



# Bridging the gap – HFLE for the Teen in Transition

NFPB

Volume 1, Issue 3  
November 29, 2010

## Health and Family Life Education (HFLE)

Health and Family Life Education (HFLE) is an important component of the education of a child or adolescent. It becomes especially important once the lessons learned have to be applied to their lives.

Currently, the HFLE Curriculum is developed around four (4) themes, namely:

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

The mission of the HFLE curriculum is “to enable students

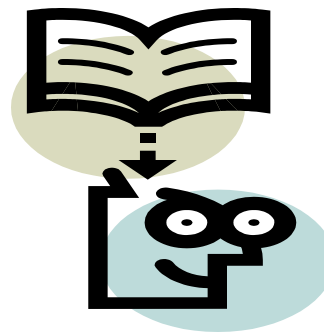
through a life-skills focused education process, to achieve their potential and assure their healthy contribution to the social, cultural and economic development of Jamaica.” (HFLE Curriculum, 2008)

While the programme has provided children and adolescents with a vast amount of valuable information and life skills, it has thus far only been experienced by students up to the Grade 9 level.

The ‘gap’ spoken of therefore refers to a similar programme or an extension of the current programme being modelled for the needs of teenagers in the latest years of adolescence. The transition therefore would speak to moving from a child to an adult.

However, in late adolescence, sex becomes a choice and the message of abstinence, not as impactful. Making choices however will be difficult if the only information given to teens discourages sexual behaviour and warns about the negative effects of it.

Teens in late adolescence must now be taught how to prepare for these situations that they choose to engage in, both mentally and physically.



### Inside this issue:

*Health and Family Life Education (HFLE)* 1

*The sexual behaviour of the late adolescent* 1

*Dating, Age Mixing and Condom Negotiation* 2

*Condom Negotiation Continued* 3

*Intimate Partner Violence* 3

*What is the situation with IPV among teens?* 3

*Where can they go for help?* 4

## The sexual behaviour of the late adolescent

Based on data gathered from the 2008 Reproductive Health Survey (RHS), by the year 2008, 71.5 per cent of young adult females between the ages of 18 and 19 years were sexually experienced. Of males in the same age group, 85.5 per cent of them were sexually experienced by the year 2008.

If the vast majority of adoles-

cents have already had sexual intercourse by their late teens, it is imperative that they are provided with the tools necessary to make good decisions regarding their Sexual Reproductive Health. A programme, therefore needs to be developed to tackle this gap as simply explaining to adolescents the dangers of STIs and the various contraceptive methods available is not enough. They

need to be educated as to how to use this information.

Teens in late adolescence must understand that sex can be a wonderful experience with the right person and as such must be prepared to facilitate good Reproductive Health within a relationship they choose to form.





## Dating

When thinking about risky sexual behaviour, the risk involved goes beyond the effect to one's body and can affect one emotionally. One way this can occur is if individuals do not take the time to get to know one another before they start an intimate relationship. According to the 2008 RHS, the majority of adolescent females in the 15-17 age group and the 18-19 age group only dated between one (1) and five (5) months before they had their first sexual encounter (36.6 % and 33% respectively).

For males, the percentages were similar with 32.2 per cent

of those in the 15-17 age group and 35.3 per cent of those in the 18-19 age group dating between one (1) to five (5) months before first sex.

Unfortunately, this is not always enough time to know an individual's true motives or whether the two are compatible. A relationship can end due to this problem leading to heartbreak, especially if something so personal as sex was shared.

Individuals in late adolescence need to therefore be encouraged to look for ideal qualities

within a person before engaging in sex and taking the time to get to know someone before sharing something so important.

Guidance Counsellors should stress the importance of valuing oneself and only engaging in sex when one is as sure as possible that this individual has the best of intentions. Although they may not always be able to read their partner's mind, they will stand a better chance knowing them for a longer time.

## Age Mixing

According to UNIADS (2000), age mixing is defined as "the proportion of women aged 15-19 who have had non-marital sex with a man 10 years or more older than themselves in the last twelve months, of all those who have had non marital sex in the past twelve months."

Another risky behaviour is age mixing. This can also increase the spread of HIV if this type of sex is unprotected. This can

pose serious threats to younger age groups due to the virus being introduced to a pool of uninfected young people by a heavily infected age group (UNAIDS, 2000). This may also occur frequently in cases where young girls are having sexual relations with older men.

Almost ten (10) per cent (9.8%) of females in the age group 15-17 had their first sexual experience with some-

one ten (10) years or older than they were; for the 18-19 age group, this was six (6) per cent. Young girls may fall into this trap, due to the potential security such a person could provide in the form of money and gifts.

Unfortunately, this may come with the price of these girls having to submit to their 'providers' by performing various sexual acts; some of which they may not want to engage in.

*"Almost ten (10) per cent (9.8%) of females in the age group 15-17 had their first sexual experience with someone ten years or older than they were"*

## Condom Negotiation

Another obstacle sexually active adolescents may face could be negotiating condom use with their partner. They may encounter negative reactions from their partner when they ask them to use a condom and so adolescents must be prepared for such circumstances. The condom is the only contraceptive method which protects persons from Sexually Transmitted Infections (STIs)

and prevents pregnancy.

According to the 2008 RHS, 69.4 per cent of sexually experienced females in the 15-19 age group have ever asked a partner to use a condom. 19.3 per cent of these females had a partner who refused to wear a condom and 4.6 per cent were forced by their partner to have sex without a condom.

For males in the same age group, 74 per cent had ever suggested condom use to their partner. Of that 74 per cent, 14 per cent said their partners convinced them not to use a condom, 7.3 per cent said their female partners refused to let them wear a condom and six (6) per cent said their female partners refused to have sex with them.





## Condom Negotiation (Continued)

Using a condom is a necessity and is essential for partners to have healthy sex lives. Young adults need to have the self worth and Interpersonal skills that were taught to them earlier in the HFLE programme expanded to include how to respond in such situations.

For some, neglecting condom use due to the wishes of a partner may speak to low self esteem or may speak to being dependent on the partner or controlled by him or her in some way.

It is therefore important for Guidance Counsellors to ensure their students are properly informed and able to stand their ground through self esteem building and communication skills.

For those who may find themselves in situations where they are afraid due to financial dependency or threats by the partner, they must be encouraged to seek other methods of sustainability and stability, whether this is through working hard at school to get a

good job, applying for scholarships where funds are low, or building skills at a trade center.

Where threats or abuse has already started, students be provided with information for abuse hotlines and counselling services.

It is also imperative that individuals understand that abuse can not only bear physical scars, but can also be emotional as well.



## Intimate Partner Violence

Speaking of abuse, Intimate Partner Violence is a reality for many persons, not excluding those in their late teens.

Some may be unaware of the abuse as they may never have been physically hurt by their partner. However abuse can take different forms and victims of it must acquire the knowledge and strength to get out of that situation.

“Intimate partner violence (IPV) inflicted by a current or ex husband or partner is the most common form of violence against women and affects women of all ages, socioeconomic backgrounds, and educational levels.

IPV includes physical, sexual and emotional abuse.”

Controlling behavior is one of the hallmarks of a relationship

where power inequities exist and where there is elevated risk of violence. It is therefore important that Guidance Counsellors warn their students to look out for the first signs of controlling behaviours in a relationship as it could get much worse leading to abuse, injury or even death.

*“mental and emotional scars are harder to heal than physical ones”*

## What is the situation with IPV among teens?

In the age group 15-24, 26.9 per cent of ever partnered women stated they had experienced verbal IPV in their lifetime while 14.1 per cent and 6.6 per cent had experienced physical and sexual violence respectively.

In the age group 15-24 among ever partnered men, 18.8 per cent had perpetrated verbal violence, 12 per cent physical violence and 3.9 per cent sexual violence.

In addition, 29.6 per cent of women in the 15-24 age group

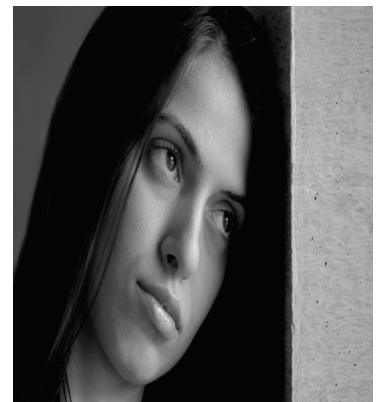
who experienced violence had an injury from the violence requiring medical treatment.

In some cases, if the abuse is not physical, it may not be understood that they are in an unhealthy relationship and mental and emotional scars are harder to heal than physical ones.

While a Guidance Counsellor may not be able to solve the problem, they may be able to refer their students to those who can provide help through counseling and emotional sup-

port. Counsellors can, prior to students graduating, present them with a package or resource kit with centres and agencies focused on providing services such as counseling, communication skills building as well as how to escape violent relationships.

To reach out of school youth, kits like this could also be sent to clinics and health centres island wide by the Ministry of Education so that during adolescent visits, this type of information can be accessed.





The National Family Planning Board  
 5 Sylvan Avenue  
 Kingston 5  
 Contact: 968-1627/968-1629-36

ATTENTION: WE ARE ON FACEBOOK!!!!

If any of your male students are older than 14 years of age, get them to join our Male Sexual and Reproductive Health Caucus Page. Invite them to go to Facebook and give their views on our discussion boards! We discuss issues related to Reproductive Health. "Like" our page today! Become a fan!

go to [www.facebook.com/bigmanting1](http://www.facebook.com/bigmanting1)

**We're on the web!**  
[www.jnfpb.org](http://www.jnfpb.org)

## Where can Adolescents go for Help?

There are several agencies that can offer guidance, services and counseling to help adolescents make good decisions and get the help needed for their Reproductive Health. Some of these include:

### Marge Roper Counsellor (NFPB)

Provides young people and young adults with private confidential information and referral about their Sexual and Reproductive Health.

**Contact: 968-1619/968-1629-36**

### Family Life Ministries

A non-denominational, Bible-based organisation with the purpose of developing and providing a range of ministries related to all aspects of family life. Their goal is the improvement and development of family life and interpersonal relationships

**Contact: 926-8101**

### Bureau of Women's Affairs

An agency of government charged with focusing on the advancement and the rights on women and girls.

## Publications Available in our Library Include

Publication	Year	Volume/Author
You, Your Life, Your Dreams	2008	Petrina Lee Poy, Maria Faget Montero and Martha Murdock
<b>Vital Facts for Boys:</b> So You're a Teenager	1999	Dr. John. F. Knight
<b>Vital Facts for Girls:</b> So You're a Teenager	1999	Dr. John. F. Knight
Reproductive Health Survey: Young Adults Report	2002 and 2008	The National Family Planning Board
Reproductive Health Survey	2002 and 2008	The National Family Planning Board