

Does former learners’ of the Star for Life Programme comply with the model beyond the learning workshops? - An evaluation of the long-term impact of the programme objectives on former learners’ at Siphosabadletshe High School in the province of KwaZulu-Natal in South Africa.



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Trollhättan, 31st January 2010

Abstract

Star for Life is an NGO that was established in the mid-2005 in the KwaZulu-Natal province in South Africa. The intervention was developed in response to the urgent need to reach adolescence South African's and motivate them to remain HIV negative. The aim of this thesis was to discuss the Star for Life model that are used at Siphosabadletshe High School in the province of KwaZulu-Natal as part of their efforts to curb the HIV/AIDS pandemic. To trying to ascertain if it motivates former learners' to comply with the programme objectives beyond the learning workshops.

In essence, the research problem which was discussed and analyzed is: **(i)** Does former learners' of the Star for Life Programme comply with the model beyond the learning workshops? The following hypothesis was formulated and tested based on the research problem and the operationalization; **(ii)** The Star for Life model (the independent variable) motivate former learners' at Siphosabadletshe High School (the dependent variable) to comply with the programme objectives beyond the learning workshops. In light of this reasoning both quantitative and qualitative research problem were applied in order to describe the degree of relationship that exists between the two measured variables. The overall concluding comments of the evaluation are that the Star for Life model verifies the hypothesis. There is a degree of correlation between the two measured variables.

The Star for Life Programme has multiple beneficial outcomes and has helped to improve the situation for their former learners'. This has furthermore most likely impacted positively on the HIV prevalence in the province of KwaZulu-Natal in South Africa. Much speaks for the fact that Star for Life has increased the self-esteem among former learners' to such an extent that it has assisted former learners' to change behaviors. Through the programme, this has also helped a larger number of former learners' who is HIV positive to cope with the infection and they now understand how to avoid getting further infections. At the same time has informed the former learners' that being HIV positive does not mean dying soon, which has enabled them to plan for their future.

Opsomming

Die doel van die studie was die evaluering van die “Star for Life” program in die KZN-provinsie van die Republiek van Suid-Afrika.

Die progamevaluering is deur middel van ‘n vraelys gedoen wat binne die KZN Provinsie afgeneem is.

Resultate van die studie word bespreek en aanbevelings word gemaak.

Die belangrikste bevinding is dat die program in sy doel geslaag het en dat dit verder ontwikkel moet word.

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Glossary of Terms and Acronyms

ABC Abstain, Be Faithful, Condomise

AIDS Acquired Immune Deficiency Syndrome

HIV Human Immunodeficiency Virus

HDA Health and Development Africa

NGO Non Governmental Organization

STI Sexually Transmitted Infections

VCT Voluntary Counseling and Testing

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1. INTRODUCTION

In Oslo a mother is sitting with her son at the kitchen table. She gives him an injection which is necessary for his hemophilia. In the central hospital in Minsk a woman gets a blood transfusion after a serious car accident and under a bridge in Sao Paulo two young men are sharing an injection of heroin. In an apartment at Castro Street in San Francisco two men are making love after a romantic dinner and in Johannesburg a young woman loses her virginity through rape. This was just a normal day in the beginning of the eighties. No one knew that there was a virus which was spreading between people, no one. No less did they know that people were already dying of illnesses which had been caused by ill-health which were reminiscent of normal tropical diseases such as malaria and other infections. So it is difficult to accurately trace the virus. It is also as difficult to say how long it has been there, but it has for sure had at least several decades to spread. Decades, when no one had a clue that it actually existed. The Human Immunodeficiency Virus (HIV) deceptive time perspective has fooled everyone. What at the beginning only seemed to affect homosexuals and drug addicts in the western world has now spread and become a pandemic.

One country which has been particularly affected is South Africa. An estimated 5.2 million people were living with HIV and Acquired Immune Deficiency Syndrome (AIDS) in South Africa 2008, more than in any other country. It is believed that in 2008, over 250,000 South Africans died of AIDS, United Nations Acquired Immunodeficiency Syndrome Agency (UNAIDS) (2008). The national prevalence is around 18.1%, with some age groups being particularly affected. Almost one-in-three women aged 25-29, and over a quarter of men aged 30-34, are living with HIV, UNAIDS (2008). One group which continues to bear the burden of the HIV/AIDS epidemic is young people, with youth under the age of 25 accounting for more than half of all new HIV infections each year. Those between the ages of 15-24 are particularly hard hit, especially girls and young women who comprise the majority of young people living with the disease, UNAIDS (2008).

Star for Life is a unique HIV/AIDS prevention programme that targets explicitly young people in South Africa and Namibia, but above all in the province of KwaZulu-Natal in South Africa. The aim is to slow down the spread of HIV. The organization was established in 2005 and the learners' have achieved significant results during the Star for Life school years

according to several independent evaluations, Health Development Africa (HDA) (2007). This thesis intent however to examines whether the programme has had any long-term impact on learners' which are no longer affiliated with the Star for Life Programme. This will be done by analyzing if former learners' comply with the model beyond the learning workshops? This thesis will be conducted with former learners' at Siphosabadletshe High School in the province of KwaZulu-Natal.

1.1 Formulation of problem

HIV/AIDS is a global problem which is known to have existed since the late 1970s when the first cases were diagnosed in the United States (Singhal & Rogers, 2003). Since then the virus has spread rapidly throughout the world and became a pandemic. The statistics for the end of 2008 indicate that around 33 million people are living with HIV. Each year around 2.7 million people become infected with HIV and 2 million die of AIDS, UNAIDS (2008).

There is consequently a need of effective preventive interventions including condom use, male circumcision, provision of clean injecting equipment, opium substitution therapy, treatment of sexually transmitted infections, and HIV testing and counseling. A set of interventions to prevent mother-to-child transmission of HIV has virtually eliminated pediatric HIV in a number of countries (Singhal & Rogers, 2003). In health care settings, transmission of HIV can be prevented through primary prevention measures such as standard precautions, blood safety, injection safety, and safe waste disposal, as well as, secondary prevention measures, such as post-exposure prophylaxis for occupational or certain non-occupational exposures to HIV such as in health-care settings, post-rape, and in case of condom breakage (Singhal & Rogers, 2003). In addition, there is increasing evidence indicating that antiretroviral therapy programmes can be implemented in a way that emphasizes HIV prevention. Current research on new prevention technologies such as microbicides, topical and oral antiretroviral pre-exposure prophylaxis in preventing the transmission of HIV and AIDS vaccines is ongoing (Singhal & Rogers, 2003).

There are as such many different preventive methods which are being applied to curb the HIV/AIDS pandemic in the world. Each country or Non-Governmental Organizations (NGO) has got its own prevention strategies which are outlined according to the specific needs of the target group. Consequently some aim at the entire population meanwhile others focus on specific groups such as women or young people. In South Africa which has been particularly

hit by the pandemic throughout the population the prevention programmes targets for obvious reasons all parts of the society. In particular, the most vulnerable which are characteristics as women and adolescence, Star for Life (SFL) (2009).

The Star for Life Programme runs for three years in each school and is integrated into the daily schoolwork, SFL (2009). Educators and school management have a key role to and work together with specially educated Star for Life coaches. Their mission is to support the school and transfer skills which will enable the school to run the programme on its own after the three programme years, thereby making it sustainable, SFL (2009). The programme has been continuously evaluated throughout its existence. It is foremost through Health and Development Africa (HDA) which has studied the output of the learners'. These reports have all indicated that the Star for Life Programme has an impact on learners' attitude and behavior. Foremost from the point of key indicators such as sexual debut, condom use and pregnancy but also from other perspectives such as improved academic performance and voluntary counseling and testing, SFL (2009). The formulation of problems in these studies has taken its starting point while the learners' have been assimilated with the Star for Life Programme. There has thus, so far not been carried out any kind of study of learners' which have left the programme. As such, it is possible to problematize this issue from many different perspectives.

The starting point of this thesis is nevertheless to evaluate the seven programme objectives of Star for Life's from the point of view of former learners'. More accurately if the Star for Life model motivates former learners' at Siphosabadletshe High School to comply with the programme objectives beyond the learning workshops? It is also important to emphasize that the attitude of former learners' should not be regarded as valid for all of them. But their opinions should be accepted enough to be sufficiently interesting to examine.

1.2 Operationalization

Since Star for Life operates in South Africa and Namibia, the terminology may vary from country to country. The term teacher is, in this thesis, for that reason being referred to as an educator, SFL (2009). The term former learner, in this thesis, will be defined in terms of an individual who was previously enrolled in the Star for Life Programme at Siphosabadletshe High School which is one of the participating schools of the Star for Life Programme in the province of KwaZulu-Natal in South Africa.

The former learner is currently a learner in grade 8 to 12 and between the ages of 14 to 19, SFL (2009). The former learner graduated from the programme in 2007. The Star for Life model and the specific programme objectives used by the organization will next be further discussed and elaborated on. To determine if former learners' of the Star for Life Programme comply with the model beyond the learning workshops, the focus will primarily be on trying to operationalize and express the Star for Life model in terms of compliance with regards to: **(i)** The internal infrastructure and self-esteem of former learners' to enable them to make life-affirming decisions and choices. **(ii)** The knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk, amelioration. **(iii)** To inspire former learners' to dream of brighter future prospects as well as commitment to improved academics performance as a vehicle to foster a turnaround in the rate of school drop-outs. **(iv)** To cultivate responsible sexuality and sexual responsibility through the safe use of condoms as means of preventing unwanted pregnancy and sexual transmitted infections (STIs) including HIV and AIDS. **(v)** To voluntary counseling and testing (VCT) as the only sure way of knowing and living meaningfully with one's HIV status. **(vi)** To advocate primary and secondary sexual abstinence **(vii)** To endanger a culture of safe and faithful relationships, SFL (2009).

1.3 Aim of the thesis

In essence, the research problem to be discussed and analyzed is: **(i)** Does former learners' of the Star for Life Programme comply with the model beyond the learning workshops? The purpose of this thesis can be divided into the following formulated questions:

- (i)** Has the Star for Life model increased internal infrastructure and self-esteem to enable you to make life-affirming decisions and choices beyond the learning workshops?
- (ii)** Has the Star for Life model motivated you to comply beyond the learning workshops in terms of the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration?
- (iii)** Has Star for Life inspired you to improve on your academic performance beyond the learning workshops?
- (iv)** Has the Star for Life model helped you to comply to advocate primary secondary sexual abstinence beyond the learning workshops?
- (v)** Has the Star for Life model helped you to comply to cultivate a culture of safe and faithful relationship beyond the learning workshops?

(vi) Has the Star for Life model cultivated responsible sexuality and sexual responsibility beyond the learning workshops through the safe use of condoms as means of preventing unwanted pregnancy and STIs, including HIV and AIDS?

(vii) Has the Star for Life model made you to comply to VCT as the only sure way of knowing and living meaningfully with one's HIV status beyond the learning workshops?

1.4 Hypothesis

In accordance with the research problem and the operationalization stated above, the following hypothesis is formulated: The model of Star for Life (the independent variable) motivates former learners' (the dependent variable) to comply with the programme objectives beyond the learning workshops?

1.5 Delimitations

Star for Life has grown from its early years as a family to the present status as a fully-fledged professional NGO with a staff consisting of more than 30 people and over 60.000 learners' enrolling in its programme since its inception in 2005, SFL (2009). Apart from this, Star for Life is evaluating the programme and developing new strategies from time to time in order to evaluate the progress of the organization. For example the organization is conducting internal monitoring and evaluation reports on a monthly basis. In, addition, the organization is about to develop a new gender and community based strategy.

With this as a basis, this thesis can be written from several perspectives and aspects but has to be limited otherwise it will lose its purposes. The approach is instead another way of treating the subject which is to evaluate Star for Life through former learners' which are no longer affiliated with the programme. The focus will be on the seven programme objectives. The investigation into research of HIV/AIDS with the perspective of Star for Life and HIV/AIDS are very extensive to and you have to be careful so you do not involve too many perspectives, or go too deep into these or try examining too much empirical material. Therefore, this thesis will concentrate on former learners' at Siphosabadletshe High School which have not had contact with the Star for Life Programme for the past two years.

It is also difficult to describe every moment of the time in South Africa because it contained a large number of discussions and meetings. To account for all of them would be too extensive for this thesis. This thesis will focus on and analyze the questionnaires (see appendix I) which

is the most important part of all material, at least for this thesis, through the analyses of former learners' which it contains. That means that this thesis will analyze the questionnaire from two perspectives, namely quantitatively and qualitatively. The past studies which are relevant for this thesis primarily touch upon a previous study of Star for Life.

1.6 Methodology

The methods used to fulfill the aim to collect data for this thesis are both quantitative and qualitative. The quantitative method is used because it made it possible to collect data from the former learners' in a very formal way through my questionnaires. The qualitative aspect of this thesis is also important because it gives a different perspective through my own observations and other data found. This thesis will also use the qualitative method when analyzing my empirical data found in the questionnaires.

1.6.1 Collection of data

Quantitative and qualitative data were collected during 3 weeks, from 29th of July - 19th August 2009. The questionnaires collected were a total number of 52. Out of these, 26 were men and 26 were women. The headmaster at Siphosabadletshe High School was first contacted to go through the questionnaire and inform how the exercise was going to be conducted. After that, the headmaster got the staff and arranged a meeting and briefed about the purpose of the visit. The staff then asked questions and read through the questionnaire and gave their comments on it.

The quantitative exercise concerning the former learners' was carried out by the class educator since it would have taken too much time, but more due to the fact that it was not possible to converse in Zulu and it would have therefore been difficult to communicate with some of the former learners', also at the same time reducing errors through a process of translating and back translation. At the beginning, before the questionnaire was distributed, former learners' were assured that the questionnaire was anonymous and confidential, and they were given the option to not proceed. If former learners' decided to not proceed, they were given the option if they were or not to comply with programme objectives of Star for Life, in order to assign themselves to one of the groups. **(i)** Those who were motivated to comply with the programme objectives beyond the learning workshops **(ii)** Those who were not motivated to comply with the programme objectives beyond the learning workshops.

The qualitative aspect of the thesis was also consistently performed through observations and personal experience in both urban and rural context. This part of the thesis was built on my meetings with former learners' and staff members at various high schools in the province of KwaZulu-Natal. The contact with the general public was also valuable. By just meeting people in the streets, in the shop, on the bus etc all around the province of KwaZulu-Natal, and asking them about Star for Life, a lot of information was received.

1.6.2 Selection

The former learners' who filled in the questionnaire in the classroom were selected randomly. The intention was to concentrate on upon former learners', leaving out currently enrolled learners'. In this case, a former learner' is defined as a person who has not been enrolled in the Star for Life Programme for the past two years.

1.6.3 Sample design

In order to test the stated hypothesis, a sample of former learners' of Siphosabadletshe High School was made available and the selected individuals were given a questionnaire in order to make significant and valid inference to determine if the Star for Life model comply with the programme objectives beyond learning workshops or not. Simple random sample was used. Using this design the purpose was to select n units from the population in such a way that each sample had the same chance of being selected. In other words, every day experimental unit (which is former learners' graduated in year 2007) had the same probability of being selected to be surveyed. Thus, the set-up will be the following. $N=502$ former learners' $n=52$ my selected former learners'. This means that every thinkable sample of n elements had the same probability. By this is the following: every element had the same probability to be chosen and this possibility of inclusion is equal with n/N .

1.6.4 Survey instrument

The quantitative aspect consisted of my standard prepared questionnaires which had been compiled before my departure to the province of KwaZulu-Natal, and material that were gathered there. The questionnaire was designed in such a way as to collect quantitative and qualitative data from former learners'. The questionnaire was worked out in English, but almost all the collection of data were performed in the Zulu language spoken in the province of KwaZulu-Natal through a process of translation and back-translation by the class-educator.

During the questionnaire, former learners' was asked if they complied with the programme values beyond the learning workshops. Based on the answer, a specific set of questions (closed-questions) were asked to which the person would answer yes, no or I do not know. The questionnaire was carefully reflected on given my understanding that the respondents interest and cooperation diminish if it's too long. The questions was structured and formulated in terms of the operationalized Star for Life approach as well as other variables (mentioned on pages 3-4). The last step in the questionnaire design was to test the questionnaire with a small number of interviews before conducting the main interviews. This was done upon arrival in the province of KwaZulu-Natal among former learners' at Cwakeme High School. Questions were also asked to the learners', staff members and the general public throughout my stay in KwaZulu-Natal. All this information was important due to the fact it enabled me to compare it with my questionnaire to some extent.

1.6.5 Limitation

Being in a foreign country with a totally different culture which you are not familiar with can be a limitation because it is not easy to understand everything that happens. The intention has been to be as open-minded as possible while visiting South Africa and the province of KwaZulu-Natal. When writing this thesis, the principle was to make a justifiable description of Star for Life and its activities. There may have been some misunderstanding since this thesis was written in another cultural context. The major problem is that it is very difficult to carry out studies of this special character alone. Some of the former learners' may have been biased since it was somehow difficult to control the movements of them in the classroom. There were cases where my questionnaire circulated among former learners' who were sitting and conversing with each other while filing them in, and sometimes some of the received questionnaires had not been filled in properly. So time and energy were spent in chasing former learners' and the class-educator to get the right respondent. On the other hand it could be claimed that the nearness of the class-educator might have affected some of the former learners' in a positive sense. It is difficult to know from case to case.

The validity and reliability problems are also obvious in some of my questions in the questionnaires. It is for instance difficult to ask people about their sexual behavior, which makes the validity of the questionnaire somewhat debatable in this case. Some former learners' also answered in such a way that it is difficult to assess if they have understood or not. Another important issue that determines the outcome of the questionnaire is the way the

class-educator has been asking each respective former learner and how much pressure they have been under. Some former learners' might also have been tired and hungry, while the class-educator may have lacked time to go through the questionnaire properly. It is also possible that certain former learners' have answered the questionnaire in favour of Star for Life because they assumed that the class-educator wanted to hear that answer and not analyzed each question carefully before answering.

The reliability of the questionnaire is also doubtful to some extent from the perspective that it is very difficult to translate languages accurately since one word can have totally different meanings in another language. Some words do not even exist, which makes it even more difficult. For instance, some concepts such as abstinence seem to have many definitions. Zulu was the indigenous language which was used in this questionnaire. So it depends on how much skill the class-educator had in English.

1.7 Material

The material consists of mainly primary, but secondary sources have also been used. The material used has been collected both in South Africa and Sweden. All sorts of books, reports, and articles relevant to my thesis have been read. There is not any author in particular that this thesis is built on. The most important material, part from my questionnaires, consists of the primary sources which are based on descriptions about the Star for Life Programme.

1.8 Previous research

Following one year of intervention, a comprehensive follow-up evaluation survey was conducted using scientifically rigorous evaluation methods. Field work took place during April 2007. This evaluation gathered data from 2618 learners, 1850 of the learners' were from the 10 Star for Life Schools who had been implementing the programme for approximately one year ("intervention schools") and 723 were from five purposely selected control schools. The overall findings were, Star for Life laid a firm foundation for contributing of the programme, HDA (2007). However, the programme does need to be continued and extended; otherwise the investment and the progress will be brought to a standstill. Specifically it was noted that Star for Life was successful in promoting positive attitudes towards abstinence, and in some cases, motivating learners' to delay sexual debut. The outcome also demonstrated some impact of Star for Life in reducing the levels of undesirable characteristics of sexual relationships - namely, sex with much older partners, transactional sex and multiple

partnerships, HDA (2007). In addition, one of the main intended learners' aspiration or dreams is to translating this into recognition of the importance of education. The programme did however not show much impact on increasing condom use amongst sexuality active learners' or increasing uptake of VCT - two highly important outcomes of any HIV prevention initiative, HDA (2007).

1.9 Disposition

This thesis has been divided into three parts, with part two giving a general overview of Star for Life and its preventive activities. This part will be initiated with a description of Star for Life. The focus will be on movement vision, mission, objectives and services. The purpose of this chapter is to account for the structure within Star for Life activities so that it will be easier to understand the discussion in part three. In part three, which is the main chapter, the findings are presented. Here the questions will be applied to the programme objectives, to analyze the result of this thesis. In the last part, part four, the conclusions and recommendations are given.

2. OVERVIEW OF STAR FOR LIFE AND ITS ACTIVITIES

This part gives a deep insight into Star for Life's preventive activities; with section one giving a historical background of Star for Life and its present status as a professional NGO. Section two introduces the vision and mission statements which are guided by self-esteem, which leaven all through the work of the organization. The following sections are describing key objectives, Star for Life symbolism, Star for Life model and implementation and other significant information of the organization.

2.1 Star for Life

The idea for Star for Life was born when the founders saw how people in South Africa, not least children, were stricken by HIV and AIDS. In cooperation with leaders, behavioral scientist, communicators and musicians from South Africa and Sweden, they took on the challenge to create the programme, SFL (2009). Initially the initiative was named Star School. It was later renamed to Star for Life. The pilot programme began in mid-2005 at Siphosabadletshe High School, situated in the KwaZulu-Natal province of South Africa. The school has almost 1.000 learners' and 30 educators, SFL (2009). The programme was well received by learners' and educators. The Star for Life Programme is run from Sweden, South Africa and Namibia by a team of people from all countries. At the beginning of 2009, Star for Life also started a partnership with the Swedish organization Sri Lanka Barns Vänner (Friends of Sri Lanka's children) to run a joint programme in Sri Lanka, SFL (2009).

2.2 Vision and mission

To inspire High School learners' to believe their dreams for the future, to support them to live an AIDS-free life and to fulfill their dreams, SFL (2009).

2.3 Key objectives

The key objectives of the Star for Life programme are as followed: **(i)** To strengthen the internal infrastructure and self-esteem of learners', to make life-affirming decisions about HIV and AIDS, as well as the factors associated with protection, risk and amelioration **(iii)** To inspire learners' to dream of brighter future prospects as well as commitment to improved academic performance as a vehicle to foster a turnaround in the rate of school drop-outs **(iv)**

To advocate primary and secondary sexual abstinence **(v)** To engender a culture of safe and faithful relationships **(vi)** To cultivate responsible sexuality and sexual responsibility through the safe use of condoms as a means of preventing unwanted pregnancy and STIs, including HIV and AIDS **(vii)** To promote VCT as the only way of knowing and living meaningfully with one's HIV status, SFL (2009).

2.4 Star for Life symbolism

Many initiatives are engaged in fighting the source of HIV and AIDS in the Southern Africa region. While complementary to these. Star for Life is marked by its focus and guiding philosophy. Rather than merely urging adolescence to protect themselves from being infected with HIV. Star for Life primary focus is to inspire adolescence with a belief in brighter possibilities for their future as the driving force that guides them to make sound and health-affirming lifestyle choices, SFL (2009). This is coupled with the use of symbols that serve as a key inspiration and a reminder to learners'. The Star for Life values means that Star for Life uses each of the five points of the Star to represent a personalized life and health-affirming value. **(i) I go for my dreams** - To realize my dreams I listen to my heart and put forth my best effort. I'm proud of myself and know my effort is what makes my dreams possible. **(ii) AIDS-free - that's me** - I protect myself and avoid unnecessary risks. **(iii) I decide** - It's my life! Not having sex is okay! I always use a condom during intercourse and I am responsible for my actions. **(iv) I am committed** - Cheating only cheats my dreams! I am honest with myself and give my best, honest efforts in my schoolwork. **(vi) I make it possible** - I set my own goals and know I can achieve them. Maybe not right away, but my steps today will help me reach my goals tomorrow. I am persistent and know I can handle any obstacles along the way, SFL (2009).

2.5 Star for Life model and implementation

The Star for Life Programme aims to become integrated into the schools' Life Orientation Curriculum (Life Skills Curriculum in Namibia) and thereby translating its vision into a lived reality in each school, SFL (2009). This is mainly being implemented through the learning workshop which is costumed designed to tap into and awaken the potential inherent in all learners' and serve as the catalyst to creating this envisaged identity. In addition, the teacher workshops which last for three years, with a similar schedule provide the educators with a background to the issue regardless of their learning area specialization, SFL (2009).

2.5.1 Guiding principles

The Revised National Curriculum Statement encourages learner-centered and activity-based approach learning. As a learning area (subject) within the national curriculum, Life Orientation recognizes the enormous challenges that learners' encounter in a rapidly transforming contemporary society, and seeks to guide and prepare them for life and its possibilities, SFL (2009). Based on the optimal development of self-in-society, Life Orientation seeks to equip learners' to lead meaningful and productive lives by empowering them with skills, knowledge, values and attitudes to make informed decisions and to take appropriate actions in the following areas: **(i)** Recognition, ownership and maximum development of personal potential as the route to self-empowerment, SFL (2009). This enables learners' to respond positively to challenges while also contributing positively to society **(ii)** Development of healthy lifestyle choices in the midst of a wide range of Challenging and risky environmental situations, especially those that relate to sexuality at the adolescent stage of their psychosocial development **(iii)** Positive orientation to their studies as preparation for informed decisions regarding future career options and preparation for the world of work **(iv)** Development of positive social relationships through knowledge and exercise of constitutional rights and the attendant responsibility **(v)** Physical development and movement as an integral part of social, cognitive and emotional development, SFL (2009).

The Star for Life Programme concurs with Departments of Education (Ministry of Education in Namibia) on the importance of these aspects in fostering a turnaround in the lives of learners' and the ripple effect of this for the broader Southern African community, SFL (2009). Therefore, by integrating it into the Life Orientation curriculum, the Star for Life Programme sees itself, above all, as a complementary approach aimed at contributing to efforts of translating this vision into a lived reality in each school, SFL (2009). Against this backdrop, the Department's endorsement of the Star for Life Programme and accompanying rollout mandate is an expression of a shared recognition and conviction of the potential benefits than can accrue from a joint efforts in addressing these issues. It is in this regard that the Star for Life Programme regards itself as an implementation partner with the Department of Education (Ministry of Education in Namibia) through systematic integration of its programmes into the Life Orientation learning area, SFL (2009).

2.5.2 Guiding approach

Star for Life draws from a broad range of effective methodologies to inspire and support educators' and learners' to break through conventional and self-defeating notions of themselves and their life circumstances, SFL (2009). In this way it is primarily experiential in its approach to learning, encompassing mind-body and spiritual aspects of personal transformation. Through its innovative and deep-reaching approach to all dimensions of human experience, the Star for Life model provokes scope for new possibilities for their lives amidst trying socioeconomic and psychosocial circumstances, SFL (2009).

2.5.3 Sustainability

To secure sustainability, the Star for Life Programme is implemented over a period of three years in each school. From the first year, the Star for Life coach focuses on practical skills transfer to Life Orientation teachers' (Life Skills teachers' in Namibia), as the key programme implementers in the school, SFL (2009). The aim is to ensure that the culture of the school is significantly transformed, so that after the three-year period, the school takes full ownership and responsibility for the sustainability of the programme. Star for Life continues to provide support and guidance to the school for a further period of two years. Taken together, Star for Life makes a five-year investment in the transformation of each school, SFL (2009).

The Department's mandate paves the way for engagement with key stakeholders in each school as a way of securing their commitment for the sustainable implementation of the programme, SFL (2009). The aims and objectives of the programme are clarified as well as a shared understanding of the ways in which the programme seeks to add value to the Department's curriculum objectives and anticipated outcomes through the Life Orientation learning area. This stakeholder engagement takes place approximately six months prior to the initiation of the programme in the schools, SFL (2009).

2.6 Star for Life organizational structure

Star for Life operates in two countries in Southern Africa: South Africa and Namibia. These countries are two of the country's worst hit by the HIV/AIDS pandemic with national HIV/AIDS prevalence of 18.1% (South Africa) and 15.3% (Namibia), UNAIDS (2008). In each country Star for Life has offices with employees and local boards. The main office in Sweden focuses on fund-raising and strategic planning, SFL (2009).

2.6.1 Board

Star for Life has national boards, one in each country where the organization is present.

2.6.2 Advisory Board

Star for Life strives to continually improve the effectiveness and the efficiency of the programme. To accomplish the vision, the organization is dependent on accurate and evidence based knowledge from the academic world as well as strategic knowledge about the overall development and the environment in which the organization operates, SFL (2009).

3. RESULTS

This part accounts for the results of my thesis to find out if the Star for Life Programme motivates former learners' to comply with the programme objectives beyond of the learning workshops? The results are based on informal-formal interviews with people from all sorts of backgrounds but with an interest in Star for Life, such as former learners', educators' and other staff and aid workers. Therefore, the methods used in the presentation of the results are both quantitative and qualitative. The quantitative method is used because it has enabled me to gather data from the former learners' in a very formal way through my questionnaire. The qualitative aspect of this thesis is also important because it gives a different perspective through my own observations. The qualitative method is also used mainly when analyzing the reliability problems which are obvious in some of the questions in the questionnaires. Finally, all the figures are being found in appendix II.

3.1 Has the Star for Life model increased your internal infrastructure and self-esteem to enabled you to make life-affirming decisions and choices beyond the learning workshops?

Many young people in rural province of KwaZulu-Natal face difficulties on a daily basis which challenge the notion that "dreams can be fulfilled." With 38% of former learners' living without enough to meet their basic requirements, it is not unsurprising that their perception of their future seems bleak, HDA (2007). Poverty, violence, high prevalence of HIV/AIDS and poor community infrastructure are some of the factors that diminish one's self-esteem and hope in the future.

The Star for Life Programme which aims to build on learners' self-esteem has a positive effect on the former learners'. The findings from the quantitative evaluation unequivocally show that the programme has (Male 96.2% and Female 96.3%) impacted positively on former learners'. This result is mainly due to the fact that the aim to increase the self-esteem permeates all the sections in the learners' workshop. A special key feature in order to achieve self-esteem is the Dream Book. The learners' are provided with a Dream Book in which to reflect and record their thoughts, insights and feelings.

This allows them to connect with their own inner voice, to find and develop their own individuality, to develop healthier ways of self-expression and to remind them of their dreams and attendant commitments and responsibilities to themselves and their own future. Each learner possesses one and is encouraged to write down their dreams and ensure that they carry their Dream Books to School every day. The Dream Book serves as a record of the learners' short and long-term goals with daily entries to help them keep track of their progress towards achieving their ambitions.

This has led to the fact that former learners' are creating a positive identity for them and display improved comportment in the school, at home and in the community. A positive self-identity is important in achieving one's goals and in rejecting outside peer pressure. One of the best examples of impact has been a noticeable change in behavior among former learners'. This behavior change has been noted from the way that former learners' dress to the newfound respect for educators, other adults and one and another. Former learners' asserts moreover that Star for Life has helped them in decision-making; particular, with regard to their behavior in class and the community at large; in personal appearance, in choosing friends who were positive influences, focusing on their studies, and avoiding drugs, alcohol and unsafe sex. Star for Life has been able to successfully link individual actions to consequences.

"Star for Life has helped us to make our own decisions where you find that when you are doing something it should come from your inside" (S. Maphumolu, personal communication, 15th August 2009).

Former learners' gives the impression to be correlating personal pride as a decision that one makes, which is independent from outside pressure. Star for Life has consequently helped former learners' to change their attitudes, helping them to see that they need to behave respectfully towards others.

3.2 Has the Star for Life model motivated you to comply beyond the three learning workshops in terms of the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration?

It is recognized that awareness of HIV/AIDS is high in the province of KwaZulu-Natal, following sustained mass media and other interventions. Despite this fact, several thousand people get infected every year due to lack of enough knowledge HDA (2007). Preventing new

HIV infections is as such complex, despite the seemingly simple concept of Abstinence, Be Faithful” and “Condomise (ABC).

An important part of the Star for Life Programme is to increase the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration, HDA (2007). The findings from the quantitative evaluation unequivocally show that the programme has (Male 96.2% and Female 96.2%) responded positively to particularly learners’ workshops four which focuses on the power of knowledge of HIV/AIDS, SFL (2009). This result is mainly due to the fact that the Star for Life Programme has helped create a context for increased dialogue about sex. Learners’ are thought various modes of HIV infection and preventive measures. Emphasis is placed on the importance of a value system to guide their lifestyle and behavior in the direction of their dreams, as well as either preventing themselves from becoming infected with the virus, or encouraging meaningful living with the virus for those already infected.

This approach has reinforced the messages of sexual abstinence and reduction in age differences and multiple/concurrent sexual partnerships resulting in measurable decreased risk behavior in these areas. Abstinence and reduction in age-gaps and multiple sexual partnerships are the cornerstones of reducing new HIV infections. This result is important because many former learners’ lacked basic knowledge of HIV/AIDS as they started the three year programme - a necessary condition for protecting oneself from HIV infection.

A key feature which has largely contributed positively to this result is the role play were former learners’ by highlighting different modes of exposure to infection, learn to have an open dialogue about HIV and sexuality which helps to create support structures. At the same time, it facilitates to de-stigmatize the problem surrounding HIV and AIDS and it becomes consequently more uncomplicated to receive information. However, there will always be those former learners’ who will have sex. For all former learners’, condoms use is critical when they do become sexually active.

3.3 Has Star for Life inspired you to improve on your academic performance beyond the learning workshops?

Whilst enrollment in schooling is relatively high in South Africa, many adolescences does not attend school on a day-to-day basis, HDA (2007). This introduces a negative cycle of under-achievement, poor attitudes to educators and ultimately resignation or despair about the future

- factors which fuel the HIV pandemic. Poor attendance appears to be due to a range of reasons including negative attitudes to education on the part of the learner, competing demands of family or household responsibilities, and inability to meet incidental school expenses, such as transport, uniforms and books.

Improving school attendance is clearly a first step in creating an environment in which learners' can take pride, achieve in line with aspirations, and be motivated to keep them free from HIV. The findings from the quantitative evaluation clearly show that the programme has (Male 96.2% and Female 88.5%) inspired former learners' beyond the learning workshops. This result is mainly due to the fact that the Star for Life Programme has instilled in former learners' a sense of the importance of education, and in many instances, a sense of pride in the school. Former learners' exposed to Star for Life reported more regular attendance, less absenteeism, better attitudes about education and learning and self-reported improvement in marks, as compared to those not exposed.

This is supported by workshop one which put a special emphasis on education. The educator strives to establish a commitment from the learners' by encouraging them to do well in the exams so that they can be able to achieve their dreams! When the learners' focus on the education, the education is like a ticket that allows the learners' to make choices in life - when the learner is educated he/she can choose where to work and how you work; the learners' can choose where he/she want to live and want to live and what kind of life you want to live. A good education allows the learners' to be able to do things and not depend on other people.

Another inspiring part of the programme which has contributed positively to improve on the academic performance among former learners' is the simultaneous raising of a national flag and a Star for Life flag. The raising of the national flag symbolizes the raising of collective consciousness around national pride and responsibility to one's community and country. The Star for Life serves to raise collective consciousness around the importance of the school as a place of effective teaching and learning and in promoting the crucial role of education in enabling learners to work towards the realization of their life dreams. Each school takes responsibility for the daily raising and lowering of these flags as a daily reminder of the collective and individual significance of these symbols.

“To me it means that as I am a former learner and I have to know what I am supposed to do about myself and about my future...firstly it thought me I have got to have the discipline and how to behave myself” (N. Buhle, personal communication, 6th July 2009).

This is extremely important because in mature epidemics, such as in the province of KwaZulu-Natal, higher educational attainment has been shown to be associated with reduced HIV incidence, HDA (2007). Further, several studies have shown that better educated individuals are more receptive to HIV prevention strategies and more likely to change their behavior patterns, SFL (2009). This is particularly true for young women in rural areas, who are a key group for HIV prevention strategies.

3.4 Has the Star for Life model helped you to comply to advocate primary secondary sexual abstinence beyond the learning workshops?

The Star for Life Programme has a positive on the majority of former learners’ as regards of primary and secondary sexual abstinence. The findings from the quantitative evaluation unequivocally show that the programme has (Male 92.3% and Female 88.5%) impacted positively on former learners’. This result is mainly due to the learning workshop four. The model focus on the ABC approach in order to encourages adolescence to use abstinence until marriage, the most effective way to avoid HIV infection. The programme develops skills for practicing abstinence and encourages adopting social norms that support abstinence.

A special key feature in order to promote primary and secondary abstinence is the music. Star for Life draws on music as an important medium for communication and reinforcement. Songs that express the vision and objectives of Star for Life have been especially composed by Triple and Touch, a Swedish musical group. The songs “AIDS-free, that’s me”, “Abstinence is cool” and “Wish upon A Star” serve to remind learners of their true self-worth and to inspire behavioral decisions and choices that are in line with their values.

3.5 Has the Star for Life model helped you to comply to cultivate a culture of safe and faithful relationship beyond the three years of learning workshops?

The Star for Life Programme has a positive impact on former learners’ in this regard. The findings from the quantitative evaluation unequivocally show that the programme has (Male 96.2% and Female 96.2%) impacted positively. This result is mainly due to the fact that the

learning workshop six has assisted former learners' to cultivate a culture of safe and faithful relationships.

The starting point in this section is the ABC strategy which is a sex education policy based on harm reduction which modifies the approach of abstinence-only sex education by including education about safe sex and birth control methods. Abstinence-only sex education is strictly to promote the sexual abstinence until marriage, and does not teach about safe sex or contraceptives. The abstinence-based sex education programme at Star for Life is meant to stress abstinence and include information on safe sex practices. In general terms, this strategy of sex education is a compromise between abstinence-only education and comprehensive sex education.

An abstinence-based sex education deals with issues of human relationships, the basic of biology of human reproduction, safe sex methods and contraceptives, and HIV/AIDS information.

3.6 Has Star for Life model cultivated responsible sexuality and sexual responsibility beyond the learning workshops through the safe use of condoms as a means of preventing unwanted pregnancy and STIs, including HIV and AIDS?

Previous research has shown that adolescence that feels connected to family members is more likely to delay initiating sexual intercourse, HDA (2007). The ability to establish strong individual values and make sexually-healthy decisions are somehow depending on adolescence being able to discuss and debate with their parents about the issues and dilemmas they face. While most adults want adolescence to know about abstinence, contraception and how to prevent themselves from HIV and other sexually transmitted diseases, many parents often encounter difficulties in relaying these messages to their own children.

The Star for Life Programme is helpful in assisting parents in this regard. The findings from the quantitative evaluation unequivocally show that the programme has (Male 96.2% and Female 96.2%) impacted positively on former learners'. This result is mainly due to learners' workshop two which focus particularly on the females given their vulnerability to HIV/AIDS. Star for Life attempts to instill in young women a sense of pride in them and encourages young people to think toward the future. The centre of focus is the fact that the "power is within the learner". The anchoring principle is that if learners' are in control of their thoughts and their thoughts determine their feelings and then their behavior, the learners' will change a

certain behavior such as having sex or having an unprotected sex in order to improve their lives.

This is important because it is widely held that one of the drivers of the rapid spread of HIV in sub-Saharan Africa are patterns of sexual networking, including the phenomena of young adolescent women having sex, not only with boys their age, but also with men considerably older than themselves, HDA (2007). This sets up a rapid cycle of HIV transmission whereby the virus is spread between the age groups. The imbalance in power relationships that are part of these situations, make it harder for young women engaging in sex with older men to negotiate condom use. Further, transactional sexes, whereby goods are exchanged for sex, is also frequently a characteristics of these situations, and make it even more unlikely that condoms will be used.

Former learners' which are sexual active consider furthermore as a consequence that condom uses are an important means of preventing HIV infection, other STIs and unwanted pregnancies. Through promotion of increased responsibility in decision-making and a focus on believing in the future, and self empowerment, Star for Life has cultivated responsible sexuality and sexual responsibility according to the former learners'. This is extremely in the province of KwaZulu-Natal because it is generally acknowledged that pregnancy amongst young school-age women is high. This event often leads to the young mother never completing her education and in many cases it profoundly impacts the rest of her life. Further, the child often remains unacknowledged by the father.

A compounding problem for many young people in areas of high HIV prevalence and long-standing epidemics, such as is the case in the province of KwaZulu-Natal, is the absence of one or both parents. Many former learners' are having difficulty living circumstances and are often double of orphans (both parents died) and sometimes do not even know the whereabouts of one of their parents. These young people are more vulnerable than others and their chance of becoming involved in risky sexual behavior is increased. In context like these, the need for trusted sources of communication about sexual health is great and as such, Star for Life educators and coaches in their daily interaction with learners play a vital role in order to cultivated responsible sexuality and sexual responsibility beyond the learning workshops.

3.7 Has Star for Life model made you to comply with VCT as the only sure way of knowing and living meaningfully with one's HIV status beyond the learning workshops?

Previous research indicate that as many as 14% of Star for Life girls and 10% of Star for Life boys are already infected with the virus, HDA (2007). Those who are HIV positive need to access care and support to enable them to remain healthy and prevent transmitting the virus to others. Those who are negative can become motivated to remain negative through affirmation that they have not contracted the virus.

The Star for Life Programme has been fairly successful to promote former male learners' (Male 53.8%) to attend to the VCT as the only way of knowing their HIV/AIDS status. This could be attributed to stigma and discrimination which can be obstacles to young people seeking VCT. The former female learners' (96.2%) did on the other hand show that the programme impacted positively on them. This result is mainly due to the learner workshop one which emphasize on knowing your status which is based on your recognition of responsibility to yourself and the only way to know your status is to know your own truth about where you stand. There is as such considerable room to increase uptake of VCT amongst sexually active former male learners'.

The former learners' acknowledged nevertheless that knowing ones HIV status is increasingly recognized as being a cornerstone of an HIV/AIDS prevention response. If someone who know their status and are negative can become motivated to remain negative, and those who are positive can seek early support and care to remain healthy as long as possible. Taking an HIV test is powerful evidence of self perception of being at risk of HIV. Some important insights were gleaned from the qualitative finding that highlights the importance of VCT in this population. Many former learners' indicated that they did not believe themselves to be armed with the knowledge to avoid HIV transmission through abstinence, using condoms, remaining faithful and not having many sexual partners. However, clearly knowledge does not always translate into safer sexual behavior, and learners urgently need to internalize their risk and know their status.

Several former learners' felt that they could get infected with HIV within the next five years, and that ultimately the responsibility fell onto the former learners' themselves, and whether they would be able to follow their knowledge into a changed behavior. Educators has pointed out the existing rates of pregnancy as an indication that former learners' were not having safe

sex, whereas this fact seemed to pass by the former learners' unnoticed. However, former learners indicated that the Star for Life intervention is well placed to de-stigmatize the VCT. This happens through open discussions and education about the disease, which further supported by the holistic framework of the programme that inspires to love and care for themselves and others.

Former learners' agreed as well that a fellow friend who was HIV positive could be comfortable to share their status given their newly-founded knowledge about HIV/AIDS. Support could include anything from emotional support to educating the person on how to better care for themselves with the disease (i.e. eat the correct foods; take medicine when necessary, etc).

4. CONCLUDING COMMENTS

In accordance with the research problem and the operationalization, the following hypothesis has been formulated and tested: The model of Star for Life (the independent variable) motivates former learners' (the dependent variable) to comply with the programme objectives beyond the learning workshops?

The results of the evaluation demonstrate clearly that both the male and female respondents have a positive attitude to the Star for Life Programme. The two groups have responded almost similarly on all the questions with one exception, namely - if male adolescence complies to VCT as the only sure way of knowing and living meaningfully with one's HIV status. Former male learners' seems to have a fairly negative attitude to the VCT. The reason for this is due to stigma and discrimination, according to former learners'. This fear is not only to be tested HIV positive or being associated with HIV/AIDS, but also being identified or thought of as someone practicing loose sexual behavior. In addition, just being seen visiting a VCT can initiate rumors that the person is being thought of as someone with a high risk behavior. An additional hesitation to visit the VCT is the stigma and discrimination of health care providers which often have prejudices with regard to HIV/AIDS.

The overall concluding comments of the evaluation are nevertheless that the Star for Life model verifies the hypothesis. There is a degree of correlation between the two measured variables. The Star for Life Programme has multiple beneficial outcomes and has helped to improve the situation for former learners'. This has furthermore most likely impacted positively on the HIV prevalence in the province of KwaZulu-Natal in South Africa. Much speaks for the fact that Star for Life has increased the self-esteem among former learners' to such an extent that it has assisted former learners' to change behavior. Through the programme, this has also helped a larger number of former learners' who is HIV positive to cope with the infection and they now understand how to avoid getting further infections. At the same time it has informed former learners' that being HIV positive does not mean dying soon, which has enabled them to plan for their future. In fact, this programme has brought a lot of hope to former learners' who had lost it a long time ago. That is why it is so important to evaluate NGOs like Star for Life who is working at the front line of the pandemic in order

to learn and meet this global challenge. The Star for Life model has particularly achieved the following according to former learners’.

(i) The Star for Life model has improved the internal infrastructure and self-esteem to enable former learners’ to make life-affirming decisions and choices. Former learners’ have demonstrated higher self-esteem which has resulted in changes in their understanding of the control they have over their futures regardless of their circumstances.

(ii) The Star for Life model has motivated former learners’ to comply in terms of the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration. Former learners’ sense that there have been improvements regarding basic knowledge of HIV and AIDS. As such are they better equipped to distinguish the factors which make them susceptible to the HIV infection.

(iii) The Star for Life model has inspired former learners’ to improve on their academic performance. Former learners’ attend school more regularly, and feel that they take their education more seriously.

(iv) The Star for Life model has helped former learners’ to comply to advocate primary secondary sexual abstinence. Former learners’ sense that they Star for Life has impacted positively in promoting affirmative attitudes towards abstinence and motivated former learners to delay their sexual debut.

(v) The Star for Life model has helped former learners’ to comply to cultivate a culture of safe and faithful relationship. Former learners’ sense that there have been reductions in the levels of undesirable characteristics of sexual relationships - namely, multiple partnerships.

(vi) The Star for Life model has cultivated responsible sexuality and sexual responsibility through the safe use of condoms as a means of preventing unwanted pregnancy and STIs, including HIV and AIDS. Former learners’ sense that they know that it is important to use condom but also how to use it. This gained knowledge will automatically lead to a more conscientious behavior as they have a relationship.

On the other hand, many adolescences in rural province of KwaZulu-Natal are subjected to extreme hardship, inter-personal violence and other difficulties on a daily basis that challenge the notion that “dreams can be fulfilled.” With many of formers learners’ living without

enough to meet their basic requirements, it is surprising that views about the future are somewhat positive in this thesis. Whilst some individuals can and have had the lives profoundly affected by the intervention, there needs to be a sense of realism about the impact beyond the learning workshops - changes take a long time to come about and are according to me, critically dependent on wider community development and job creation.

In generating aspirations and hope for the future it is equally important to ensure that former learners' are equipped with the necessary skills and have some opportunities to create a successful future. The reasons are that the majority of former learners' will most likely find it difficult to attain dreams due to poverty. At the moment, former learners' are still in school and as such continuously reminded of the core values of the Star for Life Programme. This may also contribute to their extremely positive attitude towards the programme.

However, within a short period of time, former learners' will face the depressing reality due to the departure of the school. Whether the Star for Life model will continue to guide former learners' to make sound and health-affirming lifestyle choices remains as such elusive. This may perhaps force former learners' to take decisions which will make them more susceptible to HIV infection. For example, young women might be forced into prostitution due to lack of an adequate income. On the other hand, the short-term impact of the Star for Life model has been established through this thesis.

Overall, the first five years of the Star for Life Programme has laid a good foundation for continuation of the programme. However, the programme does need to be continued and extended beyond the learning workshops with Star for Life in order to have a sustainable impact on the lives of former learners'. This course of action should start as soon as possible otherwise the investment and the progress that has been made so far will be somewhat wasted, at least from the perspective of former learners'.

4.1 Recommendations

This thesis has undoubtedly shown that Star for Life is an independent professional NGO setting a really good example and it should be followed by others. The funds which have enabled the organization to expand and help infected and affected adolescence. But HIV/AIDS is an expensive disease, so to meet the future challenges of the AIDS pandemic, Star for Life needs to reinforce on several fronts in order to meet the needs of former learners'.

- (i)** Identifying sources of funding e.g. bursaries and scholarships for which high caliber former learners' that are keen to enter tertiary education can be directed towards.
- (ii)** Ensure that former learners' leave the school system with basic job seeking and interview skills.
- (iii)** Strengthen collaborative relationships and referral mechanisms with the local community, for example developing a system with internship with local entrepreneurs'.
- (iv)** Make the local clinics more youth friendly and train the local health providers to receive adolescence with their special needs. In addition, since one barrier to condom use may be difficulties in accessing condoms, Star for Life could in collaboration with local clinics consider facilitating reliable access to condoms by identifying condom distribution centres.
- (v)** To develop a community strategy together with the community in order to assess the needs of the former learners'.
- (vi)** Conduct an evaluation in the future on former learners' who quitted the Star for Life Programme for about five or ten years. Only then there will be a possibility to measure if the indicators of the programme have had any sustainable impact of former learners'.

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Appendix I - Questionnaire

Questionnaire

The purpose of this questionnaire is to evaluate if former learners' of the Star for Life Programme comply with the model/approach beyond the three years of learning workshops. This questionnaire will only be used for this research study. The respondent is guaranteed anonymity. A copy of the research study will be given to Siphosabadletshe High School and the Star for Life Programme office in Hluhlwe.

1) Male: Female: Age:

2) Has the Star for Life model/approach increased internal infrastructure and self-esteem to enable you to make life-affirming decisions and choices beyond the SFL school years? Yes: No: I don't know: Please motivate your answer below:

3) Has the Star for Life model/approach motivated you to comply beyond the SFL school years in terms of the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration? Yes: No: I don't know: Please motivate your answer below:

4) Has Star for Life inspired you to improve on your academic performance beyond the SFL school years? Yes: No: I don't know: Please motivate your answer below:

5) Has the Star for Life model/approach helped you to comply to advocate primary secondary sexual abstinence beyond the SFL school years? Yes: No: I don't know: Please motivate your answer below:

6) Has the Star for Life model/approach helped you to comply to cultivate a culture of safe and faithful relationship beyond the SFL school years? Yes: No: I don't know: Please motivate your answer below:

7) Has the Star for Life model/approach cultivated responsible sexuality and sexual responsibility beyond SFL years through the safe use of condoms as a means of preventing unwanted pregnancy and sexual transmitted and sexual transmitted infections (STIs), including HIV and AIDS? Yes: No: I don't know: Please motivate your answer below:

8) Has the Star for Life model/approach made you to comply to voluntary counseling and testing (VCT) as the only sure way of knowing and living meaningfully with one's HIV status beyond the SFL school years? Yes: No: I don't know: Please motivate your answer below:

Thank you so much for your cooperation!

Peter Asplund, MPHIL Student, Stellenbosch University - South Africa

Appendix II - Acquired data

Table 1: Total amount of former learners' interviewed

Gender	Total
Male	26=100%
Female	26=100%
Total	52=100%

Table 2: Has the Star for Life model/approach increased internal infrastructure and self-esteem to enable you to make life-affirming decisions and choices beyond the three years of learning workshops?

Gender	Yes	No	I don't know	Total
Male	25 (96.2%)	1 (3.8%)		100%
Female	24 (92.3%)		2 (7.7%)	100%
Total	49	1	2	52=100%

Table 3: Has the Star for Life model/approach motivated you to comply beyond the three years of learning workshops in terms of the knowledge and understanding of HIV and AIDS, as well as the factors associated with protection, risk and amelioration?

Gender	Yes	No	I don't know	Total
Male	25 (96.2%)		1 (3.8%)	100%
Female	25 (96.2%)		1 (3.8%)	100%
Total	50		2	52=100%

Table 4: Has Star for Life inspired you to improve on your academic performance beyond the three years of learning workshops?

Gender	Yes	No	I don't know	Total
Male	25 (96.2%)		1 (3.8%)	100%
Female	23 (88.5%)		3 (11.5%)	100%
Total	48		4	52=100%

Table 5: Has the Star for Life model/approach helped you to comply to advocate primary secondary sexual abstinence beyond the three years of learning workshops?

Gender	Yes	No	I don't know	Total
Male	24	1 (3.8%)	1 (3.8%)	100%
Female	23	1 (3.8%)	2 (7.7%)	100%
Total	47	2	3	52=100%

Table 6: Has the Star for Life model/approach helped you to comply to cultivate a culture of safe and faithful relationship beyond the three years of learning workshops?

Gender	Yes	No	I don't know	Total
Male	24 (92.3%)	1 (3.8%)	1 (3.8%)	100%
Female	23 (88.5%)	2 (7.7%)	1 (3.8%)	100%
Total	47	3	2	52=100%

Table 7: Has the Star for Life model/approach cultivated responsible sexuality and sexual responsibility beyond the three years of learning workshops through the safe use of condoms as a means of preventing unwanted pregnancy and sexual transmitted and sexual transmitted infections (STIs), including HIV and AIDS?

Gender	Yes	No	I don't know	Total
Male	25 (96.2%)		1	100%
Female	25 (96.2%)	1 (3.8%)		100%
Total	50	1	1	52=100%

Table 8: Has the Star for Life model/approach made you to comply to voluntary counseling and testing (VCT) as the only sure way of knowing and living meaningfully with one's HIV status beyond the three years of learning workshops?

Gender	Yes	No	I don't know	Total
Male	14 (53.8%)	8 (30.8%)	4 (15.5%)	100%
Female	25 (96.2%)		1 (3.8%)	100%
Total	39	8	5	52=100%

Appendix III - Learning workshop structure

LV1	Feb - Mar	Year 1 - Dreams can be fulfilled Learners are inspired to envision the future they want to have, to describe and draw a symbolic representation of this future and to share it with each other.
LV2	Aug - Sep	Year 1 - The Power of thoughts Knowing the effects of negative and positive thoughts on attitude, behavior and outcomes.
LV3	Feb - Mar	Year 2 - Journey to success Learners' have an opportunity to revisit the importance of values. They draw from the small star as a reminder of the small inner voice of their conscience to guide their decisions and choices. Also, they draw on the big star as the value system of their school to guide them towards, fulfilling their dreams and living an AIDS-free life.
LV4	Aug - Sep	Year 2 - Be informed about HIV/AIDS Reflection on personal on personal strengths
LV5	Feb - Mar	Year 3 - Journey to self Personal meaning of change
LV6	Aug - Sep	Shine on Consolidation and anchoring

Appendix IV - Map of the province of KwaZulu-Natal



<http://www.map-of-south-africa.co.uk/images/kwazulu-natal.gif>