (Mercy Corps, 2006; Coalter, 2006). The idea that sport-based programming is an extremely effective approach with regards to HIV/AIDS prevention is growing among both NGOs and governmental organizations (Mercy Corps., 2007). Mercy Corps. (2007) states that, “a growing consensus exists with the HIV/AIDS field that prevention programs present great hope for stemming the rise of the epidemic among the 15-24 year old age group- an age group representing 30% of all new infections.”

Health specialists argue that school-based HIV/AIDS prevention programs are the most efficient and effective ways to fight HIV/AIDS because schools are where the largest portion of children can be reached (UNICEF, 2001; Griffith, 2005). When soccer is used as the medium for teaching strategy, boys and girls are brought together by a familiar sport (Mercy Corps., 2007). Also to promote children to live HIV/AIDS free lives, using soccer as a prevention strategy opens windows to use soccer players as role models (Mercy Corps., 2007).

VI. NGO: Grassroot Soccer

Grassroot Soccer (GRS) is a non-governmental organization that employs the influence of soccer to provide African youth with the understanding, skills, and encouragement needed to stand up in the fight against AIDS and live their lives HIV free (Grassroot Soccer, 2002-2007). The charitable international behavior change organization, Grassroots Soccer, Inc., was founded in 2002 by professional soccer player Thomas Clark M.D., after he experienced first-hand the coexistence of both the distress associated with HIV/AIDS and the popularity of soccer in Zimbabwe (Grassroot Soccer, 2002-2007). GRS performs most of its work in its three flagship countries of South Africa, Zimbabwe and Zambia. However, through the use of its implementing partners, GRS has been able to broaden its influential reach to nine other African countries (Grassroot Soccer, 2002-2007).

GRS uses a sport-based teaching model to build resiliency to and prevent infection of HIV, targeting boys and girls in Africa from the ages of 10 to 18 (Peacock-Villada, 2006). Using peer interactions and the very strategic use of adult role models, which is often a scarce resource in Africa, the organization engages youth in the meaningful education about topics such as decision-making, identifying strengths, building support networks, planning for the future, and HIV prevention (Peacock-Villada, 2006). GRS uses sports coaches, soccer players, peer

educators and youth leaders as trained coaches to promote and develop strengths in the youth through the “Four Ways to Stay Strong” (Peacock-Villada, 2006; Ahlgren, 2007). The “Four Ways to Stay Strong”—made up of using your strengths, planning your next move, building your support team, and being active in your community—provide a means of relating the educational games taught by coaches to real life HIV/AIDS-related situations (Grassroot Soccer, 2004-2007).

In less developed countries, funding is generally low, especially those funds allocated to improve school-based HIV/AIDS prevention programs (Griffiths, 2005). As a result, NGOs such as GRS have had to take it upon themselves to try and improve their financial situations in order to maintain their initiative of providing the educational prevention of HIV/AIDS (Griffiths, 2005). Considering the relatively short existence of GRS, the organization has been quite successful in creating a diverse financial portfolio, which focuses on long-term sustainability (Griffiths, 2005). GRS has supported its growth by both fundraising and attracting financial aid from prominent individuals, foundations, and corporations (Grassroot Soccer, 2004-2007). Some examples of such supports of GRS are The Bill and Melinda Gates Foundation, Kellogg Foundation, DeBeers, and Johnson & Johnson (Grassroot Soccer, 2004-2007).

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Appendix C: Coach Recruitment Flyer

COME LEARN ABOUT ...
FOOTBALL FOR LIFE

SATURDAY
MARCH 21st
10am-3pm
Broaster Stadium

Use football to make a difference.
Come play, become a coach, or learn about
HIV/AIDS



Appendix D: Football for Life invitation Letter

March 11, 2009

Dear member of the San Ignacio community,

We are a group of students studying at Galen University and are currently working on putting a project, called Football for Life, into action in Belize. Football for Life is a satellite program of Grassroot soccer, which is an international non-profit organisation whose goal is to mobilize the community in the fight against HIV/AIDS by using football, or game-based learning.

Our FFL group is hosting an event on **March 21st at Broaster Stadium from 10am to 3pm** in order to promote Football for Life. The invitation is open to anyone who is interested in participating or joining the Football for Life Team. This includes prospective trainers, interested community members, and kids of all ages. There will be food, music, FFL games and activities, and other information related to the program. We'll also be running a training session as an introduction to the program.

Building off of the Grassroot Soccer curriculum, the Football for Life (FFL) program uses games and activities that allow youth to explore issues relating to HIV/AIDS. Soccer players, teachers, peer educators and other role models are trained as FFL Coaches to deliver this games-based curriculum to 4th and 5th graders. The FFL Curriculum creates a fun, friendly and safe environment in which youth can increase their knowledge and develop healthy attitudes and behaviours concerning HIV/AIDS.

We are excited about the possibility of implementing the Football for Life Program to fight HIV/AIDS here in Belize. We hope you can join us for this fun and educational event! If you are interested in coming to the event, learning about Football for Life, or becoming a Football for Life coach please RSVP to:

Gisele Nelson (grnelson@uvm.edu) or

Carmita Lemus (661-1946, programs@cornerstonefoundationbelize.org)

Cheers,

The Galen University Football for Life Team

And Cornerstone Foundation

Appendix E: Presentation to YAP

Appendix F: T-shirt Design (Front & Back)

FOOTBALL FOR LIFE

Belize



Appendix G: Grassroot Soccer Coaches Guide