

# **Health and Family Life Education (HFLE) Information Package for Guidance Counsellors**

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## **Introduction**

Health and Family Life Education (HFLE) is a crucial tool to aid in the development of youth in Jamaica. It prepares them both mentally and physically for various changes and challenges they may experience on the journey to adulthood. Imparting HFLE in an activity based, accurate and comfortable way is important for socialising youth into adopting healthy lifestyle choices and changing unhealthy ones.

## **Vision for the Health and Family Life Education Scope and Sequence**

As seen in the Health and Family Life Education Curriculum, the vision for the HFLE scope and sequence is to provide a positive environment in which students can develop the skills required to make healthy life choices and to maintain the behaviours that make for their good health and support a better society, through the training of teachers and the development of the Health and Family Education Curriculum.

## **Mission Statement of the HFLE Scope and Sequence**

The mission of the HFLE scope and sequence is to enable students through life skills focused education processes, to achieve their potential and assure their healthy contribution to the social, cultural and economic development of Jamaica.

## **What are Life Skills?**

Life skills are defined by the World Health Organisation (WHO) as the abilities that engage one to adopt positive behaviours that allow one to deal effectively with the demands and challenges of everyday life. Life skills have various classifications. For the purposes of the life scope and sequence, life skills can be classified as the following:

1. Social and Interpersonal skills;
2. Cognitive Skills; and
3. Emotional Coping Skills.

Social and interpersonal skills include:

- Communication;
- Refusal;
- Assertiveness; and
- Empathy skills.

Cognitive skills include:

- Decision-making;
- Critical thinking; and
- Self-evaluation.

Emotional coping skills include:

- Stress management skills;
- Self awareness; and
- Skill for increasing internal locus of control.

### **Why are Life Skills important in the HFLE Curriculum?**

Young people and individuals in general require information in order to develop or change behaviour, but that information alone is not sufficient to ensure development of or change in the behaviour. Learning various skills will allow youth to adopt the necessary values, attitudes and behaviours that will prepare them for life's challenges and demands. The school environment constitutes one of the finest places to impart these skills and through sufficient interaction with parents, ensuring that lessons learnt are reinforced in the home environment.

Competencies in the use of life skills can:

- Delay the onset of drug use;
- Prevent high risk behaviour;
- Facilitate anger management and conflict resolution;
- Improve academic performance; and
- Promote positive social adjustment.

### **How is HFLE Imparted?**

Life skills focused education requires the use of a teacher as a facilitator. For children and young adults in primary grades 1-6 and grades 7-9, the teacher will ask the students to consider a problem and give the appropriate response. The students are

then organised by the teacher to partake in class activities to aid them in understanding the problem.

*Activities used can include:*

- Role play;
- Games/simulation;
- Community school projects;
- Story telling; and
- Group work, along with other activities.

### **What Themes are Explored?**

Themes explored for ages 9-14 years include the following:

- Sexuality and Sexual Health;
- Self and Interpersonal Relationships;
- Appropriate Eating and Fitness; and
- Managing the Environment.

#### Sexuality and Sexual Health

In this area, sexual feelings, attitudes, roles, values and capabilities are explored. Negative expressions of sexuality are also discussed which may result in early sexual debut, unplanned pregnancy and contracting sexually transmitted infections (STIs).

#### Self and Interpersonal Relationships

This section explores areas such as the self concept, and focuses on the skills youth need to effectively manage their interpersonal relationships, beginning with a healthy view of themselves.

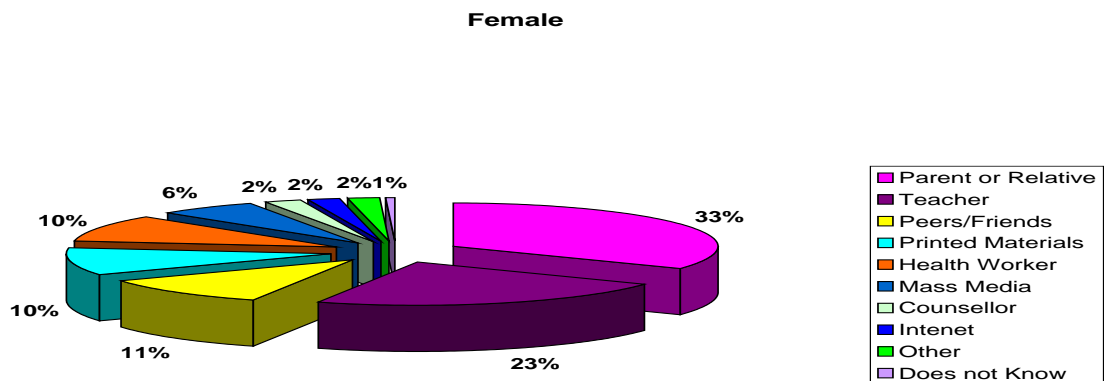
#### Appropriate Eating and Fitness

The life skills approach to appropriate eating and fitness focuses on maintaining the right balance of safe, nutritious and wholesome foods which are of importance to the life cycle. Their motivations for particular eating behaviours are also explored as well as the importance of adopting a fitness schedule, thereby making them aware of the importance of making healthy lifestyle choices.

#### Managing the Environment

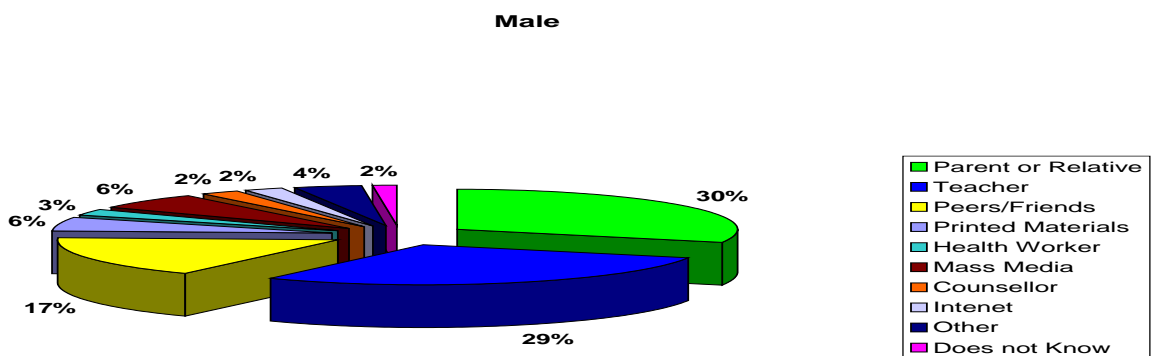
The importance of protecting the environment is highlighted in this area. An emphasis is also placed on ensuring that individuals on both a personal and collective level play their part in ensuring better air quality, reducing the possibility of contracting vector-borne diseases through proper waste disposal and being prepared for natural disasters.

## Who do Young Adults Turn to for Information on Family Life Education?



**Chart 1: Preferred Source of Information About Family Life Education Among Adult Females Aged 15-24 for the Year 2008**

Source: 2008 Reproductive Health Survey

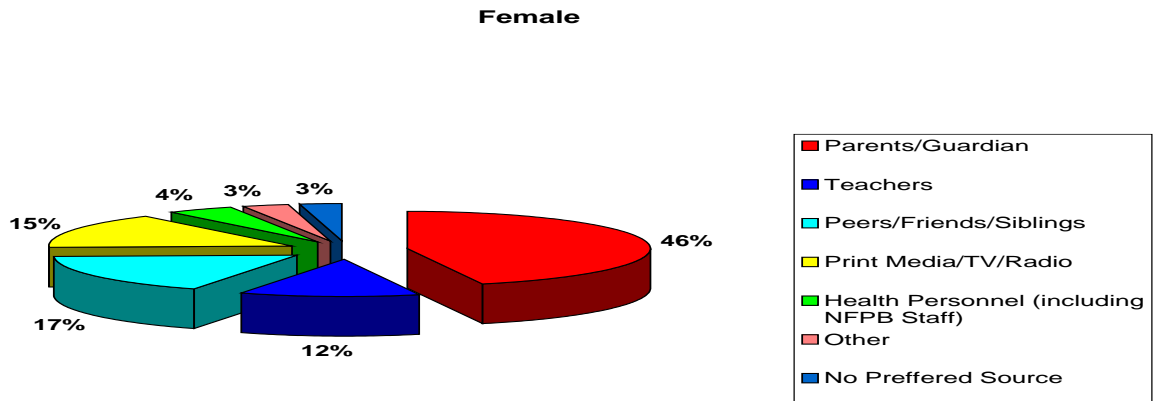


**Chart 2: Preferred Source of Information About Family Life Education Among Adult Males Aged 15-24 for the Year 2008**

Source: 2008 Reproductive Health Survey

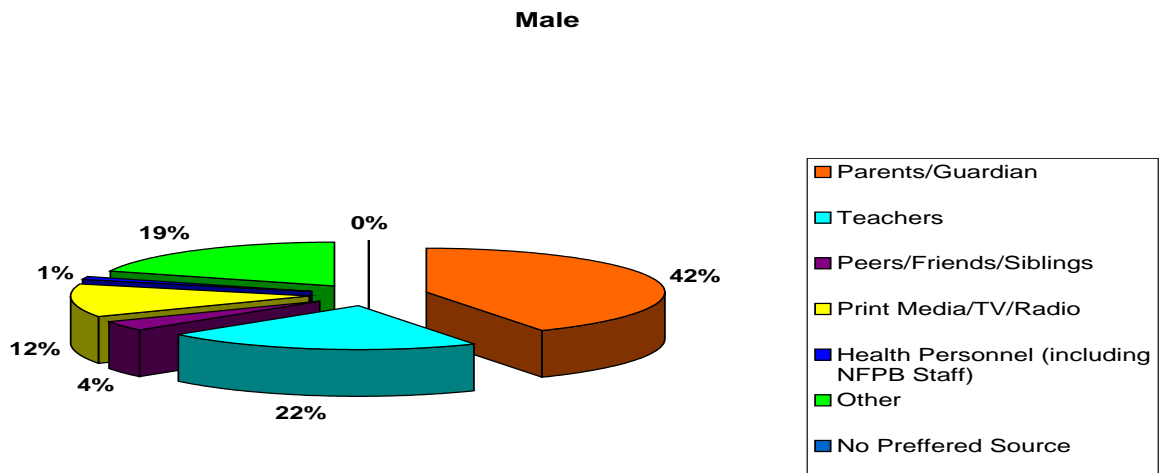
As illustrated in Charts 1 and 2 above, the majority of males and females aged 15-24 selected 'parent or relative' as their preferred source of information about family life education, with 30.4 percent and 33.5 percent doing so respectively. 28.7 percent of males chose a 'teacher' as their preferred source versus 22.5% of females. A total of

17 percent of males chose their ‘peers or friends’ as a preferred source compared with 11 percent of females.



**Chart 3: Preferred Source of Information About Family Life Education Among Adult Women Aged 15-24 for the Year 2002**

Source: 2002 Reproductive Health Survey



**Chart 4: Preferred Source of Information About Family Life Education Among Adult Males Aged 15-24 for the Year 2002**

Source: 2002 Reproductive Health Survey

As illustrated in Charts 3 and 4 above, the majority of males and females aged 15-24 in the year 2002 selected ‘parent or guardian’ as their preferred source of information with 42 percent and 46 percent doing so respectively. 22 percent of males chose a ‘teacher’ as their preferred source versus 12% of females. A total of 12 percent of males chose Print media/TV/Radio as a preferred source compared with 15 percent of females.

## **Findings of Comparative Survey Years 2002 and 2008**

Observing differences over comparative survey years 2002 and 2008 between the sexes, it was uncovered that a smaller percentage of both males and females selected an option which included their parent as a source in the year 2008 when compared to the previous survey year. In 2002, 42 percent of males and 46 percent of females selected their 'parent/guardian' as a preferred source compared to 2008 when 30 percent of males and 33 percent of females chose 'parent or relative' as their preferred source of information. This constitutes a decrease of 12 percentage points for males and 13 percentage points for females.

However, a larger percentage of males and females are also going to their teachers as a source for this information. In 2002, 22 percent of males and 12 percent of females selected their teachers as a preferred source. By 2008, these figures had increased to 29 percent and 23 percent respectively.

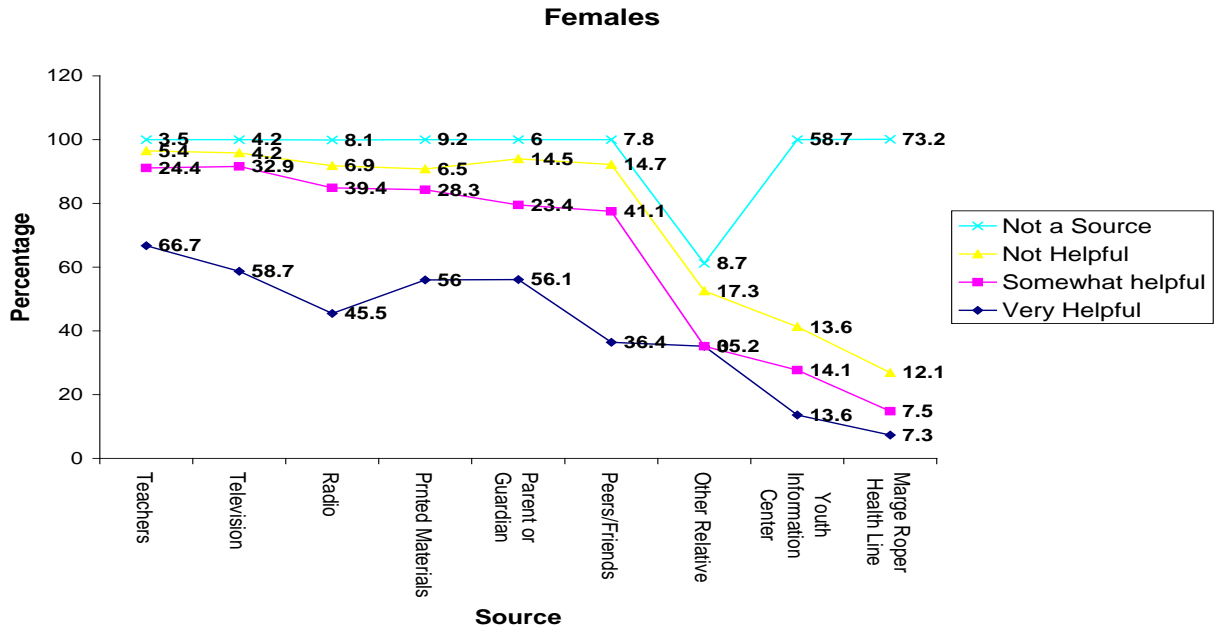
### ***Implications of the data***

Although parents and guardians are still the primary source for information regarding HFLE, the percentage of youth who select them as a source is decreasing. This could be a result of a stable or decreasing interaction between parents/ guardians and teachers in order to ensure life skills are being reinforced in the home environment.

Seeing that teachers are trained to impart Health and Family Life Education (HFLE) to students, and they are the second most preferred source for 2008, it is imperative that teachers impart this information in a comfortable, as well as structured environment. Measures will also need to be put in place to ensure youth have a support system within the classroom and home environment. While it is understood that teachers may only have a certain amount of influence outside the classroom, efforts to engage parents or guardians must still be a priority.

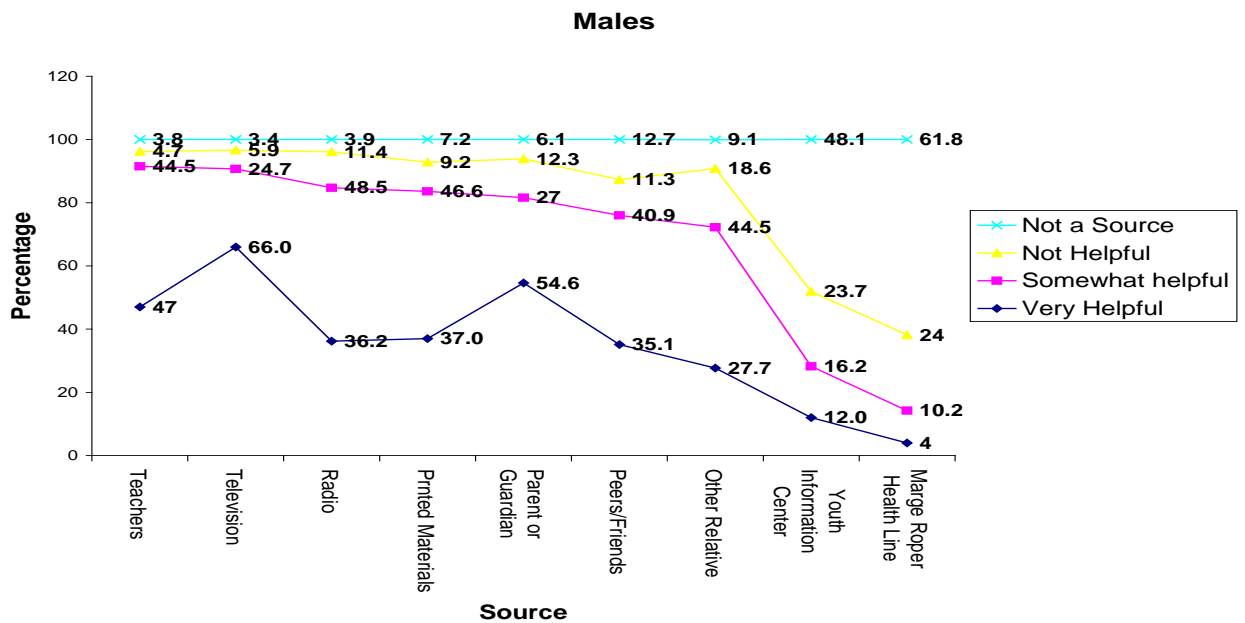
It must also be remembered that if students view their teachers as one of their top source of information, the information teachers impart, as well as the way they impart it, may affect the decision making of youth as it relates to their health.

## How Helpful were these sources?



**Chart 5: Opinions about How Helpful Specified Sources of Information on Family Life Education (FLE) are Among Young Women Aged 15–24 Years**

Source: 2008 Reproductive Health Survey



**Chart 6: Opinions about How Helpful Specified Sources of Information on Family Life Education (FLE) are Among Young Males Aged 15–24 Years**

Source: 2008 Reproductive Health Survey

With respect to males aged 15-24, 66 percent found the 'television' to be a very helpful source of information on family life education. The source 'parent or guardian' was the second highest source deemed 'very helpful' with 54.6 percent of males stating so. In addition, 47 percent found 'teachers' to be a 'very helpful' source for information of family life education.. 'Teachers' was the source selected to be the least likely, not to be helpful when compared to other sources.

On the other hand, of females aged 15-24, 66.7 percent found 'teachers' to be a very helpful source of information on family life education. The source 'television' was the second highest source deemed 'very helpful' with 58.7 percent of females stating so. In addition, 56.1 percent found a 'parent or guardian' to be a 'very helpful' source for information of family life education. Similar to the findings of males in the same age group, a very small percentage of females aged 15-24 found 'teachers' to be a source of information that was not helpful.

### ***Implications of the data***

For males ages 15-24 the data shows that the television is the source they feel has helped them the most with answering their questions on HFLE. This is an interesting finding as when seeking HFLE information, the majority initially turn to a parent or guardian. This also reinforces statements made earlier that parents and teachers need to work together to ensure lessons learnt in the classroom are reinforced in the home. Parents/guardians need to be well informed to be able to answer any questions their child/ward may have and need to also be coached to give responses in a comfortable, welcoming environment.

Regarding females, 15-24 years, however, the majority found their parent or guardian to be a source that was 'very helpful' and television was the second highest source seen as 'very helpful. This shows that for females, the work teachers are doing to impart useful HFLE knowledge is working and should be maintained. What is evident however is that special emphasis needs to be made regarding the potential impact teachers have on their male students. This may involve curtailing the programme to meet the needs to the students by sex a bit further.

A more intensive programme also needs to be developed therefore to ensure a more receptive and accommodating home environment in relation to HFLE information and a more intensive approach among male students within the classroom.

### **How can Guidance Counsellors Help?**

Although the duty of imparting Health and Family Life Education (HFLE) has been primarily left up to teachers, guidance counsellors have an important part to play as well. In HFLE classes, many youth in pre-adolescence, adolescence and those who are young adults may not feel as though the classroom is always the place they want to raise their sensitive questions or concerns. Guidance Counsellors can address issues students are not comfortable exploring in a classroom setting in the areas of sexuality and sexual health as well as self and interpersonal relationships.

Therefore, guidance counsellors provide a form of 'safe haven' where burning questions are answered in an environment away from classmates and teachers. The data does show that counsellors are one of the sources students turn to the least, which is understandable as HFLE has its designated facilitators; however counsellors can look at themselves as a sort of bridge, closing the gaps between what students do not feel comfortable discussing in the classroom and what is not understood in the home. Finally, guidance counsellors should also do their part to ensure that the same information is taught to both sexes. For example, it is just as important for males to learn about menarche and modern methods of contraception as it is for females.

### **Publications**

There are several publications which focus on the areas of Abstinence as well as Sexual and Adolescent Reproductive Health listed in Tables A, B and C. Publications which have some focus on the topic of Health and Family Life Education are summarised below.

**Jamaican Guidelines for Comprehensive Sexuality Education, 2008**

The Jamaican Guidelines for Comprehensive Sexuality Education are modelled after the landmark School Health Education Study (SHES) published in the United States during the late 1960s. In order to structure health knowledge, broad concepts as well as related sub-concepts, were identified and arranged in a hierarchy for students in Kindergarten through 12<sup>th</sup> grade.

Based on the focus of creating an organisational framework of the important knowledge and skills related to sexuality, Reproductive Health and family living, a task force organised information into key concepts, topics, subconcepts and age appropriate developmental messages. An area of focus in the HFLE Curriculum, Life Skills is outlined under guidelines for comprehensive sexuality education, pre-school through age 24. (pgs: 13-60).

### **Reproductive Health Survey: Final Report, 2002**

The 2002 Reproductive Health Survey is the seventh in a series of periodic enquires conducted by the National Family Planning Board. The scope of the survey, as in earlier studies, was designed to update measures of fertility and contraceptive use and other Reproductive Health issues among women aged 15-49 years, and men aged 15-24 years. Chapter 11 on young adults explores their exposure to Family Life and Sex Education.

### **Contraceptive Technology: Nineteenth Revised Edition (2007)**

This book serves as a tool for selecting an effective family planning method and gives information on family planning practices. Examples of topics covered in this edition include, choosing a contraceptive, values in family planning, types of contraceptives (including methods for males), and also abstinence. The Contraceptive Technology also places special emphasis on providing readers with the education and counselling tools to help women correctly use new important and effective options for birth control.

### **Young Man: A Christian Boy's Guide to Teenage Sexuality: A Christian Boy's Guide to Teenage Sexuality**

The books look at the concept of sexuality from a gender but Christian perspective. They explore the pervasiveness of sex in society and indeed to the world. Each

chapter has a question and answer section and checklist that one can use to conduct a personal audit of his/her self. Where issues of sex are directly addressed, the books offer delaying intercourse as a viable option until one is ready to make a serious commitment to their partner, such as in the form of marriage.

**Table B: Resources Housed in the NFPB Library With Information on Health and Family Life Education**

| <b>Publication</b>   | <b>Year</b> | <b>Author</b>  |
|--|-------------|--|
| <b>Contraceptive Technology: Nineteenth Revised Edition</b>      | 2007        | Robert A. Hatcher, MD, MPH<br><br>James Trussell, Phd<br><br>Anita L. Nelson, MD<br><br>Willard Cates Jr., MD, MPH<br><br>Felecia Stewart, MD<br><br>Deborah Kowal, MA, PA |
| <b>Jamaican Guidelines for Comprehensive Sexuality Education</b> | 2008        | The Jamaican Task Force Committee for Comprehensive Sexuality Education  |
| <b>Reproductive Health Survey: Final Report</b>                  | 2002        | The National Family Planning Board   |
| <b>Young Man: A Christian Boy's Guide to Teenage Sexuality</b>   | 1997        | Jonathan Gallagher<br>Ana Gallagher  |
| <b>Young Woman: A Christian Boy's Guide to Teenage Sexuality</b> | 1997        | Jonathan Gallagher<br>Ana Gallagher  |
| <b>Health and Family Life Education Curriculum: Grades 1-6</b>   | 2008        | Ministry of Education  |
| <b>Health and Family Life Education Curriculum: Grades 7-9</b>   | 2008        | Ministry of Education  |
| <b>The Health Bulletin: Promoting Healthy Behaviour</b>          | 2005        | Elaine M. Murphy   |

**Table C: Other Resources Housed in the NFPB Library With Information on Adolescent Reproductive Health**

| <b>Publication</b>  | <b>Year</b> | <b>Volume/Author</b>  |
|---|-------------|---|
| <b>Reproductive Health Matters</b>  | 2000-2006   | 8, 9, 12, 19, 23 and 25   |
| <b>Outlook</b>  | 2002-2006   | Volume 1-4  |
| <b>International Family Planning Perspective: Gender Based Violence and Reproductive Health</b>   | 2004        | Volume 30   |
| <b>Vital Facts for Boys: So You're a Teenager</b>   | 1999        | Dr. John. F. Knight   |
| <b>Vital Facts for Boys: So You're a Teenager</b>   | 1999        | Dr. John. F. Knight   |
| <b>Understanding the Sexual and Reproductive Health Needs of Adolescents with Disabilities: A Training Manual for Health Care Providers, and Counselors</b> | 2005        | McCam Child Development Centre  |
| <b>The NFPB Annual Family Planning Statistical Reports</b>  | 2004-2008   | The National Family Planning Board                                      |
| <b>Reproductive Health Survey: Final Report</b>   | 2002        | The National Family Planning Board                                      |
| <b>Jamaican Guidelines for Comprehensive Sexuality Education</b>  | 2008        | The Jamaican Task Force Committee for Comprehensive Sexuality Education |
| <b>Improving Reproductive Health in Developing Countries</b>  | 1997        | Population Reference Bureau   |
| <b>Selecting Reproductive Health Indicators: A Guide for District Managers</b>  | 1997        | World Health Organisation   |

**Contact us**

**If you have any further queries and wish to speak with us, please feel free to contact:**

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