HEALTH AND FAMILY LIFE EDUCATION IN TRINIDAD AND TOBAGO

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NATIONAL HEALTH SITUATION

- Leading causes of morbidity and mortality in Trinidad and Tobago caused by individuals’ health behaviour and lifestyles
- Lifestyles are established early in life; hence it is crucial to address the issues of health early in life
- Unhealthy behaviours as diets high in fat, salt, cholesterol and sugar; tobacco use; and excessive alcohol consumption contribute to non-communicable diseases like diabetes, hypertension, heart diseases and cancers that are responsible for 60% of all deaths

Ministry of Health (2011) Health Record Card for Trinidad and Tobago 2011
The Trinidad and Tobago Global School Health Survey (2001)

School-based survey of students in Forms 1-4

- Among students who ever had a drink of alcohol (other than a few sips), 86.5% had their first drink of alcohol before age 14 years
- 26.2% of students were overweight
YOUTH HEALTH cont’d

• 74.6% of students usually drank carbonated soft drinks one or more times per day during the past 30 days

• Among students who ever used drugs, 77.2% first used drugs before age 14 years

• 17% students seriously considered attempting suicide during the past 12 months while 14.4% actually attempted suicide one or more times during the past 12 months

• Only 29.2% of students were physically active for a total of at least 60 minutes per day on five or more days during the past seven days
• 27.1% of students ever had sexual intercourse. Among those, 62.2 % had sexual intercourse for the first time before age 14 years
• 10% of students smoked cigarettes on one or more days during the past 30 days. Among students who ever smoked cigarettes, 83.9 % first tried a cigarette before age 14 years
• 35.9 % of students were in a physical fight one or more times during the past 12 months
• 15.4% were bullied on one or more days during the past 30 days
Caribbean Food and Nutrition Institute (2010) Interim Report on the findings of the evaluation of School Meal Options in Trinidad and Tobago.

*Dietary intake of Form 3 students*

- 23% of primary school children in Trinidad and Tobago were overweight/obese
- 25% of secondary school aged children were overweight/obese
- Most common types of food consumed were high in fat, salt, sugar and other simple carbohydrates while fibre intake was generally very low
YOUTH HEALTH cont’d

2009 cross-sectional survey

- 67,000 primary and secondary school children (5-17 years) to determine urine glucose.
- Survey results revealed prevalence of Type 2 diabetes to be 10.4 per 100,000 students; pre-diabetes was 7.5 per 100,000 while Type 1 diabetes was 1.5 per 100,000 children.

THE ROLE OF SCHOOLS

• Strategic point of entry for improving children’s health, self-esteem, life skills and behaviour.

• Education for prevention is more effective if it starts before the onset of risk behaviours.

• Schools are seen as powerful agents in the promotion of good health among students through the curriculum and everyday practices.

• Schools reach a larger population (captive audience) for many years.
The subject area was first introduced in 1988 as “Family Life Education” for use in Primary schools.

Curriculum content and objectives were organized into four broad areas
  - Health and Well being
  - Family
  - Population
  - Education Work / leisure

Did not have the desired result.
• 1994 - Trinidad and Tobago’s participation in the CARICOM Multi-Agency Health and Family Life Education Project.

• 1996 - The decision to review, revise and re-design the Primary Health and Family Life Education (H.F.L.E.) Curriculum had its genesis in the Agreement signed by the CARICOM Standing Committee of Ministers of Education and Health.

• This agreement gave birth to the UNICEF-led CARICOM Multi-agency H.F.L.E. Project.
HFLE DEVELOPMENT PHASES

- This UNICEF led initiative was designed to reach completion through three distinct phases:
  - Phase I - Development of national H.F.L.E. policies.
  - Phase II - Development of country H.F.L.E. curricula.
  - Phase III - Training of teachers and production of resource materials.
PHASE I - DEVELOPMENT OF NATIONAL HFLE POLICY

• By Cabinet Minute No. 1401-2001/16/03 the Government of Trinidad and Tobago approved the National H.F.L.E. Policy. This document was produced by an interim National H.F.L.E. Committee which included:
  • The Curriculum Officer responsible for H.F.L.E
  • UNICEF appointed consultant
National H.F.L.E. Committee cont’d

• Representatives of the:
  • Ministry of Education.
  • Ministry of Health.
  • Pan American Health Organisation (P.A.H.O.).
  • Family Planning Association (F.P.A.).
  • National Parent Teachers Association (N.P.T.A.).
  • University of the West Indies (U.W.I.).
  • Trinidad and Tobago Unified Teachers Association (TTUTA).
  • Inter-Religious Organization.
PHASE II - DEVELOPMENT OF COUNTRY HFLE CURRICULA

- 2006: The Curriculum Development Division of the Ministry of Education, GORTT, produced the Health and Family Life Curriculum for Primary Schools

- Focuses on the development of Life Skills for psycho-social competence

- Overarching theme of Health and Wellness
PHASE II - DEVELOPMENT OF COUNTRY HFLE CURRICULA cont’d

Under the overarching theme of Health and Wellness, the document targets issues related to four (4) thematic areas as mandated by UNICEF in conjunction with the CARICOM Secretariat:

• Self and Interpersonal Relationships
• Sexuality and Sexual Health
• Eating and Fitness
• Managing the Environment
The **Curriculum Guide** is laid out in three (3) parts:

- Curriculum Foundations
- Curriculum Content
- Course Outlines
HFLE SECONDARY SCHOOL CURRICULUM

• 2009
• Curriculum Planning and Development Division, Ministry of Education
• Forms 1–3 Health and Family Life Education
• http://www.ibe.unesco.org/curricula/trinidadtobago/tr ls lf 2009 eng.pdf
The four thematic areas are as follows:

- Self and Interpersonal Relationships
- Sexuality and Sexual Health
- Appropriate Eating and Fitness
- Managing the Environment
The four (4) themes will allow teachers to target the overarching theme which is Health and Wellness.

The new thematic approach marks a departure from the traditional topic centered organization of curricula.

For example, the use of alcohol and drugs, as well as premature sexual activity, represent maladaptive responses to coping with poor self-worth, boredom, failure, isolation, hopelessness, and fragmented relationships.
NATURE AND SCOPE OF HFLE

• Unlike the old Curriculum which was biased toward the acquisition of knowledge, the new document focuses on the development of Life Skills for psycho-social competence
• Psychosocial competence is a person’s ability to deal effectively with the demands and challenges of everyday life
• HFLE promotes psychosocial competence in children and youth, by teaching them life skills which are abilities for adaptive and positive behaviour
WHAT ARE LIFE SKILLS?

• Life Skills are those learned abilities which enable the individual to “live” successfully.
• These are the abilities needed by a person to live in the society as a well-integrated and productive individual
• HFLE is therefore a SKILLS BASED subject area. The focus is therefore on the skill and the content is used to develop the skill being addressed
HFLE LIFE SKILLS

- Decision-making *e.g. truancy*
- Problem-solving *e.g. without resorting to violence*
- Creative thinking
- Effective communication
- Interpersonal skills
- Self-awareness
- Empathy
- Negotiation skills
- Refusal skills
- Assertiveness skills
NEXT

- Curriculum content in relation to thematic areas
- Attempts at Teacher Training
READINGS

- Ministry of Health (2011) Health Record Card for Trinidad and Tobago


- World Health Organization (2011) Global School-based Student Health Survey Trinidad and Tobago 2011 Fact Sheet
THE END

THANK YOU