HEALTH AND FAMILY LIFE EDUCATION POLICY

MINISTRY OF EDUCATION

HEALTH PROMOTION TEAM

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HEALTH AND FAMILY LIFE EDUCATION POLICY

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MESSAGES

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASHE	Caribbean Performing Arts Ensemble
ATRFMU	Advanced Training and Research in Fertility Management Unit
CARICOM	Caribbean Community
CBO	Community Based Organization
CCDC	Caribbean Child Development Centre
CFNI	Caribbean Food & Nutrition Institute
CDA	Child Development Agency
CXC	Caribbean Examinations Council
ESSJ	Economic and Social Survey of Jamaica
EU	European Union
FLE	Family Life Education
GOJ	Government of Jamaica
HEART/NTA	Human Empowerment and Resource Training/National Training Agency
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
JTA	Jamaica Teachers Association
JBTE	Joint Board of Teacher Education
MOEY	Ministry of Education and Youth
MOH	Ministry of Health
MYSC	Ministry of Youth, Sports and Culture
NYCD	National Centre for Youth Development
NEPA	National Environment & Planning Agency

NFPB	National Family Planning Board
NGO	Non-Governmental Organization
NSSC	National Secondary Students Council
ODPEM	Office of Disaster Preparedness & Emergency Management
OVC	Orphans And Other Children Made Vulnerable By HIV/AIDS
PAHO	Pan-American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PATH	Programme for Advancement through Health and Education
PIOJ	Planning Institute of Jamaica
PTA	Parent Teachers Association
SDC	Social Development Commission
SESP	Social and Economic Support Programme
SRH	Sexual and Reproductive Health
STATIN	Statistical Institute of Jamaica
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations Drug Control Programme
UNICEF	United Nations International Children's Education Fund
UNESCO	United Nations Educational Scientific and Cultural Organization
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNODCA/UNDP	United Nations Office on Drugs and Crime/United Nations Development Programme
UWI HARP	University of the West Indies HIV/AIDS Response Programme
WB	World Bank
WHO	World Health Organization

PREFACE

In 1994, the Caribbean Community (CARICOM) Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach to Health and Family Life Education (HFLE) by CARICOM and the University of the West Indies (UWI). In order to reduce the overlap of programmes already being implemented – and to reduce the risk of curriculum overload – support was also solicited from United Nations agencies working in the region. This commitment gave rise to the CARICOM Multi-Agency Health and Family Life Education (HFLE) Project. The objectives are:

• To develop policy, including advocacy and funding, for the overall strengthening of HFLE in and out of schools
.
• To strengthen the capacity of teachers to deliver HFLE programmes.

• To develop comprehensive life-skills based teaching materials.

• To improve coordination among all the agencies at the regional and national levels in the area of HFLE.

In 1996, the CARICOM Standing Committee of Ministers of Health and Education endorsed the document, A Strategy for Strengthening Health and Family Life Education (HFLE) in CARICOM Member States. The Ministers also reaffirmed their commitment to HFLE as a priority for achieving national development goals, as well as to putting into place measures to ensure its sustainability. The Ministers agreed to make every effort to ensure the formulation and review of national policies on HFLE. More recently the Sixth Special Meeting of the Council for Human and Social Development (COSHOD) held in April 2003, further endorsed the need for urgent strengthening of the HFLE programme and for making it a core area of instruction at the primary, secondary and tertiary levels. Additionally, COHSOD recommended that the focus of HFLE programmes should shift from an information-based model to a skills development model, and that a Regional Curriculum Framework should be developed which could be adapted by Member States to meet their specific needs.

Partner agencies in the HFLE project include: the CARICOM Secretariat, Caribbean Child, Development Centre (CCDC), UWI Schools of Education and the Advanced Training and Research in Fertility Management Unit (FMU), PAHO/WHO, UNESCO, UNDCP, UNFDA, UNDP, UNIFEM and UNICEF. The current operational mechanism for the project is a Regional Working Group. UNICEF has been carrying out overall coordination.

Additionally, over the past two years, the Education Development Center, Inc. (EDC) HFLE which is defined as a comprehensive life skills based programme focuses

primarily on the curriculum component of the health promoting school. The overall goal is that children and adolescents will make life enhancing choices which they will carry into adulthood**.**

In order to support these recommendations and with growing recognition of the impact which HIV/AIDS can have on the education sector and the need for an on-going educational programme to provide critical prevention strategies the Ministry of Education is re-energizing its focus on implementing a life skills based HFLE and HIV/AIDS Education programme in all schools and institutions.

In order to inform the development process, meetings were convened between April and June, 2007 at national and regional levels with stakeholders representing children, school and health organizations as well as donors. Meetings were also held with a temporary Policy Steering Committee formulated by the Ministry of Education and Youth.

Cognizant of the need to achieve the objectives of the Regional Plan within the context of national policies, this policy revision while addressing HFLE for children in the formal and non-formal education sector, also recognizes those policies which will meet the needs of the 0-18 population such as the Early Childhood Policy, the Parenting Policy, the National Youth Policy, the Healthy Lifestyles Policy and the Adolescent Policy.

The National Policy for HIV/AIDS Management in Schools, 2001 has been reviewed as an accompanying document to be used in collaboration with the revised HFLE Policy. The HFLE and the HIV/AIDS Management in Schools Policies while targeting children recognize the importance of the life cycle approach and thus aim to "promote effective prevention and care within the context of the educational system for children of all ages.

EXECUTIVE SUMMARY

INTRODUCTION

3.1   Background

Health is closely linked to development and is described by the World Health Organization (WHO) as a "state of complete physical, mental and social well being". The transition from childhood to adulthood is complex involving young people experiencing physical changes as their bodies become sexually defined. Relationships with parents become less dependent and give way to more intense relationships with peers, making them more vulnerable to potentially negative consequences which may be sexual, drug or crime related.

Realizing the importance of the formative years the Government in partnership with private organizations, international agencies and individuals has supported initiatives specifically designed to develop and strengthen the education of children.

Health and Family Life Education, a comprehensive life-skill programme, is the chosen vehicle for HIV and AIDS prevention including both knowledge and skill acquisition. Its primary focus is to increase the awareness of children and youth, in formal and non-formal sectors of the fact that the choices they make daily will profoundly influence their health and personal development.

3.2   The Purpose of the Policy

The revised HFLE policy is intended to provide a general framework
:
- To ensure consistent and sustained exposure to HFLE for Jamaican children.
-
- To increase the knowledge, skills, attitudes and behaviours of these groups.
-
- To facilitate the adoption of healthy and productive life styles; and
-
- To enable them to contribute to a healthy society and prosperous economy.

SITUATIONAL ANALYSIS

4.1 Profile

Jamaica is the third largest island in the Caribbean with a total population of approximately 2.6 million people, 43% of whom live in the metropolitan area. The most important demographic variable in Jamaica is the significant change in the age profile of the population. At the end of 2004, the population was estimated at 2.65 Million with a growth rate of 0.5%. The population remains fairly young with approximately two thirds being below fifteen years.   Age dependency ratios were declining and will continue beyond 2020. This projected decline should allow for increased investment in education for the young.

4.2 Historical Context

Concerns for the status of family life and adolescent sexuality and sexual health in Jamaica were expressed as early as 1958. By 1962, a joint health and education committee had been established by the Ministry of Education to formulate a response and develop basic material. A personal development curriculum, developed in the late 1970s, served as the basis for the curriculum developed between 1983 and 1985 for the primary and secondary levels of the education system.

As the problems relating to family life seemed to escalate and more agencies began to offer school-based interventions, a policy for Family Life Education was formulated in 1993 with the strong support of the Planning Institute of Jamaica. In 1997, the Ministry of Education, formally recognized the terminology

Health and Family Life Education acknowledges the direct link between health and education in promoting student and community wellness. The National Health and Family Life Education (HFLE) Policy seeks to guide policy-makers and programme implementers into effective programme development with specific guidelines for conceptualizing HFLE, standardizing the delivery of HFLE and the development of HFLE materials. The Health and Family Life Education policy formulated in 1994 was partially revised in 1999.

The Ministry of Education, in an effort to confront the reality of the HIV & AIDS epidemic, considered that the Health and Family Life programme was the logical vehicle through which this issue could be addressed in the Jamaican education system. HFLE has been a taught subject since the 1960s; however, the programme tended to be knowledge based and the didactic approach in delivery did not facilitate the effective transfer of life skills.

HFLE which is defined as a comprehensive life skills based programme focuses primarily on the curriculum component of the health promoting school. The overall goal is that children and adolescents will make life enhancing choices which they will carry into adulthood**.**

4.3   The National Context

4.3.1 Education

The Ministry of Education (MOE) directly serves a 'captured audience' of over 700,000 Jamaican children aged 0 – 18 years that attend schools in the early childhood, primary and secondary education sector. With over 1,000 schools and 22,000 teachers island-wide, the formal educational sector represents the greatest educational and resource network in both urban and rural Jamaica. Moreover, for many adolescents, school is considered a safe haven; an area that shields and protects the adolescent from the hazards of the world outside (MOH, 2004).

The Family Life Education (FLE) programme, first introduced in the mid-60s into the formal schools' curriculum and implemented at different levels of the education system nationally by 1983, failed to achieve its objective of the positive, holistic development of the individual student and by extension, family life and communities.

 By 1997, the MOEY formally renamed the programme Health and Family Life Education (HFLE), in recognition of the significant link between health and education in facilitating and promoting student and community wellness. The traditional delivery of HFLE 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 that will systematically ensure optimal child development and resiliency to HIV infection. 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.

4.3.2 Health Status

Nearly 80% of children and adolescents surveyed by PAHO reported that they enjoyed excellent health, and more that 80% knew they were loved by their mothers.

Of concern, however, were issues of early sexual activity accompanied by very few physical exams, and inadequate contraception.

According to studies conducted by the HIV/AIDS 2008 National Knowledge, Attitude, Behavior and Practices (KAPB) Survey, more than a third (38.9%) of sexually active respondents reported having multiple partners. The incidences of multiple partnerships were significantly higher among males, persons between ages 15-24 years and persons not in a married/cohabiting union. Multiple partnered males reported an average of six (6) partners while females reported an average of three (3) partners. More than 60% of this risk group, irrespective of reported frequency of condom use, perceived themselves at little or no chance of contracting HIV/AIDS.

Transactional sex, defined as the exchange of gifts or money for sex, is common among over a third (37%) of sexually active respondents or more than a quarter (27.3%) of the total population of persons within the 15-49 age group. Males were significantly more likely to have engaged in transactional sex and five (5) times more likely to have been both the giver and recipient in the relationship. Over a half (52.7%) of males reported engaging in transactional sex compared to a fifth (21%) of females. Increased frequency of condom use was most likely among males, persons 15-24yrs, and those not in a married or cohabiting relationship.

Casual sexual encounter is defined as having a sex with a partner who was new, met in a bar or club or a one-night stand. A third (34.4%) of sexually active persons reported casual partners. Casual partnerships were highest among males, persons 15-24yrs and persons not in a married/cohabiting union.

Other health problems specific to youth include anemia, accidents and violence which is on the increase.

4.3.3 Substance Abuse

A study on patterns of substance abuse has shown that the five most abused substances among post primary students were alcohol, cigarettes, cannabis, crack and cocaine. The data showed that the main type of drug used by adolescents was alcohol with one-third of all adolescents having drunk alcohol. As age increases drug use increases, especially after 12 years. By age 15 years, approximately 50% reported consuming alcohol; nearly 20% had smoked cigarettes and 8.4% had smoked marijuana. *(Youth Risk and Resiliency Survey 2006)*

The Substance Abuse Education Programme is being intensified to focus on education rather than punishment.

4.2.4 Socio-Economic Status

Structural adjustment policies have adversely affected the economic capacity of families and high levels of unemployment and underemployment exist. Children in single parent families are particularly vulnerable. Changes in traditional family structures with the breakdown of the extended family make parenting even more difficult particularly for female-headed single parent households.

Less than half of Jamaican youth live in households with both parents and nearly one in five children under 18 live in households without either parent, placing them at risk for negative outcomes. The major categories of children in need of special care and protection include street children, abused children, working children, orphans, children with disabilities and those that come into contact with the law.

Street children are also at risk from physical and sexual abuse and are frequently witnesses to and victims of child abuse and violence. A growing number of these youth participate in the labour force to the detriment of their schooling.

Telecommunication is expanding rapidly bringing with it a wide array of information and ideas with unprecedented speed and quantity. Some of this information presents new avenues of threat to children's safety and pose additional challenges for parents in protecting their children. Consistent with studies outlined in **UNICEF Proposal, 2009**, "Several isolated incidents of risky sexual activity among students continue to permeate the print and electronic media. The growth of social network sites on the internet such as HI5, Facebook, Twitter and Tagged present an entirely new challenge, especially in relation to the establishment of new relationships. As stated by the Daily Gleaner, 29 February 2009, a videotape has surfaced which shows two students at a Jamaican high school involved in a sexual act. This follows a series of similar material being widely circulated on cellular phones and computers in the last 2-3 years". There have also been numerous carnal abuse arrests involving adults as well as teenage boys. The occurrence of these activities underscores the importance of intensifying the promotion of HIV and AIDS prevention specific messages among young people in and out of school settings.

More importantly is the critical role the Ministry will assume in mainstreaming the implementation of the revised HFLE curriculum in all schools by 2012. Schools are a major source of information on sex for both girls and boys. By increasing the number and scope of earlier sex education programmes in schools, including concentrating efforts at earlier

age groups, greater use should be made of the media to provide sex-specific messages that target youth (Wilks et al, 2007).

4.4   Current Programmes/Institutional Arrangements

4.4.1 Health Promotion and Protection

The Health Promotion and Protection Division of the Ministry of Health envisages health promoting schools as those in which the students and staff practice healthy behaviours in a healthy environment. The programme which is an expansion of the Child Health Education and Development programme provides health instruction through curriculum support materials for teachers and students, and focuses on disease prevention, healthy life styles, nutrition, accident prevention and safety, personal and environmental hygiene, growth and development, life skills, human sexuality and interpersonal relationships.

4.4.2 Programme for Alternate Student Support (PASS)

The Ministry of Health Programme for Alternate Student Support (PASS) is designed to address the chronic behavioural problems that students exhibit particularly in secondary schools.   The programme offers an alternative to suspensions or expulsions and provides students with opportunities for psychological assessment and/or therapy. This gives the student an opportunity to reform and complete his or her education. The programme also looks at possible professional treatment for students who may need specialised psychological therapy and provides assistance and support for parents of these children.

4.4.3 Prevention Education Programme (PEP)

The Prevention Education Programme (PEP), a of the Ministry of Health initiatives speaks to the promotion of responsible, positive personal attitude and behavior among students thereby reducing the demand for substance subject to misuse.

4.4.4 The Guidance and Counselling Programme

The Guidance and Counselling programme in the Ministry of Education also focuses on relationships, communication, life skills, values, crisis support, emotional wellness, parenting skills, conflict management, and drug abuse prevention. While counsellors are involved in conducting some of the life skills training in schools, this is inadequate to meet the demands of the general school population. Of the 944 schools in the system, 427 are serviced by 616 Counsellors, of these 226 serve in 202 primary and all age schools.

4.4.5 Child Care and Development

Services to children have been restructured to facilitate a more holistic delivery.   This includes the creation of the Child Development Agency as an Executive Agency which has merged the services of the Child Support Unit, the Family Services Division and the Adoption Board within the Ministry of Health. Day care services formerly provided by the Ministry of Health have been merged with the Early Childhood Education Unit in the Ministry of Health and Youth.

The Childcare Development Agency monitors programmes for children at risk and in need of protection. A National Plan of Action for Orphans and Other Children made Vulnerable by HIV/AIDS in Jamaica (2003-2006) supports the national concern for our children and addresses pressing issues for improving their quality of life.

The Early Childhood Commission has been given the responsibility to strengthen early childhood development programmes for the 0-8 year cohort by ensuring an integrated and coordinated approach to the delivery of programmes and services. In order to ensure that all children within that age group benefit from appropriate curricula, supervisory and developmental interventions as well as teacher training, the Early Childhood Commission with funding from UNICEF has embarked on a multi-sectoral approach to develop appropriate policies.

The Convention on the rights of the Child which seeks to oversee the achievement of rights for children 0-18 years declare that "state parties shall undertake all appropriate, legislative, administrative and other measures to implement the rights of the Convention." A Child Advocate has been appointed to ensure adherence to these laws and in order to support this agreement a registry for child abuse and the Office of Advocate has been created.

The Ministry of Education and Youth has concentrated on access to quality education at all levels. At the early childhood level much effort has gone into the institutional strengthening and capacity building of community- based basic schools. The Government is committed to improving the quality of these schools by providing at least one trained teacher per school.

The Ministry of Health also has responsibility for the HIV/AIDS programme. Of concern, is the fact that, adolescent females 10 -19 continue to have a three times higher risk of HIV infection than boys of the same age. A national HIV Policy and draft sector policies have been developed. The National HIV/AIDS Policy establishes the foundation for

guidelines and legislation to promote the health of the population, individual responsibility for health and the practice of healthy lifestyles.

The Ministry of Education and Youth is at the centre of the framework providing the institutional support for schools. Functions, implied and implemented, include Curriculum Development, Guidance and Counselling, Quality Assurance for Teacher Training, Health Services and Nutrition.

Other related policies include the National Youth Policy and the formulation of a draft National Strategic for Youth Development. Both of these initiatives which used a multi-sectoral approach were piloted by the National Centre for Youth Development. The National Youth Policy utilizes the life-cycle approach to define a common vision and framework for youth development and serves as a tool for identifying an environment suitable for the positive development of children and supports the provision for the care and protection of children as outlined in the National Policy on children.

In Order to meet the challenge of HIV/AIDS, the Joint Board of Teacher Education since 2006 is offering a 30-hour course to student teachers in the three-year Diploma in Teacher Education course on teaching HFLE and AIDS. The course is endorsed by the Ministry of Education and Youth and follows the themes recommended by CARICOM including content to prepare these teachers at the early childhood, primary and secondary levels. Using the life skills approach, the course is also intended to impact on the healthy life style of the teachers themselves.

4.4.6 Health and Family Life Education

HFLE is the chosen vehicle for HIV and AIDS prevention education including both knowledge and skills acquisition. HFLE has not enjoyed much success to date despite having been some 20 years in development. However, the HFLE curricula scope and sequences for early childhood, primary and junior high levels of education have been revised to make better inclusion of HIV and AIDS.

Although mandatory in policy, systemic capacity to implement HFLE is still at an early stage. Areas to be addressed include materials development for teaching and learning, teacher training, orientation for school principals, parents and community leaders, linkages with youth friendly services and monitoring and evaluation of processes and outcomes.

In 2005, this model framework was used to revise Jamaica's HFLE curriculum in 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. A baseline survey was administered and a preliminary design for monitoring and evaluating the curriculum pilot and the instruments were prepared under a previous research consultancy.

In 2006 the pilot, testing both the revised curricula and new resource materials took place in 24 schools in Regions 1, 3 and 6. An ensuing programme roll out will be monitored and evaluated for lessons learned.

VISION STATEMENT

A Jamaican society in which children and youth will acquire and utilize knowledge, skills, attitudes and behaviours to adopt healthy lifestyles and in so doing contribute to a healthy and productive nation.

POLICY GOAL

To establish a framework which would ensure the systematic development and implementation of HFLE by institutionalizing innovative approaches to strengthen HFLE delivery in the formal and non-formal sectors.

PRINCIPLES AND VALUES

The whole school approach enunciated by the World Health Organization (WHO) embraces the conceptual models of Health Promoting schools and Community Schools. Here the focus is on the connection and coordination of the curriculum, the school spirit and the environment as well as building partnerships with services. The collaboration and partnerships should include parents, teachers, students, administrators, student and staff groups, community groups and resources from health, the social sector, the private sector and the media.

Life Skills provide effective prevention education programmes to address the life style related conditions experienced by young people. Abilities for adaptive and positive behaviour allow youth to deal effectively with the demands and challenges of everyday life. Skills based health education for HIV prevention (life skills) provides learners with the knowledge and skills they need to avoid HIV infection and maintain reproductive health.

The concept has been founded on theories regarding the behaviour of children and adolescents including development, social influence and resiliency. Decision making critical thinking, self-awareness, coping with stress and communication skills are state of the art life skills upon which other skills can be built, while skills for problem solving, creative thinking, the ability to empathize, coping with emotions and interpersonal relationships form the basis of Core skills. Key elements of the life skill programme are skills development, content or information and interactive teaching methodologies.

The combination of the Life Skills and Whole School approaches to institutionalize Health and Family Life Education (HFLE) in all schools throughout the region will form the basis of the HFLE Policy. Teachers, guidance counsellors supported by health personnel, doctors and nurses, early and continuous involvement of parents, officials and church leaders should be engaged with Governmental and Political support to consolidate efforts at Health promotion.

A healthy environment will:

i.   link school health services with community projects and outreach, health promotion for staff, nutrition and food safety programmes;

ii.   provide opportunities for physical education and recreation, and programmes for counselling and referral;

iii. provide additional resource and consensus on issues such as gender equity, human rights, condom use, adolescent fertility and incest ;

iv.   encourage dialogue between children, youth, parents and school teams.

v.   Implementing policies which strive to improve the health of school personnel, families and community members while providing training materials, communication skills and monitoring and evaluation skills will provide multiple opportunities for the success of a health promoting school.

POLICIES

8.1 Introduction of Policy Area

8.1.1 Empowerment of Stakeholders

8.1.2 Human Resource Recruitment and Deployment

Access to HFLE and the benefits to be derived is intended for all citizens, especially youth. In order to support the wide scale implementation of the programme, a management structure must be created. The establishment of human resource personnel will ensure the efficient coordination and management of other resources. The HFLE programme intends to engage key stakeholders and initiate partnerships in an effort to sustain the programme and guarantee effectiveness. This will require coordination and expertise from a cadre of trained professionals at both the central and regional levels.

8.1.3 Implementation and Delivery

The rate and scale of implementation of the HFLE programme in schools, will depend on the level of priority given to HFLE and the readiness to accommodate the comprehensive subject area on the curriculum. Therefore, the HFLE programme must be institutionalized and supported by suitable policies. This will ensure that the programme is delivered in a structured manner and national standards are obtained.

8.1.4 Capacity Building

In light of the participatory, student-centred approach which characterizes the delivery of the HFLE programme, it is crucial that capacity building opportunities be pursued for teachers and stakeholders.

A deliberate re-orientation to participatory teaching methodologies and assessment strategies is necessary to ensure that the skill acquisition is reinforced among its beneficiaries [insert from Life Skill doc.]

8.1.5 Teaching and Learning Material

In an effort to support educational research that people remember % of what they see and % of what they hear (Cite) and also to facilitate the

participatory approach of the HFLE programme, it is imperative that all forms of media are employed. These resource materials should be designed to stimulate the target population and cater to special needs.

8.1.6 Youth Participation and Inclusion

Children and young people make up more than fifty percent of Jamaica's population. In recent times young people have been the main perpetrators and victims of crime (Cite source), while the rates of HIV infection are increasing amongst this population. (Cite source) Health and Family Life Education will address these issues.

The National Youth Policy of Jamaica advocates for the empowerment of young people to enable their participation in the development of policies and programmes that affect their development.

Young people respond better to messages designed by other youth and as such educators should be mindful to ensure youth participation in the planning and delivery of any behaviour change intervention.

8.1.7 Government and Non-Government Partnerships

The success of the national implementation and delivery of the HFLE programme is contingent on forging alliances with government and non-government organizations. Where institutions lack adequate technical knowledge and resources to effectively support the HFLE programme, establishing and maintaining partnerships with agencies to support capacity building, development and reproduction of resource materials, curriculum development and review will ensure that learning and behavioural outcomes of the beneficiaries are maximized.

8.1.8 Monitoring and Evaluation

Monitoring and evaluation is critical to assess whether the HFLE programme objectives are being achieved. Both processes can be used to track progress and make any adjustments/corrections necessary. Hence, qualified personnel must be assigned to conduct summative and formative monitoring and evaluation.

8.2 Policy Objectives

The objectives of the policy are to:

i. Promote HFLE as a life-skills based programme, capable of empowering individuals to make informed choices that ensure positive development of self, community and country.

ii. Establish a structure for the management and coordination of HFLE through the recruitment and deployment of trained, competent human resource personnel at all levels.

iii. Provide guidelines for standardizing the implementation and delivery of HFLE in the formal system.

iv. Facilitate capacity-building opportunities through the sensitization and training of stakeholders to support the implementation of HFLE.

v. Provide guidelines for the revision and development of interactive skills-based teaching and learning materials for the formal and non-formal sectors.

vi. Ensure the participation of children and youth in the development, implementation and evaluation of HFLE in the formal and non-formal sectors.

vii. Provide strategies for strengthening collaboration between government and non-government organizations and agencies to support the development, training, delivery, evaluation and revision of the HFLE programme

viii. Ensure effective monitoring and timely evaluation of HFLE in the formal and non-formal sectors.

8.3   Policy Strategies

8.3.1   Empowerment of stakeholders

8.3.2   Human Resource Recruitment and Deployment

Whereas the Ministry of Education is the agency with principal responsibility for implementing the HFLE programme in the formal sector, it shall appoint:

i.   A National Coordinator to manage and coordinate the implementation of the HFLE programme;

ii.   Technical Officers to support the management and coordination of the HFLE programme;

iii. Health Promotion Education Officers who will be deployed to each Regional Education Authority/Agency to monitor the implementation and delivery of the HFLE programme.

iv.   Establish HFLE posts in all primary and secondary institutions.

8.3.3   Implementation and Delivery

i.   HFLE should form a part of the core curriculum offerings.

ii.   HFLE should be taught weekly to all grade levels.

iii. The delivery of HFLE should utilize such strategies as will create the environment for open non-threatening interaction between teachers/ facilitators and students

iv. HFLE activities should be well-planned and coordinated to maximize the benefits to the student and enhance the education programme.

v. The methodology selected for presenting HFLE in the curriculum should be one that fosters the development of life-skills and maximizes student learning and behaviour change.

8.3.4 Capacity-building

i. HFLE should be offered as a compulsory subject in all teacher training institutions.

ii. Ongoing in-service training should be provided to strengthen the efficient delivery of life skills.

iii. Training opportunities should be identified for Government and non-government agencies to support the implementation of HFLE in the formal and non-formal sectors.

8.3.5 Teaching and Learning Material

i. HFLE resource materials should be produced using creative, age-appropriate, gender-sensitive and youth- friendly designs.

ii. Resource materials produced must include all forms of media that will facilitate interactive learning and should be appropriate for students with special needs.

8.3.6 Youth Participation and Inclusion

i. Consultations will be convened with children and youth to inform planning and refinement of the HFLE Programme.

ii. Surveys must be conducted with children and youth to inform lesson planning and programme delivery.

iii. Opportunities should be created for the delivery of HFLE using youth-led approaches in the formal and non-formal sectors.

iv. Children and youth must participate in all stages of material development to ensure appropriateness and acceptability.

v. Children and youth must be exposed to capacity-building opportunities that will enable them to lead the development of relevant HFLE resource materials.

vi. Children and youth must be a part of the evaluation of the HFLE programme to assure relevance and effectiveness.

8.3.7 Government and Non-Government Partnerships

i. Institutions must establish and maintain partnerships with Government and Non-Government Agencies to access technical expertise and resource materials to enhance the delivery of HFLE.

ii. Technical expertise and resource materials provided by external agencies must be consistent with the goals and objectives of the HFLE programme.

iii. Development, training, evaluation and revision of the HFLE programme must be supported by inputs from participating government and non-government agencies.

iv. All government and non-government agencies must be engaged to support the coordination and implementation of the HFLE programme in the formal and non-formal sectors.

8.3.8 Monitoring and Evaluation

i. Monitoring and supervision must be conducted by the Health Promotion Education Officer and designated school personnel.

ii. Government and Non-Government Agencies should assign personnel to support the monitoring of HFLE in the non-formal sector.

8.4   Ownership and Implementation

ROLE OF KEY STAKEHOLDERS

9.1   Ministry of Education (MOE)

The Ministry of Education is the lead agency with the primary responsibility of providing human and technical resources for the development and implementation of HFLE.

9.2   Government and Non-Government Agencies and
**   International Development Partners**

To provide training opportunities, technical and financial support and expertise, as well as, resource materials to support and enhance the delivery of HFLE.

9.2.1 Government

    i.   Ministry of Health (MOH)

    ii. Ministry of Youth, Sports and Culture (MYSC)

    iii. National Environment & Planning Agency (NEPA)

    iv. National Family Planning Board (NFPB)

    v.   National Council on Drug Abuse (NCDA)

    vi. Office of Disaster Preparedness & Emergency Management (ODPEM)

9.2.2 Non Governmental Organizations

    i.   Jamaican Network of Seropositives (JN+)

    ii.   Children First

    iii. Jamaica Red Cross

    iv.   Rise Life Management Services

    v.   ASHE Caribbean Performing Arts Ensemble

9.2.3 International Development Partners

      i.   The Global Fund to fight AIDS, Tuberculosis and Malaria

      ii.   United Nations Children Fund (UNICEF)

      iii.   United Nations Education and Scientific Council (UNESCO

      iv.   United Nations Population Fund (UNFPA)

      v.   Pan American Health Organization (PAHO)

      vi.   UNAIDS

      vii.

9.2.4 Other Partners

Caribbean Food &Nutrition Institute (CFNI)

9.3 Health Promotion Education Officers

i.   Provide effective monitoring, supervision and evaluation of implementation and delivery of HFLE in the formal sector.

ii. Support the planning and execution of pre-service and in-service teacher training.

iii. Support the planning and execution of training among key stakeholders in the non-formal sector.

iv. Sensitize key stakeholders about the HFLE programme.

9.4 Guidance Counsellors

i.   To support the efficient and effective implementation of the HFLE programme.

ii. To provide intervention where sensitive issues arise from HFLE delivery.

9.5 School Nurses

i.   Provide support as a resource person for HFLE delivery.

ii. Maintain current data on health issues to inform HFLE programme planning and delivery.

iii. Create and maintain areas for students to access information on health services.

iv. Participate in ongoing in-service training to maintain skills and receive technical updates.

9.6 Teachers

Teachers are an important element in the successful implementation of the HFLE policy. They should:

i.   Plan, implement and evaluate age-appropriate lessons for students.

ii. Deliver HFLE using methodologies consistent with the life- skills based approach.

iii. Provide accurate and timely data to inform programme review.

iv. Participate in in-service training offered by the Ministry of Education and its partners.

9.7 Principals

i. Ensure time-tabling, implementation and delivery of the HFLE programme.

ii. Assign school personnel to adequately supervise the planning and delivery of HFLE

iii. Designate school personnel to establish and maintain an area for students to access information on health services.

9.8 Parents/Caregivers

i. Participate in sensitization and training sessions on the HFLE programme.

ii. Reinforce life-skills acquired through exposure to the HFLE programme.

ENVIRONMENTAL CONSIDERATIONS

Children and youth who are equipped with the requisite life skills will be better able to respond to the demands and challenges of everyday life. This should result in persons being more able and willing to make better choices concerning self and inter-personal relationships; practise responsible decision making about social and sexual behaviours; demonstrate sound health-related knowledge, attitudes and practices; and contribute to an environmentally friendly society.

ENVIRONMENTAL CONSIDERATIONS

11.1   Local Legislative Environment

The HFLE policy is aligned to the Jamaican Legislative Framework.   The following local laws are relevant to the strengthening of the HFLE policy:

11.1.1   **The Education Act Section 31** (1,2 and 3) – raises questions on the treatment of Children (PLWA) in the school system and their management in regard to the Public Health Act.

11.1.2   **The Public Health Act** - implies that HIV and AIDS is a communicable disease although the disease cannot be caught through casual contact.

11.1.3   **Child Care and Protection Act** was enacted to protect all children from abuse and neglect. It also ensures that adults consider the views and best interest of children.

11.1.4   **Council of Community Colleges of Jamaica**

11.1.5   **The Status of Children Act** advocates that all children are of equal status whether they are born within or out of marriage. Therefore, entitlements to parents' property or possession is non-discriminatory.

11.1.6   **Offences Against the Person Act** supports the age of legal consent for sexual activities to be sixteen (16) years old.   *Article 48, " of the Offences Against the Person Act -'Carnally knowing a girl under twelve (12)* states:

i   Whosoever shall unlawfully and carnally know and abuse any girl under the age of twelve (12) years shall be guilty of felony, and, being convicted thereof, shall be liable to imprisonment for life.

ii   Any person who is convicted of an attempt to have carnal knowledge of any girl under the age of twelve (12) years shall be liable to imprisonment for a term not exceeding ten years. "

iii.   Above twelve (12) and under sixteen (16)', Article 50, " Offences Against the Person states, " Whosoever shall unlawfully and carnally know and abuse any girl being above the age of twelve (12) years and under the age of sixteen (16) years shall be guilty of a misdemeanour, and being convicted thereof, shall be liable to imprisonment for a term not exceeding seven years.

11.1.7 **Environmental Act -** *the Guiding Policy of the Environmental Act states that* **"**All citizens of Jamaica are individually and collectively responsible for the quality of the environment. Environmental awareness of civil society will be facilitated and participation encouraged by making information on environmental issues as widely available as possible to the various publics. However, citizens can only fulfil this role if they are informed and educated in a way that not only sensitises them to the issues but also influences a change in behaviour. To achieve this will require a consistent, targeted education programme on the benefits of environmental protection. Information on the link between a good quality environment and the quality of life of the average citizen must be widely disseminated.

Existing laws should be amended to reflect roles and responsibilities of teachers and administrators so as to ensure accountability in the implementation and delivery of HFLE.

11.2 International Legislative Environment

The policy adopts a right-based approach consistent with International conventions to which Jamaica is a signatory. This approach is also reflected in National legislation and policies. International treaties signed by Jamaica address universal principles of human rights which gives freedom regardless of race, colour, place of origin, political persuasion, creed or sex and include:-

11.2.1**.** **The United Nations Millennium Development Goals** signed on September 2000 which speaks to:

    i.   Combating of HIV and AIDS and related diseases;

    ii.   Eliminating gender disparity in primary and secondary education, preferably by 2005 and to all levels of education by 2015;

    iii.   Promoting gender equality and the empowerment of women.

11.2.2. **The Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS)** on HIV/AIDS sets specific targets for reducing HIV infection in young people and increasing their access to information and services.

11.2.3 **Universal Declaration of Human Rights**: The declaration of rights by the United Nations General Assembly is relevant to the HIV and AIDS challenge. Its relevant articles speak to; human dignity and rights [Article 1], cruel, degrading and inhumane treatment [Article 5], equality before the law [Article 7], the right to privacy [Article 12], the right to social security [Article 22] the right to work and fair remuneration [Article 25], education [Article 26] and participation in the cultural and social life of the community of which he or she is a part [Article 27].

11.2.4 **Declaration of the Rights of the Child**: Children and youth will be a major thrust in the Strategic Plan this document becomes important with its life-skills approach to the development of Jamaican children enabling them to cope with issues such as abuse, neglect, violent conflicts, and changes in family structure. It emphasizes:

  i. Provision of the proper means and tools for any child to have normal material and spiritual development.

  ii. Ensuring that the child is protected from backwardness, delinquency, hunger and being a waif.

  iii. Empowering the child to ensure protection from exploitation and giving him or her the tools to earn a future livelihood.

  iv. Ensuring that his or her talents will be used to improve the lot of their fellow men.

LINKAGE WITH OTHER POLICIES

The HFLE policy is closely linked to other government policies and international agreements. Key policies include:

12.5   National Policy for the Management of HIV and AIDS In Schools (2004)

12.5.1   Principle No. 5 Section 5.1 which states that a continuing Health and Family Life Education (HFLE) and HIV/AIDS education programme must be implemented in all schools and institutions for all students and school personnel.

12.5.2   Principle No. 5 Section 5.2 which states education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable. The policy also advocates for participatory methods of learning to be utilized in the delivery of such (*Page No. 14 HIV/AIDS School Policy*).

12.2.   National Curriculum Policy and Standards

12.3   National Youth Policy (2004)

Health Section Page 34 states
"Although Jamaican youth generally enjoy good health, they suffer from a number of health problems, many of them preventable. Alarming levels of drug use and youth violence are also a concern to Jamaican society. These problems are often the result of cultural practices and beliefs that have been perpetuated for generations. It is important to provide information to youth but it is just as critical that society demonstrates a commitment to practicing the ideals it teaches. Young people's behaviour with regard to sex and reproduction, and the paths they take in other critical areas of their life, will largely determine the size, health and prosperity of the Jamaican future population. Behaviour patterns which are established during this period of their lives, such as drug use or non-use and sexual risk taking or protection, can have long-lasting positive and negative effects on their well being as well as that of the society. The healthy youth will only be realized if the environment and the culture facilitate it".
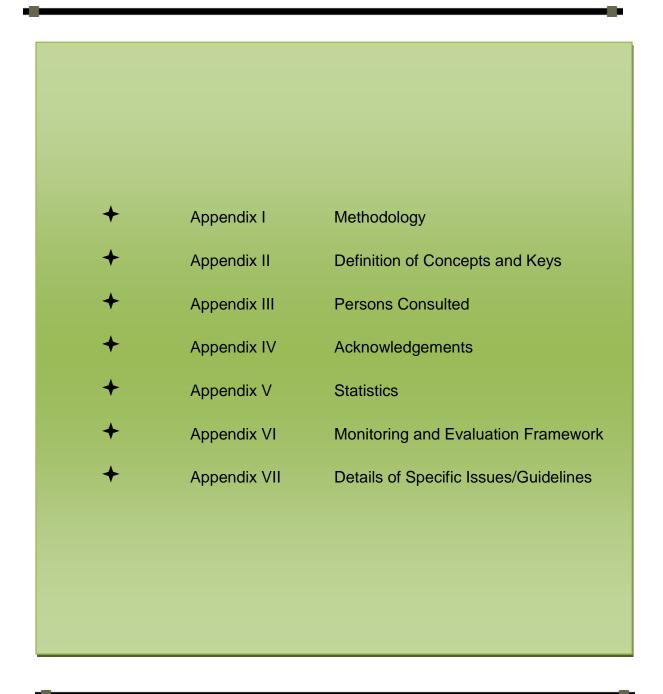
12.4   **MOE Policy On Substance Abuse (1990)**

12.11   **National Policy for the Promotion of Healthy Lifestyle in Jamaica**

12.12   **National Parenting Policy**

12.13   **National HIV/AIDS Policy**

12.14   **National Reproductive Health Policy Guidelines**

12.15   **Safety & Security Policy Guideline**

12.16   **School Health and Nutrition Policy**

CONCLUSION

Health and Family Life Education provides a framework for the integration of programmes designed to promote the development of appropriate values, attitudes and skills among children, youth and adults for living healthy and productive lives. When individuals work together to determine the strategies required, including educators, students, parents, community leaders and experts, this will assure consensus and support for HFLE programme activities.

To achieve this integration, it is critical to identify and allocate human and material resources, coordinated by the Ministry of Education, to expedite implementation of the policy which will in turn contribute to improved quality of life for all citizens.

APPENDICES

✦   Appendix I   Methodology

✦   Appendix II   Definition of Concepts and Keys

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Methodology

Definition of Issues or Key Terms

Adolescence: The period from 10-19 years characterized by physical, biological and psychological development.

Adult: A person aged 18 years and older.

Advocacy: To solicit public support for a particular cause. Trying to convince other people because you are convinced yourself.

Age of Consent: The age at which a girl can legally consent to have sexual intercourse (currently age 16 as set out in the Offences Against the Person Act). The offence of carnal abuse is committed if the girl is under 16. It is a felony if she is under 12, and a misdemeanour if she is above 12 and under 16.

Age of Criminal Responsibility: The minimum age at which a child can be charged with a crime is 12 years.

Behaviour Change: The process of improving or influencing a positive change in attitude and life style.

Child: A person under the age of 18 years.

Child of Tender Years: A child who is under age 14.

Childhood: The period between birth and eighteen years. This is marked by physical, mental and psychological changes and marks the critical period of preparation for adulthood.

Children's Home: Dwelling house, institution or other place where 4 or more children are boarded and maintained by a person who is not their parent or guardian voluntarily or for a fee.

Employment: Engagement in any undertaking, trade or occupation, carried on for profit or gain, irrespective of whether the employment is free or for reward.

Empowerment: The process of increasing the capacity to influence behavior, emotions and lifestyle. It is the process of magnifying ability by whatever means are available.

Felony:　　　　　　　　An offence which is deemed to be very serious usually attracting a penalty such as a long custodial sentence or a large fine, e.g. sexual intercourse with a girl below 12 years, punishable by maximum life imprisonment.

Incarcerated:　　　　　Youth in prison or remand centres whose freedom of movement is circumscribed by law.

In School:　　　　　　Children who are enrolled in an institution of learning.

Institutionalized:　　　Youth in places of safety and children's homes; this group includes youth who are wards of the state.

Out-of- School:　　　　Children who are not enrolled in any institution of learning.

Parenting:　　　　　　The process of being responsible for children, their maintenance and development.

PLWHA:　　　　　　　Persons Living With HIV/AIDS

Street Children:　　　　Children 0-18 years who live or make their home on the streets where they carry out activities such as bathing, sleeping and eating.

Youth:　　　　　　　　Someone between the ages of 15-24 who has passed through the dependent stage of childhood, in the semi-indpendence of adolescence or who will soon acquire the maturity of adulthood.

PERSONS CONSULTED

The following persons were consulted in the course of the development of this policy.

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Ms. ------------Hunter	Policy Unit, Ministry of Education
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Staff and Board Members, Parents	John Rollins Success Primary
Staff and Board Members, Parents	York Castle High
	UNICEF

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✦ Guidance Counsellors – Mrs. Gloria Fuller, Mr. Dennis ---------, Mrs. Antoinette

✦ Insight was also gained from other key stakeholders, for instance, board chairpersons, principals, teachers, PTA representatives and parents/caregivers of participating schools.

✦ Design and layout of the policy was done by Mrs. Andrea Lennon-Administrative Assistant.

✦ Finally, sources of quoted material came from: HFLE Curriculum Framework, HIV National Policy Book, Jamaican Youth Risk and Resiliency Behaviour Survey, 2006, HIV/AIDS 2008 KABP Survey, National Youth Policy, Programme for Alternate Student Support (PASS), Prevention Education Programme (PEP), UNICEF Proposal, 2009, MOEY Policy for Schools, National Policy for the Management of HIV.

Statistics

Monitoring and Evaluation

The Ministry, through its units/agencies, will conduct timely monitoring and evaluation of the policy.

Details of any specific issues/ guidelines