



RESEARCH ARTICLE

DETERMINING THE EXTENT OF IMPLEMENTATION OF A CARIBBEAN SCHOOL HEALTH PROGRAMME

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ABSTRACT

Background: Health and Family Life Education (HFLE) is a life skill based program designed to be implemented in schools the Caribbean countries to enable children and young people develop skills that can improve their overall health and academics. Whereas the programme had begun in most of the Caribbean countries, many have undertaken some level of evaluation of their programmes. Trinidad has not done so. This is an attempt to begin as assessment of the implementation of the programme in Trinidad and Tobago.

Design: A qualitative design was employed to explore the research issue utilizing the Active Implementation Frameworks (AIFs). Semi-structured face-to-face interviews were held with key informants; two focus sessions were conducted with primary and secondary school teachers and also four pertinent documents were reviewed.

Results: Data gotten from these sources were analysed into themes and presented as statements. Two main themes emerged, implied need for the programme and diverse programme outlines. **Discussion:** The findings were discussed in relation to the AIFs and other literature.

Conclusion: Result from the study suggests that implementation of the programme aligns with the tenets of the AIFs to an extent. Full adherence is however necessary to achieve the full benefits of this programme.

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INTRODUCTION

Life skills is a practical way of getting students involved in learning and developing the desired acceptable social and personal behaviours. It entails interactive teaching through cooperative and collaborative learning in the way of group discussions, role playing and games (Henry, Black and Lewis, 2006). Mangrulkar, Whitman and Posner (2001) identified three key life skills namely:

- Social and Interpersonal Skills, like the communication, refusal, empathy and assertiveness skills;
- Cognitive Skills such as decision making, critical thinking and self-evaluation skills and
- Emotional Coping Skills including stress management skill.

Many authors opined on the many ways Students are assessed on Life skills education to demonstrate their competencies in life skills (Appraisal and Synthesis, 2011; Weissberg, Barton & Shriver (1997; WHO 2005).

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An Overview on Health and Family Life Education Program

Health and Family Life Education (HFLE) is a life-skill based school health program in Trinidad and Tobago designed to enable young persons to develop the essential life skills that will help them practice healthy life styles, live responsibly and excel academically. This programme 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 (MOE, 2006; UNICEF_HFLE_Ages_5-16, 2010). The history of HFLE dates back to the nineteen sixties in the Caribbean, a time that the Caribbean countries were able to assess funding to expand the educational sector. The 1978 Guyana workshop looked at the health issues among the Caribbean youths and children and this began the move to the development of Family Life Education and Health Education curriculum framework in the Caribbean Community (Rampersad, 2008). The Education Ministers from the CARICOM in 1994 in their quest to achieve respective national development goals supported a comprehensive

approach to the implementation of HFLE in schools and in 1996, thereafter, they signed a document on strategy for strengthening Health and Family Life Education in CARICOM member states; this led to the CARICOM Multi-Agency HFLE project through a UNICEF-led initiative. Regional HFLE Curriculum Framework was developed for ages five to sixteen years for primary and secondary schools; CARICOM States are to use the developed regional HFLE curriculum framework to develop their curricula based on their national needs (UNICEF_HFLE_Ages_5_16, 2010).

The Trinidad and Tobago's HFLE curriculum was developed under these four themes of the CARICOM HFLE Regional Curriculum Framework:

- Self and Interpersonal Relationship
- Sexuality and Sexual Health
- Eating and Fitness
- Managing the Environment.

The HFLE program was designed to be taught using the life skills approach. Life skills which are abilities and behaviour that help individuals to deal effectively with the challenges and demands of everyday life (Page and Page, 2011; Report of a WHO Expert on Comprehensive School Health Education and Promotion, 1997).

Further, the CARICOM HFLE regional curriculum framework identified two main approaches to HFLE delivery namely:

- Stand-alone; and
- Integration

These approaches have their advantages and disadvantages, as well as implication for teacher training. The Stand-alone approach has the advantage of covering vast HFLE content and requires trained HFLE teachers. On the other hand, the Integration approach saves time, material and human resources; it also requires a high level of organization in terms of planning and joint-working activities across subject areas. The recommended HFLE delivery approach is the Combination of the Stand-alone and Integration approaches. Student assessment should be on attitude, knowledge, behaviour and skills; and be formative and summative. The suggested alternative assessment strategies are portfolio, performance-based assessment, student-designed assessment and journal writing (Health and Family Life Regional Curriculum Framework for Ages 9 -14).

Implementing Health Education Programmes in the schools the CARICOM countries

A few countries in the CARICOM countries have documented to some degree implementation levels of the HFLE programme. For example, HFLE is a separately timetabled subject since 2010 and has expanded to at least 80 schools in Guyana. In 2014, an evaluation was done on the pilot timetabled HFLE by a consultancy group and the report was commissioned by UNICEF and Guyana's Ministry of Education. Findings indicate that HFLE has support at all levels of Guyana's educational system since they believe that HFLE can equip students with life skills in ways other subjects cannot. In addition, the timetabled HFLE is seen as being effective in enhancing students' attitudes and knowledge; also the timetable HFLE appears to have reduced bullying, drug

use, alcohol consumption and early sexual onset among students (Evaluation Report on Piloting Health and Family Life Education as a timetabled subject, 2014). Also in Jamaica, HFLE is taught as a separate subject and also timetabled for primary and secondary schools across the Island; study done on HFLE implementation in Jamaica showed that HFLE can be a means of impacting positive attitudes on students and improving students' behaviours, healthy living and academics excellence (Tindigarukayo, 2013). We are not aware of documentation of the implementation of the HEFE programme in the school of Trinidad and Tobago. As a result we sought to document the views of the (a) teachers, implementers, as well as the (b) designers of the programme with a view to ascertaining their perspectives related to the implementation of the HFLE programme in their schools. Furthermore, The Vice-President of National Parents Teachers' Association (NPTA) has advocated the teaching of HFLE curriculum as a separate subject from primary to secondary schools in Trinidad and Tobago. She also explained that teachers have problems implementing HFLE (Guardian Newspaper, 2011). Calls have been made for the HFLE program to be monitored and evaluated by the Ministry of Education to ascertain its extent of implementation in Trinidad and Tobago (HFLE Training Manual, 2009; Wayoro, 2014). Onuoha, Ferdinand & Onuoha (2015) in their study indicated the need to evaluate school program to ascertain their extent of implementation.

We have sought to undertake this study by utilising the usable Intervention component of the Active Implementation Frameworks. This tool is designed for undertakings and has been used by a number of authors (Samdal and Rowling, 2013; McKenzie *et al.*, 2009; Morgan and Hansen, 2008; Onuoha, Dyer-Regis and Onuoha, 2017; Javier...*et al.*, 2015; Mangrulkar *et al.*, 2009).

Objective of the Study

This study is aimed at ascertaining the extent to which HFLE is implemented in Trinidad and Tobago using the usable intervention of the Active Implementation Framework.

METHODOLOGY

Research Method: This study used a qualitative research method since the researchers were interested in exploring the participants' experiences and perspectives as they relate to the extent to which HFLE is implemented in Trinidad and Tobago. Qualitative researchers are interested in exploring and understanding people's lived experiences; and the meanings they ascribe to those experiences (Miles, Huberman & Saldana, 2014). In this study, case study was adopted in the determination of the implementation of the school health programme (Merriam 1998).

Sampling Technique: A purposive sampling technique was used to identify the research participants (Creswell (2013). These are Five (5) Key informants and fifteen (15) teachers who were selected based on the criteria that they have experiences with HFLE implementation. Eleven out of the selected teachers participated in the study.

Profile of Sample: The teachers selected for this study were registered students in a Master's degree programme in Education at the University of the West Indies and had been exposed to HFLE delivery and preparation; seven of the

teachers function at the secondary level and four at the primary level. The five key informants are those who were involved in development of the HFLE policy and curriculum as well as training of teachers for HFLE delivery in Trinidad and Tobago.

Data Collection Techniques: We heeded the suggestion of Miles *et al.* (2014) advocating for the use of multiple-source data collection technique. In this study we used; (a) face-to-face, (b) two focus group sessions, and (c) documentary analysis. The key informants were interviewed on different days and each lasted for about one hour. The focus group sessions were conducted on two separate day and each lasted for about one hour twenty minutes.

These documents were analysed: the New Primary Integrated Curriculum, the Health and Family Life Secondary Curriculum for Forms one to three, the Trinidad and Tobago Global School Health Survey for Forms One to Four (2011) and Health Report Card for Trinidad and Tobago (2011).

Data Collection Instrument: Focus group guide with lead and probe questions were used with the teachers. The Focus group guide was prepared to guide the process in an efficient and orderly manner so as to efficiently collect meaningful and usable data. Semi-structured interview was used to collect data from the key informants.

Data Analysis: Creswell (2013) indicated that in qualitative data analysis, codes 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 themes. Furthermore, codes, categories and themes were derived from the documents analysed. These themes were placed under the AIFs, along with literature and presented in text.

RESULTS

Using the Usable component of the Active Implementation Framework, the result was organised presented in two main themes: (a) Implied need for the programme and (b) Diverse programme outlines.

1) Implied Need for the Program

The theme "Implied Need for the program" falls under Usable Intervention, which is framework one of the AIFs. The categories under this theme are: (a) Pervasive Risky Behaviour and (b) Psycho-social/Academic Benefits.

1 a) Pervasive Risky Behaviour: Data collected from the documents revealed that students were engaging in various aspects of unhealthy lifestyles. Findings of Trinidad and Tobago Global School-Based Health Survey (2011) indicated the following:

- Among students who ever had a drink of alcohol (other than a few sips), 86.5% had their first drink of alcohol before age 14 years
- 74.6 % of students usually drank carbonated soft drinks one or more times per day during the past 30 days
- Among students who ever used drugs, 77.2% first used drugs before age 14 years

- 17 % students seriously considered attempting suicide during the past 12 months while 14.4% actually attempted suicide one or more times during the past 12 months
- Only 29.2% of students were physically active for a total of at least 60 minutes per day on five or more days during the past seven days
- 27.1% of students ever had sexual intercourse. Among those, 62.2 % had sexual intercourse for the first time before age 14 years
- 10% of students smoked cigarettes on one or more days during the past 30 days. Among students who ever smoked cigarettes, 83.9 % first tried a cigarette before age 14 years
- 35.9 % of students were in a physical fight one or more times during the past 12 months

The Health Report Card for Trinidad and Tobago (2011) analysed showed the following:

- 23% of primary school children in Trinidad and Tobago were overweight/obese
- 25% of secondary school aged children were overweight/obese
- Most common types of food consumed were high in fat, salt, sugar and other simple carbohydrates while fibre intake was generally very low

Furthermore, on page 65 of the New Primary Integrated Curriculum (NPIC), it explains that young people are at risk and the risks are evident in the problems which they now face in their day to day lives; many young people are not equipped to recognise, examine and assess the many options before them. Also, the key informants indicated that there are reports of violence, rape, teenage pregnancy, bullying, drug use and alcohol in-take among students.

1 b) Psycho-Social/Academic Benefits: The HFLE Curricula analysed showed that HFLE program can be beneficial to students in Trinidad and Tobago. The New Primary Integrated Curriculum teachers' guides indicates that the new Primary Curriculum envisages preparing the children with the knowledge, skills and dispositions to optimize their own development and ultimately to constitute a caring, respectful and socially conscious citizenry which will completely lead our country onto the world stage. Similarly, the HFLE Secondary School Curriculum explains the benefits that students and society can derive from the implementation of HFLE through the acquisition of life skills such as empathy, refusal, assertiveness and creative skills. The document explains that HFLE will enable students to develop life skills with which they will be able to take control of their health and life styles, make good choices, live healthy, and make positive contributions to the society. The document goes on to explain that HFLE enables students to acquire attitudes, knowledge, skills and values which would empower them to develop healthy lifestyles and make good choices and decisions that would impact positively upon themselves, their homes and their communities. HFLE promotes psychosocial competence in children and youth, by teaching them life skills which are abilities for adaptive positive behaviour. In addition, the key informants indicated that HFLE is a small part of developing a child; that is looking at HFLE from the whole perspective in terms of the four HFLE themes, those themes if well taught will empower students who will then be able to take

responsibility for their actions. They stated that students are deprived from this benefit when they are not taught HFLE. The focus group participants explained that HFLE is an excellent avenue to encourage students’ voice, to foster self-efficacy, empowerment, positive behaviours by giving them the tools to deal with the many challenges they face on a daily basis.

2) Diverse Program Outlines: This theme falls under framework one of AIFs which is Usable Intervention. The categories that formed this theme are: (a) Integrated Curriculum (b) Stand-alone subject and (c) Comprehensive Content Outline.

2 a) Integrated Curriculum: HFLE is integrated into the curriculum for primary schools. The New Primary Integrated Curriculum (NPIC) document that was analysed shows that some HFLE topics were integrated into the nine subjects across the Primary school levels (Infants 1 to Standard 5). It also highlighted skills students are expected to acquire at the end of the lesson as well as intended outcomes. The following assessment strategies were indicated in the New Primary Integrated teacher’s guide: Journal writing, oral presentation, reports, projects, self/peer evaluation and portfolio. Some excerpts from the NPIC are shown in the table below:

one Biology teacher was teaching symbiosis and parasitic relationships in organisms; he moved right into relationships in human beings and he began to speak about those that are mutually beneficial and those that are so toxic and he gave them a scenario and had them role play it.

2 c) Comprehensive Content Outline: The HFLE Secondary Curriculum (SC) content was developed around these four themes of the HFLE Regional Curriculum Framework: Self and Interpersonal Relationship, Sexuality and Sexual Health, Eating and Fitness, and Managing the Environment; Topics and Sub-topics were developed under each of the themes. HFLE SC is organised into different secondary school’s levels (Forms one, two and three), and further organised into the three terms that make up each academic year. The content of the HFLE SC also has specified targeted life skills (such as decision making, creative thinking, managing stress, effective communication, self-awareness and critical thinking), suggested teaching and learning strategies, teaching resources, related values and attitudes, specific learning outcomes, assessment and social actions. The document mentioned the different suggested teaching and learning strategies such as exchanging stories, role playing, drama, group work and class discussion. The suggested assessment strategies are

Table 1. Extracts from the NPIC

Level/Subject/Theme	Content	Skills	Dispositions	Outcomes
Infant 1-Visual & Performing Arts. Theme: Sexuality & Sexual Health	Become aware of the body and what it can do	Explore what the body can do through body actions involving the whole body and body parts	Develop awareness	Self- Demonstrate what the body can do through body actions involving the whole body
Infant 2- Visual & Performing Arts. Theme: Eating & Fitness	Understanding the Importance of Consuming Healthy Foods	Consuming Healthy and Unhealthy Food.	Foods	Healthy and unhealthy Food
Standard 1- Values, Citizenship and Character Education Themes: Self/interpersonal relationships	Understanding the need for rules	Propose rules for the classroom and the play ground	Allow everybody to participant	Give simple justification for the existence of rules
Standard 2- Social Studies. Theme: Managing the Environment	Air Pollution: Types, Causes and Prevention	To formulate plan to solve an environmental problem in the school.	Demonstrate positive attitudes towards maintaining a clean environment	Recognise that pollution can negatively affect the environment
Standard 3- Physical & Health Education. Theme: Eating & Fitness	Healthy Habits: Describe benefits from participating in regular exercise & physical activities.	Practice drinking of water and eating healthy foods.	Foster positive team spirit	Employ healthy habits as part of their daily life styles.
Standard 4- Sciences Theme: Eating and Fitness	Justify the need for eating healthy food	Extract Information about ingredients and methods of food preparation from varied sources	Exhibit self-control in choosing healthy options	Justify their choice of healthy foods.
Standard 5-Sciences Theme: Managing the Environment	Conservation & Sustainability: Appraise strategies used for conserving & sustaining the environment	Research Initiatives of various environmental protection agencies	Show concern about the destruction of the environment	Appreciate the need for conservation as a means of sustaining the environment.

Retrieved from moe.edu.tt/Learning/Primary/Curriculum: Primary Curriculum Guides (2014)

The above table gives examples of the integration of HFLE themes into some subjects for Infant one through Standard Five.

2 b) Stand-alone: The Secondary Curriculum Document indicated that HFLE is to be taught as separate subject, timetabled two 40 minutes periods a week in the Secondary Schools. This stand-alone posture was supported by one of the key informants. Similarly, some of the focus group participants stated that HFLE is taught as a separate subject at their schools to forms one, two and three for 35 minutes per week. On the other hand, in some secondary schools, teachers incorporate some HFLE topics into their lessons. This was indicated by one of the key informants as she stated that during a field trip,

observation, competition, game, reflective statement about HFLE which is to be placed in the portfolio. Portfolio is the suggested assessment tool to be used.

The table above shows that the HFLE Secondary Curriculum is specific learning outcomes and targeted life skills as demonstrated in one of the HFLE themes with topic, sub-topic, targeted life skills, suggested teaching, learning and assessment strategies, specific learning outcomes, resources, values and attitudes and learning outcomes. The curriculum outline as shown in table 2 is on the theme of “Self and Interpersonal Relationship” for form one, term one on page 32 the HFLE Secondary Curriculum.

Table 2. Extract from the HFLE Secondary Curriculum for Form One, Term One

Theme: Self and Interpersonal Relationships						
Topic: Self Image and Self Improvement						
Sub-topic: Exploring Dimensions of Self / Learning to Manage Emotions / The Communication Process.						
Content	Life Skills Targeted	Suggested Teaching/Learning strategies	Resources	Related Values and Attitudes	Specific Learning Outcomes	Suggested Assessment/Evaluation
Welcome to Health and Family Life Education Introduction of the portfolio as the suggested assessment tool to be used throughout the programme of work. Who am I? How do I see myself and how do significant others (parents, peers, teachers, Community) see me.	Effective communication	Exchanging stories. Role playing	Video clips. Personal Stories.	Analysis Respect.	Share their expectations of HFLE after being introduced to the purpose and process of the programme of work.	Observation of individual interaction in the classroom
	Negotiation / Refusal	Establishing class/group rules for interactions during sessions.	Newspaper / Magazine articles.	Self-acceptance		
	Assertiveness, Problem solving,	Drama / Role Play	DVD clip highlighting the risk activities of young people.	Self-awareness, Ethics	Learn what self-image is, how it is formed, how it relates to behaviour, and how it may be improved.	Write a reflective statement about HFLE to be placed in the portfolio.
	Decision making	Class discussions				
	Critical thinking,	Brainstorming	Scenarios/stories.			
	Creative thinking	Group Work.	Personality Charts.			
	Managing feelings,	Lecture	Posters.			
		Resource	Photographs.			
		Person person	Films on communication.			
		Stimulation				

The table above is an extract from the Secondary School Curriculum Forms 1 – 3, Health and Family Life Education, Retrieved from <http://www.ibe.unesco.org/curricula/trinidadtobago>.

One of the focus group participants expressed that Students have the different HFLE themes broken down, structured and taught them based on their levels at the secondary school. Furthermore, In the HFLE SC analysed, the intended Learning outcomes such as “skill outcomes” where students are helped to develop cognitive skills like analysis, comprehension, application, critical thinking, decision making and problem solving skills were explained. Another intended Learning outcome as expressed in the HFLE SC is the “Knowledge and Concept Outcomes” where students develop skills on how to explain, describe and demonstrate an appreciation of the diverse nature of Trinidad and Tobago, demonstrate an understanding of concepts like family, religion, government, conflict resolution, culture and freedom. The Last intended Learning Outcome on page 26 is “Attitude and Values outcomes” which expresses that students are expected to empathize with the values and perspectives that guide the behaviour of people from different culture; value the contributions made by all cultures to the advancement of society; act to preserve the fundamental principles and ideas of a democratic society.

DISCUSSION

Theme 1: Implied Need for the Program

From results presented under the theme “Implied Need for the Program”, it appears that HFLE Program can help students to acquire psycho-social skills that will enable them to adopt positive behaviours. AIFs in Framework one postulates that for a program to be successfully implemented, it must be beneficial and needed in the society. The reviewed documents as well as data from key informants and focus group participantstend to suggest that the HFLE program is needed and is beneficial to students and the society. HFLE is going to help student engage in healthy lifestyles and help curb the

pervasive risky behaviours indicated in the documents reviewed. This finding is in consonance with what the literature stated that school health programs provide students with skills and information that enhance their well-being. Many authors have indicated that implementing health programs in schools is one of the ways to promote good health and maintain social, mental, cognitive and emotional health among students (Marks, 2102; Page and Page, 2011; Mckenzie et.al 2009). In addition, studies done on School Health Programs indicated that those programs have positive impact on students’ academic performance and behaviour; these programs help students develop social skill and cognitive skills (Onuoha, Dyer-Regis and Onuoha, 2017; Javier...*et al.*, 2015; Evaluation Report on Piloting Health and Family Life Education as a timetabled subject, 2014; Tindigarukayo 2013). It is vital for HFLE to be implemented properly at all primary and secondary schools in the country as it appears to have positive impacts on students’ lives such as improvement in academics and behaviour as indicated in previous studies.

Theme 2: Diverse Program Outline

The theme “Diverse Program Outline” was placed under the Usable Intervention of AIFs were the program content should be outlined. Result shows that that both at the primary and secondary levels, the program outline adequately addresses the key components of teaching, learning and assessment strategies; as well as specific learning outcomes and targeted life skills. At the primary level, HFLE is integrated into the nine subjects at all levels from infant one to standard five as shown in table 1. At the secondary level, result from the study suggests that HFLE is timetabled as a subject in some schools while teachers at some schools incorporate topics from HFLE into their lessons. Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion (1997) indicated that life skills can be taught as a separate

subject or can be integrated into the curriculum. Similarly, stand-alone and integration were the two approaches mentioned in the HFLE regional framework for the delivery of HFLE at schools (UNICEF_HFLE_Ages 5- 10, 2010). At the Usable Intervention which is framework one, AIFs postulates that program's content should be outlined properly; stating clearly the intended outcomes, teaching and learning strategies. Also, Page and Page (2011) indicated that life skills can be effectively taught by using interactive teaching strategies such as games, open discussion, role playing, drama and cooperative learning; and portfolio, essay writing and journal writing can be strategies for assessment. The New Primary Integrated Curriculum (NPIC) analysed highlighted skills students are expected to acquire at the end of the lesson as well as intended outcomes. The New Primary Integrated teacher's guide highlighted different assessment methods that can be used such as Investigation, Journal writing, oral presentation, reports, projects, self/peer evaluation and portfolio. The HFLE Secondary Curriculum (SC) was developed around the four themes of HFLE. It was outlined chronologically according to year groups and organised into the three terms that make up an academic year. The teaching, learning and assessment strategies were outlined as well as specific learning outcomes and targeted life skills as shown in table 2. There appears to be an alignment of the NPIC and HFLE SC with AIFs at Framework one which is on Usable Intervention in terms of outlining intended outcomes, teaching, learning and assessment strategies.

Results from the study indicated that there is need for HFLE to be implemented in Trinidad and Tobago as there are many benefits that students can derive from it. Regional Curriculum Framework ages 9 – 14 (2010) stated that for programs to be delivered through an integrated approach, it requires proper planning and organization. Therefore it is expedient that there is proper planning and organization of HFLE delivery at the primary level where HFLE is taught through the integrated approach for it to achieve its intended outcomes.

Conclusion

School health programs are introduced in schools to help students develop skills that they can use to navigate and cope with life's challenges; thereby enabling them to be responsible to themselves and the society. Implementing HFLE is crucial in Trinidad and Tobago in light of various risky behaviours engaged by students; more so it is vital for HFLE to be implemented properly at all primary and secondary schools in the country so as to accrue all the benefits that can be derived from it. Result from the study suggests that with regards to Framework one of AIFs, there is alignment of the HFLE program content outline with AIFs to an extent; this is first step towards putting the HFLE into practice and if other structures are placed to ensure effective implementation of HFLE and also with adequate planning and organization, then the objectives of the program can be achieved.

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