InteragencyYouthWorkingGroup

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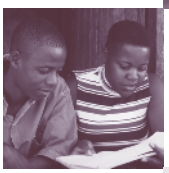
YouthLens

on Reproductive Health and HIV/AIDS

Sports for Adolescent Girls



Adolescence is a time when gender disparities between boys and girls become more pronounced. While many boys stay focused on school, girls often have more responsibilities at home. These responsibilities limit girls' opportunities for maintaining social networks, and social isolation can contribute to increasing the risk of dropping out of school, marrying early, and being in situations that leave them vulnerable to pregnancy and HIV infection.

Young people with the fewest risk factors and the most social assets (usually boys) receive the largest share of available services rather than those who are more vulnerable (usually girls). Investing in adolescent girls, especially those ages 10 to 14, is crucial for alleviating poverty, achieving universal primary education, promoting gender equity, and addressing other factors that put girls at risk of negative health outcomes.

At their most recent annual meeting, the Interagency Youth Working Group focused on protecting and empowering adolescent girls. Sports programming was among the innovative approaches highlighted. This brief summarizes the discussion.

Sports as an intervention

For more than a decade, reproductive health experts have discussed whether sports can help build social networks for girls in developing countries, allowing them to challenge gender norms that contribute to their vulnerability.[1] In addition to promoting gender equity, sports can enhance physical and mental well-being; promote social integration for girls; provide girls with adult mentors;[2] and encourage the development of new skills, knowledge, and self-confidence. Participation in organized physical activity can also give girls access to public spaces, such as parks and sports fields. Although men and boys are usually free to visit these venues, women and girls are often physically or psychologically intimidated or excluded outright.[3]

Many HIV prevention programs are beginning to incorporate sports as a platform for disseminating HIV prevention messages and for teaching life skills that help adolescents change their knowledge, attitudes, and behaviors regarding HIV.[4] More than ever, international policies support the participation of girls in sports programs, and sports advocates are incorporating more health and development goals into their agendas.

Most of the research on sports programs for adolescent girls has come from the United States and other Western countries. More scientific evidence on the social and health benefits of sports—including reproductive health benefits—is emerging from developing countries. Now appears to be an opportune time to invest more in the evaluation of these programs.

Changes in knowledge and attitudes

A few published studies have shown that sports can have a positive effect on the knowledge and attitudes of both adolescent boys and adolescent girls, with promising results.

A recent evaluation of an eight-month AIDS education intervention program called EMIMA, which used peers as soccer coaches and sources of HIV/AIDS education for at-risk adolescents in Tanzania, found that the program was effective in

improving knowledge and attitudes about HIV and safe sexual practices.[5]

Nine hundred fifty adolescents ages 12 to 15 were included in the study, 764 of whom were involved in EMIMA and the rest of whom received either standard HIV education in school or no HIV education (the control groups).

Questionnaires before and after the intervention revealed that when compared with adolescents in the control groups, the adolescents who participated in EMIMA were significantly more likely to believe that they had control over condom use, abstinence, and engaging in exclusive sexual relationships to prevent HIV. They also had significantly higher levels of knowledge about HIV and had more positive attitudes about condom use.

A school-based pilot project in Zimbabwe showed that professional soccer players can be effective role models and HIV educators. Using an interactive game-based approach, soccer players taught an HIV curriculum (developed specifically for the study) to about 150 seventh-grade girls and boys over a two-week period. When compared with a control group of students who received traditional school-based HIV education, the students in the intervention group were significantly more likely to believe that condoms can effectively prevent HIV and to know where they could find HIV prevention services. They were also significantly more likely to report having social support and to report that they would not avoid a classmate who had HIV.[6]

Five months after the intervention, the adolescents in the control group had reached the same level of knowledge as the adolescents in the intervention group on all of these measures. This suggests that the adolescents in the intervention group were likely sharing what they had learned with their peers.

Effects on behaviors

Additional research is beginning to show that participation in sports may have a positive effect on sexual behaviors, in addition to knowledge and attitudes.

In a study published in 2002, scientists investigated the relationship between sexual health and membership in voluntary community organizations such as churches, youth groups, and sports clubs in South Africa. The study included a survey of more than 1,000 men and women ages 13 to 60 living in a small mining community near Johannesburg.

Although the results were mixed depending on sex, age, and type of community organization, the scientists found that young women ages 15 to 24 were significantly less likely to be infected with HIV if they belonged to a sports club than if they did not. This did not hold true for young men of the same age (although young men ages 20 to 29 were significantly less likely to be infected if they were in a sports club).[7]

The results also showed that young women who were members of a sports club were significantly more likely to use condoms with casual partners and nonmembers, when compared with young women who were not involved in a sports club. This finding is difficult to interpret, however, because the authors did not report the ages of these women.

More recently, the International Centre for Reproductive Health and its partners published the results of a cross-sectional survey assessing relationships between sexual behavior and membership in the HIV/AIDS Prevention and Awareness Project of the Mathare Youth Sport Association (MYSA). MYSA is a large-scale community-based organization that reaches more than 15,000 boys and girls, ages 8 to 18, in the urban slums of Nairobi. Sports programming is the largest component of the organization, of which the girls' football leagues are among the largest of their kind.

The evaluation included 454 MYSA members and 318 nonmembers ages 12 to 24. Results showed that MYSA members were significantly more likely to report condom use with their current or last partners (for example, 23 percent reported always using condoms with their partner, while 17 percent did not), although rates of use were low in both groups. No significant differences were found between members and nonmembers in terms of other sexual

behaviors, attitudes about risk-avoiding behaviors, and intentions for future behaviors.[8] Results were not stratified by sex, so it is difficult to determine if the program had any unique effects on girls.

Girls-only programs

Girls-only programs may be able to address issues such as self-confidence, social identify, and the way that families and communities perceive girls. Because of these complex issues, a common aspect of girls-only programs is their multidimensional nature, integrating sports into a much more comprehensive agenda.

Moving the Goalposts

Moving the Goalposts (MTG) is an example of a large, multicomponent, girls-only program in Kenya's Coast Province. MTG combines football, leadership activities, and a program on reproductive health and rights for girls and women. More than 3,000 young women ages 10 to 24 are registered in the program.

With assistance from the University of London, MTG evaluated the program in 2009. More than 330 participants were questioned about the impact that the program had on their lives, and answers were compared among participants who had been in the program for various lengths of time. Results showed that the longer a young woman had been in the program, the more likely she was to agree that she could make important decisions, had access to sexual and reproductive health information, and could continue being educated for as long as any young man.[9]

Ishraq

The Ishraq program was launched in 2001 by the Population Council and several governmental and nongovernmental partners. Ishraq was initially a 30-month community-based pilot program for 13- to 15-year-old girls who lived in four rural villages of Upper Egypt (one of the poorest regions of the country) and were not attending school. It included literacy classes, a life skills program, a home skills and livelihood program, and a sports and recreation program. To gain support for the program, it also included outreach to boys, parents, and community leaders.

An evaluation (which included interviews with 587 participants) in 2004 found that girls who completed all components of the program were more likely than girls in control villages to score high on an index of attitudes about gender roles, to make and keep friends, to say that they did not plan to have genital cutting performed on their daughters, and to enroll in school. About 68 percent of the girls who participated in the full program had entered middle school by the end of the program, compared with 0 percent of girls from control villages.[10]

To build on this success, the Population Council and its partners are expanding the program to more villages and making adjustments, such as lowering the minimum age for participation to 11 years.

Next Generation of Healthy Women

In 2005 and 2006, the Haitian Health Foundation piloted a sports and education program for boys and girls in Haiti. After 2006, the program focused only on young women ages 12 to 19. Known as the Next Generation of Healthy Women, it included health education, health screening, a football league, and a youth group to discuss AIDS-related issues. To date, more than 5,000 girls have been

RECOMMENDATIONS FOR FUTURE PROGRAMS

The number of programs that involve girls in sports and other forms of physical activity is expected to increase rapidly in the next decade. To continue this momentum, new program models and methods of implementation will need to be developed and evaluated. Recommendations include:

- Developing programs that ensure girls' physical, emotional, and sexual safety and protect their reputations, honor, dignity, and marriageability
- Engaging parents and other community members early in program development, to ensure support and to increase the program's impact and sustainability
- Designing programs that aim for sustainability and the prospect of scale-up
- Gathering and incorporating better data on programmatic measures of success, which can strengthen a program's sustainability, improve its design, and inform scale-up
- Embedding sports-related questions into adolescent health surveys and other sources of data
- Considering ways to identify which interventions work best rather than just which ones work or do not work
- Experimenting with combinations of sports models and program content, in diverse settings and venues, with a broader range of program implementers

Adapted from: Brady M. Unlikely Settings, Remarkable Accomplishments: Insights and Evidence from Girls & Sports Programs in the Developing World. Third annual meeting of the Interagency Youth Working Group, Washington, DC, June 3, 2010.

educated through the program, and more than 1,000 have also participated in the football league. Community outreach has been an important part of this program, and all of the girls have been part of a family registration by community health workers.

A recent evaluation including more than 1,700 15- to 19-year-olds in the program showed that the program significantly reduced rates of childbirth. Results also showed that participants scored about 30 percent higher on tests about responsible sexual behaviors after the program, as compared to before. Furthermore, qualitative data from interviews with participants uncovered common themes of community, pride in capabilities, increased self-confidence, healthy competition, and increased muscle size and strength among the girls.[11]

Measuring success

Programs for adolescent girls should target the girls who are most in need of interventions and then determine what can change in a certain period of time, using meaningfully linked measurements. Because health, social, and economic assets are all closely linked to girls, these assets can be good measures of program success. If girls make positive changes in or gain any of these assets, the effect is a protective one.

Programs such as the Global Health Initiative, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) are looking at indicators such as changes in male norms and behaviors, decreases in violence and coercion, increases in access to education and resources, and increases in legal rights and protections for girls.

More emphasis is also being placed on supporting country ownership of programs for girls and promoting the sustainability of these programs. In March 2010, UNAIDS launched the *Agenda for Accelerated Country Action for Women, Girls, Gender Equity and HIV*.[12] This agenda will help ensure that governments and other UNAIDS partners around the world develop programs that meet the diverse needs of girls at the country level.

For more information about protecting and empowering adolescent girls, see *http://www.iywg.org/youth/iywg-meetings/3june2010*.

—Kerry Aradhya

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