

Soccer-based intervention to reduce drug use and improve perceptions of gender equity and sexuality among adolescent males in Alexandra, South Africa

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BACKGROUND

A 2012 study, conducted by Grssroot Soccer (GRS), of 2,200 adolescent boys in South Africa found that by 16 nearly 1 in 3 males reported having numerous sexual partners in the last year, more than 1 in 3 males reported having ever perpetrated intimate partner violence, more than 1 in 6 reported having ever perpetrated rape and nearly 1 in 4 screened positive for harmful alcohol use. There is a clear and urgent need to engage adolescent boys on issues of gender and sexuality. However, innovations are needed in how, when, and where to engage adolescent boys; and efforts with adolescent boys may benefit from taking into account their current identities and preferred styles of acting.

In 2012, GRS designed and piloted a soccer-based intervention for unemployed young men (18-25) in Khayelitsha, South Africa called Champions League. The Intervention used male mentors, curriculum-based group learning and soccer to promote pro-social behavior, build competncies, and disucss issues related to gender and violence. A feasibility study was conducted to explore the short-term effects of Champions League on participants. The study incentivised testing for drugs and alcohol and collected testing results and testing uptake. Through questionnaires and interviews with participants and family members, the study found that participants were less likely to use drugs and alcohol. Although study participants explained the importance of using healthy conflict resolution tactics with partners, small or no effects were found on gender attitudes and justification of violence against female partners in a relationship. Unequitable gender beliefs and violence perpetration were high at baseline.



Champions League Alexandra participants preparing for a match

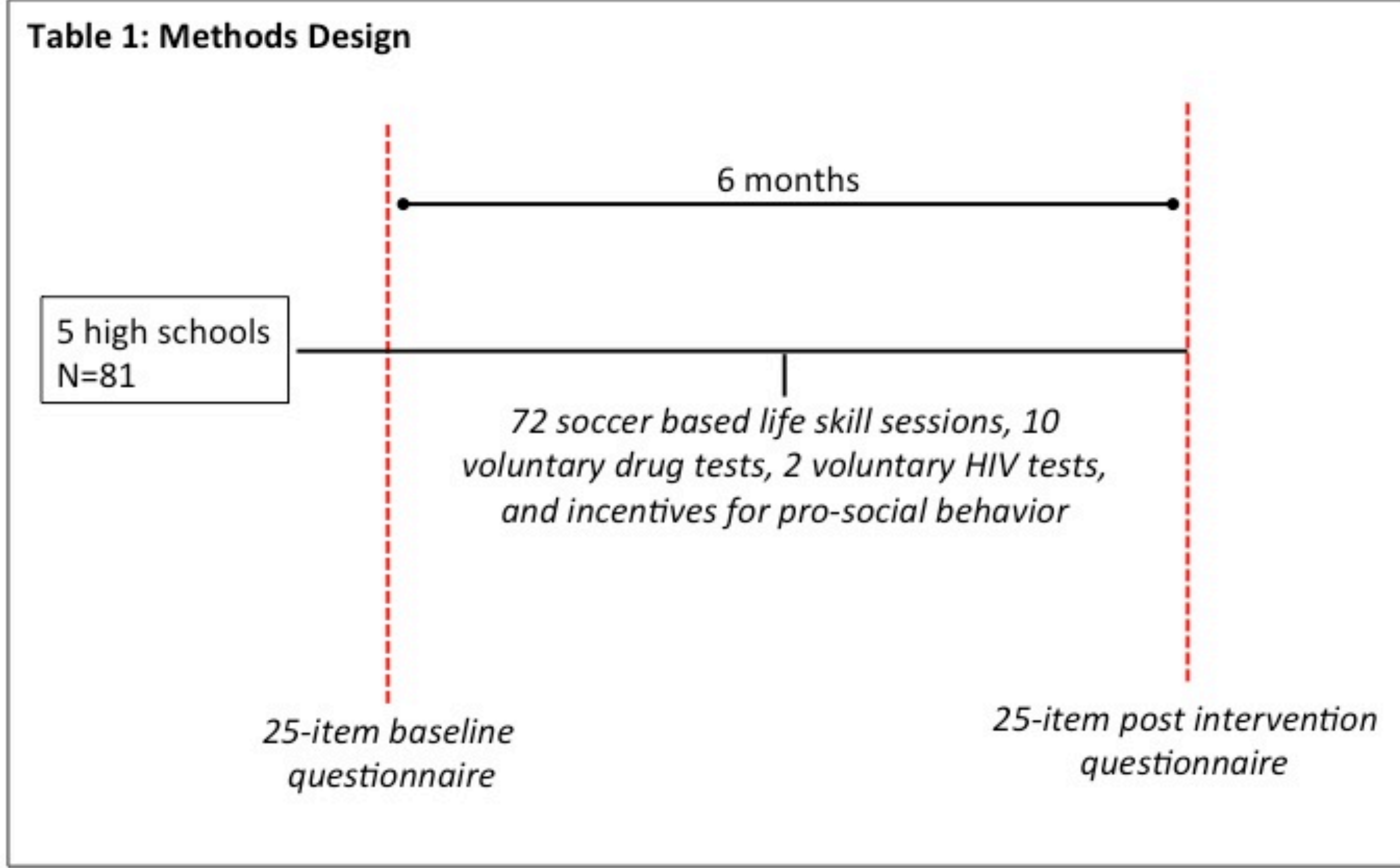
GRS adapted *Champions League* to intervene earlier in the life course of young men. The feasibility study suggested the intervention design was effective at engaging young men but also found that by late adolescence harmful male dominant norms were already solidified and thus far more difficult to elicit change.

METHODS

GRS conducted a pre-post assessment to evaluate *Champions League*, an intensive 72-session soccer-based intervention aiming to reduce substance use and gender-based violence (GBV) among adolescent male students (n=81, mean age=18 years). The Intervention was delivered by local male mentors, called Coaches, ages 18-30. The intervention also incentivised drug testing among participants with 0.5 USD airline vouchers.

A 25-item questionnaire was administered to participants immediately before and after the programme (n=23). Questionnaires assessed HIV-related knowledge, attitudes, communication (KAC), gender-equitable beliefs (measured using a modified Gender Equitable Men scale), and behaviour related to HIV testing, perpetration of GBV and substance abuse. GRS compared mean scores of the pre- and post-questionnaire data to observe changes for each survey item.

During the intervention, 10 voluntary and random drug tests were completed by an on-site social worker at the intervention venue. The on-site social worker conducted a instant-result urine test testing for marijuana, cocaine, opiates, methamphetamines and amphetamines. Participant uptake of drug testing and test results were recorded. GRS staff members observed every Champions League session to monitor the quality of programme delivery.



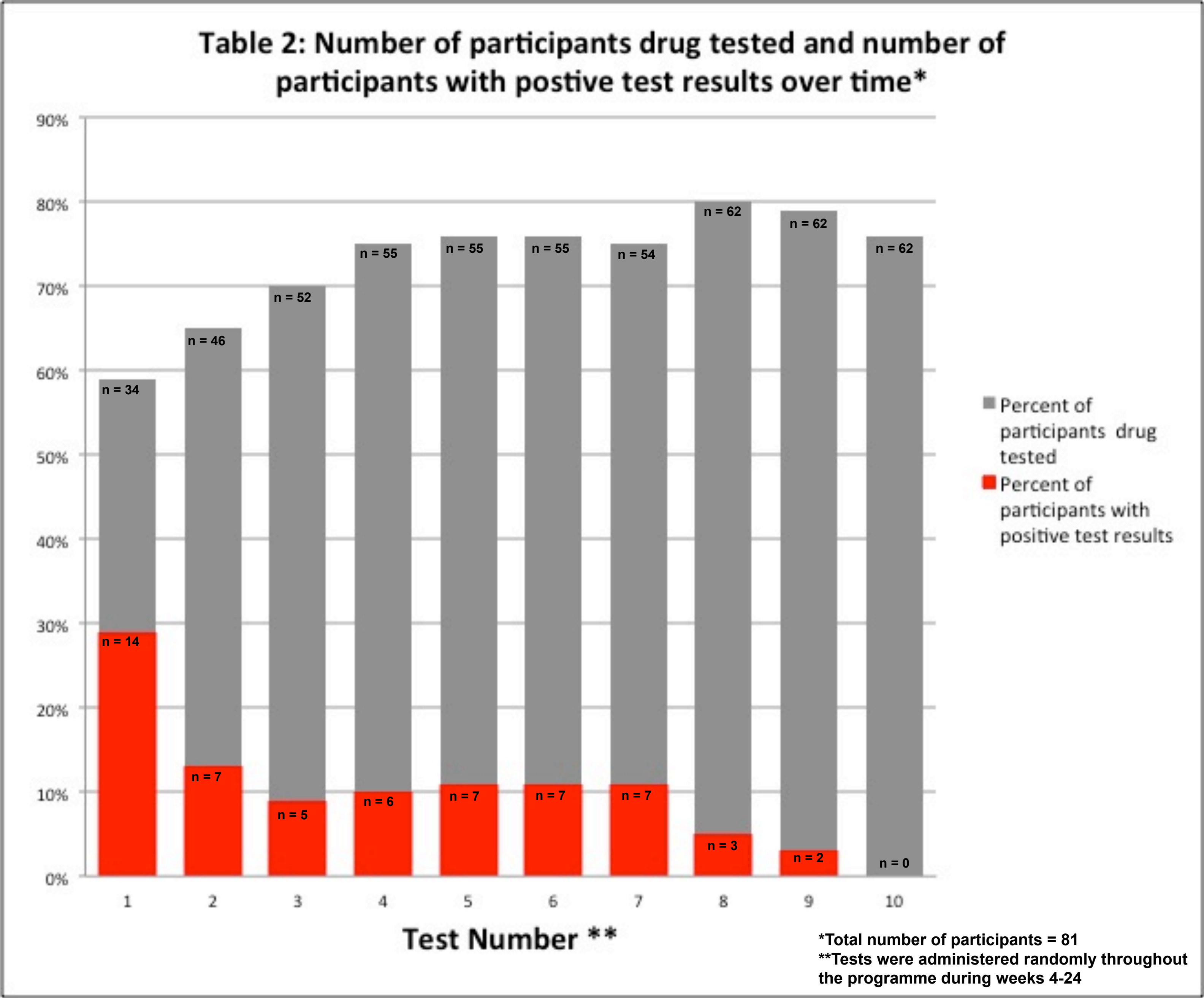
INTERVENTION OVERVIEW

Intervention participants were recruited from 5 secondary schools in Alexandra, South Africa. GRS staff members and school administrators purposively selected adolescent boys from grades 10 and 11 to be intervention participants based on their low attendance, poor performance and delinquent behaviour in school. 96 boys were offered the opportunity to participate and 81 boys consented to participate. The intervention was composed of 72, 90-minute meeting dates. The intervention consisted of four components:

- Soccer:** Each participant joined a team of 8-12 led by one Coach, trained weekly, and played league matches on weekends. Each team agreed to sign a team contract that kept participants and Coaches accountable to follow league rules, respect opinions shared by fellow coaches and participants, and participate fully at all sessions. Specific Champions League routines were taught and required of participants, such as shaking players' hands after every match and having league check-ins where players were able to present and address league issues. These league routines were created to promote the development of other healthy regiments among participants. (would delete all this in red)
- Group Learning:** The intervention design was grounded in a formal soccer league with life skills activities implemented about once a week. The evidence-based life skills curriculum focused on improving routines and behaviours towards drug/alcohol use, sexual behaviour, relationships, violence, communication, and other health regiments. Themes were delivered in a specific sequences building on previous sessions. For example, gender norms were discussed before GBV. Each practice followed the same group learning oriented schedule with dedicated time towards the sessions theme, team check ins where coaches allowed players to discuss topics in their lives and community, and soccer training. (would delete all in red)
- Action:** GRS provided opportunities for participants to demonstrate pro-social behaviour by rewarding punctuality, positive communication, and the use of health services. Participants were rewarded with small incentives (mobile phone talk time) and given additional opportunities for leadership roles to assist in league events. These additional outlets were created to foster and promote healthy behaviours and leadership.
- Male mentors:** GRS recruited and trained 12 community leaders to be Coaches and deliver the life skills curriculum and soccer skills to participants. Coaches participated in a 5-day intensive training focused on thematic topics (substance use, HIV knowledge, violence, healthy communication) and programmatic sessions to build facilitation and coaching skills. Coaches met before every Champions League session to review the curriculum topic, give updates on their participants' progress, and address any issues from the field.

RESULTS

Drug test results demonstrate an increase in willingness to test (from 59% to 80% of participants opting to test) and a decrease in positive test results (from 29% to 0% of participants testing positive). 96% of positive cases were for marijuana. There was 1 positive case for both methamphetamines and amphetamines.



For the questionnaire data, positive changes were observed in HIV-related KAC, gender-equitable beliefs, and self-reported behaviour. The largest changes were seen on knowledge of alcohol use (35% change) and of multiple concurrent sexual partners (23% change) as HIV risks. There was a 10% increase in desirable responses on self-reported perpetration of GBV.

Table 3: Pulled Statements From Pre/Post Survey	Pre Survey	Post Survey	% Change
Unequal power in relationships can contribute to the spread of HIV.	61%	83%	36%
A girl can say no to sex if her boyfriend refuses to use a condom.	83%	96%	16%
Drinking alcohol can increase my risk of getting HIV.	52%	70%	35%
Having more than one sexual partner over the same time period increases my risk of getting HIV.	78%	96%	23%
It is a male's responsibility to make decisions in a relationships.	48%	57%	19%
Men should share the work around the house, such as cleaning.	52%	61%	17%
A girl can say no to sex if her boyfriend refuses to use a condom.	83%	96%	16%
Sometimes a man may have good reason to hit his girlfriend or wife.	43%	48%	12%
In the last 3 months, I have forced a girl to have sex with me when she did not want to.	83%	91%	10%
In the last 3 months, I have hit, pulled, dragged, or used a weapon on a girl.	83%	91%	10%

"Being together with those Coaches —I saw how they changed people. It made me want to be a Coach because even if you change one person's life for the better it is worth it. Even if I am not 'on duty,' I take time to help my friends and family make healthier choices."

-Observation from former a participant and current GRS Coach, Alexandra, South Africa

Conclusions

The study provides encouraging evidence that a soccer-based programme can effectively promote pro-social behaviour among adolescent males between the ages of 15-20. Although changes in self-reported attitudes towards gender-equitable beliefs were noted, self-reported levels of GBV did not show a significant change. Given the small sample size, further research is needed to assess the effects of a programme combining soccer, life skills, and incentives on the promotion of pro-social behaviors among adolecent boys. Based of observations, for future interventions GRS plans to improve the programme by strengthening the following components: a) skill-building to avoid violence; b) family engagement; and c) access to psychosocial support.

Additionally, the promising results from Champions League have led GRS to use the intervention design to reach boys during early or pre-adolescence. The project, launched in Alexandra in 2015, targets in-school boys ages 10-14. Similar to Champions League, SKILLZ Bafana is a formal soccer league set to last 6 months. The primary aims of the SKILLZ Bafana curriculum are to promote gender equality and improve gender-equitable beliefs and conflict-resolution skills to reduce violence among boys. Participants will also have regular access to an on-site registered social worker.



Champions League Alexandra participants and coaches celebrating a soccer match goal