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EVALUATION OF THE PILOT
HEALTH AND FAMILY LIFE EDUCATION
CURRICULUM SCHOOLS

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Between January and June 2006, the Ministry of Education, supported by UNICEF and the Global Fund through the Ministry of Health, conducted the delivery of a pilot curriculum for Health and Family Life Education [HFLE] in 21 of 24 selected schools drawn from Regions I, III, IV and VI.

HFLE POLICY

The Health and Family Life Education [HFLE] curriculum which was pilot tested was developed in the context of an existing **National Policy for Health and Family Life Education in Jamaica**. The Policy was revised in 1999. The spread of HIV/AIDS has led to the special inclusion of HIV/AIDS education as a special focus of HFLE.

The Policy was developed by the MOE at the request of the Population Planning Committee of the Planning Institute of Jamaica [PIOJ] to coordinate a range of HFLE activities in the country. Policy recognized formal teaching of HFLE by MOE and non-formal by the National Family Planning Board with the MOE chairing the policy implementation committee.

The National Policy for Health and Family Life Education in Jamaica in its concluding statement said:

Health and Family Life Education provides a framework for the integration of programmes designed to promote development of appropriate values, attitudes and skills among children, youths and adults for living healthy and productive lives. To achieve this integration it is necessary to earmark necessary human and material resources, coordinated by a HFLE secretariat and to expedite implementation of the policy which will in turn contribute to improved quality of life for all citizens.

According to the Policy:

Health and Family Life Education is a continuous process of preparing individuals to understand and cope with themselves and others. It fosters conditions that strengthen the family's socializing function, especially in the transmission of values, attitudes and cultural identity, highlighting the importance of affection, the sense of belonging and the respect of family members.

It recognizes the importance of human sexuality and incorporates the importance of reproductive health education.

In summary:

The National HFLE policy seeks to guide policy makers and programme implementers into more effective programme development. It gives specific guidelines for

- conceptualizing HFLE
- standardizing the delivery of HFLE
- development of HFLE materials

POLICY BACKGROUND AND JUSTIFICATION

The background to and justification for the National Policy for Health and Family Life Education in Jamaica were given as follows:

Health and Family Life Education (HFLE) efforts in the Caribbean have been supported by the Standing COMMITTEE OF Ministers of Education (SCME) IN THE Caribbean Community (CARICOM) since 1986. At that time CARICOM mandated its Secretariat to implement a strategy designed to broaden the scope of HFLE in the Region, to strengthen the teachers' capability to deliver HFLE programmes and to establish requisite home-school community linkages.

In Jamaica there has also been strong support at the national level, as expressed in the goals of the National Population Policy.

The importance which is attached to HFLE is founded in certain beliefs, the Policy document elucidated. These beliefs include:

- ❖ The stabilization of family life is key to the management of many social problems.
- ❖ A child is socialized in responsible behaviour through the interactive activities of the home, school and community.
- ❖ HFLE is an excellent opportunity for transmitting necessary and desirable knowledge, attitudes and skills for successful living.
- ❖ HFLE is a continuous process of preparing individuals to understand and cope with themselves and to relate to others as well-integrated human beings, within the context of a changing society.

The Policy goals are to:

1. Develop the kind of persons who see themselves as worthy, responsible members of the society, who plan their lives and take decisions that contribute to their well-being and that of their families and society.
2. Develop among persons an understanding of the implications of population change for themselves as individuals, as members of a family and society with special emphasis on the effects of population change on sectors such as health, education, agriculture, and labour.
3. Foster conditions that strengthen the family's socializing function, especially in the transmission of values, attitudes and cultural identity, highlighting the importance of affection, a sense of belonging and the respect of family members for one another.
4. Reduce the susceptibility of adolescents and pre-adolescents to sexual abuse and exploitation.
5. Develop a positive concern for the achievement and maintenance of physical, mental and social health in individuals and communities.

[HIV/AIDS awareness and prevention was subsequently added as a key goal of HFLE]

Policy objectives for HFLE are to:

1. Foster among children, their parents and other members of the community, a better understanding of the contribution of HFLE to the attainment of the goals of the national society.
2. Assist individuals to develop a more complete understanding of themselves in relationship to their families, communities and the environment.
3. Enable persons to understand themselves as socially and sexually responsible beings.
4. Expose persons, at all developmental stages and in all life conditions, to the values, attitudes and skills which help them to develop as individuals with positive regard for self and others and capable of making constructive contributions to their society.

HISTORICAL OVERVIEW

In reviewing the history of HFLE, the National Policy for Health and Family Life Education in Jamaica noted that Family Life Education was introduced into the formal curriculum in the mid-1960's, [and] during the 1970's there was an increasing number of pilot programmes especially at the secondary level.

But despite the several efforts of the Ministry and other agencies which deliver FLE in the formal sector, a critical observation has been that FLE programmes have not produced the desired effect on students and, by extension, of a family life and stability in communities, the Policy noted. Critics have pointed to the lack of a widely accepted and relevant definition of FLE, the lack of standardized delivery modes, duplication of efforts leading to inefficient use of resources and inadequate resources, to explain their observation.

The National Policy for Health and Family Life Education in Jamaica was intended to rectify this situation: From all indications, the articulation of a policy on FLE was necessary and timely, the Policy document said. The several interest groups competing

for slots in the curriculum and the various claims on the available resources, the need to identify alternative approaches to sustain learning as well as the necessity for expanding school-community partnerships provided some reasons to document a policy to guide future developments. Already, in 1994, funding agencies concerned with optimizing the impact of donor funds were requesting that there be such a policy. It was also the case that access to funds already earmarked for FLE programmes in the Ministry of Education was partially dependent on an approved policy for FLE.

In its support for continuing exploration, understanding and promotion of the concept, the Ministry of Education, in 1997, formally recognized the terminology Health and Family Life Education, on the basis of the significant link between health and education in promoting student and community wellness.

The over-arching goal of the revised **National Health and Family Life Education Policy** is to:

Ensure more systematic and effective development and implementation of HFLE by institutionalizing the mechanisms for strengthening and facilitating HFLE in the formal and non-formal sectors.

The objectives of the policy are to:

1. Promote among children, their parents and other members of the community a better understanding of the contribution of HFLE to the attainment of our social goals.
2. Promote HFLE as a proactive concept, capable of empowering individuals to regard themselves as worthwhile and responsible, and capable of contributing to the development of self, community and country.
3. Provide guidelines for the standard delivery of HFLE in the formal system.
4. Provide guidelines for the revision and development of HFLE materials for the formal and non-formal sectors.
5. Suggest mechanisms for strengthening collaboration between the government and non-government agencies which traditionally participate in HFLE programmes, and encourage new players in the field.

HFLE POLICY PRINCIPLES

The call for the institutionalization of HFLE, on account of its importance in the scheme of community and national development, is anchored in a 19-point set of principles:

1. Each student at every level of the system should be exposed to HFLE on a regular basis.
2. HFLE should form a part of the core curriculum offerings.
3. HFLE activities should be well-planned and co-ordinated to maximize the benefits to the student and enhance the education programme.

4. HFLE programmes should be planned and co-ordinated in such a way as to reduce duplication and waste of resources.
5. The delivery of HFLE should utilize such strategies as will create the environment for open, non-threatening interaction between teachers/guidance counsellors and students.
6. The methodology selected for presenting HFLE in the curriculum should be one that maximizes student learning and behaviour change and must be subject to review in keeping with current curriculum philosophy.
7. Persons charged with the delivery of HFLE will require appropriate training or retaining to allow them to deal effectively with the affective as well as the cognitive aspects.
8. Whereas some teachers are less comfortable than others with some aspects of HFLE e.g. human sexuality, reproduction and contraception, it will be necessary to engage a HFLE specialist to assist in delivering the programme in such cases.
9. Effective delivery of HFLE will require provision of appropriate resource materials for teachers and students in adequate quantities.
10. To be relevant, HFLE programme development should be informed by a sound research base.
11. Whereas the MOEC shall be the agency with principal responsibility for implementing HFLE programmes in the formal sector, it will be necessary and highly desirable to have extensive collaboration with other agencies such as the [National family Planning Board] NFPB.
12. HFLE programmes in the formal and non-formal sectors should be complementary to ensure continuous learning and non-competitive use of resources.
13. The formal and non-formal sectors should adopt an integrated approach in the design and implementation of all HFLE programmes.
14. A co-ordinated system of monitoring and evaluation of HFLE programmes in both the formal and non-formal sectors should be an integral part of the built-in accountability for such programmes.
15. It is important that HFLE programmes developed in the formal and non-formal sectors should include meaningful inputs [from] adolescents and youths at the initial stages to ensure acceptability.

16. Community based HFLE programmes should be creative in their design and widely promoted to ensure maximum outreach.
17. The establishment of a HFLE desk within the NFPB would give greater assurance that communication outreach programmes are implemented with the desired intensity.
18. The development of HFLE in both the formal and non-formal sectors should be advised by committees representing the key players in each sector....
19. [HFLE to be directed by an Inter-Agency Committee to carry an advocacy and advisory role, with chairmanship by the MOEC and vice-chairmanship by the NFPB]

INTER-AGENCY COMMITTEE

The National Policy for Health and Family Life Education in Jamaica proposed an Inter-Agency Committee which was to:

- ❖ Monitor the implementation of the National HFLE Policy.
- ❖ Promote the interaction between school, parent groups and community groups in order to facilitate the successful implementation of the National HFLE Policy.
- ❖ Advocate for the provision of adequate resources for the development of HFLE programmes in the formal and non-formal sectors.
- ❖ Advise the respective agencies on the development and delivery of HFLE in the formal and non-formal sectors.

According to Policy, the MOE is the coordinating agency for activities in the formal sector. Specifically, the MOE is to act to:

- Collaborate with the Joint Board of Teacher Education to devise a strategy to co-ordinate all HFLE activities in the formal sector. This strategy shall take account of and plan to utilize the expertise of relevant departments at UWI and other tertiary institutions. Such a strategy shall contain procedures for accountability, be implementable and available for public scrutiny.
- Collaborate with the Joint Board of Teacher Education to formalize HFLE as a compulsory subject in the Teachers' Colleges.
- Establish a system for monitoring the training and preparation of teachers and guidance counsellors in the delivery of HFLE in the curriculum at all levels.
- Inform HFLE programmes by a current research base, beginning with an immediate review of the infusion method used to teach HFLE in schools.
- Develop a clear policy for the integration of HFLE in the school curriculum.
- Prepare a plan for the training of teachers and guidance counsellors to develop special skills too strengthen the integration of HFLE in the curriculum.
- Collaborate with the relevant agencies to promote a National Parenting Education Programme, in support of HFLE in schools.
- Ensure an adequate supply of appropriate HFLE materials in schools, in a timely manner.
- Promote the use of innovative strategies e.g. peer counseling to foster positive, healthy and responsible behaviours among students.

NATIONAL POLICY FOR HIV/AIDS MANAGEMENT IN SCHOOLS

Confronted by the HIV/AIDS epidemic and its impact on the education system, the Ministry of Education, in 2001, prepared a **National Policy for HIV/AIDS Management in Schools**. While there is a major policy focus on appropriately responding to infection among school children, a significant part of the Policy is on HFLE for HIV/AIDS prevention. As the Policy concluded:

The National Policy for HIV/AIDS Management in Schools emphasized that: The spread of the HIV/AIDS epidemic in Jamaica can only be controlled through interventions which address the behaviour of the populace. Special attention must be paid to children and young people as they are not only at particular risk, but their responsible sexual behaviour is essential in advancing HIV/AIDS prevention and containment.

SITUATIONAL ANALYSIS

In its Situational Analysis the National Policy for HIV/AIDS Management in Schools said that:

Despite the collaboration between government and non-government agencies, the work to inform, educate and support young people must become more focused and systematic. In addition to the efforts to institute strategies, there is need for extensive support for those who are infected, or affected through the loss of a family member, or those who live with persons with HIV/AIDS.

Among the important factors guiding the development of the Policy were the following:

- ❖ There being no cure for AIDS, the focus must be on prevention, via information, education and efforts at behaviour change.
- ❖ HIV/AIDS is transmitted sexually and this is how most persons living with HIV/AIDS in Jamaica became HIV infected.

The Policy Framework underscored that:

The Ministry of Education acknowledges the seriousness of the HIV/AIDS epidemic and, recognizing that international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, is committed to minimizing the social, economic and developmental consequences of HIV/AIDS to the education system, and to providing leadership to implement HIV/AIDS policy.

The Rationale for Policy noted that: HIV/AIDS threatens the health and other social gains of recent decades. Life expectancy and economic growth are at risk, especially in light of the threat to educational developments.

[And] within the context of early sexual activities, the risk of young students contracting the virus is increased. Similarly, the increased sexual activities among older students and the evidence of unprotected sexual relations expose older students and members of the educational community to the risk of infection through sexual transmission.

The goal of the National Policy for HIV/AIDS Management in Schools is to promote effective prevention and care within the context of the educational system.

Policy objectives, with respect to HFLE, are to:

- ❖ Highlight the existence of the HIV/AIDS epidemic in Jamaica and in particular the education system.
- ❖ Ensure the provision of systematic and consistent information and educational material on HIV/AIDS to students and school personnel throughout the system.
- ❖ Reduce the spread of HIV infection.

The Policy further advocated that: A continuing Health and Family Life (HFLE) and HIV/AIDS education programme must be implemented at all schools and institutions for all students and school personnel. Age-appropriate education on HIV/AIDS must form part of the curriculum for all students, and should be integrated in the HFLE programme for pre-primary, primary and secondary school students. A holistic programme for Health and Family Life Education and HIV/AIDS education should encourage disclosure.

The programme for Health and Family Life Education and HIV/AIDS education should include the following:

- I. Providing information on HIV/AIDS and developing the skills necessary for the prevention of HIV transmission.
- II. Emphasizing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases, avoiding traumatic contact with blood, and the application of universal precautions with respect to first aid.
- III. Providing information on the role of drugs, sexual abuse and violence, and sexually transmitted infections (STIs) in the transmission of HIV, and empowering students to deal with these issues.
- IV. Encouraging students to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted infections) offered by community service organizations and other disciplines.
- V. Teaching students how to behave towards persons with HIV/AIDS, raising awareness of prejudice and stereotypes relating to HIV/AIDS,
- VI. Cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS and
- VII. Inculcating from an early age, basic first aid principles including how to deal with bleeding with the necessary safety precautions.

Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable. Participatory methods of learning including games, role play and drama are more effective. Children should be encouraged to ask questions and to expect reasonable, comprehensible and appropriate answers, the Policy specified.

The recommendation for Policy implementation is that:

Where community resources make this possible, each institution should establish its own Health Advisory Committee. Where the establishment of such a committee is not possible, the institution should draw on expertise available to it within the education and health systems. The committee may as far as possible use the assistance of local health workers.

The committee should consist of educators and other staff, representatives of the parents of students and representatives from the medical or health care professions. The committee will advise on all health matters, including HIV/AIDS; be responsible for developing and promoting an institution plan of implementation on HIV/AIDS; and review the plan from time to time, especially as new scientific information about HIV/AIDS becomes available.

In concluding, the National Policy for HIV/AIDS Management in Schools declared that:

The role of educational institutions in imparting knowledge regarding HIV/AIDS has been proven internationally and provides an important opportunity in reducing the impact of the epidemic on our society.

Issues covered in this policy will provide institutions with the information and guidelines for implementation required to make a change in the spread of infection amongst our youth.

[But] development of a policy for schools in a world with AIDS, while very important, will only have the desired impact if it is implemented effectively.

POLICIES AND THE HFLE CURRICULUM

The HFLE curriculum Pilot Project has been guided by the National Policy for Health and Family Life Education in Jamaica and the National Policy for HIV/AIDS Management in Schools. The evaluation of the pilot is, therefore, guided by the principles, goals and objectives of both policies.

HFLE LIFE SKILLS

Jamaica's HFLE curriculum was revised in 2005 using the CARICOM model. The curriculum was enhanced with the use of age appropriate resource materials encouraging participation of the students to foster the development of life skills.

Life skills enable persons to succeed in the various environments in which they function daily. Learning life skills also empowers students and guide them towards the development of new values (Peace Corps, Life Skills Manual, 2001).

The HFLE curriculum is now to be rolled out across the entire school system at the appropriate grade levels.

This Report presents the evaluation of the HFLE pilot curriculum as a basis for planning and executing the smooth expansion of the programme in the school system to achieve the objectives of the curriculum.

Life skills-based HFLE is anchored in four very important themes:

1. **Sexuality and sexual health**: which seeks to increase children's competence in assertiveness, healthy self-management, and coping skills, among others, as relates to the prevention and reduction of the incidence of HIV/AIDS.
2. **Self and Interpersonal Relationships**: that develop children's understanding of the different forms of violence in relationships at home, school and community and build their conflict resolution, mediation and anger management skills.
3. **Eating and Fitness**: promoting healthy lifestyle skills and practices among children.
4. **Managing the Environment**: equipping children with critical thinking and problem solving skills to respond to natural and man-made environmental threats.

GOJ/UNICEF Country Programme of Cooperation Terms of Reference

As the GOJ/UNICEF Country Programme of Cooperation Terms of Reference for the evaluation of the HFLE pilot curriculum noted:

The traditional delivery of HIV/AIDS or family life education in schools, however, has tended to remain knowledge-based rather than life skills based. Even when life skills are taught they are often taught in an ad hoc subjective manner based on the principal or teacher's values and attitudes rather than in a standardized, mainstreamed manner. It has also been noted that specific 'anchoring' to particular social situations affecting young people (such as HIV/AIDS, violence, tobacco or drugs) is required for the effective delivery of life skills-based education.

CARICOM has recognized this need at a regional level also and has developed a model HFLE curricula framework that seeks to empower young persons with critical life skills to manage the challenging realities of life by establishing

standards and core outcomes for what should be taught within HFLE at the upper primary and lower secondary grade levels (9-14 years of age).

This model framework was used to revise Jamaica's HFLE curriculum for grades 1-6 and 7 to 11. Complimentary age appropriate resource materials have also been developed – especially using participatory techniques to foster the development of life skills.

CURRICULUM EVALUATION

The Jamaican revised HFLE curriculum, having been pilot tested, was evaluated to examine the extent to which the curriculum, support materials and methodologies used in implementation are appropriate and to recommend modifications required to improve the effectiveness of implementation to meet curriculum objectives. Strengths and weaknesses were to be identified as well as best practices for national implementation of the HFLE curriculum. This final Report, which is intended to serve the information needs of decision-makers for the refining and roll out of the HFLE curriculum, details findings and recommendations in line with terms of reference.

The collection and analysis of curriculum-related, instructional and project-outcome variables formed the basis for determining:

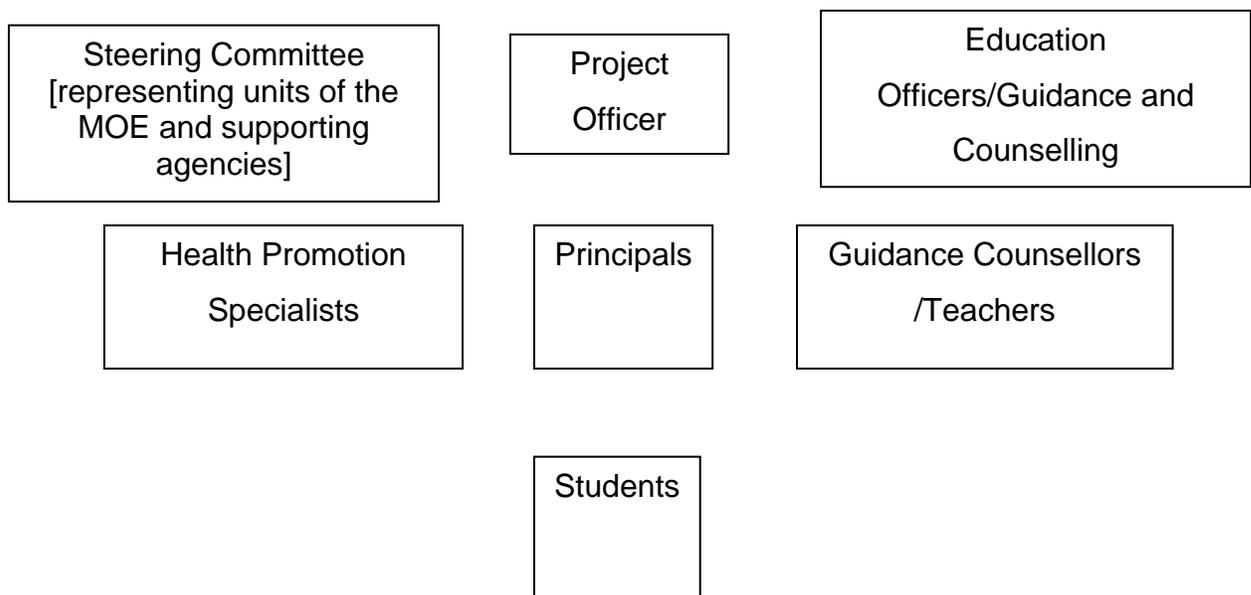
- i. the adequacy and appropriateness of curriculum content and the delivery strategies employed by instructors**
- ii. the availability and adequacy of teaching/learning resources**
- iii. levels of programme-specific knowledge, skills and attitudinal competencies attained by learners at the various levels of schooling.**

The evaluation was conducted through:

1. A desk review of HFLE curriculum and general school curriculum material, and of policy and project working documents
2. Extensive consultative meetings with stakeholders in a sample of 10 of the 21 pilot project schools [Appendix 1]
3. Extraction of quantitative feedback data from the monitoring instruments completed by teachers and supervisory Regional Health Promotion Specialists [RHPSs] during the delivery of the HFLE pilot curriculum

[NOTE: Existing summative evaluation instruments were reviewed and modified with a view to being used for the capture of end of project quantitative data in a fourth and very important data stream but were not, in fact, used because of time constraints. Pre-test data was therefore not analyzed since there was no post-test data for comparative data analysis. The three data streams above have, however, provided very valuable material for the evaluation of the HFLE pilot curriculum under the constraints experienced. The post-test instruments developed can be used as standardized summative assessment instruments, i.e. end of course performance tests, when the HFLE curriculum is rolled out across schools.]

HFLE PILOT CURRICULUM STAKEHOLDERS



SOME CRITICAL HFLE CURRICULUM EVALUATION FACTORS

❖ Objectives	❖ MOE support
❖ Content	❖ Curriculum management structures and procedures at all levels
❖ Scheduling	❖ Learner readiness
❖ Resources	❖ Links/Integration to other parts of the school curriculum
❖ Delivery	❖ Financing
❖ Teacher preparation and capacity	❖ Role and performance of support staff like RHPs
❖ Assessment procedures of student performance	
❖ Teacher interest and performance	
❖ School support	

LIFE SKILLS AND POTENTIAL IMPACT OF HFLE

Health and Family Life Education [HFLE] within Jamaican schools, from the early childhood institution through to the high school, has the potential to significantly impact the lifestyle of children in a very positive way and, as a result, prepare them for adulthood and good citizenship. A very effective way of imparting the knowledge and skills that children need is through the employment of the life skills approach, a very practical way to get them involved in their own learning and acceptance of desirable social and personal behaviour.

Life skills enable persons to succeed in the various environments in which they function daily. Learning life skills also empowers students and guides them towards the development of new values (Peace Corps, Life Skills Manual, 2001).

Life skills include groups of skills such as:

- **Behavioural** (e.g., communicating effectively with adults, peers, teachers)
- **Cognitive** (e.g., making effective decisions)
- **Interpersonal** (being assertive)
- **Intrapersonal** (e.g., setting personal goals)

General examples of life skills are: Communication, Decision making, Thinking, Managing emotions, Assertiveness, Self-esteem building, Resisting peer pressure, and Relationship skills.

The HFLE programme has been redesigned to help students within the school system to develop the necessary skills and to adapt these skills for use within the broader communities in which they live. The young child will need to function within the family, then later within the family and school, and yet later his/her horizon widens to include the wider society and sub-groups. The child can only do this effectively if he/she is equipped with the life skills necessary for him/her to function effectively and confidently.

Life skills training should not only seek to inform students but to also allow their abilities to think and function to develop progressively or in age appropriate stages. **Examples, drawn from Washington State University, are:**

- **Decision making: choosing among several alternatives**
- **Wise use of resources: using sound judgment, not being wasteful, being responsible, setting priorities**
- **Communication: the exchange of thoughts, information, or messages between individuals using speech, writing, gestures, and artistic expression**
- **Accepting differences: to recognize and welcome factors that separate or distinguish one person from another**

- **Leadership**: to assist a group in meeting its goals by showing or directing along the way; using personal influence to guide a group in reaching its goals
- **Useful/Marketable skills**: to have the abilities wanted by employers and needed to hold a job
- **Healthy lifestyle choices**: selecting a way of living that is in accord with sound condition of body and mind, prevention of disease and injury, avoiding risky behaviour
- **Self-responsibility**: taking care of one's self; being accountable for one's behaviour and obligations; choosing for oneself between right and wrong; having control over personal goals/future.

The development of life skills will allow the students to develop in a holistic way. The approach itself is interactive as it uses strategies such as role plays, group discussion, games, puzzles, and other interactive techniques to keep the students actively involved.

The U.S. National Academy of Sciences (NAS) has developed seven principles in its behaviour change model (Peace Corps, Life Skills manual, 2001):

Principles of Behavior Change	How the Life Skills Program Mirrors these Principles
1. Providing information is the logical starting point in any behavior change effort. Information, although necessary, is rarely enough by itself to produce behavior change in most people. The information must be easily understood and relevant to the individuals you are trying to reach.	1. The Life Skills program assumes that you will begin by teaching basic information about HIV/AIDS, STDs, unwanted pregnancies, drugs, or other pressing community problems.
2. Fear messages have limited use in motivating behavior change. If fear is overwhelming it can hinder, rather than help efforts to change. Too much fear may cause people to deny they are at risk, to rationalize by pointing to others who have practiced similar behaviors and survived, and to avoid seeking medical care	2. When working with Life Skills, avoid fear and negativity, and instead focus on positive messages – creating, maintaining, and reinforcing healthy behaviors, and working towards a better life for everyone in the community – young people, women, men, and People Living with HIV/AIDS (PLWHAs).

<p>altogether. Using words like “scourge” or “plague” or showing pictures of emaciated “AIDS” victims may cause people not only to ostracize those infected, but to deny their own risks for contracting the infection.</p>	
<p>3. People are more likely to try behaviors they feel capable of performing. It is important to teach people the skills for engaging in the desired behaviors. Seeing examples of people engaging in the healthy behavior will help a person believe that he or she too can engage in that behavior.</p>	<p>3. Life Skills systematically attempts to build skills for healthy behavior. This is the crux of the Bridge Model of behavior change. Many programs provide one shot information to large numbers of people. A Life Skills program works with a small group of people over a longer period of time to motivate participants to adopt a new behavior, to teach and model the skills necessary to successfully adopt that behavior, and to continually reinforce these new skills, until participants “feel capable of performing” healthier behavior. Peer educators can further reinforce this, as they provide a positive example of healthy behavior.</p>
<p>4. Individuals are more likely to adopt a new behavior if they are offered choices among alternatives. For example, rather than just promote abstinence or condoms, give ranges of possible behaviors that reduce risk, like practicing less risky sexual behaviors, getting an HIV test with your partner, and so on.</p>	<p>4. Life Skills helps develop critical thinking skills so participants learn a number of alternatives in dealing with a difficult situation. Participants are thus exposed to many choices in terms of negotiating healthier behavior.</p>
<p>5. Campaigns should create environments that encourage change. Work to change social norms in favor of healthy behaviors. Peer education programs provide a support base for change, as accepted peers model behaviors. Working with community leaders or a PLWHA group around an HIV/AIDS program can reduce the stigma of the disease and create an environment that encourages change.</p>	<p>5. Because change is easier if one’s environment encourages it, Life Skills programs emphasize working with a community holistically. For example, if you are interested in working with young people, first provide a Training-of-Trainers (TOT) to community leaders such as mayors or chiefs, headmasters, government officials and parents. Then have a TOT for teachers in the school in which you work, or if you are working with young people outside the school system, consider training the nearest adult role models in that community. Those workshops introduce the entire community to the program, create the possibility that those trained will begin programs of their own with their new</p>

	skills, and will serve as a powerful support to the program that you begin with young people. You may also wish to consider training youth peer educators before moving to the target of your program, the youth in a particular school or area. If a PLWHA group operates in your community, be sure to include it in every aspect of your project.
6. Change is more likely in a community if influential people adopt the change.	6. Since it is clear that influential people can drive change, peer educators can be an effective addition to your Life Skills program. Young people often seek health or sex-related information from their peers before discussing these issues with adults. Training influential young people to serve as role models in their peer group can thus dramatically increase the impact of your program.
7. Relapse is expected. Therefore, any program that seeks to change behaviors over time needs to build in ways to maintain those behaviors and to help bring people “back on the path” to positive behaviors after they have relapsed.	7. Because relapse is expected, it is important to continuously recreate the Bridge Model to assist those who have already fallen into damaging behaviors. You may need to design a slightly different approach to the “planks” in the bridge for young women who have gotten pregnant and expelled from school, for drug-addicted youth, or for PLWHAs.

The Bridge Model developed by the Peace Corps for moving from information to behaviour change has these skills and strategies:

- **Communication skills**
- **Understanding consequences**
- **Good role models**
- **Resistance to peer pressure**
- **Goals for the future**
- **Decision-making skills**
- **Negotiation skills**
- **Strength**

- **Assertiveness**
- **Empowerment for girls**
- **Sense of responsibility**
- **Confidence**
- **Self-respect**
- **Opportunities for the future**
- **New values for boys**
- **Self-esteem**

Education can be one of the primary tools employed by any nation to combat the HIV/AIDS epidemic. The MOE plans to use the HFLE programme as a vehicle to help to address this epidemic.

REVIEW OF THE PRIMARY SCHOOL CURRICULUM FOR HFLE LINKAGES

The Primary School in Jamaica has six grades and, in many cases, varying numbers of streams indicating the learning and function level of the students. It is therefore important to note that children learn differently and at different rates. A curriculum designed for one grade in a primary school will not be able to cover all the students' learning needs and ideal environments, and as such, a lot rests on the assigned teacher(s) to create lessons and circumstances to promote the learning potential of the students. A rather challenging job, and not one all teachers are equipped to perform. Hence, the need for teachers to be trained in areas of delivery, as well as techniques and strategies, to ensure more effective lesson delivery and student function.

The life skills approach is one such method that could be employed to enhance delivery of subjects and the learning of students. Lessons could then be delivered in a more practical way and be easier to understand and relate to, a way that promotes students' active participation and the development of skills that will prepare them for greater function within the academic environment, and, more importantly, for life. Having acquired these important life skills at school, students are now better able to function as responsible citizens of Jamaica, and, by extension, of CARICOM and the world.

A motto of the Ministry of Education is, **“Every child can learn, every child must learn.”** Phyllis Reynolds, ACEO, Core Curriculum Unit, in her message for the Primary curriculum guides said that:

Primary education must lay the foundation for life-long learning, as well as help pupils develop positive attitudes and values and the coping skills necessary for survival in an increasingly complex world. This curriculum provides opportunities for their development through strategies such as cooperative learning, group and project work, which encourage pupils to explore and share ideas as they identify and solve problems. In addition it teaches pupils how to learn, a skill which will not only allow them to have a greater sense of responsibility for their own progress, but will allow for the adaptability required in a world where learning will be continuous.

The ACEO believes that the curriculum is child-centered and child-focused and designed to help the children establish their own identity as citizens of the world. Reynolds' message continued to say that the primary school curriculum is fully integrated at Grades 1-3. Grades 4-6 have opportunities for integration through research and project work based on interdisciplinary themes.

She pointed out that the curriculum is “flexible enough to allow teachers to adapt it to satisfying the varying abilities and learning styles of their pupils as well as the demands of their local environment.” The teachers will therefore have the responsibility of ensuring that they employ the correct methods and strategies to increase the possibility of academic and personal development of their students and will best do so if they are trained; that is, if they acquire the knowledge and skills necessary to ensure their effectiveness and efficiency.

HFLE REVISED SCOPE AND SEQUENCE

The delivery of HFLE in primary schools has been guided by the Health and Family Life Education Scope and Sequence for grades 1-6 (1998). The document was later revised to reflect the inclusion of a life skills focus (2005).

The revised Scope and Sequence has life skills classified as:

- 1. Social and interpersonal skills (e.g., communication, refusal, assertiveness, empathy skills)**
- 2. Cognitive skills, (e.g., decision-making, critical thinking, self-evaluation) and**
- 3. Emotional coping skills (e.g., stress management, self-awareness, skill for increasing internal locus of control).**

A potential match of the HFLE curriculum and the existing primary curriculum is detailed in the Report on Documents and Curriculum Review. Potential life skills in and HFLE linkages with the primary curriculum were extensively identified and tabulated [pp 12-56].

Grade 5: HFLE Curriculum and Delivery

“Education at this level should be a process through which children construct meaning for themselves, begin to understand the world, and to make wise choices” (RPC, 1999, viii). At this level, discrete disciplines are used and thematic integration across subject areas is encouraged in the students’ project and research work. The RPC states that assessment of students will focus on what students can do to show that they have achieved their objectives. This indicates that assessment is based more so on tangible outcomes.

For HFLE to be successfully integrated in the Grade 5 curriculum, efforts will have to be made to broaden the “skills” definition to include more than just an ability to “indicate what distinctly and specifically, the pupils will be able to do during the course of the unit [and]the dexterities or abilities the pupils are in the process of acquiring” (pg. x).

There is now the need for a new edition of the Grade 5 curriculum incorporating the HFLE programme. This would allow for the phased integration of HFLE themes at strategic points of the curriculum. Life skills to be achieved or realized would also be identified along with specific strategies or techniques to be used by teachers and students to further ensure successful acquisition of the life skills.

Teachers and Guidance Counsellors need to be competent in the delivery of the HFLE programme and must have the self-confidence necessary for effective function. Very importantly, they must also be open minded, non-judgemental at all times, and treat all students with respect, irrespective of socio-economic, political, or religious affiliation.

GENERAL COMMENTS ON THE REVISED PRIMARY CURRICULUM (RPC):

- 1. The RPC is highly knowledge based and the outcomes are also the same. Efforts will need to be made to include outcomes reflective of the life skills appropriate for the students and the subjects/topics.**
- 2. Integration of the HFLE curriculum must be done to allow for collaboration between teachers and between subject areas to further increase the possibility of successful implementation of the programme into the school system.**
- 3. General objectives need to include more skill and attitude based objectives, particularly those reflecting the attainment of targeted life skills.**

HFLE CURRICULUM MATCH WITH GRADE 5 RPC

Health and Family Life Education Integration

Theme: Sexuality and Sexual Health

Unit 1: Exploring the concept of human sexuality

General Objectives:

1. Demonstrate an understanding of the components of sexuality.
2. Demonstrate an understanding of the factors that influence the expression of sexuality.

Unit 2: Reproductive health

General Objectives:

1. Identify myths associated with risky sexual behaviour.
2. Assert themselves regarding elements of risk to their reproductive health.

Unit 3: STDs and HIV and AIDS: Empowerment to protect

General Objectives:

1. Demonstrate an understanding of the risks associated with contracting HIV and other STIs.
2. Demonstrate a personal responsibility for maintaining sexual health with respect to HIV and STIs.
3. Practice social, coping and cognitive skills to avoid engaging in risk behaviour.

Unit 4: Accessing accurate age-appropriate health resources.

General Objectives:

1. Identify sources of health and other information.
2. Demonstrate willingness to access available sources of health information.
3. Use appropriate skills to access age-appropriate sources of health information and services.

COMMENTS:

- 1. General objectives are mostly knowledge-based. All the units can have skills and attitudinal objectives directly related to them.**
- 2. The concepts and content, lesson title and specific objectives, strategies, activities and assessment need to be written in clear format making them easier to link and more meaningful for the intended purpose.**
- 3. Assessment needs to be more specific and should target life skills acquisition and attitude development or change.**
- 4. The RPC does not lend itself to the infusion of this theme as is. Revision is strongly recommended**
- 5. The RPC does not cover HIV/AIDS and STIs, as is, and HFLE would have to create time for this topic. Sections of it could be infused in the science, drama, social studies and religious studies classes.**

Theme: Self and Interpersonal Relationships

Unit 1: Self

General Objectives:

1. Demonstrate an understanding of the nature of self, self-concept and self-esteem.
2. Demonstrate a positive attitude towards self.

Unit 2: Relationships

General Objectives:

1. Demonstrate knowledge of the characteristics of healthy relationships.
2. Demonstrate acceptable social behaviours with peer group and people who are different.

Unit 3:

General Objectives:

None listed.

Unit 4:

General Objectives:

1. Explain what is meant by the term diversity.
2. Demonstrate an understanding of the harm caused by making judgments about people based on appearances / first impressions.
3. Demonstrate a positive attitude toward persons of different groupings.

COMMENTS:

- 1. Self-concept, self-esteem and a positive attitude toward self can be accomplished to a high degree as the different subjects of the RPC have components of each in them (e.g., music, drama, language arts, visual arts, science). They will also be dealt with in the Substance Abuse Component infused in the related subject areas (social studies, music, physical education, religious education, science).**
- 2. Lesson units need to be correctly formatted and revised to include more attitudinal and skills based objectives.**
- 3. Conflict management is dealt with in drama, music, mathematics, social studies, science, etc. as the subjects deal with conflict management in one form or another. These include effective communication skills, problem-solving skills, self-esteem building (a little in most subjects), and accepting differences in all people/diversity (music, social studies, and religious education) .**
- 4. Life skills need to be better identified for the units.**

Theme: Eating and Fitness

Comments:

1. No General Objectives included.
2. Units need to be identified and better structured.
3. General objectives missing.
4. No link seen here to Grade 5 science lessons.

5. The RPC can accommodate this HFLE theme to some extent as can be seen in its science, physical education, social studies, language arts, and religious education lessons over the three terms.

Theme: The Environment

COMMENTS:

1. General objectives and units needed.
2. Unit format and contents not well defined or laid out. Assessment inadequate.
3. Infusion possible especially in the science (term 1) and social studies lessons (term 2).

Substance Abuse Prevention Education Programme Scope and Sequence Grade 5

Themes:

1. Developing immune behaviour (Myself)
2. Personal development (Myself)
3. Strengthening family support (Citizenship)
4. Building healthy relationships (My neighbour)
5. Knowing about drugs (Drugs and you)
6. Technology and marketing (Promotion, packaging and distribution of drugs)
7. Coping with dilemmas (Conflict)

COMMENTS:

1. **These themes can be infused into the Music, Religious Education, Social Studies, Science, and Physical Education classes.**
2. **Many important life skills can be acquired from these themes. In addition, more positive attitudes would be adopted.**

HFLE CURRICULUM MATCH WITH GRADE 6 RPC

GENERAL COMMENTS:

The students need to prepare for the GSAT exam. So although HFLE needs to be included in their programme but care should be exercised to prevent an overload of their curriculum.

The HFLE curriculum recommended concentration on issues of stress management, nutrition and learning, rest and recreation, as well as study skills and habits. Other topics of focus include:

- **Moving to a new school**
- **Making new friends**
- **Exercising care (Being careful)**
- **Use and abuse of drugs**
- **Responsible sexual behaviour**

Review of previous lessons was recommended to allow for the strengthening of coping, communication, and decision-making skills.

HEALTH AND FAMILY LIFE EDUCATION INTEGRATION

Theme: Sexuality and Sexual Health

Unit 1: Exploring the concept of human sexuality

General Objectives:

1. Demonstrate skills in coping with the changes associated with puberty.
2. Demonstrate an understanding of factors that influence the expression of human sexuality.
3. Apply coping skills, social and cognitive skills to promote healthy responsible sexual behaviours.

Unit 2: Optimising reproductive health

General Objectives:

1. Identify myths associated with risky sexual behaviour.
2. There are risks that impact on reproductive health risky sexual behaviour (?)
3. Demonstrate knowledge of the requirements and impact of raising a child.
4. Research (the) cost of having and raising a baby.
5. Analyze (the) cost of having a child as an adolescent.

Unit 3: STDs, and HIV and AIDS: Empowerment to protect

General Objectives:

1. Understand the care of the reproductive organs /protecting from damage.
2. Research definitions of viruses, HIV and HPLV, and how they affect health.
3. Analyze feelings about protecting self from infection – Abstinence.
4. Demonstrate awareness of discrimination and stigmatization experienced by persons who are infected.
5. Practice empathy and support.

Unit 4: Accessing accurate age-appropriate health resources

General Objectives:

1. Identify sources of health and other (sexual health) information.
2. Demonstrate ability to access available sources of health information.
3. Demonstrate willingness to access sources of health information.
4. Create a list (directory) of telephone and other resources.
5. Identify what constitutes youth friendly services.

COMMENTS:

- 1. General objectives need to be reviewed for clarity and to eliminate duplication.**
- 2. Life skills for the different lessons are either not identified or not fully identified.**
- 3. Unit contents need to be reorganized and expressed in greater detail, especially the assessment. Lesson titles need to be made more specific.**
- 4. Excepting for a slot in Religious Education in term 1, special effort will have to be made to infuse this theme.**

Theme: Self and Interpersonal Relationships

Unit 1: Relationships

General Objectives:

1. Discover and articulate the interconnectedness of family members.
2. Express appreciation to a family member who has contributed to family well-being.
3. Demonstrate application of tips on saying 'No' to friends.
4. Apply non-violent solutions to resolving conflicts.

Unit 2: Not included.

Unit 3: Strengthening the bonds

General Objectives:

1. Demonstrate understanding of the value of family members/each member of the school community.
2. Show tangible appreciation for the contribution of one family member/school community member to the family/school.
3. Communicate fears and concerns about moving to a new school.
4. Articulate/identify practical ways of coping with the new situation.

Unit 4: United we stand, divided we fall

General Objectives:

1. Asses their feelings toward persons with disabilities.

2. Demonstrate an understanding of the contribution of persons with disabilities to the development of Jamaica.
3. Contribute to class effort to honouring persons with disabilities.

COMMENTS:

1. Objectives and units need to be revised for clarity and better assessment strategies.
2. Life skills need to be identified.
3. Has included many skills-based objectives.
4. Infusion is possible in the following classes: Drama, Language Arts, Mathematics, Music, Physical Education, Religious Education, Science, Social Studies, and Visual Arts.

Theme: Eating and Fitness

Unit 1: (Untitled)

General Objectives:

1. Identify foods that build muscle (protein) and provide energy (carbohydrate).
2. Understand calories and the daily calorie requirements for young adolescents – males and females.
3. Share in healthy supervised exercise/fitness activity.
4. Demonstrate positive attitude toward exercise and fitness.

COMMENTS:

1. Emphasis has been rightly placed on the nutrition needs of this age group, especially for the GSAT students and the athletes.
2. Need to identify life skills.
3. General objectives were primarily skills-based.
4. Given the importance of this theme and the benefits to be derived in the reduction of lifestyle diseases as well as the maintenance of optimum health throughout the life cycle, more time needs to be devoted to this theme.
5. Infusion possible with Physical Education (Terms 1,2, and 3) and Social Studies (Term 2).

Theme: The Environment

Unit 1: Relationship between healthy environment and wellbeing

General Objectives:

1. Demonstrate actions to keep classroom environment litter free.
2. Discuss personal experience with noise and noisy environments and their effects.
3. Analyse the effects of noise on hearing.
4. Recognise there can be communication without sound.
5. Demonstrate willingness to contribute to reducing noise levels and litter at school.

COMMENTS:

1. The RPC has HFLE-unrelated topics in the Social Studies curriculum but litter control could be included. Litter control could also be done in the Science classes of term 3 which deals with communicable diseases (litter can become prime breeding ground for agents of communicable diseases). It is recommended that noise control be added in.

Substance Abuse Prevention Education Programme Scope and Sequence Grade 6

Themes:

1. Developing immune behaviour
2. Personal development
3. Strengthening families
4. Building relationships
5. Knowing about drugs
6. Technology and marketing
7. Coping with dilemmas

COMMENTS:

1. A well organized programme with several points of infusion identified.
2. All the themes bear relevance to this target age group and will enable them, upon completion, to acquire or refine life skills crucial to their survival and every day function.

HFLE IN GRADES 7 – 8

Grades 7-9 have a planned guidance programme delivered by assigned guidance counsellors. The introduction of the HFLE programme, for the most part, became the responsibility of these guidance counsellors. The Draft Report of The Response of the Education Sector in Jamaica to HIV and AIDS (p. 50) tells us that the National Guidance Curriculum (NGC) has three components:

- The curriculum,
- Responsive services, and
- Community services.

The NGC, according to the Draft Report, was published in 2003 and is subdivided into 13 units. A life skills approach is used and includes topics such as “communication, critical thinking, decision making and problem solving, relationships, self-empowerment, goal setting, life preservation, ethical issues and etiquette” (p. 50). All very important life skills. However, the NGC does not directly address HIV and AIDS and so responsibility for these are undertaken by the guidance counsellors in addition to the NGC.

Guidance counsellors have responsibilities that are wide ranging and extend beyond the physical school setting. It therefore seems unrealistic to require them to also accept full responsibility for HIV and AIDS education. Rather, it would be more beneficial if teachers across the various subjects were asked to cover aspects of the topics, that is, the acceptance of an infusion approach.

Guidance counsellors need to focus on addressing the personal needs of the students and building or improving their capacity to function within the school setting, the home and the community. More specifically, they need to do individual and group counselling,

career advising, consult with parents and teachers for the holistic development of the students, and when necessary, conduct home visits as well.

All guidance counsellors need to be adequately and formally trained to function effectively within the school system. Personal qualities as well as personal values and morals will, to a large extent, determine the level at which the counsellors will function and so care needs to be exercised in the selection and placement of these persons.

In addition, principals will need to be more supportive of the programme and the counsellors' efforts to prepare students for their life-long roles as citizens. That is, they need to share the vision of offering students a more holistic development instead of just an academic approach.

Monitoring and evaluation of the programme should become the joint responsibility of these persons.

Most students entering Grade 7 will be encountering guidance counsellors and a formal guidance curriculum for the first time. Teaching aids and other material relevant to the topics being taught/learnt will make the process smoother and more acceptable. Many learners are visual learners and so teaching material of a graphic nature will be extremely beneficial.

NATIONAL GUIDANCE CURRICULUM (NGC) GRADES 7 AND 8

“Guidance and counselling purposes to increase individual awareness of self and the environment, acceptance of self and others and the capability to make meaningful, responsible decisions to positively impact individual and national life” (NGC, p. vi).

The NPC is divided into 13 units:

- 1. communication**
- 2. critical thinking**
- 3. decision-making and problem solving**
- 4. valuing**
- 5. relationships**
- 6. self empowerment**
- 7. goal setting**
- 8. life preservation**
- 9. management of personal resources**
- 10.integrating knowledge and experiences**
- 11.study skills**
- 12.ethical issues**
- 13.etiquette**

Each unit has a planned approach with general objectives, concepts and sub-concepts/specific objectives, outcomes and activities. The NGC is a spiral one as the same topics are dealt with across the grades sharing similar objectives and increasing levels of difficulty as students progress to the higher grades.

This curriculum is intended to enhance delivery of the secondary curriculum and provide students with “the opportunity for personal assessment and personal development” (NGC, p.vi).

SUPPLEMENTARY CONTENT BOOK (SCB) GRADES 7 – 8

The Supplementary Content Book (SCB) was written to support the National Guidance Curriculum (NGC).

The SCB covers three major areas:

- 1. topics grounded around thinking, teaching and learning**
- 2. topics addressing behaviours, and**
- 3. topics dealing with lifestyles.**

The manual “identifies the specific topic, provides some background information on the topic, lists the general and specific objectives, provides examples of teaching-learning activities and a guidance focus” (p. 1).

The topics covered are:

- 1. Critical thinking and problem solving**
- 2. Health and environmental education**
- 3. Ethics, morality and values**
- 4. Integrating experience and knowledge**
- 5. Social and life skills**

Critical Thinking and Problem Solving

This chapter traced the history of critical thinking and explained the Socratic method, which guidance counsellors can use to bring out ideas that people believe in.

Problem solving includes:

1. defining and stating the problem
2. selecting and following a process
3. representing the problem in new ways by establishing new and different perspectives on views of the same problem
4. going beyond the answer

General Objectives:

1. To further develop the capacity of students to employ critical analysis underpinned by their interactions and relationships.
2. To enhance the ability of students to assess the influence of parents, peers, community and culture on their thinking and behaviour.
3. To enable students to apply critical thinking skills to real life situations.

This topic, “Critical Thinking and Problem Solving”, has the potential to help students probe issues of relevance to their lives and overall development. They will also be better able to distinguish between different views or opinions and make better choices and decisions.

HFLE Theme: Self and Interpersonal Relationships

Potential Life skills:

1. Communication
2. Critical thinking
3. Decision making
4. Conflict management
5. Self-esteem
6. Respect for others and their feelings

Health and Environmental Education

The NGC does not include these topics but. “The latest developments in health education regard ‘health education as life enhancing’...draws its contents, issues and themes from physical, mental and emotional health. The primary concern of this approach is educating young people about their lives in areas to which moral judgments had to be applied” (p.13). The curriculum “offers a structure and framework within which to continue or expedite health education. It offers the opportunity to work with students on a set of issues that might not be covered in the core curriculum but which need to be further developed from a Guidance point of view” (p. 14).

The health-promoting school, according to the SCB, has a number of objectives including one in which it “strives to provide a healthy environment, school health education, and school health services along with school-community outreach projects and, health promotion, nutrition and safety, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion” (p. 14). Sustainable development must be covered while teaching Environmental education to the students and skills and values must be included in the lesson(s).

The Concepts and Principles Underpinning Environmental Education for Sustainable Development are:

- 1. Respect – for and care of the country**
- 2. Empowerment - empowering and promoting opportunities for democratic participation at all levels**
- 3. Ethics – develop awareness of ethical considerations**
- 4. Holism – spiritual, physical, and cognitive aspects of development**

Principles of Sustainability:

1. Relevance – to lives and livelihood of learners and the society
2. Action oriented – learning comes from action
3. Dynamism
4. Sustainable

HFLE Theme: The Environment**Potential Life Skills:**

1. Critical thinking
2. Decision making
3. Communication
4. Analytic skills
5. Ethical and moral conduct
6. Group work / Cooperation

Ethics, Morality and Values

Ethics and morality are dealt with in depth in this section. Issues of religion, history and culture are also dealt with. The role of the school in the process of values formation and values clarification are also dealt with.

General Objectives:

1. To enable students to develop an awareness and an understanding of values so that they can better appreciate value systems, and the transmission of values from one generation to the next.
2. Provide opportunities for individuals to understand the basic standards, acquire knowledge of, and apply policies and practices for the maintenance of good order, fair-play and injustice in classrooms and communities.

HFLE Themes: Self and Interpersonal Relationships

The Environment (linked to suggested activities)

Potential Life Skills:

1. Self-awareness
2. Caring
3. Ethical behaviours
4. Respect for the opinions and actions of others
5. Critical thinking
6. Decision making

Integrating Experience and Knowledge

This section of the SCB advocates using previous experiences as a base for accommodating and collaborating the learning experience. The Constructivist theory is suggested (combination of Piaget's and Vygotsy's work/theories) as it places the student at the centre of the learning enterprise. The theory sees the learner as constructing or building knowledge from his/her own experiences and can be applied to any subject or age group of students.

General Objectives:

1. Enable students to build on their knowledge by using previous experience and background information
2. Further develop the ability of students to assimilate experiences
3. Enhance students' cognitive ability through assimilation and accommodation

HFLE Themes: Self and Interpersonal Relationships

Sexuality and Sexual Health

Potential Life Skills:

1. Communication skills
2. Decision making
3. Critical thinking
4. Self awareness
5. Interpersonal
6. Respect for the opinions and rights of others

Social and Life Skills

The Social and Life Skills section of the SCB includes skills for conduct of relationships and personal empowerment. Topics such as communication, relationships, management of personal resources, etiquette, and study skills are also found in the NGC. Recommendations are made for liaison with subject teachers to allow for integration where possible. “Compatible subjects include home economics, social studies, language; work experience is also a viable option for the teaching of or consolidation of life skills” (p. 60).

The SCB (p. 60) noted that students learned many social skills through:

- School rules
- Opportunities given by the school to young people to perform duties and to take responsibility
- The modeling of adult behaviours from teachers, pastors, parents and community persons.

The SCB expressed the view that social skills should be “**taught not just caught**” (p. 61).

Social skills that students should acquire include:

A. Inventive Thinking

- **Adaptability i.e. ability to manage complexity**
- **Curiosity, creativity and risk taking**
- **Higher order thinking and sound reasoning**

B. Effective Communication

- **Teaming, collaboration and interpersonal skills**
- **Personal and social responsibility**
- **Interactive communication**

General Objectives:

1. To enhance students' knowledge of social and life skills through school experiences
2. To empower students with the necessary life skills for self improvement
3. To enable students to employ the skills developed for social benefits

This therefore means that students' behaviour at school would be keenly observed for changes and the daily use of appropriate life skills.

Finally, the SCB (p. 63) points out that “Guidance Counsellors should ensure that students learn to value learning and acquire the skills to become life-long learners.”

HFLE Theme: Self and Interpersonal Relationships

Potential life skills:

1. Social graces and publicly appropriate behaviours
2. Positive attitudes, values and harmony
3. Obedience of rules
4. Appropriate grooming skills
5. Group work / Cooperation

Study Skills

General Objective:

1. To develop systematic approaches that will improve students' learning potential and abilities.

HFLE Theme: Self and Interpersonal Relationships

Potential Life Skills:

1. Time management skills
2. Good study habits
3. Test taking skills
4. Anxiety management skills
5. Critical thinking skills
6. Self awareness

** Infusion possible.

Communication

General Objective:

1. Students will acquire skills to enable them to communicate effectively at all levels.

HFLE Theme: Self and Inter-personal Relationships

Potential Life Skills:

1. Communication skills
2. Self-confidence
3. Interpersonal relationships

Relationships

General Objective:

1. Students should be able to understand the importance of building and maintaining healthy relationships and dealing with separation.

HFLE Theme: Self and Interpersonal Relationships

Potential Life Skills:

1. Interpersonal relationship skills
2. Communication skills
3. Respect for the opinions and rights of others
4. Social skills

Management of Personal Resources

General Objective:

1. To provide students with opportunities to become aware of their resources and how to use these for more effective management of their lives.

HFLE Theme: Self and Interpersonal Relationships

Potential Life Skills:

1. Self awareness
2. Planning skills
3. Time management skills

SUBSTANCE ABUSE PREVENTION EDUCATION PROGRAMME SCOPE AND SEQUENCE GRADES 7& 8

Themes:

1. Knowing about drugs is to be prepared
2. Personal development
3. Strengthening family support
4. Building healthy relationships
5. Technology and marketing
6. Coping with dilemmas

Comments:

- 1. Themes are all relevant to HFLE and well identified.**
- 2. There is a need to link sexual behaviour with use of drugs and the resultant risks of STIs, HIV and AIDS.**

HFLE GRADES 7 -8

Grade 7 Themes:

1. Self and Interpersonal Relationships
2. Appropriate Eating and Fitness
3. Managing the Environment

Grade 8 Themes:

1. Self and Interpersonal Relationships
2. Sexuality and Sexual Health
3. Appropriate Eating and Fitness
4. Managing the Environment

Grade 7

Theme: Self and Interpersonal Relationships

Unit 1: Growth and Development

General Objectives:

1. Demonstrate an understanding of the information provided on personal development (K)
2. Be more willing to accept responsibility for personal growth and development (A)
3. Demonstrate the ability to use coping and cognitive skills to respond positively to varied situations (S)

Skills: Coping skills, Communication skills

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Adolescence	Life as an Adolescent	1. Group work /Cooperation
Hormonal Changes	How I grow and change	2. Communication skills
Physical Growth		3. Interpersonal relationships
(*Puberty)		4. Self-esteem building
(*Personal Hygiene)		5. Ability to accept criticism
Personal Development		6. Self-confidence
Self-concept		7. Self awareness
Self-esteem		8. Positive values and attitudes
		9. Coping skills
		10. Responsibility for self-development

Unit 2: Effective Communication

General Objectives:

1. Demonstrate knowledge of the nature of the communication process and the factors that influence it. (K)
2. Demonstrate willingness to improve their communication skills. (A)
3. Demonstrate the ability to use social skills to communicate effectively with family, friends and others. (S)

Skills: Communication, Assertiveness, Social

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
What is communication Types of communication Verbal and Non-verbal communication	Communication: More than meets the eye	1. Group work /Cooperation 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Self-confidence 6. Self awareness

Unit 3: Dealing Effectively with Conflict

General Objectives:

1. Recognize that conflict exists in all relationships (K)
2. Demonstrate ways to effectively deal with conflict (K)
3. Demonstrate willingness to deal effectively with conflict (A)
4. Use coping, social and cognitive skills to effectively deal with conflict (S)

Skills: Not identified.

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Definition and Recognition of Conflict Styles of handling conflict - confrontation - avoiding - problem solving	Coping with conflict	1. Conflict management skills 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Ability to accept criticism 6. Self-confidence 7. Self awareness 8. Positive values and attitudes

Unit 4: Career – the World of Work

General Objectives:

1. Understand the relevance of Career clusters (K)
2. Recognize the value of various careers within the community (A)
3. Use cognitive and social skills to access information needed about career choices (S)

Skills: Assertiveness, Empathy

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Definition</p> <p>Career clusters</p> <p>Some reasons for changing a career</p>	<p>What is a career?</p> <p>The importance of choosing a career</p>	<ol style="list-style-type: none"> 1. Group work /Cooperation 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Self-confidence 6. Self awareness 7. Positive values and attitudes 8. Responsibility for self-development 9. Planning skills 10. Decision-making skills 11. Creativity

Unit 5: Community Service – In Service of Others

General Objectives:

1. Acquire additional knowledge about their community (K)
2. Develop community consciousness and civic pride (A)
3. Willing to accept responsibility to improve the development of their community (S)

Skills: Negotiation, Cooperation, Empathy

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Definition of community service Examples of community organizations Service areas in the community (*ways of serving the community)	Serving my community	1. Group work /Cooperation 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Self awareness 8. Positive values and attitudes 9. Confidence in others

Comments:

1. Grade 7 students are at a crucial stage of their personal and sexual development and need to have exposure to the theme: Sexuality and Sexual Health. Therefore, efforts need to be made to include this theme into their curriculum.
2. General objectives for each unit, as presented, sought to include at least one of each type of learning (knowledge, attitude, and skill).
3. Potential skills and attitudes that may result from exposure to the units are listed in the tables, unit by unit.

Theme: Appropriate Eating and Fitness

Unit 1: Influence of Personal Situations on Eating Habits

General Objectives:

1. Demonstrate knowledge of awareness of proper nutrition (K)
2. Demonstrate a willingness to make changes in their dietary patterns (A)
3. Use appropriate life-skills to the adjustment of their food choices (S)

Skills: Negotiation, Social

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
(*Nutrients) Proper nutrition Influences on food choices Reasons for making choices (*Food groups)	What I know about proper diet?	1. Decision-making skills 2. Group work /Cooperation 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Self awareness 8. Meal planning

Unit 2: Not included.

Unit 3: The Fit Body

General Objectives:

1. Demonstrate an understanding of how the body benefits from different exercises (K)
2. Appreciate the need for a regular exercise programme (A)
3. Use appropriate coping skills in the participation of regular exercises (S)

Skills: Cognitive, Emotional coping

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Achieving a fit body Fitness concepts Safety tips for exercising	Personal fitness	<ol style="list-style-type: none"> 1. Self-monitoring skills 2. Communication skills 3. Positive attitude towards exercise 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Self awareness 8. Positive values and attitudes 9. Self-responsibility 10. Group work/ Cooperation 11. decision-making skills

Comments:

1. This is a very important theme, especially in light of the increasing incidence of chronic life style diseases inclusive of diabetes and hypertension.

2. Not enough time has been devoted to this theme and so efforts will have to be made to infuse it into some of the other subject areas, especially Physical Education, Science, and Social Studies. Calculation of meal portions could also be covered in the Mathematics class.

3. Fitness can be infused with the Physical Education class as well as the Science class – where students can learn how fitness impacts bodily functions.

Theme: Managing the Environment

Unit 1: Our Natural Environment

General Objectives:

1. Demonstrate knowledge of natural environmental systems (K)
2. Recognize ways in which human behaviour impacts the environment (A)
3. Use problem solving and communication skills in caring for self and the environment (S)

Skills: Cognitive, Communication, Decision-making

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Understanding the environment</p> <p>Threats to the environment</p> <p>Caring for the environment</p> <p>(*A healthy environment)</p> <p>(*Proper waste disposal)</p> <p>(*Recycling)</p> <p>(*Pollution)</p> <p>(*Natural disasters)</p>	<p>Maintaining a healthy environment</p>	<ol style="list-style-type: none"> 1. Decision-making skills 2. critical thinking skills 3. Analytic skills 4. Correct waste disposal 5. Accept personal responsibility for care of the environment 6. Advocacy skills 7. Group work /Cooperation 2. Communication skills 3. Planning skills 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Self awareness 8. Positive values and attitudes

Comments:

1. Continued training for environmental protection and sustainability is vital to the survival of every country. Students can, and must, play their part in creating and maintaining a clean environment at school and at home.

2. This theme can be infused into the Science and Social Science classes where links could be made to weather, pollution control, and a healthy environment.

Grade 8

Theme: Self and Interpersonal Relationships

Unit 1: Self-concept and Self-esteem

General Objectives:

1. Demonstrate an understanding of the nature of self, self-concept and self-esteem (K)
2. Demonstrate commitment to positive self-acceptance (A)
3. Use coping, social and cognitive skills to minimize risks to mental and emotional well-being (S)

Skill: Interpersonal

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Evaluation of self - ideal self - perceived self - adult and peer evaluation Self-concept Self-esteem Self-control Self-acceptance	Getting to know the real me	1. Self awareness 2. Critical thinking skills 3. Group work /Cooperation 4. Communication skills 5. Planning skills 6. Self-analytic skills 7. Acquire/Develop self-control skills 8. Thought management skills 9. Self-acceptance 10. Interpersonal relationships 11. Self-esteem building 12. Creativity 13. Self-confidence 14. Positive values and attitudes

Unit 2: Avoiding the Risks: Resisting the Pressure

General Objectives:

1. Demonstrate knowledge of the impact of substance abuse on behaviour and life style (K)
2. Demonstrate personal commitment to resist pressure to use drugs (A)
3. Exhibit coping, social and cognitive skills to avoid high-risk situations (S)

Skills: Negotiation/Refusal, Decision-making

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Drug abuse and misuse</p> <ul style="list-style-type: none"> - OCTs - volatile substances <p>Some effects of selected drugs</p> <ul style="list-style-type: none"> - marijuana - cocaine / crack <p>Being able to say no in any way you know how</p> <p>(*Alternatives to drug abuse)</p> <p>(*Getting “high”)</p> <p>Some natural highs</p>	<p>Drugs that are abused</p> <p>The effects of drug abuse</p> <p>Saying NO to drug use with peers</p>	<ol style="list-style-type: none"> 1. Drug abuse awareness 2. Decision-making skills (in avoiding drug abuse) 3. Group work /Cooperation 4. Research skills 5. Communication skills 6. Interpersonal relationships 7. Self-esteem building 8. Creativity 9. Self-confidence 10. Self awareness 11. Positive values and attitudes 12. Assertiveness skills 13. Engagement in drug-free activities 14. Critical thinking skills 15. Coping skills or mechanisms

Unit 3: Embracing Diversity

General Objectives:

1. Demonstrate knowledge of how group and cultural influences can contribute to human development.
2. Accept individuals from diverse cultural groups (A)
3. Show concern for the acceptance and inclusion of all individuals from diverse groups in the society (S)

Skills: Negotiation, Interpersonal, Empathy

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Differences are normal in society</p> <p>Those who are often affected</p> <p>Possible reasons</p> <p>Embracing diversity</p> <p>Skills for advocacy</p>	<p>We are different but normal</p> <p>Hear me out</p>	<ol style="list-style-type: none"> 1. Self awareness 2. Diversity awareness 3. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Group work /Cooperation 8. Positive values and attitudes 9. Confidence 10. Social skills 11. Planning skills 12. Tolerance of others who are different

Unit 4: Community Service – In Service of Others

General Objectives:

1. Develop an understanding of community consciousness and civic pride (K)
2. Demonstrate willingness to volunteer within their communities (A)
3. Be willing to offer service to improve the community (S)

Skills: Cooperation, Empathy, Negotiation

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Community service Community organizations Community service areas Community associations	Serving my community	1. Spirit of volunteerism 2. Creativity 3. Self awareness 4. Group work /Cooperation 2. Communication skills 3. Interpersonal relationships 4. Self-esteem building 5. 6. Self-confidence 7. 8. Positive values and attitudes 9. Confidence in others 10. Research skills 11. Organization / Planning skills

Unit 5: Career the world of Work

General Objectives:

1. Demonstrate knowledge of various career options available (K)
2. Show appreciation for the information gained about careers (A)
3. Utilize critical thinking skills in making appropriate decisions about future careers (S)

Skills: Decision-making, Social, Communication

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Careers within and outside community</p> <p>Value of training for careers</p> <p>Conditions for career selection</p>	<p>Available career options</p>	<ol style="list-style-type: none"> 1. Planning skills 2. Research skills 3. Group work /Cooperation 4. Communication skills 5. Decision-making skills 6. Self-esteem building 5. Creativity 6. Self-confidence 7. Self/Personality awareness 8. Interpersonal skills 9. Confidence

Comments:

1. The theme allows for the guided psychological, social and academic development of the students.
2. It also allows for the social, coping, cognitive and intrapersonal development of the students.
3. As for Grade 7, the potential benefits to be gained from exposure to the themes, and units, are clearly identified and listed in the tables within these pages.

Theme: Sexuality and Sexual Health

Unit 1: Family – The Ties that Bind

General Objectives:

1. Demonstrate knowledge of the purposes the family serves (K)
2. Develop an awareness of the significant role of the family in society (A)
3. Use cognitive skills when dealing with familial relationships (S)

Skills: Critical thinking, Social, Communication

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Responsibilities of family members	Individual responsibilities within the family	1. Awareness of personal responsibility to family
Issues affecting the family	Coping with family problems	2. Caring
Communication within the family	Communication – the lifeline of the family	3. Planning skills
		4. Communication skills
		5. Interpersonal skills
		6. Self-esteem building
		7. Creativity
		8. Self-confidence
		9. Self awareness
		10. Positive values and attitudes
		11. Problem-solving skills
		12. Coping skills
		13. Negotiation skills
		14. Respect for others

Unit 2: Parents – Society’s Building Blocks

General Objectives:

1. Demonstrate knowledge of the various family types (K)
2. Recognize the need to understand the function of the family within society (A)
3. Employ effective coping and interpersonal skills in relating to the family (S)

Skills: Communication, Assertiveness, Empathy

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Types of families Functions of the family - primary caregiver	Understanding all family types	1. Problem-solving skills 2. Creativity 3. Communication skills 4. Positive values and attitudes 5. Interpersonal relationship skills 6. Self awareness 7. Group work / Cooperation.

Unit 3: Human Sexuality

General Objectives:

1. Demonstrate an understanding of human sexuality (K)
2. Appreciate themselves and their sexuality in a positive manner (A)
3. Use critical thinking and decision-making skills in managing their sexual feelings and behaviours (S)

Skills: Emotional Coping, Social, Communication

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Maleness and Femaleness</p> <p>Understanding self and others</p>	<p>Learning to love one's self</p> <p>I'm glad I'm me</p>	<ol style="list-style-type: none"> 1. Self-acceptance 2. Self-probing 3. Acceptance of responsibility for own behaviour and emotions 4. Group work /Cooperation 5. Communication skills 6. Assertive self-expression 7. Recognize characteristics of a good friendship 8. Interpersonal relationships 4. Self-esteem building 5. Creativity 6. Self-confidence 7. Self awareness 8. Positive values and attitudes

Unit 4: Factors and Risks Affecting Reproductive Health

General Objectives:

1. Analyze issues that may arise through sexual involvement (K)
2. Demonstrate an acceptance of responsibility for making healthy reproductive choices (A)
3. Practice appropriate skills in dealing with risk factors to reproductive health (S)

Skills: Negotiation/Refusal, Assertiveness

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Factors influencing reproductive health</p> <p>(*Abstinence)</p> <p>Media influences on sexuality</p>	<p>Preparing for parenting</p> <p>Only I can decide</p>	<ol style="list-style-type: none"> 1. Cognitive skills (decision-making and critical thinking skills) 2. Coping skills 3. Parenting skills 4. Self awareness 5. Assertive skills / Resisting pressure / Refusal skills 6. Group work /Cooperation 7. Communication skills 8. Self-esteem building 9. Creativity 10.Discriminatory media viewing 11. Interpersonal relationships 12. Self-confidence 13 Positive values and attitudes

Unit 5: STIs, HIV and Cervical Cancer

General Objectives:

1. Demonstrate an understanding of the risks associated with contracting STIs, Cervical Cancer, HIV and AIDS. (K)
2. Accept a personal responsibility for maintaining sexual health in protecting against STIs, Cervical Cancer, HIV and AIDS (A)
3. Practice social, coping, and cognitive skills to avoid engaging in at-risk behaviours associated with contracting STIs, Cervical Cancer, HIV and AIDS (S)

Skills: Cognitive, Communication, Assertiveness

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Risk behaviours associated with STIs, HIV and AIDS Cervical Cancer	STIs, HIV and AIDS prevention	<ol style="list-style-type: none"> 1. Decision-making skills 2. Critical thinking skills 3. Practice abstinence 4. Group work /Cooperation 5. Communication skills 6. Refusal skills (avoid drug abuse and risky sexual behaviours) 7. Creativity 6. Self-confidence 7. Self awareness 8. Positive values and attitudes

Comments:

- 1. All the topics are very relevant to today's youth. Inclusion of the family and creating awareness of the role of each member, will significantly improve family relationships.**
- 2. Education on the STIs and HIV/AIDS will help the national programme for education and reduction of the spread of these infections, especially among the young. Students at this age are experimenters and as such, should be made aware of the possible effects and impact on their health and family life.**

Theme: Appropriate Eating and Fitness

Unit 1: Making Healthy Eating Choices

General Objectives:

1. Demonstrate knowledge of the relationship between types and uses of food nutrients in relation to health (K)
2. Display willingness to assess food types and portions to eat healthy (A)
3. Demonstrate use of life skills in making healthy food choices (S)

Skills: Negotiation, Social

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Nutrients the body needs	Eating balanced meals	1. Healthy eating habits
Factors influencing food choices	The influence of food choices	2. Ability to shop wisely
Importance of serving portions		3. Critical thinking
Alternative methods of food preparation	Healthy food preparation	4. Self awareness
		5. Menu planning skills
		6. Group work /Cooperation
		7. Communication skills
		8. Self-esteem building
		9. Creativity
		10. Self-confidence

Unit 2: Fitness and a Healthy Lifestyle

General Objectives:

1. Demonstrate an awareness of fitness as a constituent for a healthy lifestyle (K)
2. Display willingness to incorporate safety procedures when engaging in physical exercise (A)
3. Use appropriate life skills in engaging in age-appropriate physical fitness activities (S)

Skills: Social, Communication, Assertiveness, Negotiation

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
<p>Components of Physical Fitness</p> <p>Different types of exercises</p> <p>Special diets</p>	<p>Different exercises for healthy body functioning</p> <p>Physical fitness and healthy eating</p>	<ol style="list-style-type: none"> 1. Critical thinking skills 2. Decision-making skills 3. Engage in physical activities/exercises to improve personal fitness 4. Planning skills (healthy lifestyle programme) 5. Regularly eat a balanced diet 6. Group work /Cooperation 7. Meal planning skills (across ages) 8. Communication skills 9. Self-esteem building 10. Self-confidence 11. Self awareness

Comments:

1. Meal planning and an understanding of the various nutrients that the human body needs will prepare the students for life style changes and healthy eating habits for life.

As a result, nutritional problems of obesity and deficiencies as well as the onset and severity of diseases such as diabetes will be reduced (that is, the incidence of these diseases/conditions).

2. Schools need to commit themselves to serving healthy meals and snacks to the students if there is to be meaningful change over time.

3. Exercise and play time should be allowed for all students. Not only will their physical fitness be enhanced but their cognitive skills will also improve.

Theme: Managing the Environment

Unit 1: Environmental Systems, Resources and Risks

General Objectives:

1. Evaluate the various environmental systems and examine implications for risks (K)
2. Demonstrate how they can identify, and assess resources for managing the environment (K)
3. Demonstrate positive attitudes in investigating and collating information on environmental risks (A)
4. Display appropriate life skills in taking appropriate action in dealing with environmental concerns (S)

Skills: Social, Cognitive, Interpersonal

Concepts and Content	Lesson Title and Specific Objectives	Potential Life Skills
Threats to the environment Methods of protection from environmental illnesses	Preserving health and life	1. Creative thinking 2. Problem-solving skills 3. Awareness of environmental issues 4. Group work /Cooperation
Resources within the local and wider community for managing the environment	Accessing and understanding environmental services	5. Communication skills

Comments:

1. Not enough time has been devoted to this theme.
2. Infusion into the science classes may be desirable

EVALUATION OF DATA FROM MONITORING INSTRUMENTS

Monitoring and evaluation data were captured on standardized survey and test instruments that were administered by both internal and external assessors at different stages of the pilot project. Data analysis strategies were aimed at assessing the performance of the HFLE curriculum in terms of the content, delivery and impact objectives outlined in Dunn-Smith's (2005) evaluation proposal document.

SUMMARY OF FINDINGS

The following are the major findings of this component of the study:

- **Students' response to the HFLE curriculum was assessed to be 'mostly enthusiastic' at all levels of schooling**
- **The response of students of lower grades was generally more positive than those of higher grades**
- **The Sexuality and Sexual Health theme attracted the most interest from students of all levels of schooling and all grade levels**
- **Students of smaller classes were much more 'engaged' by the learning activities than those in larger classes.**
- **Creative teaching method such as role play and skits were the most engaging of the delivery strategies used in the programme. Research projects were reported to be the most effective learning activity**
- **Timetabling problems were identified as the most serious concerns to be addressed if the programme is to be successful**
- **Overall, instructors gave the HFLE curriculum an exceptionally positive evaluation on criteria such as the appropriateness of learning objectives, the accuracy, suitability and sufficiency of curriculum content' and the efficacy of instructional methods and learning activities,**

INSTRUCTORS' EVALUATION

Teachers/guidance counsellors involved in the delivery of the HFLE pilot curriculum were required to complete structured questionnaires at the end of each of the four themes and at the end of the project. The aim of this exercise was to obtain their evaluation as key players in the implementation of various aspects of the programme. All schools in the sample participated in this phase of the study.

Instruments for the end of theme assessment were designed to capture instructors' evaluation of:

- **Students response to learning activities at both the unit and theme level**
- **The adequacy of time allotted to the completion of the various units in each theme and the theme on a whole**
- **The suitability of curriculum content for the various school and grade level**
- **Noticeable skill and attitude change in students**

STUDENTS' RESPONSE TO HFLE PILOT CURRICULUM

Invariably, instructors rated students' response to the HFLE curricula as highly enthusiastic at all levels of schooling.

Response to the content of the various units and of all four themes was reported, nearly exclusively, to be either 'excellent' or 'very good', while the associated learning activities were predominantly judged as being 'highly engaging'. As indicated by Table 1, on a whole, over 90 per cent of the participating teachers and guidance counselors rated students' response on the high side of the five point scale used to capture instructors' assessment of students' behaviour. There were, however, slight variations according to grade level, where, although rating were also generally high, students of the lower grades were assessed to be more positive in their response to the programme.

In order to highlight the extent of the relationship between these two variables, student response to HFLE curriculum and their grade level, an aggregate measure was developed. The percentage of instructors selecting a given rate on the rating scale was multiplied by the rate given by assessors. So using grade 5 in Table 3 as an illustration, $(77*5) + (21*4) + 2*3) = 475$. Following this same procedure, for class 6 the aggregate would be 470, class 7 would be 450 and 8, 442. These values were then plotted on polygon in Figure 1.

As indicated by Figure 1, statistically, there is negative correlation between the two variables, student response to HFLE curriculum and their grade level, signifying that **as grade level increases, students become less enthusiastic about the HFLE curriculum.**

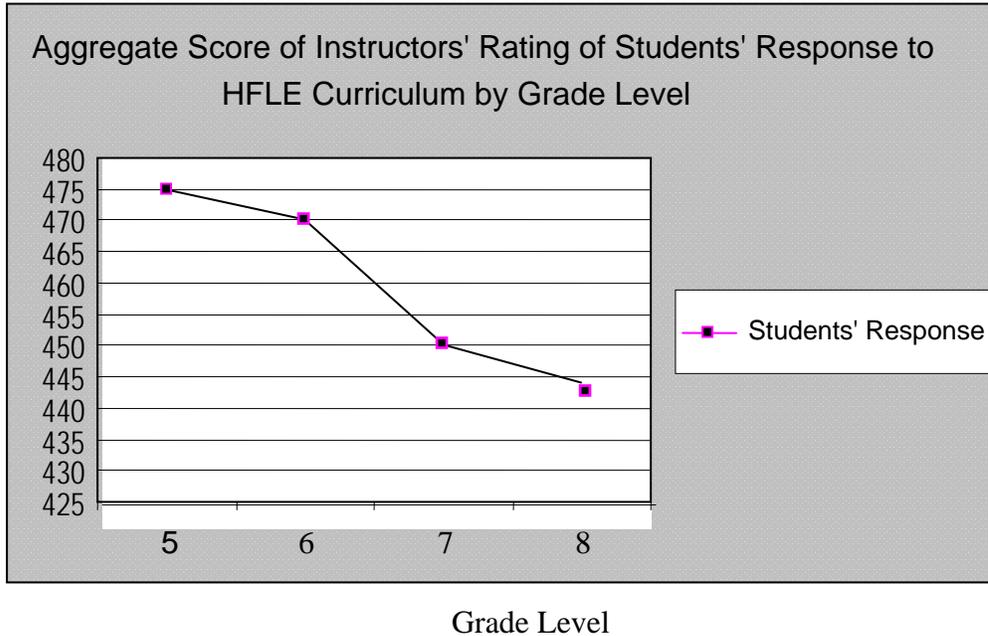
In response to questions seeking information on the appropriateness of the curriculum content to the specified grade levels, 96 per cent of respondents answered in the affirmative. Interestingly, those individuals who responded negatively failed to justify their answer, although they were specifically asked to do so. No conclusion could therefore be drawn as to the basis of their concerns.

TABLE 1

Instructors' Rating of Students' Overall Response by Region, School Type and Grade Level

PARTICULARS		Instructors' Rating (%)				
		Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Region	1	65.0	25.0	9.0	1.0	0.0
	2	69.0	28.0	3.0	0.0	0.0
	4	70.0	28.0	2.0	0.0	0.0
	6	69.0	26.0	5.0	0.0	0.0
School Type	High	63.0	22.0	12.0	3.0	0.0
	Primary and Junior High	67.0	26.0	5.0	2.0	0.0
	All Age	68.0	29.0	3.0	0.0	0.0
	Primary	71.0	29.0	0.0	0.0	0.0
Grade Level	5	77.0	21.0	2.0	0.0	0.0
	6	74.0	22.0	4.0	0.0	0.0
	7	64.0	23.0	12.0	1.0	0.0
	8	62.0	22.0	14.0	2.0	0.0

FIGURE 1

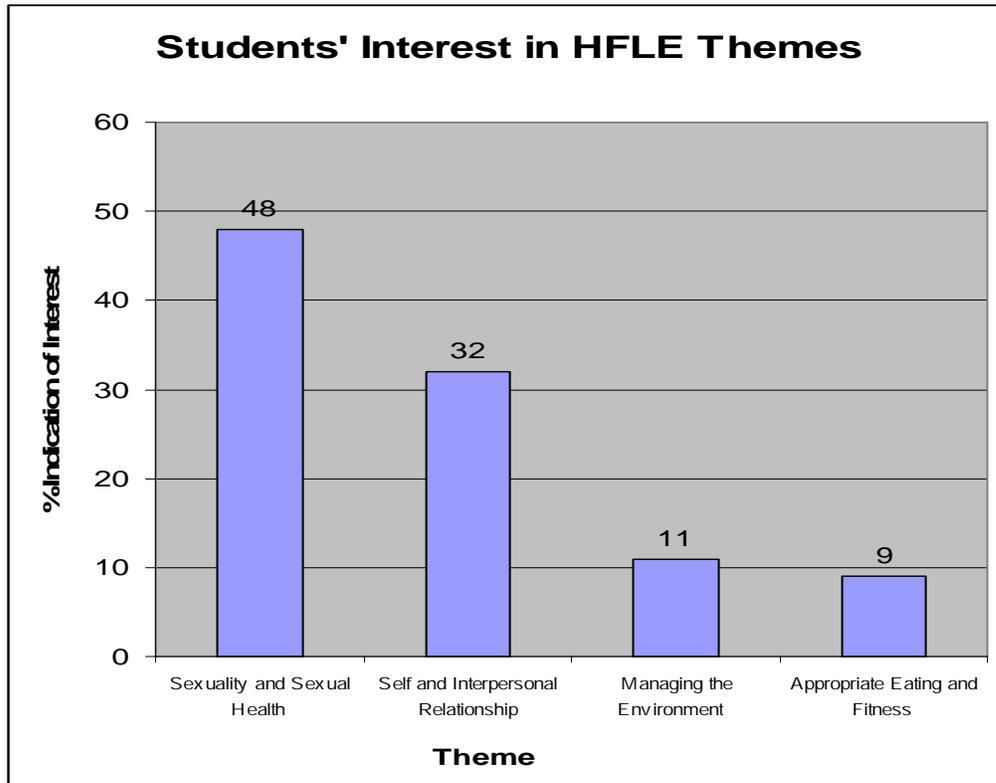


RANKING OF THEMES BY STUDENTS' INTEREST

The Sexuality and Sexual Health component of the HFLE curriculum was assessed to be the most popular theme among students at all levels of schooling and at all grade levels.

Themes identified on questionnaires completed by instructors were related to overall ratings of students' interest. As shown in Figure 2, Sexuality and Sexual Health attracted the most interest, a full sixteen percentage points more than the Self and Interpersonal Relationship theme. Appropriate Eating and Fitness and Managing the Environment were given high ratings in terms of students' interest only about one in ten times.

FIGURE 2



TIMETABLING OF HFLE MODULES

Concerns about scheduling and time allotment were widely expressed.

However, instructors were less forthcoming when asked for suggestions on issues such as adequate time per unit and relating scheduling matters. These issues were, nevertheless, extensively probed in the qualitative component of this study.

EFFICACY OF LEARNING ACTIVITIES

Critical to the success of any classroom-based intervention is the appropriateness of the learning activities, given the targeted learning outcomes and the attending resource constraints. The evaluation of the HFLE included an assessment of the instructional

techniques and the learning activities used to promote the appreciation of the knowledge, skills and attitudinal competencies targeted by the programme.

Open-ended responses to questions seeking information on the appropriateness of teaching methods and learning activities indicate that respondents used the terms interchangeably in their answers.

Those instructional methods that are described as ‘creative teaching techniques’ such as role play/simulation and the performance of theme-specific skits were found to be the most engaging of the delivery strategies used in the programme

CLASS SIZE

he problem of overcrowded classrooms was identified by some instructors as a major factor influencing the effectiveness of delivery strategies and other teaching activities.

The student-teacher ratio of the sample of classes used in this study ranged from 1:26 to 1:56, with a mean and median class size of 39 and 38, respectively. Data in Table 2 depicts an obvious association between these two classroom variables. An examination of the relationship between class size and teachers self-assessment of their success in engaging their students supported the view that

he learning activities used in the programme are more suitable for smaller classes.

TABLE 2

Instructors' Rating of Students' Response to Learning Activities by Class Size

PARTICULARS		Instructors Rating (%)			
		Highly Engaged	Engaged	Moderately Engaged	Not Engaged
Class Size	Below 35	79.0	21.0	0.0	0.0
	35 - 45	70.0	24.0	6.0	0.0
	Above 45	61.0	28.0	11.0	0.0

END-OF-PROGRAMME EVALUATION

Formal summative evaluation of the HFLE pilot curriculum, for a variety of reasons, was not accomplished. However some schools/teachers did some end of project evaluation and provided some data which is reported here.

Instructors' overall evaluation of the HFLE curriculum is exceptionally positive.

The only area of widespread concerns relates to common logistical problems such as the inadequacy of the time allocated for the delivery of certain sections of the programme and in some schools the lack of a weekly dedicated time slot for HFLE activities.

When asked to evaluate the appropriateness of learning **objectives**, the accuracy, suitability and sufficiency of curriculum **content**, the **learning experience** of students and the efficacy of **instructional methods** and the **logistics** of curriculum delivery, teachers and guidance counsellors nearly always agree with statements providing positive assessment of the various features of the curriculum.

Tables 3-8 display the curriculum-related items for which instructors were required to provide Yes/No responses, indicating their agreement or disagreement with assessing different aspects of the curriculum.

Approval ratings for the areas assessed nearly always fall above the 95th percentile.

In fact,

all 100 per cent of instructors indicated their approval of the learning objectives of the programme.

TABLE 3

Schedule of Objectives-Related Evaluation Criteria used in End-of Programme Assessment of HFLE Curriculum

Learning Objectives	Yes	No
The content is consistent with the objectives of the programme	100.0	0.0
Learning objectives clearly and precisely stated for each unit.	100.0	0.0
Knowledge, attitude and behavioural objectives separately defined.	100.0	0.0
All learning objectives properly stated with measurable outcomes.	100.0	0.0
AVERAGE PERCENTAGE POINT	100	0.0

However, when asked to make judgements as to the accuracy and appropriateness of curriculum content and the efficacy of instructional methods and learning activities, responses showed some amount of variability.

The area with marked variation from a high modal approval rating was in the ‘logistics’ sphere of the curriculum.

On logistic issues, just about one-half of respondents felt that the HFLE pilot curriculum was inadequately time-tabled and that not enough time was provided for teaching. [Table 4]

TABLE 4

Schedule of Logistics -Related Evaluation Criteria used in End-of Programme Assessment of HFLE Curriculum

Logistics	Yes	No
Is adequately time-tabled	52	48
The time provided is adequate for teaching	48	52
AVERAGE PERCENTAGE POINT	51.0	49.0

Another area of apparent concern relates to the appropriateness of content for the different levels of schooling. For the item querying this issue, 12% of the instructors registered their dissatisfaction with the appropriateness of content for the different levels of schooling [Table 5]. Teachers in the traditional high schools answered mostly in the affirmative. Negative responses came primarily from the All-Age and recently upgraded high schools.

TABLE 5

Schedule of Content-Related Evaluation Criteria used in End-of Programme Assessment of HFLE

Content	Yes	No
Appropriate for the different levels of schooling	88.0	12.0
Appropriate for the different grade levels	95.0	5.0
Provides accurate information about sexuality and sexual health	100.0	0.0
Provides accurate information about self and interpersonal relationships	99.0	1.0
Provides accurate information about appropriate eating and fitness	99.0	1.0
Provides accurate information about managing the environment	99.0	1.0
AVERAGE PERCENTAGE POINT	96.6	3.4

The sensitivity of the course content to the religious belief of students was the other area receiving unusually low rating from instructors. As indicated in Table 6, 87% of those responding to that question felt that this area of the curriculum needs to be more inclusive for students of different religious persuasions.

TABLE 6

Schedule of Learning Experience -Related Evaluation Criteria used in End-of Programme Assessment of HFLE Curriculum

Learning Experience	Yes	No
Provides for all students - appropriate learning experiences	95.0	5.0
Provides learning experiences that are sensitive to religious beliefs for all students	87.0	13.0
Emphasizes knowledge and skills likely to influence students' behaviours	100.0	0.0
Emphasizes knowledge and skills designed to foster appropriate HFLE attitudes	98.0	2.0
AVERAGE PERCENTAGE POINT	95.0	5.0

Table 7 shows that instructors' evaluation of teaching methods and learning activities were very high.

TABLE 7

Schedule of Instructional Methods-Related Evaluation Criteria used in End-of Programme Assessment of HFLE Curriculum

Instructional Methods	Yes	No
Instructional Methods are student centred	98.0	2.0
Instructional Methods appropriate for content	100.0	0.0
Teaching strategies provide an opportunity for students to practice life skills	98.0	0.0
There are sufficient learning activities	100.0	0.0
Uses a variety of resource materials/learning aids (print, audio, visuals)	96.0	3.0
Provides concrete activities to involve parents and guardians	95.0	5.0
AVERAGE PERCENTAGE POINT	97.0	3.0

TABLE 8: Average Sectional Percentage Scores on Schedule of Evaluation for End-of Programme Assessment of HFLE Curriculum

Learning Objectives		
The content is consistent with the objectives of the programme	Yes	No
Learning objectives clearly and precisely stated for each unit.	Yes	No
Knowledge, attitude and behavioural objectives separately defined.	Yes	No
All learning objectives properly stated with measurable outcomes.	Yes	No
AVERAGE PERCENTAGE POINT	100.0	0.0
Content		
Appropriate for the different levels of schooling	Yes	No
Appropriate for the different grade levels	Yes	No
Provides accurate information about sexuality and sexual health	Yes	No
Provides accurate information about self and interpersonal relationships	Yes	No
Provides accurate information about appropriate eating and fitness	Yes	No
Provides accurate information about managing the environment	Yes	No
AVERAGE PERCENTAGE POINT	96.0	4.0
Learning Experience		
Provides for all students - appropriate learning experiences	Yes	No
Provides learning experiences that are sensitive to religious beliefs for all students	Yes	No
Emphasizes knowledge and skills likely to influence students' behaviours	Yes	No
Emphasizes knowledge and skills designed to foster appropriate HFLE attitudes	Yes	No
AVERAGE PERCENTAGE POINT	95.0	5.0
Instructional Methods		
Instructional Methods are student-centred	Yes	No
Instructional Methods appropriate for content	Yes	No
Teaching strategies provide an opportunity for students to practice life skills	Yes	No
There are sufficient learning activities	Yes	No
Uses a variety of resource materials/learning aids (print, audio, visuals)	Yes	No
Provides concrete activities to involve parents and guardians	Yes	No
AVERAGE PERCENTAGE POINT	97.0	3.0
Logistics		
Is adequately time-tabled	Yes	No
The time provided is adequate for teaching	Yes	No
AVERAGE PERCENTAGE POINT	51.0	49.0

MONITORING OF INSTRUCTORS

Evaluation strategies used in the assessment of the HFLE pilot programme are based on guidelines contained in the CARICOM document, **'HFLE Regional Curriculum Framework for Ages 9 -14'**. This document emphasizes the need to ensure the routine external assessment of instructors in the programme as an important quality control measure. This assessment function was performed primarily by the Health Promotion Specialists.

The performance of teachers and guidance counsellors were assessed in terms of:

- **their knowledge of the subject area**
- **The extent to which they provide for/permit the expression of varied view points**
- **The level and quality of student/teacher interaction**
- **The extent to which they model important programme-specific life skills**
- **Their ability to make linkages between course content and real life situations**
- **The extent to which home/school/community linkages are made in the delivery of curriculum content**
- **The use of interactive teaching methodologies**
- **Their ability to provide a supportive classroom e**

Instructors' performance in the delivery of all four themes was assessed to be generally above average, with the Managing the Environment theme being rated as the best delivered (Table 9).

TABLE 9**Monitors' Rating of Instructors' Overall Performance in Classroom Delivery of HFLE Curriculum**

Theme	Aggregate Percentage (%) Rating				
	Excellent	Very Good	Good	Fair	Poor
Sexuality and Sexual Health	55.0	25.0	20.0	0.0	0.0
Self and Interpersonal Relationship	60.0	30.0	10.0	0.0	0.0
Appropriate Eating and Fitness	45.0	50.0	5.0	0.0	0.0
Managing the Environment	70.0	30.0	0.0	0.0	0.0

From the evaluation of data from the HFLE Pilot Curriculum Monitoring Instruments:

The level of participation of teachers/guidance counsellors and health promotion specialists in the evaluation of the HFLE programme was high and their assessment of the various curriculum areas was generally consistent across school type, grade level and class size.

Overall, instructors gave the HFLE pilot curriculum an exceptionally positive evaluation on criteria such as the appropriateness of learning objectives, the accuracy, suitability and sufficiency of curriculum content' and the efficacy of instructional methods and learning activities.

Areas with lower ratings such as time tabling and time allocation, large class sizes, and curriculum appropriateness to specific needs of students which were identified will need special attention in order to strengthen the delivery of the curriculum in the school system.

The summative evaluation of the curriculum by students, which was not done, would have added an important counter-balance to the monitoring evaluation of teachers and RHPSs.

The independent feedback from students in the stakeholders' meetings has, however, provided a measure of qualitative compensation which has proven quite useful in the evaluation of the HFLE pilot curriculum.

EVALUATION OF DATA FROM STAKEHOLDERS' MEETINGS

Wide consultations were held with stakeholders as part of the HFLE Pilot Curriculum Evaluation process. For the purposes of data analysis, stakeholders' responses have been grouped into the categories of:

Project policy and management [members of Steering Committee, Project Officer], Field supervision [Education Officers and Health Promotion Specialists], School level management and delivery [principals and guidance counselors/teachers, and Students' response.

PROJECT POLICY AND MANAGEMENT

An HFLE Steering Committee, with representatives from stakeholding units within the MOE and externally, was entrusted with guiding the tasks of curriculum design, training, materials development, supervision of delivery, and evaluation. Membership was drawn from five units of the MOE with project-related responsibilities, from the National Health and Family Life Advisory Committee [NHFLAC], UNICEF, the MOH, and from collaborating agencies such as the Jamaica Teachers Association [JTA], the Association of Guidance Counsellors, the UWI, and the Association of Principals, among others. Consultants were engaged and had to be managed for several phases of the work.

Members of this group concurred that the HFLE curriculum pilot had its genesis in the old HFLE programme and in the desire of CARICOM/UNICEF to strengthen HFLE in

the education system particularly in response to the HIV/AIDS epidemic in the region including Jamaica. The current HFLE Project Officer was initially recruited as the National Coordinator for HIV/AIDS Education within the MOE, with HFLE a sub-component with a separate coordinator.

The availability and flow of external funding has been critical to the development of HFLE in the school curriculum with significant implications for the future of the programme.

POLICY AND MANAGEMENT CHALLENGES

The democratic spread of membership on a large Steering Committee may have conferred certain advantages on project management such as wide representation of many involved interests and points of view, and fostering inter-agency collaboration for buying into the HFLE curriculum and for its delivery. But the size and complexity of Committee and its *modus operandi* posed its own problems. One of the major challenges faced in the implementation of the pilot project was the heavy decision-making bureaucracy and delays occurring in the chain of command/management structure.

Consultation procedures were slow and tedious for approving project deliverables from consultants. Difficulty was experienced in pulling together busy people with many responsibilities as unit heads and senior officers of agencies for the consultative process to work smoothly. This led to lengthy delays in responding to consultants, with time over-runs resulting.

There are clear implications for the management of the roll out programme.

Other Steering Committee management challenges arose from what has been described in management literature as “muddling through”, proceeding through uncharted and

unfamiliar territory by trial and error. But the lessons learned experientially should prove valuable for smoothing out the roll out.

It would be useful to retain the developed expertise of key Steering Committee members for the roll out; including retaining the services of retirees as consultants to HFLE.

The attempted shift to life skills teaching/learning, which is central to the new approach to HFLE, also posed its own challenges. Both managers and delivery personnel had little familiarity or experience with the life skills approach. There was a lack of clarity on meaning and strategies. Although the life skills approach was recognized to be substantially different from traditional teaching/learning methodology, delivery and assessment strategies were not well developed. In a way, the life skills approach may be ahead of its time because teachers are not yet adequately prepared or equipped to use it effectively. It is widely recognized that traditional methods of teaching are not effective for achieving the life skills learning objectives of HFLE.

Clear determination of what the life skills approach means in practice and the training of both management and delivery personnel, pre-service and in-service, are critical requirements for the effective roll out of the new HFLE curriculum and for its long-term success.

Another serious challenge which project implementation faced was the disjunction between the scheduling which educators would have preferred and the scheduling dictated by the availability/release of external funding. The signing of agreements was

late/delayed, leading to a late start of project activities and delays in implementation. The pilot curriculum, which should have been delivered in the project schools from September 2005, did not get started until January 2006. This posed significant problems for time tabling, personnel and resource allocation, and, in general, for the schools smoothly accommodating the pilot as an addition to their regular programmes and activities. As one management stakeholder articulated, the project would have been better conducted if it were not rushed. But the availability, release and use of donor funding dictated schedule and project flow. The 'use it or lose it' principle pushed the project to proceed faster than could be managed effectively.

Many 'sponsored' development projects face this disjunction of scheduling dilemma. The surest solution is the internal 'ownership' of the project with greater latitude in both scheduling and the deployment of financial resources in support.

Wide-scale turn over of personnel also had its impact on the project. The original project officer, recruited on a part-time basis, had to be replaced, with the National Coordinator for HIV/AIDS Education having to assume direct project responsibility in addition to regular duties. And the Senior Education Officer for Guidance and Counselling, who was Chair of the Steering Committee, as well as others in the MOE, had to assume extra duties to 'help out' the project. This led to workload and efficiency issues for the project, which would have had their own negative impact.

One consultant had to be terminated and replaced, with consequences for project schedule. The work of others was sometimes less than adequately supervised, with deliverables deviating from expectations.

Despite the substantial challenges faced in project implementation and management, Project management stakeholders have reported significant achievements. Curriculum delivery, it is reported, has gone reasonably well in the project schools, considering the considerable obstacles faced in implementation. This has been confirmed by school-level stakeholders and by field supervisory personnel.

New life skills-based HFLE curricula were designed for Early Childhood, Primary Grades 5&6, and Secondary Grades 7&8, with specific inclusion of HIV/AIDS content. **The general sentiment is that the Early Childhood HFLE curriculum scope and sequence is the best. This has been attributed to the team of experts approach used in its development.**

A key objective of the pilot and its evaluation is to identify gaps in the curriculum that must be corrected.

Twenty-four pilot schools were selected, of which 21 continued to completion. Schools were selected by a number of criteria. They were distributed across the MOE Regions and were chosen based on their non-involvement with other projects to prevent burdening one school with 3 or 4 projects.

Schools were also selected on the bases of experiencing challenges with sexual activity, for a range of school types and sizes, location, and gender status as co-ed or single sex schools. One principal of an inner-city school, in praise of the pilot project, described it as just what his school needed to help it deal with sexual and inter-personal relationship problems the institution was struggling to deal with.

The issue of multiple and often competing 'projects' running in schools outside the regular curriculum has major strategic implications for the successful inclusion of HFLE as another project/programme in schools.

The project evaluation consultancy has been mandated to develop and recommend selection criteria for the stage by stage roll out of the adjusted HFLE curriculum.

Curriculum material was developed, reproduced and dispatched to project schools. These included a basic curriculum guide for each theme, posters, and CDs with theme-based stories. And teachers were encouraged to be creative in researching content, providing additional material and filling gaps in resources. While project management tends to view resources as adequate if not ideal and was the best that could be done, and ‘were very helpful to teachers’, teachers have called almost with one voice for more support material, including a more detailed curriculum guide with content material added.

The curriculum evaluation consultancy is expected to make recommendations for improving resource support for the HFLE curriculum

Guidance counselors/teachers were trained in the life skills teaching/learning approach and familiarized with the HFLE curriculum in three-day residential training workshops. Project management reports high enthusiasm and positive feedback from trainees as teachers were led through planning for delivery using the same kind of interactive, participatory techniques that were expected to be used in school delivery of the pilot curriculum. Principals were required to sign a school commitment ‘contract’ before their teachers came for training, and were themselves given a one-day briefing on the project. With a small number of exceptions, project schools were judged to be receptive and supportive.

Project management has identified teacher interest and enthusiasm as a critical factor in outcomes. The ideal HFLE teacher is expected to be comfortable with themes of sexuality and sexual health. But this was not obtained in every case in the pilot. Principals may simply have assigned [or coerced] available persons without these considerations. For HFLE to work dedicated personnel are required who are interested in the subject and in exploring different teaching methods to achieve the objectives of the curriculum.

Identification, creation of, training, and support of HFLE teachers will be one of the critical requirements of the HFLE roll out.

Regional Health Promotion Specialists [RHPSs] were recruited through internet advertising on short-term contracts and deployed paid by donor funding support. Initially they were recruited and deployed to manage HIV/AIDS education and information dissemination in schools but were later assigned to HFLE pilot curriculum duties as supervisory, monitoring and support staff for curriculum delivery.

Once again, the ‘doubling up’ of responsibilities among HFLE personnel is a factor of concern for efficiency in project management and delivery.

Monitoring instruments were designed and were used by the RHPSs. These instruments constitute an important data stream for the evaluation consultancy. A pre-test/post-test was developed. The ‘pre-test’ was administered in the Project schools but after the delivery of the curriculum had started compromising its value as a genuine pre-test. The

posttest- was not administered. These are further indications of the scheduling and flow problems which the project faced throughout.

The role of RHPSs in the roll out of the HFLE programme does not enjoy consensus agreement. While Project management acknowledged that the RHPSs effectively played a critical role in the HFLE pilot and, in particular, played an important role in the acceleration of HIV/AIDS education programme, there is no common view about how that role is to be institutionalized in the system. It is felt that RHPSs with a background in guidance and counselling and with teacher training fitted into the school system better and contributed more since much of their work was supervision of and support for teaching.

Project management agrees that the HFLE roll out will, obviously, require monitoring, supervision and evaluation as the pilot did.

One view is that this role could be carried by regional education officers for guidance and counseling, but there is a shortage of these officers now. The estimate is that at least three REOs/GC would allow the effective absorption of the RHPSs' role. This would need to be absorbed by the GOJ/MOE as a permanent element of its operations. A short-term continuation role has been mooted for RHPSs until the cadre of REOs/GC has been increased to subsume the role of RHPSs used in the pilot.

RHPSs themselves and the teachers they served tend to see a more permanent establishment of the role as configured in the pilot. There has been strong positive feedback from the teachers on the role of the RHPSs who provided valuable support in navigating uncharted waters.

Financing HFLE within GOJ/MOE budget is a crucial issue for the roll out of HFLE and for its long-term entrenchment and success in the school system.

FOR THE FUTURE

Project management recognizes that extensive training must be done to reproduce the personnel required for effective HFLE curriculum delivery across all schools in the system.

In-service training of approximately 600 teachers will be undertaken by March 2007 for a phased roll out of the HFLE curriculum beginning September 2007 in an estimated 120 schools. A consultant is to be contracted to develop a training plan. But, to date, the specific skills set to be developed in trainees have not been clearly and formally identified. Pilot project monitoring and evaluation, it is hoped, will contribute to this process.

On a longer term basis the Joint Board of Teacher Education [JBTE] has approved an HFLE elective in teachers' colleges. An M Ed in Health Promotion at the UWI is due to start in September 2006. A Dip Ed in Health Promotion is also available covering issues of sexuality and linked to the CARICOM regional HFLE framework. It is proposed that education officers for guidance and counselling and guidance and counselling staff in teachers' colleges will be trained as master trainers. How many can be trained, how fast, and financed in the school system is a significant issue. HFLE policy and management has wisely opted for a phased roll out pushed back to September 2007 to allow for smooth corporate planning and budgeting including identifying financial cover for posts.

Training faces the difficulty of the lack of clarity about the life skills approach to the teaching and learning of HFLE on which the success of the new curriculum hinges.

Another thorny issue to be resolved is the future relationship between HFLE and the regular guidance and counselling programme in schools.

Project management opinion is divided over the most appropriate relationship. HFLE overlaps with the guidance and counselling programme and was originally conceptualized as part of the larger G&C programme. The pilot was pulled out as an experimental treatment to provide evaluative feedback on critical questions of curriculum design and delivery from a more controlled setting. Where should the HFLE/GC relationship go, post-pilot? In the view of one Project management stakeholder and guidance and counselling professional, “We don’t need both. There is no need for them to co-exist. Both have pretty much the same content; only career education is missing from HFLE”.

Another project management stakeholder advocates a curriculum infusion approach for Grades 1-3 but a subject-based, discipline-based approach for primary Grades 4-6 and secondary Grades 7-9 while at the same time noting time tabling difficulties and that, in the face of growing demands for more sessions for Math and English, structured HFLE delivery may not necessarily take place.

Without dedicated specialist teachers being available, another view expressed, HFLE will be, for all practical purposes, an element of the guidance and counselling programme, with no need to choose between the two.

CXC is proposing to offer HFLE as an examinable subject, which has clear staffing implications but this does not solve the problem of the most appropriate delivery mode in the school curriculum. Should there be more guidance counsellors teaching HFLE within G&C; or should there be dedicated specialist HFLE teachers not attached to the traditional G&C programme? Central to the resolution is the understanding of guidance and counselling as two facets of one whole or as two separate entities. In the view of one project management stakeholder, guidance and counselling are two separate entities. There is a cry for counselling skills in the schools and if HFLE is released as a subject, then counsellors can be made free to do counselling.

FIELD SUPERVISION: REGIONAL HEALTH PROMOTION SPECIALISTS

In effect, the Regional Health Promotion Specialists provided the supervisory link between project policy and management and project delivery. The RHPSs were initially recruited specifically for the HIV/AIDS education programme but were subsequently ‘saddled’ with HFLE supervision and monitoring, HFLE being regarded as a vehicle for HIV/AIDS education with the inclusion of other elements for healthy lifestyles and social adjustment. The RHPSs have uniformly described the workload as “heavy” and the equivalent of two jobs. They have also reported that guidance counsellors/teachers delivering HFLE have widely complained of the extra workload.

RHPSs clearly understood the objectives of the HFLE curriculum to be eliciting personal behaviour change and larger social change through the impartation of life skills for critical thinking, decision-making, inter-personal relationships, and management of sexuality, negotiation, healthy lifestyles and environmental awareness – skills beyond the academic.

RHPSs have identified the following as among the significant problems the delivery of the HFLE pilot curriculum faced:

- The time of start in January rather than in September when there would have been less pressure on students and teachers for exam preparation and school events. Time too short for in-depth coverage of themes
- Extra workload on themselves and on teachers – excessive pressure on guidance counsellors who already have many other duties
- Lack of firm time tabling for HFLE
- Disruptions from competing activities not only leading to lost delivery time but the failure of scheduled supervisory visits
- Late delivery of material to schools – the pre-test, teaching support material....
- Absence of text material to support curriculum and the difficulty of research, particularly by students lacking good library resources and internet access.
- Material sent packaged directly to schools without access by RHPSs
- Very variable capacity among schools for providing additional support material
- Lack of HFLE-dedicated staff at the primary level
- Over-sized classes in many instances which made the participatory approach difficult to carry out
- Selection of participating schools done from Kingston. Criteria not clear
- ‘Pilot fatigue’ – HFLE regarded in some instances as another pilot in the series which will run its course and nothing else will be heard about it, which may have affected level of interest and effort in some cases initially
- In some cases HFLE lesson plans were not explicitly done by teachers, which posed a difficulty for monitoring and assessing delivery.

Despite these problems, RHPSs found schools, principals and guidance counsellors/teachers generally supportive of the HFLE pilot curriculum project and engaged with it.

Only three of 24 schools in the pilot dropped out , a few other failed to deliver the curriculum as designed as a separate, time tabled ‘subject’ with its own methodological approach. For example attempts were made to ‘integrate’ the HFLE curriculum into other subjects which would have defeated the purpose of the pilot. The major problems occurred at the primary level and may have been due, at least in part, in the view of RHPSs, to the absence of dedicated guidance counsellors at this level.

The general dedication and innovativeness of most teachers working under time and workload pressures were highly commended by RHPSs. Teachers were generally receptive to RHPSs supervision and guidance and spoke highly of the support received. RHPSs felt the initial training workshop for HFLE teachers was effective, but follow ups could have been usefully done.

The meeting and interacting of HFLE teachers across schools to share ideas and strategies could also have yielded positive benefits. Teachers were meeting each other for the first time after workshop when they were brought together in stakeholders meetings for project evaluation.

Despite the lack of tight, descriptive specifications noted by project management, RHPSs felt that teachers “caught on” to the life skills method and did reasonably well in delivery.

In several instances special extra-curricular projects, like school gardens, and canteen menu adjustments were carried out linked to the HFLE project. This approach should be encouraged in the roll out of the HFLE curriculum across the school system

The very high level of student interest and engagement noted, even among the weakest students, has been attributed to the interactive, participatory, action-oriented curriculum delivery method and the life skills relevance of the curriculum.

Some pilot schools used the slowest set of children perhaps so as not to disrupt exam preparation of the more able students. But even these weaker students gave significant positive responses. The literacy demand for learning engagement was lessened by the life skills methodology employed and students, feeling less threatened by their incapacity, 'opened up'.

Among others, class size and the teacher's own enthusiasm and spirit of exploration were two very important factors in how well the HFLE curriculum could be delivered as planned.

While entrenched behaviour change from educational intervention is a long term prospect, RHPSs supplied anecdotal evidence of changes in individuals and schools correlated to HFLE delivery although a clear causal relationship is impossible to establish. Principals and teachers have volunteered reports to RHPSs of positive changes observed in students and the school community:

Aggression levels have declined, negotiation replaced fighting, classrooms and campuses are cleaner, students have befriended others previously isolated, greater tolerance, changes in eating habits at school...

More directly, HFLE teachers have reported to RHPSs greater student involvement, better student-teacher relationships, and greater openness to ask questions and to seek counsel about their own personal lives including in the delicate area of sexuality.

Several principals have requested that the HFLE curriculum be made available to their whole school now as a viable mechanism for dealing with inter-personal, sexuality, health, and environmental issues with which the school is confronted.

FOR THE FUTURE

RHPSs are recommending:

- **The formal retention of their monitoring and supervisory role in the system, whether as HFLE-HIV/AIDS-dedicated officers or through the deployment of more education officers for guidance and counselling.**
- **Firm time tabling of HFLE**
- **Greater content support for teachers**
- **More extended teacher training**
- **Strengthening of the life skills method approach**
- **Reducing workloads through either more guidance counsellors or dedicated HFLE teachers – more trained people needed, particularly at the primary level**
- **Retaining HFLE as a distinct ‘subject’ while encouraging reinforcement links to other subjects with similar content areas.**
- **Better management of scheduling from head office**
- **Regional engagement with selection of schools**
- **Greater interaction among HFLE teachers across schools**
- **Stronger whole school understanding of and support for HFLE, led by principal, from general awareness raising to more HFLE-linked special projects**

SCHOOL MANAGEMENT AND DELIVERY

The quality of leadership and the degree of accommodation by principals were important factors in the implementation of the HFLE curriculum.

Principals of pilot schools were required to sign a letter of commitment and were taken through a one-day briefing workshop. Several opted to also attend the three-day preparatory workshop for guidance counsellors/teachers.

Principals in stakeholders meetings displayed a generally clear understanding of the purpose and strategies of HFLE and expressed support for the programme, confirmed by their guidance counsellors/teachers. Principals visited classes, enquired of project, reinforced HFLE in devotions, and tried to supply resource material requested by teachers

Teachers have reported that the participatory, activity-oriented preparatory workshop was “well delivered” and a good orientation for HFLE delivery. They generally felt that follow up workshops would have been particularly useful.

While there was a broad general understanding of the goals of HFLE and its life skills approach, teachers better understood the specific objectives of the themes they themselves worked with. Principals were able, to varying degrees to articulate the intentions of the HFLE pilot curriculum.

Although guidance counsellors/teachers were able to clearly state the life skills/behaviour change focus of HFLE, they still predominantly described outcomes for students in knowledge, awareness, understanding, and information terms.

The major problems HFLE teachers said they faced were:

- **The start of the programme in January rather than September**
- **Time tabling – G&C sessions or sessions pulled from other classes had to be used**
- **Not enough time for theme completion both due to the late start in the school year and the lack of adequate time tabled slots. Shift schools faced greater difficulties with time availability**
- **Not enough time in class sessions to accommodate the discussions and activities which the curriculum called for.**
- **Workload, as HFLE was simply added to existing duties. “Planning and preparation took a lot of ‘overtime’”**

- **Thinness of content support**
- **Untimely delivery, and non-delivery, of resource materials and mix ups of material for themes. At the end of the pilot some schools and teachers still had not received promised material.**
- **Disruptions from other school activities**
- **Some primary schools do not have a guidance and counselling programme or guidance counsellors**
- **Large classes which did not allow desirable levels of student participation**
- **The life skills approach needed clarity and greater depth in the preparation of the guidance counsellors/teachers**

Considering the challenges experienced, HFLE teachers spoke enthusiastically of the work they did and of the results they observed.

HFLE teachers reported moderate to strong support from their principals and strongly commended the invaluable support of the RHPSs. The curriculum was thought to be highly relevant and suitable and the resource materials which were actually received very practical and useful, although, uniformly, there was a cry for more.

CURRICULUM OVERLAP AND INTEGRATION

FLE teachers identified significant overlaps with the existing school curriculum but generally felt that this was a strength for reinforcement and different perspectives.

Points of overlap include: The Guidance and Counselling programme [where one existed] and an HIV/AIDS Education programme already running in schools, Language Arts and Communication, Social Studies, Science, Religious Education, Home Economics, and Mathematics....

Guidance counsellors/teachers varied considerably in the degree of HFLE integration with the rest of the school curriculum and the guidance programme they advocated. There was strong agreement that the points of overlap could be reinforcing. But there was also clear advocacy for a stand alone 'subject' either within the guidance programme or separate from it with its own resource teachers who may or may not be guidance counsellors but should be trained.

STUDENTS' READINESS AND RESPONSE

Curriculum delivery staff have strongly reported that their students were enthusiastic and receptive.

Literacy-challenged students could actively participate in the discussions and activities which characterize the life skills approach to HFLE. Teachers reported adjusting delivery and assessment strategies to literacy levels. Large numbers of students voluntarily followed up HFLE classes with personal counselling sessions. The visual aids, CDs and stories were very helpful for all students but particularly with the literacy-challenged.

CURRICULUM ASSESSMENT AND OUTCOMES

What difference did the curriculum make in the lives of participating students, in the views of HFLE teachers? Various methods of assessment were used by the teachers: formal tests, question and answer, home work, projects, class presentations, and observations. The post-test was not delivered by the MOE to be administered.

Teachers expressed a number of problems with the formative evaluation and monitoring instrument which was used in the pilot. The Life Observation Matrix was delivered late to the school by the MOE in many cases, as late as the day before the stakeholders meeting with teachers was held. Required for each student in large classes, the instrument was deemed cumbersome. Procedure for using the Life Observation Matrix was not clear to all teachers.

HFLE teachers report positive changes in social skills and attitudes such as negotiation and tolerance. Reduction of class indiscipline was reported as well as greater cleanliness and better care of the classroom and school environment. Students became more willing to discuss personal issues, levels of self-esteem determined by greater willingness to mix and to speak, rose, particularly among low-performance boys who were in the majority in remedial classes.

Also noted was a reduction in number of reports made about unwelcome sexual advances. Positive changes in eating habits were observed and students even monitored teachers' eating choices.

Parents have even become involved with the HFLE programme requesting material for particular problems like HIV/AIDS, and assisting students with projects. Many students were afraid to take home work done on sex and sexuality; one teacher wrote explanatory notes to parents in the children's books and many parents went on to help students with their work on the theme. Students show greater regard for the importance of their own family to them.

But there were many regrets expressed at the retention of negative behaviours among participating students.

Crucial to the roll out of the HFLE programme will be the design of reliable, easy to use evaluative instruments for life skills behaviour changes, and of evaluation strategies that can be comfortably accommodated to the conditions under which teachers must teach and students must learn. These conditions include large class sizes, low literacy levels in many instances, and time and workload pressures. Teachers will need training and guidance in formalizing and objectifying their observations and the feedback they elicit and receive from students.

CURRICULUM STRENGTHS AND WEAKNESSES

The practicality, relevance and ‘hands on’ approach of the HFLE curriculum was regarded by teachers as its greatest strength.

The curriculum could help to change students’ behaviour positively. It fostered better communication between guidance counsellors and students. Its attachment to the guidance programme was useful. HFLE made explicit and strengthened the life skills which had always been in the guidance programme. The resource material provided was excellent, but too little and sometimes too late.

Students reported finding the curriculum engaging and of high interest. The curriculum was accessible to students of varying abilities and competencies. Securing the

commitment and support of principals was a good move. And the training workshop was very beneficial in preparation.

The inadequacy of content support, and problems with the timely delivery of resource material were identified as major weaknesses; as was time of year and time table scheduling. Lack of clarification of the life skills and how to deliver and evaluate them was another significant weakness. Very demanding preparation time without sufficient content support considerably added to workload, HFLE teachers almost uniformly reported.

FOR THE FUTURE

Teachers have recommended for the HFLE roll out:

- **Whole school awareness so HFLE becomes a school programme, not a guidance programme**
- **Securing principal's commitment and support as in the pilot**
- **Parent-community involvement led from the MOE**
- **Stronger content support.**
- **Better scheduling**
- **Smoother time table accommodation**
- **Delivery teachers to be trained [Do not rely only on guidance counsellors]**
- **More workshops for training**
- **Meetings of teachers**
- **Starting in September at the start of the school year**
- **Greater availability of time for topics and break down of composite topics into smaller portions**
- **Strengthen clarification of life skills**
- **Retain the support role of RHPSS**

Guidance counsellors/teachers from the pilot schools could be an invaluable training resource for the MOE in preparation for the roll out. They and the RHPSSs have acquired practical experience which could be deployed to great advantage in the preparation of others.

Principals, recognizing the utility of HFLE for behaviour change, have called for school-wide deployment of the curriculum. They want to see parents and the community being involved, led by the MOE. They are calling for greater coordination and cohesiveness in

the development and deployment of new curricula among the agencies involved so as to avoid the pressure and ‘competition’ for time and resources which schools now face.

Principals faced considerable difficulties time tabling HFLE in January, rather than in September at the start of the school year. Principals recognize and accept the importance of their support role in the success of the HFLE curriculum delivery. They are advocating the continued supervision of HFLE teachers by the MOE as the RHPSs did. And the roll out should be done in phases for better management.

Principals, like teachers, are calling for more resource material support including electronic hardware. They generally favour HFLE linkages with the rest of the school curriculum rather than absorption. They are calling for more trained HFLE delivery staff including the training of regular classroom teachers.

STUDENTS' RESPONSE TO THE HFLE CURRICULUM

The *raison d'être* for the Health and Family Life Education curriculum is to impart life skills to students as the basis for behaviour changes.

How have students responded to the pilot curriculum? And what transformations might have been achieved?

Students generally understood the purpose of HFLE with respect to the themes their class covered, but seemed not to have grasped an over-arching purpose for the curriculum.

While there were the usual knowledge level answers, students were widely able to give HFLE purpose statements and to describe what they had learned in terms of skills and behaviour change.

Collectively, students, except in the weakest classes, were able to provide a fair reconstruction of topics covered in HFLE. This level of retentiveness may be an index to the effectiveness of the HFLE teaching/learning strategy and a good omen for long-term behaviour change.

Students' report of the most interesting and best liked areas of the curriculum [for their themes] coincided with teachers' reports in stakeholders' meeting and with the data from the monitoring instruments. At the top of the list is sexuality and sex, followed by health. Inter-personal and family relationships, self-esteem, and abuse also figured prominently.

For many students, the answer to the question, “What did you like best about the HFLE class?” the answer was, “Everything!”

Students loved the activities-oriented classes, although a few were somewhat uncomfortable with the self-exposure of discussion, role play and presentation. One remedial class was happy that they did reading and spelling with HFLE, which improved their reading skills.

The roll out should carefully steer teachers away from the traditional tendency of making note giving/note taking a dominant feature of teaching/learning. HFLE student assessment, both formative and summative, should also avoid making knowledge recall a central feature so that knowledge acquisition will not become the main goal of HFLE but the focus remains on skills and attitude.

Students generally reported high, though variable, levels of activity in the HFLE classes and freedom to speak and ask questions. Although they too raised the problem of large class sizes which did not allow everyone a fair chance to participate and to be heard. They brought material like family photographs and CDs from home, wrote poems and stories, performed in role plays and dub poetry, drew pictures and made posters, participated in discussions, researched and made presentations. Taking notes was regularly mentioned as a class activity. Students generally reported that teachers made the class interesting and said that they were “very interested in HFLE classes”. Among the main reasons for their high interest were: The practicality, usefulness and relevance of the curriculum, its high activity levels, good teacher-student relationship, the self-affirmation, the link to their home and community life, its link to counselling services outside of class as follow up, and the lowering of pressure for ‘academic performance’.

Students identified clear connections between HFLE and other subjects of the school curriculum, but generally saw no problem with the overlap. They have responded warmly to the MOE-supplied resource materials where these were available and used. Students could tell the stories and describe the charts.

Like teachers, students were distressed by disruptions to their HFLE classes by other school activities which were given pride of place.

As reported by the students, assessment was also strongly action oriented. Some teachers gave tests and home work essays, but mostly teachers asked questions, observed and gave feedback on presentations, and set creative writing tasks and projects,

While students generally felt free to ask questions in class and to seek advice out of class deterrents were other students laughing at them, and the competition to get a hearing among large numbers.

Students widely, but not universally, reported class visits by the principal and by the RHPSs, and, like teachers, would welcome more visitors and resource persons coming in. The HFLE evaluation consultants were warmly and politely received in all classes visited and quizzed in and out of the class.

IMPACT OF CURRICULUM

Students have reported significant impact of the HFLE curriculum on them personally in their theme areas.

When students were asked, “How has the HFLE class changed your life?” Among the responses given were:

“I now eat healthier.”

“It has helped me to be more responsible.”

“I keep my environment clean.”

“It has helped me to be more positive and to make decisions on my own.”

“It has helped me to be more focused in my school work.”

“I’ve found out that HIV is serious.”

“I settle down in class easier.”

“I speak more softly.”

“I talk to parents differently.”

“I learnt to be more disciplined and I am now treating myself better.”

“I have better self-control.”

“I no longer laugh at someone who is crying; instead I comfort that person.”

“I won’t have sex now; I am aware of STIs and HIV/AIDS.”

“I can deal with peer pressure and not smoke ganja.”

“I am no longer shy, but more assertive.”

“I won’t discriminate or show prejudice against persons who are HIV positive or have AIDS.”

“I won’t rush into a relationship.”

“I now have more trust in family members.”

Unanimously, students feel that other students should do HFLE for the benefits they have described for themselves. And they have their own thoughtful recommendations for the roll out.

HFLE pilot students have suggested:

- **Using videos to aid delivery**
- **Bringing in visiting speakers from the community**
- **Using the mass media to reinforce the behaviour change messages**
- **Making more time available for classes**
- **Making more reading material available**
- **Incorporating more activities**
- **Setting up HFLE clubs in schools**
- **Developing a community version of the HFLE programme**
- **Organizing a national exposition on Health and Family Life.**

CONCLUSION

Stakeholders meetings provided a wealth of information, from the experiences of stakeholders themselves on curriculum purpose, design, management, delivery, support, and outcomes. Every layer of the curriculum process was sampled through discussions held with stakeholders in that area. The data gathered and analyzed from stakeholders' meetings, along with data from the monitoring instruments and review of documents, has provided deep insights into critical evaluation factors for the HFLE pilot curriculum and has provided a platform for the recommendations made for the improvement of the curriculum in both design and delivery.

Curriculum weaknesses and strengths, challenges and triumphs, needs and outcomes have been identified as an informed basis for future action.

It has emerged quite clearly from all categories of stakeholders that HFLE and its life skills approach should have a secure place in the school system. How to smoothly accommodate the curriculum within existing structures and processes of the school system and to ensure that its objectives are realized, in the face of competing demands for time and resources and of identified inadequacies, is the defining issue to be settled by policy and management stakeholders.

HFLE CURRICULUM ROLL OUT

Project management has indicated that the HFLE curriculum will be rolled out on a phased basis beginning in 15% of schools [approximately 121 schools] in September 2007.

Project evaluation is indicating that the schools in which the pilot HFLE curriculum worked best are characterised by:

- **Strong supportive school leadership,**
- **acceptance and understanding of the programme**
- **seeing the programme as satisfying a need within the school**
- **having some guidance and counselling capacity**
- **involving the wider school community with the programme**
- **willingness to accommodate the programme within the school's schedule and resources**

Ultimately all schools will be required to deliver the HFLE curriculum to students at the selected grade levels, but for maximum success of the phased roll out it would be well at the start to take these characteristics into consideration as success feeds on itself.

In addition, school selection should

- **be equitably distributed across the six regions of the MOE**
- **include a rural/urban distribution**
- **include an inner-city/outer city distribution**
- **include all school types with the appropriate grades**
- **involve schools of various sizes**
- **include a co-ed/single sex distribution**

All schools should be progressively prepared for their participation in the HFLE programme through: Awareness building among staff and students from a platform of public awareness building via media promotions of HFLE; training of delivery staff; and, very importantly, the sharing of experiences by successful schools through workshops or cross-schools visits.

All participants in the pilot programme, including students, should be regarded as resource persons and deployed as feasible, with appropriate rewards, to build support for the programme as it is rolled out into other schools

Full school coverage is anticipated by 2011 and a National Strategic Plan for 2007-2011 will be developed drawing on pilot evaluation data. The 2006/2007 academic year is earmarked to be a year of preparation for roll out, in light of the problems encountered with rushing in the pilot phase.

Revision of the HFLE curriculum to generate a completed document based on recommendations from curriculum evaluation, design of a training plan, and its implementation, as well as preparation of resource materials will all be undertaken during the period.