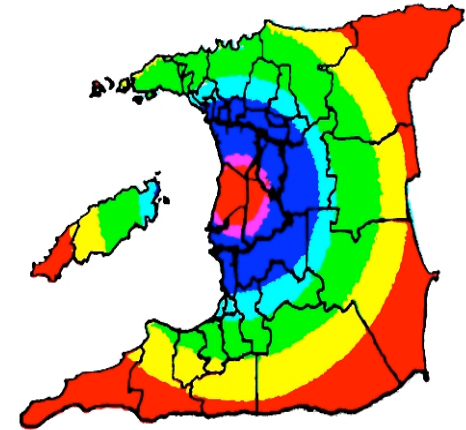


NAME: Candice Ramcharitar

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TITLE:

The Introduction of Health and Family Life Education (H.F.L.E) in Trinidad, (1988 – 2006)

HYPOTHESIS:

Why was Health and Family Life Education (H.F.L.E) introduced into the Curriculum and what emphasis was made that must be addressed?





DEFINITION:

Health and Family Life Education also widely known by the acronym H.F.L.E is a comprehensive life skills based subject in the curriculum that focuses on promoting psychosocial competence where a person will be able to deal effectively and efficiently with the demands and challenges of everyday life using the life skills acquired.

REASONS:

According to the Teacher Training Manual for Health and Family Life Education there is the perception that traditional curricula do not ensure that the students achieve their full potential since they display disruptive behavior and lack of interest at school as a result of peer and social pressure. Currently there has been a great increase of health conditions such as emotional and behavioural disabilities, social psychological and physical problems affecting young persons from our Caribbean territory.

Thus the main reason for the implementation of H.F.L.E. is to bridge the gap between health issues and education as it represents the solution to epidemic of social, economical and educational challenges that poses a threat to eudaemonia of a person. As a result it will engage and improve these young persons to holistic development as a means of eliminating these ills.



DISCUSSION OF SOURCES:

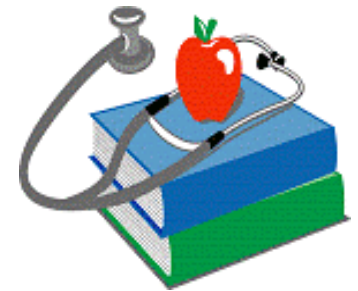
a. Primary Source:

At the National Archives we were unable to source any information that directly involved H.F.L.E . There were individualized data pertaining to health issues such as sexually transmitted diseases that were accessible.

At the National Heritage Library we were also unable to source information that directly involved H.F.L.E. as a subject. However, there were articles that promoted healthy living such as articles on nutrition and body care.

b. Secondary Source:

The Secondary Source literature consulted in this study was the avenue where vast compilation of factual information of H.F.L.E derived. They were as follows:



REPUBLIC OF TRINIDAD AND TOBAGO PRIMARY HEALTH AND FAMILY LIFE EDUCATION(H.F.L.E) CURRICULUM.

The H.F.L.E. Curriculum is a revamped document from its conception in the 1996 Agreement that was signed by the Standing Committee of Ministers of Education and Health.

This document basically outlines the program of work that signifies the teaching of valuable life skills as well as conveying vital information and catering and reaffirming for spiritual, moral, intellectual, aesthetic, physical and vocational development.

This document highlights four thematic areas within three levels that were mandated by UNICEF and CARICOM Secretariat such as:

- I. Self And Interpersonal Relationships
- II. Sexuality and Sexual Health
- III. Eating and Fitness
- IV. Managing the Environment

HFLE Teacher Training Manual- Last Revised: August 2006



REPUBLIC OF TRINIDAD AND TOBAGO A GREEN PAPER ON LIFE SKILLS DEVELOPMENT.

The Green Paper on Life Skills Development presents the policy on the development and implementation of National Life Skills Curriculum for Personal Development and Employment Enhancement. The focus of this policy in the curriculum is mainly to improve and enhance the quality of life for its citizens as well as encourage full participation in nation building.

According to this H.F.L.E document the students will be taught Life Skills such as:

- Decision-making
- Conflict Resolution
- Effective Communication
- Creative and Critical Thinking
- Empathizing
- Interpersonal and Intrapersonal Skills
- Managing Stress and Emotions
- Self Awareness and Self Esteem



<http://www.stte.gov.tt/Portals/0/Policies/LSGreenPaper.pdf> - Republic of Trinidad & Tobago Green Paper n.d.

GOVERNMENT OF TRINIDAD AND TOBAGO NATIONAL POLICY ON HEALTH AND FAMILY EDUCATION

This document stated that the introduction of H.F.L.E represented a positive step towards the promotion of the holistic development of our children and youth as well as the eradication of the social, psychological and physical ills that plague them.

In 1988 the Ministry of Education presented a draft curriculum on Family Life Education for the use in the Primary School. The curriculum was designed as a parallel to the Social Studies curriculum of the same year too with the following concerns:

- Supporting and assisting individuals in the development of responsible attitudes towards marriage, child-bearing, family membership and civic roles.
- Establishing satisfactory relationships both within the family and in an ever changing society.
- Building Skills in decision-making and the exercise of choice in matters relating both directly and indirectly to family life.

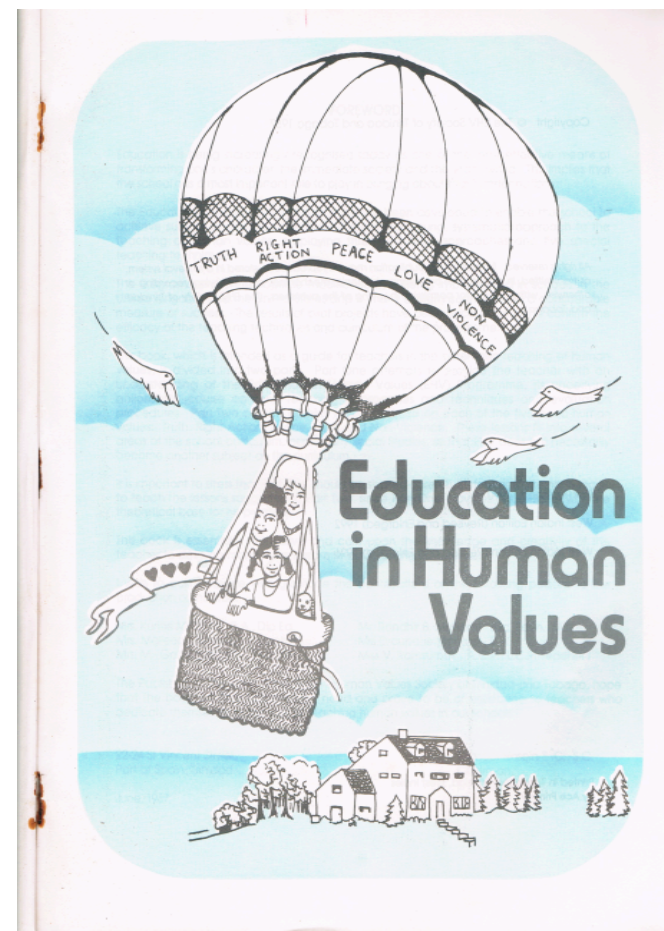
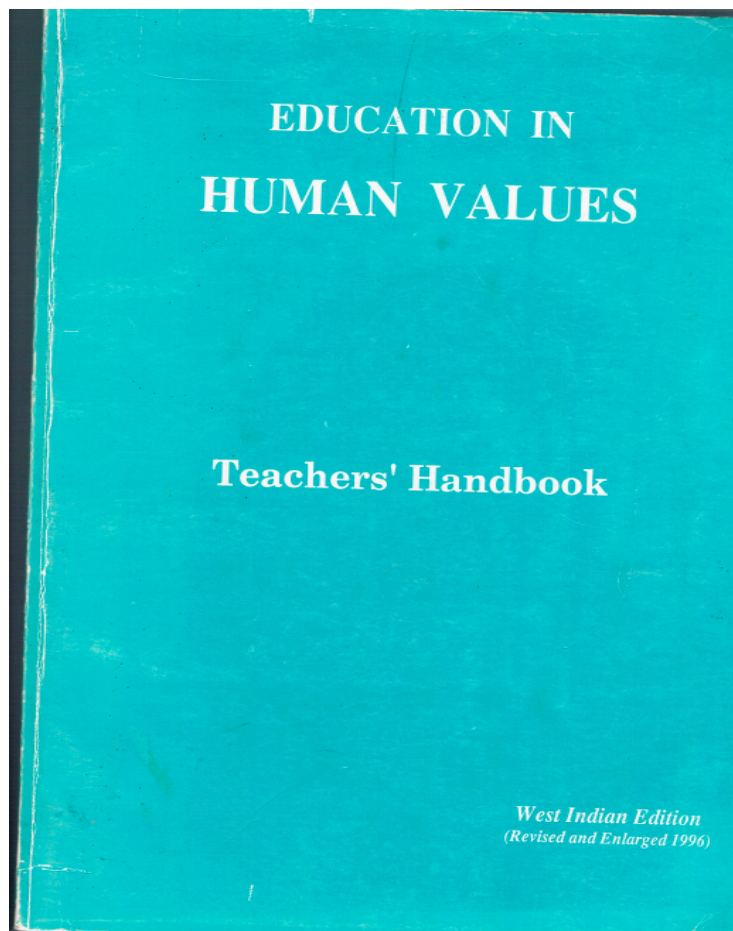
Trinidad & Tobago National Policy on Health and Family Life Education (February 2001)



IMAGES AND MEDIA:

The Education in Human Values Teachers Handbook was only artifact that showed the early history of a Human Value Programme in the West Indian region before the H.F.L.E. was born as shown below.

Education In Human Values Teachers' Handbook West Indies Edition (revised and Enlarged 1996)



CONTEXT OF HEALTH AND FAMILY LIFE EDUCATION(H.F.L.E) CURRICULUM IN TRINIDAD AND TOBAGO

BACKGROUND HISTORY

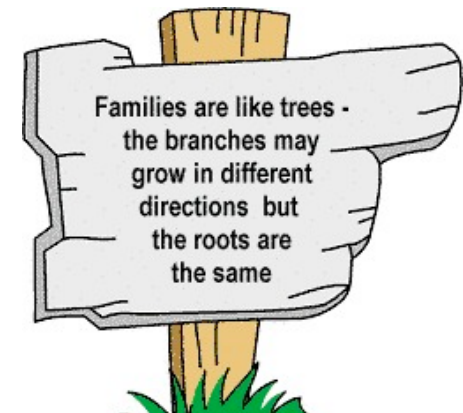
The following was based upon the Trinidad & Tobago National Policy on H.F.L.E.

In 1990 Census of the Commonwealth Caribbean discovered that children and youth 0 to 24 years made up a significant proportion of the countries populations. In times gone by these young persons were threatened by infectious diseases. However in these present times they are gravely affected by increase health conditions that include emotional and behavioural disabilities as well as social, psychological and physical plights.

Thus the unfavorable health situation clearly showed there was a serious threat to the economic competitiveness as it affected creativity and productivity in the work place. The welfare of these children and youth were closely linked to the welfare of their families and society and was fundamental to the process of growth and development in nation building.

Based on study of the Trinidad & Tobago youth in this disheartening situation there was definitely a crisis on the rise in social, economic and educational challenges. Hence H.F.L.E. came about as the Florence Nightingale solution as it promoted the holistic development of our children and youth and as the cure to eradicate these social, psychological and physical ills that plagued them.

In 1998 the Ministry of Education released a draft curriculum on Family Life Education which was used in the Primary School and it was mainly designed as a parallel to the Social Studies curriculum that same year. It was concerned with enhancing and developing all family and civic roles.



[illegible]

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- The principals unable to slot it onto the compact timetable.
- The teachers were unable to competently deliver the H.F.L.E. programme of work as well as the lack of resources to do so.

Family Life Education was also introduced at the Teachers in 1998 too as a compulsory subject as a one year content programme that was proved futile in preparing teachers in relation to the stipulations of the CARICOM Ministries of Education.

MAJOR CONCERNS FOR THE CHILDREN AND YOUTH

There were immense problems and need for concern for Trinidad & Tobago's Children and Youth with regards to their health and well being. The following were a list of some of the major concerns:

- Poverty – The World Bank study stated that Trinidad and Tobago in 1995 the Household Females Heads were 25% in rural and 32% in urban.

This was a result of absence of marketable skills that came from the premature termination of education.



- Teenage Pregnancy – There was 13.7 % of all live births were among teen mothers and was adolescent girls.

Based upon a Van Leer UWI study in 1997 there were three factors that distinguished adolescents at a risk for early pregnancy were economic situation, dysfunctional families and early termination of schooling. This showed that the lack of education and self confidence led to demoralized act of young girls.



- Juvenile Delinquency



- HIV / AIDS – Based on the Caribbean Epidemiology Centre data in 1999 displayed that young girls between the ages of 15 – 19 had outnumbered boys for HIV infection by the ratio 7: 1.



- Drugs , Alcohol and Tobacco Habits



- Child Abuse and Neglect



- Violence



- Influence of the Media



- Inadequate Recreational Facilities

- Lifestyle related diseases



Trinidad & Tobago National Policy on Health and Family Life Education (February 2001)

In February 2001 the Trinidad & Tobago National Policy on Health and Family Life Education (H.F.L.E.) was created.

In 2002 the vision was to have H.F.L.E. institutionalized as a core component of the curriculum from pre-primary through tertiary levels of education.

In 2006 the revised edition of the H.F.L.E. syllabus for Primary School was implemented and in 2008 Health and Physical Education syllabus for Secondary School came into effect.

BROADER SOCIAL AND SCIENTIFIC CONTEXT

Trinidad & Tobago



Our country Trinidad and Tobago is a diverse society in ethnicity and religion which will result in the need for interpersonal and intrapersonal skills as one try to adapt in this multinational society. H.F.L.E. is certainly the base subject that would ensure that our nation's children acquire all that is needed to live in this multicultural society as they would be heavily exposed to life skills. The recent alarming data about HIV / AIDS and other prevalent sexual diseases on the rise is one of the main reasons why H.F.L.E. was introduced into the curriculum as we live in this computer age where our children are exposed to moral and immoral information at their finger tips such as recent reports in the schools where the students are engaged in degrading acts in the schools especially at Secondary level, as they misused the laptop computers to carry out these demoralizing acts.

Health and Family Life Education is of great importance as we try to teach our children about making healthy lifestyle choices and promoting healthy living by reintroducing wellness, moral and spiritual values in the classroom through emergent means such as plays, dance, projects and songs unlike traditional program by solely discussions. The revised curriculum of H.F.L.E. allowed family and community involvement as oppose to traditional H.F.L.E. program.

World



Caribbean countries have identified a plethora of threats to the health of their young people, many of which can be prevented - **obesity, diabetes, HIV infection, unintended pregnancy, violence, substance abuse and suicide.** Caribbean societies are almost at their wit's end and they strive to develop mechanisms to address many of these challenges. It is a fact that health education makes a significant contribution in promoting healthy lifestyles if begun in the early years and is continually reinforced as the child moves through adolescence into adulthood. In addition, a growing body of research has shown that a young person's health status – physical, emotional, and social – has a direct impact on cognitive performance. This therefore underscores the importance of the school as efficient means of reaching young people to help them acquire the knowledge and skills to make positive decisions about their health and wellbeing. Caribbean schools certainly provide a real mechanism for reaching children and adolescents given the fact that over 90% of children in the Caribbean pass through our primary schools and a significant number also access secondary levels of education. Hence the time for making a case for the inclusion of Health and Family Life Education as part of the core curriculum of Caribbean schools at all levels has long past. The rhetoric should now revolve around improving the effectiveness of the education system in working with our children and adolescents so that they are not only passive recipients of information but are active participants in acquiring knowledge and the concomitant life skills to be effective decisions makers about their health. A blend of informational content, skills development and interactive teaching methodologies is required to be effective.



RELATION OR SIGNIFICANCE OF STUDY FOR HEALTH AND FAMILY LIFE EDUCATION(H.F.L.E) CURRICULUM IN TRINIDAD TODAY

Based upon the data presented H.F.L.E. is definitely in great need during this era where in our country single parent families as well as dysfunctional families are on the rise. In addition the shift in the work place where women work unlike the past where the male was the bread winner of the household. There has been an increase where 'children are making children' as a result the immoral and valueless community. As the years progress we continue to encounter challenges in the classroom such as disruptive behavior, lack of parental involvement and interest as well as poor nutrition in the lunch kits that contribute to low performance rate. H.F.L.E. is the subject that connects the educational foundation that extends to all the spheres of one's live as it enhances, develops and increases the intellect needed for survival in our cosmopolitan and diverse country.

CONCLUSIONS

Nevertheless, even as we strive to get HFLE firmly seated as part of the core curriculum in our schools, we must always remember that curriculum alone is not enough. A supportive environment is critical to maximise the benefits of what is learnt within the classroom. For health education to be truly effective it might be supported by appropriate school health services, a healthy physical and psychosocial school environment, as well as strong linkages with the home and wider community. Nutrition and school safety, physical education and recreation as well as mental counseling and social supports are important facets of the necessary supportive environment to maximise the positive effects of health and family life education on the curriculum.

A safe and supportive environment is part of what motivates young people to make healthy choices. Supportive and caring relationships with adults and friends and positive school experiences are particularly significant aspects of a supportive environment for adolescents. Such relationships provide specific support in making individual behavioral choices such as how to handle anger, when to become sexually active and what to eat.

Another critical question would therefore be: "How can we better prepare our parents to be able to contribute to that needed supportive environment?" This not only addresses the importance of parent education programmes, but brings a wider cross section of society into play as it requires a more family centered outlook, starting in homes and moving through to workplaces. It challenges the mass media and entertainment industry to be more responsible in their contribution to the socialisation of our young people. It reinforces the importance of adequate supervision, recreation and positive outlets for youthful energies as well as appropriate public policies to help provide an environment, which facilitates positive behaviour. It is therefore important that as a society we do not merely recognise the problem and delegate it to the school to develop mechanisms to address it. All facets of society must take full responsibility for their role in meeting the challenges and it is only when all sectors work together that there will be any meaningful and sustained impact on some of the challenges to the health and well-being of Caribbean youth.

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N.B. Most clipart came from Google Search.