

Implementation Levels of a Life-Skill Based School Health Program in a Caribbean Country

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ABSTRACT

Background: The purpose of this study is to determine the levels of implementation of a School health program implemented in schools in a Caribbean Island State. The Health and Family Life Education (HFLE) program was developed and being implemented in the Caribbean Island states with the aim to enable students acquire healthy life styles; this program can be taught through the life-skill approach.

Methods: This qualitative study was done as a case study of a Caribbean Island state, Trinidad and Tobago using key stakeholders namely key informants who have experience with the program and teachers involved in the teaching of the program. A form of triangulation was utilized for data collection as a face to face interviews with key informants was conducted while two sessions of focus group with the participating teachers were done. Themes which in some instances were actual statements of the participants gathered from the interviews and sessions were presented as the results.

Result: Findings from the data collected revealed three (3) levels of implementation of the program as identified by the study participants.

Discussion: The implications of the findings were discussed vis-a-vis literature. Recommendations: Among others, and given the stated benefits of the program from the participants, researchers recommend that the concerted effort be made to accommodate the full implementation of the program.

Keywords: Caribbean, School health education, Program assessment.

INTRODUCTION

School curricula have become a powerful avenue to reach students for promotion of their good health. [1] Marks [2] indicated that if schools fail to provide students with the knowledge and life skills they need to negotiate healthy environment and critically analyse health information, students may experience heightened health challenges, both while at school and later in life. It is crucial to promote healthy living and teach life skills in schools so as to produce knowledgeable, caring, responsible and productive students. [1] We are [3]

explained that pressures on students are making them more difficult to teach; more so when students are depressed and disruptive, they are less likely to obey authorities or see the need for schooling. Students need to be taught life-skill based health program to enable them adopt skills that will positively impact their behaviours, and live healthy. Teaching students life-skill based health program is one of the ways to promote good health in schools. When students are not equipped with life skills, they face and suffer from withdrawal from school, absenteeism in school, violence,

diminished economic opportunities, unhealthy relationships, poor quality of life, ill health, unwanted or unintended pregnancy and personal insecurities. [4]

The World Health Organisation (WHO) defines life skills as abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. [5] Life-skills school health programs can be vehicles towards achieving a comprehensive health for students which on the other can enable students live healthy, perform better in academics and be better persons. On the other hand, although life-skills school health programs can be an efficient means of improving young people's health, such programs are underdeveloped and not well-implemented in countries; and this was attributed this to limited resources and time devoted to these programs; and lack of necessary policies and qualified professionals to effectively implement these programs. [6,5] Mangrulkar, Whitman and Posner [7] identified three key groups of life skills which are: (1) Social and Interpersonal Skills-such as communication, refusal, empathy and assertiveness skills; (2) Cognitive Skills-including decision making, critical thinking and self-evaluation skills; and (3) Emotional Coping Skills-encompassing stress management skill.

Implementation according to Fullan [8] is putting into practice an idea, program or set of activities and structures new to people who are attempting to change. For Rogers [9] implementation happens when an innovation or program has been put to use by individuals or other decision making units. Similarly, Nilsen [10] opined that implementation of school programs are done in stages; namely *initial implementation and full implementation*. At the full implementation stage, the program is fully implemented by teachers at the school with the purpose of achieving the objectives of the program; full implementation occurs when the program is implemented as designed and outcomes are

achieved otherwise the implementation is partial.

Health and Family Life Education

Health and Family Life Education (HFLE) is a life-skill based school health program that is designed to enable young person's to develop the essential life skills that will help them practice healthy life styles, live responsibly and excel academically. This program was adapted by the educational ministers of Caribbean Community (CARICOM) states to be implemented through a school life skills approach in schools in the 1990s. It is also designed to positively impact on the social, mental, physical and emotional health of the students since content areas relate to self and inter-personal relationship, emotional and mental health, nutrition, physical health, drug and alcohol use, reproductive and sexual health. [11] HFLE is one of the means of teaching tolerance, empathy, honesty, social justice, integrity, responsibility, and respect for self and others to students; and also a means for students to acquire democratic, educational and ethical values. [12] As a result, Trinidad and Tobago being a CARICOM state started to implement the HFLE program. At the secondary school level, HFLE curriculum was developed for forms one to three while HFLE skills were integrated into the nine subjects taught at the primary schools. Reports have indicated that there is little to show pertaining to HFLE implementation in Trinidad and Tobago after many years of its introduction. [12-14] Hence calls have been made by various stakeholders for the HFLE program to be monitored and evaluated by the Ministry of Education to ascertain its extent of implementation, and also for it be properly implemented at schools in Trinidad and Tobago. [15-16]

Studies on Life-skilled School Health Programs

There is need to have adequate and well-developed policies to guide school health programs. In a research conducted in 2000 to determine the life skills

implementation issues, several persons from countries that implement life skills were interviewed. These interviewees from Latin America and Caribbean countries indicated that planning for the program begins with needs assessments which are never translated into action. Also, they noted that policy makers at the health and education sectors need to be convinced of the importance of life skills development, disease prevention strategies and health promotions strategies for students in the society. However, in Columbia, it was reported that support from school authorities increased as they began to see positive effects of the life skills program on students, school environment and teachers. [7]

An evaluation study was done on the implementation of life skills health program in Secondary Schools at South Africa; the program's impact on risk behaviours, knowledge and attitude was assessed. Results from the evaluation revealed that the life skills program was not implemented as designed as a result of limited resources, lack of commitment from principals and teacher, and lack of trust among students and teachers. On the other hand, positive attitudes were observed among students with increased knowledge on HIVAIDS; although preventive behaviour did not increase. [17] Tindigarukayo [18] in a study on Impact Assessment of the Health and Family Education in Jamaica Primary Schools, conducted a survey in nine schools implementing HFLE program and matched it with nine schools that were not implementing HFLE. The purpose of the study was to determine the impact of life skill teaching have on grade six students' practices, attitudes, behaviour and knowledge. Five hundred and one (501) students participated in the study. Findings from the study show that female students benefitted from the program more than their male counterparts. It also found from the study that grade six students in schools where HFLE program was fully implemented exhibited more positive attitudes, fewer risk behaviour and greater

knowledge than students in schools that were not implementing the HFLE program. In Trinidad and Tobago, we are not aware of any such study, and this study is an attempt to respond to similar concerns as to the levels of HFLE implementation through the lens of the key stakeholders.

Objective: To determine the levels of implementation of Health and Family Life Education in Trinidad and Tobago.

METHODOLOGY

Research Method: A qualitative research method was used to investigate the research issue. Qualitative research method is used when the research is interested in exploring and understanding the meanings people ascribe to their lived experiences. [19]

Qualitative research method was employed since the researcher was interested in exploring the participants' experiences and perspectives as they relate to the extent of implementation of the HFLE program in Trinidad and Tobago. This study is a qualitative case study. Merriam [20] stated that case study is appropriate for investigating, evaluating educational programs. Also, Creswell [21] indicated that case study is an in-depth exploration or detailed study of a particular case or cases. The case can be individuals or events; in essence, it is geared toward understanding a group of people, an individual or a particular event. Case study was adopted for this study as the researcher investigated the case of HFLE program's levels of implementation in Trinidad and Tobago.

Sampling Method: Merriam [20] indicated that purposive sampling technique is best suited for case studies and it is used when the researcher wants to select participants who will adequately inform the study. Purposive sampling method was used because the researcher wanted to gain an insight and understand the perspectives of those who have experiences about the implementation HFLE in Trinidad and Tobago. Five key informants were selected based on the criteria that they have experiences and information on HFLE like

being among the developers of HFLE policy and curriculum, and the training of teachers. Also, a group of teachers who were trained for HFLE delivery at schools in Trinidad and Tobago were selected and they were fifteen in number.

Data Collection: Creswell [21] explained that in qualitative study, data is collected through multiple sources including as interviewing participants. The data was collected through face to face interview for the five key informants, and two focus group sessions.

Data Collection Instrument: Semi-structured interview guide with open-ended questions was used with the key informants. The researcher used the semi-structured interview with open-ended question items so as to gather specific information through a list of questions and also not to limit the responses of the respondents, as well as to give room for probing and elaboration. Similarly, focus group guide was designed for the focus group sessions with teachers. The Focus group guide contained step by step activities that took place during the Focus group sections, and also open-ended questions. Two focus group sessions were held on two separate days and each lasted about one hour twenty minutes. On the other hand, the face-to-face interviews with the key informants were conducted on five different days and each lasted about one hour.

Data Analysis: Creswell [21] indicated that in qualitative data analysis, codes, categories and themes are derived from data and presented in text. The data was analysed by first transcribing the interview, reading and taking notes from transcribed interview, identifying codes, reducing codes to categories and categories to a theme. The collated themes were discussed first with the participants to ensure that they represented consistent their original views and statements as taped and recorded and thereafter presented in texts.

RESULTS

The data collected from interviewing the key informants and teachers were analysed, placed under a theme and presented in text form. Some of the participants' words were reported verbatim.

Theme: Varied Levels of Implementation

The sub-themes under the theme "Varied Levels of Implementation" are: (a) Full Implementation, (b) Partial Implementation, and (c) Non-Implementation.

(a) Full Implementation: Data gotten show that there are few schools that fully implement HFLE, this was indicated by the participants. One of the key informants says:

...There are a few teachers who ran with it and started implementing HFLE at their schools, as it should be. There was a teacher who was at an Anglican secondary school and there was another who at that time was at the primary level.

One of the focus group participant states:

HFLE is implemented in my school using the thematic and participatory methods; it is being taught to forms 1 to 3...not many schools actually do what is expected when it comes to HFLE delivery.

A Key Informant explains:

...we can identify, say an Anglican school, which I believe is in St. Patrick district. They had teachers there who were exposed to the earlier training who decided based on the nature of their students and how the school is organised, they can run with it, so they implement HFLE well and they were used as a model as how HFLE can be done in schools. We didn't find that in every district. In a school where HFLE is fully implemented, a teacher at the school explains that there are positive results with its implementation:

HFLE is implemented as it should be in my school. Students are motivated beyond the usual! It builds relationships with students unlike any other subject area! It improves students' behaviour. Students learn to trust you but it must be mutual! Although it was not scientifically done, but anecdotally I can say there is a connection between HFLE proper implementation and improved

academic performance. The majority of my HFLE students went on to do A 'Levels that for me was proof of success.

(b) Partial Implementation: While there are schools that fully implement HFLE, there are some that partially implement it. One of the focus group participants states that in her school:

HFLE is not done as it should be and I think that really comes from focusing on academics and maintaining the religion characteristics of the school and in that context, not a lot of the content is covered...there is no coherent cohesive HFLE program in my school.

Another focus group participant explains:

In my school, we have a program similar to HFLE called "Personal Development Program" ...I will not say it is exactly HFLE but it has some elements of HFLE.

A Key informant says:

Coming to the faith-based schools, they were, and some of them did, report to us on what alternative programs, they have in their schools, that may have been aligned, and they were to show alignment, with some of the core aspects of the HFLE... In Tobago, they do a program called cross roads not necessarily HFLE document.

(c) Non-Implementation: There are schools where HFLE is not implemented at all as indicated by the participants. A key informant expresses:

At the Masters level I had more of influence because at the masters level, sometimes we have deans, principals and teachers coming in and the first thing they will say is: well, we are not doing this in our schools, it is not happening.

Another explains:

HFLE is not taught mostly in the denominational schools...the denominational system has a lot of leeway and don't necessary comply with the ministry objectives.

Also another focus participant expresses:

I do not teach HFLE, I use the time allocated to it to teach other examinable

Subject.

DISCUSSION

Findings reveal that there are three varied levels of HFLE implementation which are: Full Implementation, Partial Implementation and Non-Implementation. Few schools teach HFLE, some schools partially implement it, not covering the whole content of HFLE while some implement other programs that have some elements of HFLE such as "Personal Development and Cross Roads" programs. Furthermore, finding from the study show that there is non-implementation of HFLE at some schools, especially the faith-based schools and private schools who are given a lot of leeway in terms of what to teach at their schools. Also, some teachers do not teach HFLE during the time allocated to it; they use the time to teach other subjects that are examinable; this indicates the importance given to examinable subjects which are assessed internally and externally.

Result from this study reveals that there are some schools that implement HFLE as it is designed using the thematic and participatory approaches. Nilsen ^[10] indicated that school programs are to be implemented with high fidelity so as to achieve the desired results; also at the full implementation stage of programs, programs are implemented as developed and the expected outcomes achieved. In one of the schools where HFLE is fully implemented, a teacher stated that there is a connection between students' academic improvement and the implementation of HFLE; and also positive behaviours were observed among students. This finding suggests that positive results and intended outcomes of programs can be achieved when they are fully implemented. HFLE as a life-skill based school program was developed to enhance the development of skills such as cognitive, social and interpersonal skills; as such this result shows that one of the objectives of implementing life-skill based school health programs is achieved at a school where

HFLE is fully implemented. In like manner, an impact assessment on HFLE in Jamaica showed that grade six students in schools where HFLE program was fully implemented exhibited more positive attitudes, fewer risk behaviour and greater knowledge than students in schools that were not implementing the HFLE program. [18] Similarly, an evaluation study on a life skills health program in South Africa indicated that positive attitudes were observed among students as well as increased knowledge on HIV/AIDS. [17]

This finding has implication on learning in the sense that the purpose and objectives of introducing HFLE may not be achieved because some schools partially implement HFLE while some do not at all. Another implication is that since there are Secondary Schools who deliver HFLE as designed and the expected results are being achieved, it follows then that teaching HFLE can be a vehicle through which students can develop life skills.

CONCLUSION

The study has explored the extent of implementation of HFLE in Trinidad and Tobago. The literature reviewed indicated that life-skill based school health programs can enable the development of healthy life styles among students and also can help in improving students' behaviours and academic excellence. Data was collected from those who have experiences with HFLE implementation in Trinidad and Tobago. Finding from the study show that there are schools that do not implement HFLE and also school that partially implement HFLE. Furthermore, it was revealed that there school schools that implement HFLE fully with success stories. HFLE is a health program that benefit students in the way of maintain good health, performing well academically, becoming better and responsible students.

Recommendation

Findings from the study indicated that there are varied levels of HFLE implementation

in Trinidad and Tobago among them are Partial Implementation and Non-implementation. It therefore recommended that HFLE be made compulsory at all schools whether denominational, private and government schools especially when result shows that implementing HFLE can yield positive results.

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