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CHAPTER 1: INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) have reached epidemic proportions worldwide (Leach, 2003). The overall estimated HIV-prevalence rate in South Africa is approximately 10 percent, thus control of the AIDS epidemic is one of the major challenges currently facing the country (Statistics SA, 2005). This is a major public health problem that has led to the South African government spending more than R1-billion to address this pandemic (Leach, 2003). In the absence of a cure or vaccine, education and prevention techniques have been the primary means of controlling the spread of the disease (Brown, Phillips, Brown, Knowlan, Castle & Moyer, 1994).

There is widespread acknowledgement that the level of awareness of HIV and AIDS is high in South Africa. However, the high rate of new infections suggests that this awareness has not resulted in the sexual lifestyle changes necessary to prevent the spread of HIV (health24.com, 2003a). The main reasons cited for the increasing number of HIV infections are: the lack of knowledge and misconceptions surrounding transmission and prevention; the well-informed, having precarious attitudes towards the disease; and the stigma and discrimination associated with HIV and AIDS (health24.com, 2003a).

The prevalence of HIV and AIDS in sport is receiving increasing public attention, due to the growing number of HIV infections amongst prominent sportspersons (Leach, 2003). This has brought about a need for the education of both professional and amateur athletes with regards to the risks of HIV transmission, particularly on the sports field. According to the Centers for Disease Control and Prevention (1996), hereinafter abbreviated to CDC, and Schwellnus and Derman (2005), there is a theoretical risk of HIV transmission during athletic practice and competition which could occur through blood exchange when a bleeding wound in an HIV-infected player is met with an open wound in a player who is not infected. The risk of re-infection if both athletes are HIV-positive will increase. There is a higher risk of transmission in contact sport than in non-contact sport due to the increased

risk for this blood exchange. Although, the chances of contracting HIV infection on the playing field are considered minimal and there is no documented instance of HIV infection taking place through sport participation; nonetheless, this possibility cannot be ruled out completely. Still, the principal risks faced by athletes are related to off-the-field activities, i.e. sexual exposure or sharing needles (CDC, 1996).

There have been numerous studies in Africa (e.g. Bandawe & Foster, 1996; Matthews, Everett, Binedell & Steinberg, 1990; Ndeki, Klepp, Seha & Leshabari, 1994) conducted in the area of knowledge, attitudes and behaviour as related to HIV and AIDS. Research carried out by Ndeki et al. (1994) in Northern Tanzania recommended the enhancement of AIDS education in primary school due to the low levels of knowledge established in their study. Bandawe and Foster (1996) performed research on Malawian students and used their findings on beliefs, attitudes and intentions to discuss behavioural change intervention strategies. It was felt that the most effective intervention strategy was to focus on changing belief-related attitudes. Another study (Pattullo, Malonza, Kimani, Muthee, Otieno, Odhiambo, Moses, & Plummer, 1994) found that although a high level of knowledge regarding HIV and AIDS exists among Kenyan students, they continue to put themselves at risk by not using condoms and engaging in extensive sexual activity.

In the United States, St. Lawrence (1993) studied the knowledge, health-related attitudes, sexual behaviour, and contraceptive decisions of African Americans adolescents. This research discussed the timing implications of HIV prevention programmes and found that the most effective period is before the onset of sexual activity. It was found that, with respect to timing, adolescents who used condoms most often had used them from initiation of sexual activity, were more knowledgeable, endorsed more favourable attitudes toward the impact of condom use on relationships and were more confident about their self-control in sexual situations (St. Lawrence, 1993).

Literature reviews have identified a paucity of research addressing the HIV and AIDS pandemic in the sporting arena within the South African context. Sport has become an

important feature in most societies around the world and has captured the interests of billions of people (Coakley, 2001). There are a number of significant sporting events that can be highlighted within the South African context; for example, the Comrades marathon, FINA swimming, the Nedbank Golf Challenge, hosting of previous Rugby (1995) and Cricket (2003) World Cups and an upcoming Soccer World Cup in 2010. Sport has often been used as a forum or platform for educating people and creating awareness, as well as a method of promoting healthy lifestyles and attitudes (Hamel, 1992). Yet, sport is a significant social institution and high value has been placed on success thus, increasing the demands on sportspersons. It is suggested that professional sportspersons often partake in high risk behaviour placing them at risk for HIV transmission (McArdle, Katch & Katch, 1991).

Thus, to reduce such risk, it is essential to enhance HIV prevention programmes within the sporting environment. Hence, the primary aim of this study was to address this deficiency by focussing on the knowledge, attitudes and relationship behaviour as related to HIV and AIDS in contact sport. The objective of the research was to generate information that is required for a better understanding of the education needs of the sporting population, as well as some baseline data with regards to the level of risk-taking behaviour. HIV and AIDS prevention programmes and educational interventions should aim not only to transmit information, but to change the culture and psychosocial context in which people make behavioural sexual decisions (MacPhail, 1998).

HIV intervention programmes that promote dissemination of information, condom use and abstinence, have not been successful on a large scale in the reduction of HIV infection. Other attempts have included voluntary HIV counselling and testing (VCT), control of sexually transmitted diseases (STD) and increased access to health services. There is a need to develop new innovative strategies to prevent the further spread of HIV infection (Van Dyk, 2005). Thus, this study also included a preliminary exploration of whether sport participation facilitates the development of healthy lifestyles and whether this influences preventative behaviour. Besides accurate knowledge, HIV interventions should focus on

teaching life skills that might safeguard against risky behaviours and lessen the vulnerability of youth and adults to contracting HIV and AIDS.

The literature review in chapter 2 analyses the theoretical and research-based evidence which pertain to HIV and AIDS in sport. Chapter 3 describes the methodology used to operationalise the research questions. The study makes use of a non-experimental cross-sectional research design. The primary goal of chapter 4 was to provide descriptive information concerning knowledge, attitudes and relationship behaviour with regard to HIV and AIDS, as well as the life skills or values facilitated through sport participation. Chapter 5 summarises the major findings from the research, as well as the contribution made by the study to the understanding of HIV and AIDS prevention programmes. It is suggested that sport may provide a useful tool in the fight against HIV and AIDS, but further research is necessary. The limitations of the current study and ideas for future research are presented in chapter 6.