



# Star for Life Making a Difference

*A summary of findings from our comprehensive evaluations in 2010, 2012 and 2015*

## Introduction

Star for Life (SFL) has developed a unique life skills programme that empowers impoverished young people in townships and rural areas in South Africa and Namibia with attitudes and behaviours that will help them **realise their dreams** of a better life. Since the launch in 2005 some 250.000 learners have gone through the programme that we currently deliver in 89 High Schools in partnerships with education authorities.

With the **vision** *'a future where young people are empowered to realise their dreams as responsible members of caring societies'*, SFL presents a broad and comprehensive programme to strengthen learners' self-esteem, focus on their education, learn about sexual and reproductive health and rights. We provide **HIV prevention** information, but SFL is not only an HIV programme. We empower learners with confidence in their own capacity to avoid the health challenges that undermine their families and communities. We help learners formulate realistic but aspirational dreams that become **incentives to avoid behaviours that put their health at risk**.

As this presentation will show, the general finding from three comprehensive evaluations — in 2010, 2012 and 2015 — is that **the programme has the intended effects**. As should be expected, results vary somewhat, but the following general results are clear and consistent:

- The **self-esteem** held by SFL learners is not an empty jargon but a resource that helps them reach better results in school and avoid risky health- and sexual behaviours;
- For SFL learners, **HIV literacy** is not empty knowledge but an actual guide to reduce their HIV risk profile;
- SFL learners that are sexually active are more likely to practice **safe sex** than learners in other schools;
- The programme gives learners an opportunity, but it is not a 'free ride' — the above results are stronger the more learners **actively engage** with SFL activities;

- The SFL programme is particularly effective among the **poorest girls**;
- The above effects combine to yield **lower pregnancy rates** in SFL schools — as much as **30% lower** in an area of South Africa that remains the epicentre of the global AIDS pandemic.

After a brief presentation of the programme, this report will summarise the findings on all of the indicators we use to evaluate the effects of the programme.

## Central Idea and Programme

Star for Life developed from a **unique collaboration** between entrepreneurs, behaviour change specialist, community AIDS activists, educationalists and musicians from **South Africa and Sweden** in 2004-5. They shared a commitment to take action to reduce

the number of new HIV infections among young people in and around Hluhluwe in northern KwaZulu-Natal (KZN), a population that is among the worst affected by HIV and AIDS in the world. Even today, some 35% of women aged 30-34 years are HIV positive, and HIV incidence is particularly high among adolescent girls.

Instead of replicating already existing HIV prevention programmes that focussed on HIV literacy and safe sex education, the group developed a programme equally reliant on **intellectual and emotional & musical** modes of communicating an empowering message that strengthened learners aspirations for the future and capacity to affect positive change in their own lives. Two of the SFL slogans are **'it starts with a dream'** and **'no excuses'**.

The programme is delivered by a **coach** who works in 2-4 schools depending on enrolment. The coach delivers 2 workshops per year per grade, a sequence of classroom sessions and, on demand from learners, individual **psychosocial consultations**. Our ten workshops are specific to grades and run in a cycle that starts with the individual's dreams, through emotional intelligence, HIV literacy, sexuality and rights, and ends with moderating community conflicts and environmental issues — the programme links the



success of the individual to the development of communities. In Star for Life, building self-esteem and realising dreams is a **communal project**.

A set of **support programmes** complement the work by the coach through health education and services, trauma counselling, skills development, art and culture activities and a primary school programme.

The main reasons why the programme works is the **trust** that learners develop in the coach over time, the **length of time** SFL works in the school, the **relevance** of our messages, and the **positive energy** that the SFL music and staff bring to the life skills subject and to learners general experience of school.

With Star for Life, the hard work it takes to **build character**, to learn how to live an **AIDS-free life** and to focus on school becomes **'cool'** and a great deal of **fun**.

## Evidence of Effect

Star for Life is inspiring; song and laughter are never far away. The programme generates positive energy that brings people together across generations and countries. All of this is well and good. But the **main reason** why staff and sponsors and school partners are committed to the programme is that it generates positive **effects** in terms of attitude and behaviour change among the learners.

As should be expected, **results differ** depending on a number of factors, but the general findings that were highlighted in the introduction can be distilled from three comprehensive evaluations that were **done by or peer-reviewed by independent evaluation experts**.

### Monitoring & Evaluation

SFL has always invested resources in the monitoring of our programme activities and the evaluation of their effects on the learners in the programme schools. We do this partly to improve the programme but also to hold ourselves **accountable** to our sponsors and to the schools and learners who invite us to work with them. We would be wasting everyones time and resources if we did not generate positive change.

The three evaluation that are presented here were all based on questionnaires that were completed by representative samples of learners in our schools. We also collected the same information in a set of 'control schools' in order to have a point of comparison. Ideally, learners in the 'control schools' share the same structural characteristics as the learners in the SFL schools, the only relevant difference being that they have not gone through the SFL programme.

The comparison with learners in control schools proved **problematic** in the 2015 evaluation. This was so partly because we were not able to access such schools in Johannesburg and partly because the learners in the control schools in KZN and Namibia were both younger and less exposed to poverty than the learners in the SFL schools. These differences invalidated comparison on sexual behaviour indicators, as such behaviours are strongly determined by space, age and poverty. This will be discussed again further below.



The 2010 evaluation covered 40 SFL schools in KZN, the 2012 evaluation covered 4 schools in KZN, and in 2015 we included 43 SFL schools in KZN, Johannesburg and Namibia. This brief text will leave out much nuance and detail. The interested reader can download the complete reports from our website ([www.starforlife.org](http://www.starforlife.org)).

### Participation and feedback

There are several ways to participate actively in SFL programme activities. Instead of participating in workshops and classroom sessions in a passive and dispassionate way, learners can do so actively and with an open heart and mind. Learners can also take initiative to meet with the coach for consultations or become a peer-educator and help with programme implementation. And learners can interact with the programme in their own time by writing and engaging with our messages in their personal copy of the SFL DreamBook.

The 2015 evaluation shows that levels of participation vary depending on some structural and demographic factors. **Girls** participate more than boys, and learners living with higher levels of **poverty** participate more than those who are relatively better off. And finally, learners in **rural** schools participate more actively than

learners in township schools — more than 50% of learners in rural schools have a ‘high’ level of engagement with the programme.

Even though levels of participation vary, a large majority of learners feel positively about the SFL programme — in 2015 this majority was as high as 88% — and as many as 49% give SFL the highest possible ‘score’ for the work we do at their school. Learners’ feelings about the programme have no direct structural determinants. Instead, their feelings are determined by their level of engagement: **the more learners do SFL the more they love SFL.**

These are good results for the programme, but they also point to the challenge that the learners who are less engaged in the programme may be those that need it most. The coach works hard to ensure that our activities remain **accessible and inviting** also to those that initially may be reluctant to respond.

### Outcomes, indicators and hypotheses

As we now move on to present the evidence of positive effects from the SFL programme the presentation will be structured by the five general **outcomes** we seek to accomplish, the eleven specific **indicators** we use to evaluate our performance on the outcomes, and the three **hypotheses** that capture our **expectations of effect.**

The five outcomes are listed as subheadings for the next five sections, and the indicators for each outcome will be presented within those respective sections.

The **three hypotheses** that guide our 2015 evaluation flow from our intervention model and/or from results in the 2010 and 2012 evaluations. The **first** is that we expect better results on the indicators the more learners have engaged actively with the programme. The **second** hypothesis is that we expect better results from learners in the SFL schools than from learners in the control schools. Of course, this hypothesis assumes that, with the exception of the programme, all else is equal, which proved not to be the case in the 2015 evaluation. The **third** hypothesis, which is based primarily on the results in the 2012 evaluation, is that the programme is particularly effective among the girls that live with the highest level of poverty.

### Attitudes

On this outcome we use two indicators: learners’ self-esteem and their attitude towards their education. Results for the latter are overwhelmingly strong and positive, and equally so among learners in the control schools.

The results on self-esteem are more complex. In 2010, SFL learners had higher levels of self-esteem than learners in the control schools, but this was no longer the case in 2012 and 2015. The **key finding** is that while SFL learners may not have a higher **quantity** of self-esteem, the self-esteem they hold is of a higher **quality.** What does this mean?

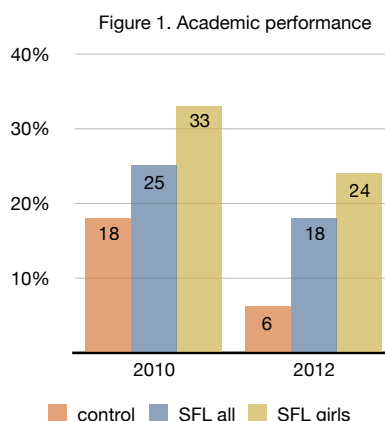
It means, for example, that a learner in the control schools with high self-esteem is **no more likely** to have higher knowledge about HIV, to have taken an HIV test, or to practise safe sex than a learner with low self-esteem. Clearly, the self-esteem in this case is of a low ‘quality’ as it does not predict a safe sex behaviour. For learners in the control schools, self-esteem seems to be more of an **empty jargon** than a resource for making better decisions.

For SFL learners, on the contrary, self-esteem has a higher quality in precisely this sense: the higher their self-esteem the more likely learners are to have the knowledge and behaviours that reduce their risk of contracting HIV or falling pregnant. For SFL learners, self-esteem is a **constructive resource** they use to guide their choices and behaviours. SFL has developed self-esteem into such a resource for the learners by repeatedly discussing self-esteem in relation to learners’ aspirational dreams and the discipline it will take for them to realise those dreams.

In addition we learn from the 2015 evaluation that the quality of self-esteem among SFL learners increase the more they have engaged actively with the programme, an effect that is particularly strong for the girls that live with the highest levels of poverty.

### Academic Performance

The indicator for this outcome is ‘*best grade in the previous year*’. In both the 2010 and 2012 evaluations the SFL learners scored higher on this indicator. The difference is visualised in **figure 1** where we identify the percentages of learners in SFL and control schools who had received an ‘A’ as their best grade in the previous



year. The group ‘**SFL girls**’ refer to female learners in the SFL schools who had very high self-esteem — a group of learners with particularly good results on a number of indicators.

These results were not repeated in 2015. In the latest evaluation the differences on this score between SFL learners and control learners were so small that they were not statistically significant. The score for the girls with high self-esteem were still higher than the general average, but this was the case also for the same group of girls in the control schools.

However, we will find interesting differences in the 2015 evaluation if we explore the data a few steps further and identify linkages with the learners’ levels of self-esteem.

In the whole sample, for both SFL and control schools, learner’s levels of self-esteem was positively linked to their grade average, meaning that learners with higher self-esteem were more likely to have a higher grade average. But when only the most vulnerable girls were considered, i.e. the girls that live with the highest levels of poverty, this positive link was only present in the SFL schools. Unlike in the control schools, self-esteem remained a resource to help boost academic results for the most vulnerable girls in the SFL schools.

### HIV Literacy

The notion of ‘HIV literacy’ refers to basic knowledge about the HIV virus, how it is transmitted and how it is **not** transmitted, as well as what AIDS means and what medication is available to enable a person to live an AIDS-free life even if they have been HIV positive for many years. In all three evaluations we find that both SFL and control learners have received a great deal of information from a range of sources over several years. There are no substantial differences in **how much** they know about HIV and AIDS. The interesting finding instead refers to **how they use** that information.

A learner in the control schools with high HIV literacy, i.e., a learner with much knowledge about HIV and AIDS, is still no more likely to practise safe sex. It would seem that the knowledge is ‘academic’ with **no impact** on behaviour.

For SFL learners, on the other hand, their level of HIV literacy predicts the likelihood of their safe sex

behaviours. For SFL learners, their knowledge about HIV and AIDS **informs their choices** in the sexual realm. And further, this effect gets stronger the more the learners have engaged actively with the programme.

As with self-esteem, it is **not only the quantity** of an attitude or knowledge that makes the difference, but the extent to which learners understand how to use the attitude/knowledge as a **resource** for making better decisions, decisions that will increase learners’ chances to become **empowered** and live their lives free from AIDS and become the best they can be.

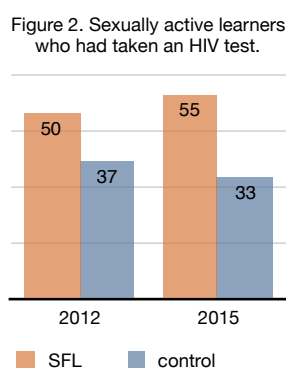
The attitudes and knowledge we have discussed above form the **foundation for behaviour change** — the actual goal of a Life Skills programme such as Star for Life. We shall see some clear indications of effects from the programme also on these indicators.

### Health Behaviour

Our two indicators for this outcome are ‘drug use’ and ‘HIV testing’. The questions on the frequency and type of learners’ use of drugs will need to be revised as they, unfortunately, failed to give a credible representation of how learners use drugs. From our work in the schools, and from the broader research literature, we know that drugs and/or alcohol are being used by learners, but nothing is captured in our data from either SFL or control schools.

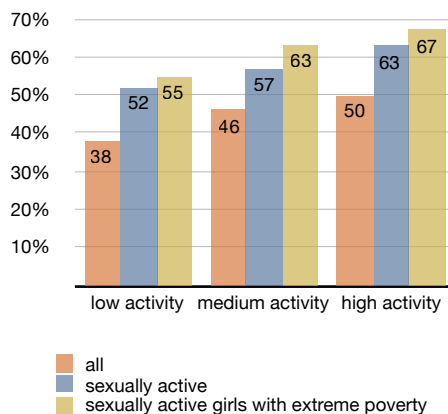
Our data on HIV testing, on the other hand, is rich with information. The 2010 evaluation showed that SFL learners were slightly more likely to have taken an HIV test (45% compared to 42%). A more detailed analysis of the 2012 and 2015 data indicate more clearly an effect from the programme. In 2012, there was no difference between the boys, but a 10 percentage point gap between the girls in favour of SFL (46% to 36%). This gap increased to a full 34 percentage points — 68% to 34% — when we considered only the girls with high HIV literacy.

In **figure 2** we analyse only the learners that had made their sexual debut; the learners who really should get tested. We find a considerable difference between SFL and control learners. This suggests that SFL learners are more aware that their behaviour has put them at risk of HIV infection and that they therefore should get themselves tested — this is a central message in the programme.



Our further analysis of the data from 2015 gives additional support for our interpretation that the programme makes a difference in ways that confirm our first and third hypotheses. Consider **figure 3**. We analyse three groups of SFL learners: all of them, only those that have been sexually active, and thirdly, the sexually active girls that live with extreme poverty. We make the further distinction to divide each of these groups according to three levels of active engagement with the SFL programme: low, medium and high. **The results are quite striking.** Not only can we see that the girls who are most exposed to exploitation in the form of unsafe sex in transactional sexual relations are **most** likely to have taken an HIV test, but that the likelihood increases across all three groups as we increase learners' levels of engagement with the programme.

Figure 3. SFL learners who had taken an HIV test, by their level of activity in the SFL programme, 2015 evaluation.



poverty than the SFL learners from those respective areas. A direct comparison between SFL and control schools on these indicators would therefore be misleading and flawed.

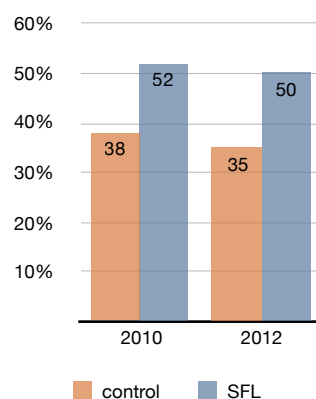
As we proceed we will therefore initially present results based on the 2010 and 2012 evaluations as they show a consistent pattern, and then do some internal comparison of SFL learners in the 2015 evaluation. On the final indicator — ‘pregnancy’ — we will present the findings of an analysis

based on ‘official’ data from the Department of Education in the district of UMkhanyakude in northern KZN. This data will allow for a valid comparison between the SFL schools and all other schools in that district — arguably a form of comparison with very high validity.

### Sexual Behaviour

On this outcome — arguably the most important for a programme such as Star for Life — we use three indicators: ‘sexual debut’, ‘condom use’, and ‘pregnancy’. We can see in our data and we learn from other research that, in particular, the likelihood of learners’ sexual debut and pregnancies are determined to a considerable degree by their age, their level of poverty and their geographical location. In brief: the likelihood increases by more than 10 percentage points per year for learners aged 13-19, exposure to higher poverty goes hand in hand with the exposure to involuntary unsafe sex, and we know that learners in metropolitan township (such as Johannesburg) are more likely to have been sexually active than youth in rural areas.

Figure 4. Percentage of female learners who had not made their sexual debut.



On the indicator ‘sexual debut’ there was little or no difference for the boys in SFL and control schools in the 2010 and 2012 evaluations, but considerable difference among the girls. Consider **figure 4**. Whereas some 50% of female SFL learners had **not** had made their debut, the figures were some 20 percentage points **lower** among the girls in the control schools. While SFL recognises that abstinence is not, on its own, a useful prevention strategy, we do advocate for learners to delay their debut with penetrative sex.

For these reasons our testing of the second hypothesis (the comparison with control schools) was not possible on the ‘sexual debut’ and ‘pregnancy’ indicators. This is so because we were not granted the opportunity to collect data from such schools in Johannesburg, where 24 of our programme schools are situated, 16 of which were included in this evaluation. And further, we found that the control school learners that were included from KZN and Namibia live with considerably lower levels of



SFL Health Coach Scebile Nsele delivering a classroom session on puberty and sexuality

Both the 2010 and 2012 evaluations showed that the percentage of learners who reported 'condom use at last sex' was somewhat higher among SFL learners than learners in the control schools, although the difference was not substantial when all sexually active learners were considered. The difference was more clear among the female learners: 77% for SFL and 59% for girls in the control schools.

Our additional research on the data from 2015 showed that learners were more likely to have used a condom the more actively engaged they had been in the programme. This effect was strongest among the poorest girls: 55% of those that were less active reported condom use, whereas 74% of those who were very active had used a condom at last sex.

A final result is that self-esteem is only a resource for the boys in the SFL schools when deciding on condom use. SFL boys with higher self-esteem are more likely to have used a condom. Self-esteem has no such effect on boys in the control schools.

'Condom use' is the only indicator where we find a particularly strong result among the **SFL boys**. Arguably, for the boys, there could be no more important indicator for a positive effect from the SFL programme.

In the context of HIV specifically and development efforts more generally, teenage pregnancies are problematic for two reasons. One is the risk of HIV transmission due to unsafe sex, and the other is the risk that the pregnancy and motherhood will force the girl to drop out of school altogether and remain trapped in poverty. Sfl works to reduce the pregnancy rate in our schools for both these reasons.

The results from the 2010 and 2012 evaluations were therefore very encouraging, see **figure 5**. Both evaluations showed that, among the sexually active girls, the percentage that had been pregnant were consistently lower in the SFL schools than in the control schools. We found that more of the girls in the control schools who had very high self-esteem had been pregnant than girls in general at SFL schools; SFL girls with very high self-esteem were even less likely to ever have been pregnant. These were very positive results for the SFL programme.

As mentioned above, these results were not replicated in the 2015 evaluation. There were major difference in demographic and structural characteristics of the learners in the control schools, differences that invalidated a direct comparison, and we were not given the chance to collect information from control schools in the Johannesburg area.

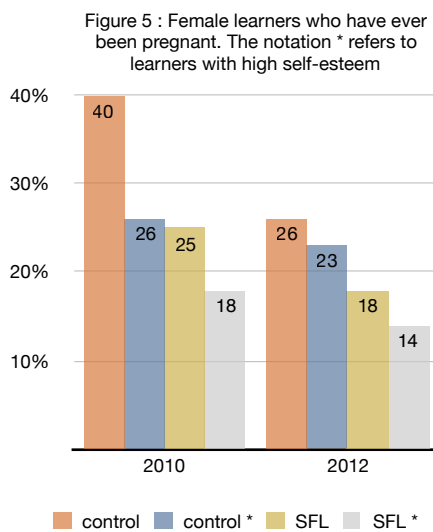
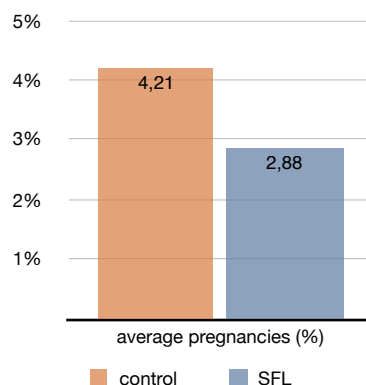


Figure 6. Pregnancy rates in 2013, UMkhanyakude District High Schools



In an effort to compensate for the invalid comparison with control schools on this indicator, we analysed the 'official' data on school pregnancies for the year 2013 in the UMkhanyakude district in northern KZN that we have received from the Director of the district Department of Education. This is the district where we launched our first school in 2005 and have worked in several schools since 2006.

After calculating the pregnancy in ±130 High Schools in the area, we generated an average pregnancy rate and compared this figure for the SFL schools with the other schools in the area, see **figure 6**. We found that, in the year 2013, the pregnancy rate in the SFL schools was 30% lower than the rate in the other schools. On average, 2,88 of every 100 girls in the SFL schools were pregnant in 2013, whereas the equivalent rate in the other schools were 4,21.

## Conclusions

Star for Life has been engaging with some 250.000 High School learners over the last ten years. Our coaches and other staff have hundreds, if not thousands, of stories to tell of how they helped to make a positive difference in the lives of individual learners. It might be the girl who was convinced by the coach not to do a back-street abortion, or the boy who came to understand and channel the anger he felt so that he instead could focus on his studies. It might be the boy who was given confidence to become a mechanic or the girl who is now living her dream as a medical doctor. Of course, we have not been able to assist all learners in need as well as we would have liked to. Some remain in the grip of poverty and their dreams will never be realised. But this is not for the lack of effort from the young learner, or from SFL.

As we work in the schools from day to day it is often difficult to see the proverbial forest for all the trees. One gets stuck in details and individual stories of success or misfortune. After a while it is difficult to assess how the programme is doing in more general terms as one seldom gets a view of the forest.

The evaluations we do help us to see the forest, the bigger and more general picture of where we seem to contribute to positive change and where we ought to do more and better. Most of the results that we have presented and discussed briefly above make us proud and we feel rewarded for our effort. But we also need to review our efforts in some regards to see how we can further strengthen the programme and our efforts so that we ensure better results also on the indicators that seem to be off the mark.

At the end of the day it is up to the reader to decide if the results we present here are good enough. We hope that the readers who are professionals in the field of Life Skills education, HIV prevention and behaviour change programmes will find that our results warrant further discussions on how to consolidate the programme and develop best practice models that can be scaled up. And we hope that our sponsors feel that we have used their funds well for the benefit of learners in our schools.

As Star for Life now looks ahead into the next ten years of our programme we feel confident that we will make a distinct contribution towards the realisation of the Sustainable Development Goals that now frame national and global development efforts across all sectors. We will help realise an AIDS-free generation. We will help empower young people to free themselves from poverty.

**This is our dream.**

