HEALTH AND FAMILY LIFE EDUCATION

TEACHER TRAINING MANUAL

THEMES:
Self and Interpersonal Relationships
Sexuality and Sexual Health
Appropriate Eating and Fitness
Managing the Environment

Second (2nd) Edition
July 2009

Acknowledgements

TEACHER TRAINING MANUAL
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1.0 PURPOSE AND OVERVIEW OF THE TRAINING MANUAL

This manual has been developed in order to support the implementation of the revised Health and Family Life Education (HFLE) curriculum to be implemented in schools across the island. In order to be able to teach a new curriculum using the non-traditional teaching methodology and strategies of the Life Skills approach, those involved in delivering this new curriculum need to participate in effective training and development activities that result in building their sensitivities, knowledge, skills and capabilities to create a learning environment that facilitates students' learning in an enjoyable manner.

The social dynamics within which our children and teachers operate are changing in a manner that places new demands on their psyche and the resultant relationships within and outside of the classroom. These changes require a new way of thinking on the part of teachers and school administrators in order to create a learning environment that motivates students to seek after knowledge and become agents in their own learning process.

The principles embodied in the Life Skills approach to learning form the basis of the training practices adopted in this manual. Silberman (1999) explains that learning that is embedded in a Life Skills approach influences the mind of both teachers and students in a positive manner. Students are inspired to engage in the processing of information rather than just regurgitating information from a book, or the chalkboard, or from the teacher. The Life Skills approach to teaching and learning develops "lifelong habits of thinking on the part of students." Students will think about "how and what" they are learning, thus taking responsibility for their own education.

1.1   Training Objective

The Health and family Life Education (HFLE) staff training aims to provide opportunities for training participants; to explore the nature and benefits of incorporating the HFLE curriculum in schools, participate in planning, implementing and assessing HFLE lessons using the Life Skills, participatory methodologies, thus building their knowledge, skills, abilities and attitudes so that they can become effective HFLE teachers in Jamaican schools.

1.2   Learning Objectives

The HFLE Staff Training Programme was designed in order to adequately prepare teachers to deliver the HFLE curriculum to grades 1 to 9 in Jamaican schools. In order for teachers to be able to do this they will be taken through a process of instruction that seeks to develop their abilities to deliver instruction in the HFLE curriculum using the Life Skills approach. As such, by the end of the HFLE staff training programme, teachers should be able to:

    1.2.1   Interpret the four HFLE themes against the background of the CARICOM Regional Framework. The HFLE themes are:

- Self and Interpersonal Relations
- Sexuality and Sexual Health

- Eating and Fitness, and,
- Managing the Environment

1.2.2   Experience greater psychological comfort with their own:

- Emotions
- Values
- Sexuality
- Social and interpersonal relations
- Coping mechanisms

1.2.3   Engage in individual and group processing and evaluation.

1.2.4.   Participate in HFLE lesson planning processes utilizing the Life Skills-based interactive teaching methodologies.

1.2.5   Deliver selected components of the HFLE curriculum using the Life Skills-based approaches.

1.2.6   Design alternative assessment procedures to be applied to teaching the HFLE curriculum.

1.3   Training Evaluation

In order to ascertain the effectiveness of the training, the trainer should conduct training evaluation at the start of training, along the way and at the end. At the beginning of the training during registration, a pre test questionnaire should be administered. This questionnaire should be short and should seek to determine the knowledge, skills and attitude levels of the participants with respect to the themes of the Health and Family Life Education curriculum.

During the training sessions, the trainer should use a Rubric (see sample in Session Five, Alternative Assessment of this manual) to record participant's level of involvement and participation in the various training activities. Levels of mastery should also be recorded.

Journaling should be used as another training evaluation strategy. At the end of the first day of training, participants should be given a notebook, called a journal, which they will label with their name and school. The trainer will place three questions on the wall chart that participants will record at the front of their journal. The questions are:
- What went well?
- What could have been improved?
- What are your questions/comments?

The trainer will budget for fifteen minutes at the end of each training day for participants to answer these questions in their journals.

The journal entries are a vital source of data to be used in the training evaluation. The trainer should read through the entries of each day and provide written feedback consistent with each journal entry for that day. The first session of the next training day should be spent addressing some of the salient issues recorded in the journals the day before, in an open discussion forum.

At the end of the training session, just prior to doing the reflections the pre-test instrument should be re-administered. This is important for the trainer as the responses would be a vital source of measurement of the changes in knowledge, skills and attitudes with respect to the HFLE curriculum planning and delivery that are attributable to the training experience. A copy of the pre-test/post test accompanies this manual. Facilitators may request permission to view the training evaluation report based on the first round of training. This will provide some guidance on how to analyze, interpret and report on their training sessions.

These evaluation methods are critical to the future planning and delivery of the teacher training programme as well as the delivery of the HFLE curriculum in schools.

1.4   Using the Manual to Implement the Training

The manual was written to support teacher training that lasts for four days. It is acknowledged however that in many situations training to teach HFLE cannot be accommodated in four days because of resource constraints. Often only a few hours in a day can be devoted to the training. The manual does lend itself to this kind of stand-alone treatment of the relevant issues. Trainers would need to determine through a mini needs analysis procedure which skills are most lacking among the proposed trainees, then apply the instructional sections relevant to meeting those needs.

Trainers should adopt strict time management strategies to ensure that the training follows the schedule exactly. Begin on time even if all are not present and end on time according to the schedule. Encourage trainees to adopt the same principle in their various trainee tasks. Ideally there should be a timer that is set for each activity that alarms when the time has expired for that activity. It is typical for trainees to want to discuss a lot of items at different points during the training. The trainer should not allow issues irrelevant to the issue at hand to consume the training time. Promise to address those issues outside of the training time either at the end of the training day or early in the morning prior to the start of training.

On pages 283 to 290 three different options to providing HFLE teacher training have been given; **four-day model, three-day model and one-day model**. The three-day and one-day options would require that the trainer select the areas that would provide adequate treatment of the topics so that trainees can leave the training session empowered with skills to be able to implement the HFLE curriculum, albeit under the supervision of the Health Promotion Education Officer, Guidance Officer or other Master Trainer. Below is set out the areas that should be addressed during a three-day or one-day training programme.

1.4.1   Three-day Training Programme Model

➢ **Overview of Health and Family Life Education – No More Than 30 Minutes**
This is a brief overview of some key issues addressed in the manual. The trainer may do a power point presentation that looks at:

- The need for Life Skills education among children and youth
- Locating HFLE within a CARICOM multi-agency, multi-sectoral thrust for improving the social quality of life within the Region
- Definition and focus of HFLE
- Ethical Guidelines for the delivery of HFLE
- Overview of the four themes of the HFLE curriculum with key ideas of each
- Methods of delivery – discipline-based or integrated within the school curriculum, and the advantages and disadvantages of each of the methods of delivery

➢ **Regional Standards and Core Outcomes – 30 Minutes**

Trainers should implement both the training activities (4A and 4B) on page 24 in this session.

➢ **Exploring the Self – 120 Minutes**

The three-day training should implement all four training activities (8A to 8D) in this section of the training. The amount of time spent on this session depends on the specific needs of trainees, as identified by the trainer, as well as the relevant resources to address them. The trainer should not stop the session early if teachers are expressing concerns about the openness in engaging in sex talk and correct approaches to be taken in dealing with children and teenagers who are involved in sexual intercourse.

The trainer should, however acknowledge his or her limitations as it relates to the ability to deal with sensitive issues relating to trainees' strong views on the varying sexuality issues. Attitude change is a long and deliberate process. "Rome wasn't built in a day." Other intervention strategies may need to be adopted calling on persons who form the cadre of resource persons within the education system.

➢ **HIV and AIDS Education – 90 Minutes**

The activities under this session are all relevant to the social issues with which our children and youth have to deal. The trainer must not assume that because a school caters to children and youth in the upper socio-economic status of the society, neither the teachers nor the students will have to meet these challenges. The only training activities that can be eliminated here are 9B and 9E. This is so since the Facts and Fiction activity will touch on some of these issues. The section dealing with the HIV/AIDS statistics (6A) can be short as the trainer can supplement this section with a handout made from the materials in the section marked, "HIV/AIDS Education Resource Materials."

➢ **Life Skills Education – 90 Minutes**

The time allocated to each activity should be reduced by ten to fifteen minutes so that the following training activities can be implemented:
What is Life Skills Education – 5A
Theories Supporting Life Skills Education - 5B
Types and Categories of Life Skills – 5C
Translating Life Skills into Specific Steps – 5E

Eliminate activity 5D, Using Life Skills to Promote Positive health Behaviours. This area will be addressed the Methods Session (6A to 6E) in the manual. The trainer should make a note of this and point out the way life skills are used to promote positive health behaviours as the various activates are implemented.

➢ **Interactive Teaching Methods – 120 Minutes**

All training activities (6A to 6E) in this training session should be implemented. The four-day model allots three hours for this session. The trainer should therefore reduce the time on some activities to allow for adequate time to be given to the entire session.

➢ **Alternative Assessment Methods – 60 Minutes**

All three training activities (7A to 7C) should be implemented. The time allotted should be reduced to twenty minutes each to allow for coverage of all the activities. More than one sample performance task rubrics

should be prepared ahead of this training session to reduce the time spent on achieving the learning points in the session. A sample portfolio activity should also be prepared ahead of time for use in this session.

> **The Model Lesson Presentation by the Trainer – 60 Minutes**

This activity should be done as a stand-alone activity and not linked to the practice lesson planning and presentations to be done by the trainees. The trainer or a team of trainees should prepare a lesson prior to the start of the training. This is important as once the training sessions have begun the trainer may find himself or herself too caught up in the coordination and presentations so that the lesson may not get planned.

The lesson should be written on flip chart paper for displaying on the board so that the training group can peruse it together identifying and discussing the relevance, adequacy and relationships between the life skills learning objectives, developmental activities and culminating activity. Only about ten minutes should be spent on this task. The trainer should have an adequate supply of resource materials to assist in delivering the lesson, following closely (to the T), the Life Skills Interactive Methodology approaches.

At the end of the lesson, each group of trainers should be given five to ten minutes to process their critique of the lesson along the lines given below. Each group should then comment on the lesson pointing out the positives and negatives using the guidelines from the Life Skills and HFLE themes discussed in this manual between training sessions one to six.

How to review a lesson
Have groups spend five to ten minutes discussing the presentation in relation to the plan before reporting their impressions.

> **Practice Lesson Planning (45 Minutes); Presentations (30 Minutes for each group); and Reviews (10 Minutes for each lesson)**

Only three of the lessons can be planned during training time. Trainers should assign one of the lesson-planning sessions as homework activity. Choose between Managing the Environment and Appropriate Eating and Fitness. All trainees should plan these lessons. The other two themes, Self and Interpersonal Relationships and Sexuality and Sexuality and Sexual Health, are foundation themes and should be given their full time allotment during the training. On the final day of the training, have some of the trainees present on Managing the Environment and others present on Appropriate Eating and Fitness. This will allow for demonstrations and review of lessons from all the themes.

1.4.2   One-day Training Programme Model

Every effort should be made to have the training over three days, even if these may be three days during different time periods: over three weeks or over a fortnight. Where this is definitely not possible because of resource or other constraints, this one-day model has been developed for guiding the trainer. It is important to note that the one-day model can only be successfully implemented with a small group of trainees: five to 15 persons. If there are more persons the trainer should divide the group and conduct more than one training programme.

➢ **Overview of Health and Family Life Education and Regional Standards and Core Outcomes Combined – No More Than 30 Minutes**

This is a brief overview of some key issues addressed in the manual. The trainer may do a power point presentation that looks at:

- The need for Life Skills education among children and youth
- Regional Standards and Core Outcomes outlining the key issues associated with each theme
- Definition and focus of HFLE
- Ethical Guidelines for the delivery of HFLE
- Methods of delivery – discipline-based or integrated within the school curriculum, and the advantages and disadvantages of each of the methods of delivery

➢ **Exploring the Self – 60 Minutes**

Reduce the time for each activity but implement all four activities (8A to 8D) in this section of the training. The amount of time spent on this session depends on the specific needs of trainees, as identified by the trainer, as well as the relevant resources to address them.

The trainer could convene a separate session at some other time to complete or address some of the unanswered questions of this session only. In fact a series of one hour sessions may be convened that seek to address some of the very sensitive and, or controversial issues that need clarification and expansion.

The trainer should, however acknowledge his or her limitations as it relates to the ability to deal with sensitive issues relating to trainees' strong views on the varying sexuality issues. Attitude change is a long and deliberate process. "Rome wasn't built in a day." Other intervention strategies may need to be adopted calling on persons who form the cadre of resource persons within the education system. The School's Guidance Counselor as well as an expert in values clarification maybe called in to coordinate some of these discussions.

➢ **HIV and AIDS Education – 60 Minutes**

Reduce the time allotted for each activity. Because all the activities under this session are relevant to the social issues with which our children and youth have to deal, the trainer should seek to complete all except 9B and 9E. This is so since the Facts and Fiction activity will touch on some of these issues. The section dealing with the HIV/AIDS statistics (9A) can be short as the trainer can supplement this section with a handout made from the materials in the section marked, "HIV/AIDS Education Resource Materials." The trainer must not assume that because a school caters to children and youth in the upper socio-economic status of the society, neither the teachers nor the students will have to meet these challenges.

➢ **Life Skills Education – 60 Minutes**

The time allocated to each activity should be reduced by ten to fifteen minutes so that the following training activities can be implemented:
What is Life Skills Education – 5A
Theories Supporting Life Skills Education - 5B
Types and Categories of Life Skills – 5C
Translating Life Skills into Specific Steps – 5E

Eliminate activity 7D, using Life Skills to Promote Positive health Behaviour. This area will be addressed in the Methods Session (6A to 6E) in the manual. The trainer should make a note of this and point out the way Life Skills are used to promote positive health behaviours as the various activites are implemented.

➤ **Interactive Teaching Methods – 60 Minutes**

All training activities (6A to 6E) in this session should be implemented. The four-day model allots three hours for this session. The trainer should therefore reduce the time on some activities to allow for adequate time to be given to the entire session.

➤ **Alternative Assessment Methods – 30 Minutes**

Training activities 7A and 7B should be implemented. The time allotted should be reduced to fifteen minutes each to allow for coverage of all the activities. More than one sample performance task rubrics should be prepared ahead of this training session to reduce the time spent on achieving the learning points in the session.

➤ **The Model Lesson Presentation by the Trainer – 45 Minutes**

The trainer should prepare a 30-minute lesson prior to the start of the training. The lesson should be written on flip chart paper for displaying on the board so that the training group can peruse it together. Follow the "**Guidelines for Critiquing Lesson Presentations"** given below for soliciting responses from trainees. Allow five minutes for group processing of the lesson and ten minutes for sharing the critique with the larger training group. The trainer should have an adequate supply of resource materials to assist in delivering the lesson, following closely (to the T), the Life Skills approach. The model lesson should be taken from the Self and Interpersonal Relationships Theme. With this one-day model only two lessons can be presented. The Self and Interpersonal Relationships and Sexuality and Sexual Health HFLE themes are most critical so the two lessons should come each from one of these themes.

➤ **Practice Lesson Planning (30 Minutes); Presentations (30 Minutes); and Reviews (10 Minutes)**

Since only one lesson can be planned and presented, the lesson should be taken from the Sexuality and Sexual Health theme. If the training is done over two days, the lesson planning should be a homework assignment to allow for more activities to be done during the training.

1.5 Guidelines for Critiquing Lesson Presentations

In order to fully benefit from the Life Skills Approach, trainees should be placed in work-groups prior to the training. They should be encouraged to work in these groups in order to support the development of coping and interpersonal relationships skills.

At the end of a lesson presentation, trainees should be given five to ten minutes to process their critique of the lesson along the lines given below. They may identify one or two group members to share the group's responses with the larger training group. Each group should then comment on the lesson, pointing out the positives and negatives. The lessons should seek to pattern the model presented by the trainer.

There should be evidence of life skills clearly written at the start of the lesson.

The learning objectives should be written:
➤ Using the upper levels of Bloom's Taxonomy of Learning Objectives.
➤ Student's learning objectives and not as the teacher's teaching objectives.
➤ Using a combination of the cognitive and affective domains.

Developmental activities:
- ➢ Look out for interactive methods.
- ➢ The activities should lead to the achievement of the varying learning objectives and demonstrate the Life Skills Development identified earlier in the lesson plan.

Class management:
- ➢ Ensure that class members show respect for each other.
- ➢ Wide coverage of the class members, movement throughout the room.
- ➢ Positive feedback to students who give responses.
- ➢ Managing the time so that the lessons come to an end within the allotted time.

The culminating activity:
- ➢ This should serve to summarize the learning points of the lesson.
- ➢ Should be carried out by the learners and should provide feedback to the teacher that the learning objectives have been achieved.

Using the Resource Handbook

A resource handbook has been created to support this manual. It contains supplementary information on all the topics contained in the thirteen sessions. This is intended to be resource information for the Master trainers, trainers and those implementing the HFLE programme in school. The resource material is organized in the same order as in the manual.

2.0 OVERVIEW OF HEALTH AND FAMILY LIFE EDUCATION

The Ministry of Education has projected in the Final Report of the Task Force on Educational Reform a profile of the educated Jamaican to be one who loves to learn and will therefore be a lifelong learner, continuously developing wisdom and knowledge. He /she will also be well-rounded, agile of mind, able to adjust to different situations, responsible and able to make decisions. This Jamaican would also contribute to national development by being socially-aware and responsible, conscious of what is good for society, committed to a sustainable lifestyle, spiritually-conscious and mature, tolerant of diversity and rooted in his/her Jamaican "Smaddiness". (Task Force on Educational Reform Final Report, 2004)

The Health and Family Life Education curriculum using the life skills-based approach has the potential to facilitate the acquisition and development of the requisite attitudes, knowledge and skills in our students enabling them to become productive citizens in charge of their personal advancement and contributing to national, socioeconomic and political development.

2.1 The Need for Life Skills Education among Children and Youth

Programme evaluation studies in other countries reveal that competence in the use of life skills can:

➢ Eradicate the onset of drug abuse
➢ Prevent high-risk sexual behaviours
➢ Facilitate anger management and conflict resolution
➢ Improve academic performance
➢ Promote positive social adjustment

Children and adolescents who fail to acquire the skills for interacting with others in a socially acceptable manner early in life often engage in unhealthy behaviours and are at a higher risk of poor academic performance (Parker and Ashe, 1987)

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 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.

2.1.1 Why Health and Family Life Education?

There is the perception that traditional curricula do not ensure that children and youth achieve their full potential as citizens. In addition, increasing social pressures are impacting on young persons in ways that make teaching a challenge. Teachers are finding that young people are more disruptive, are more likely to question authority, and see little relevance in schooling that fails to adequately prepare them for their various life roles.

The paradox is that schools are now seen as key agencies to address some of these very issues. HFLE, then, is a curriculum initiative that not only reinforces the connection between health and education, but also uses a holistic approach within a planned and coordinated framework. It "is perceived as the viable way to bridge existing gaps to enable young persons to attain the high levels of educational achievement and productivity required for the 21st century." (UNICEF/CARICOM, 1999 p 15.)

2.1.2 The Health and Social Profile of Caribbean Children and Youth

A World Bank Country Study revealed that young persons, 10-24 years make up about 30% of the population in the Caribbean (World Bank, 2003). The data for available countries indicate that the proportion of youth 10 to 24 years varies from as high as 34% in St. Lucia to 24% in St. Kitts and Nevis.

This group has also historically been "at risk". In the past, it was infectious diseases that ravaged this age cohort. Today, however, emotional and behavioural disabilities rank high among the health conditions that affect young persons in the region. Increasingly, Caribbean youth are being adversely affected by a number of social, psychological and physical problems.

Evidence of this is sustained by the findings of Dicks, (2001); Halcon, Beuhring & Blum, (2000); Heath, (1997); PAHO (1998); UWI-Cave Hill (1998); and the World Bank (2003). The findings identified certain key social and environmental concerns: poverty, unemployment, high academic failure rates, family instability, fragmented communities, child abuse and neglect, violence, stress and alienation, the negative influence of the media, questionable sub cultures, and unavailability of physical education and recreational facilities. Health threats include such lifestyle-related conditions as diabetes, hypertension, obesity, HIV/AIDS/STIs, substance abuse, depression and teenage pregnancy.

2.2 CARICOM Multi-Agency HFLE Project

In 1994, the Caribbean Community Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach to HFLE by the Caribbean Community

(CARICOM) and the University of the West Indies (UWI). This commitment gave rise to the CARICOM Multi-Agency HFLE Project.

The objectives of the Project were:

➤ To develop policy, introducing 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 co-ordination among all the agencies at the regional and national levels in the area of HFLE.
➤ The Ministry of Education and Youth revised the HFLE curricula for rollout in 2007.

2.3   Defining Health and Family Life Education

Health and Family Life Education is a comprehensive, life skills-based programme, which focuses on the development of the whole person, in that, it:

➤ Enhances the potential of young persons to become productive and contributing adult persons.
➤ Promotes an understanding of the principles that underlie personal and social well- being.
➤ Fosters the development of knowledge, skills and attitudes that make for healthy family life.
➤ Provides opportunities to demonstrate sound, health-related knowledge, attitudes and practices.
➤ Increases the ability to practice responsible decision-making about social and sexual behaviour.
➤ Aims to increase the awareness of children and youth that the choices they make in everyday life profoundly influence their health and personal development well into adulthood.

2.4   Ethical Guidelines for the Delivery of the Health and Family Life Education

2.4.1   Responsibility to students

Teachers and other resource persons involved in the delivery of HFLE should:

➤ Have primary responsibility to the student, who is to be treated with respect, dignity, and with concern for confidentiality.
➤ Make appropriate referrals to service providers based on the needs of the student, and monitor progress.
➤ Maintain the confidentiality of student records and exchange personal information only according to prescribed responsibility.
➤ Provide only accurate, objective, and observable information regarding student behaviours.
➤ Familiarise themselves with policies relevant to issues and concerns related to disclosure. Responses to such issues should be guided by national and school policies, codes of professional organizations/unions, and the existing laws.

2.4.2 Responsibility to families

➢ Respect the inherent rights of parents/guardians for their children and endeavour to establish co-operative relationships.
➢ Treat information received from families in a confidential and ethical manner.
➢ Share information about a student only with persons authorized to receive such information.
➢ Other ongoing support and collaboration with families for support of the child.

2.4.3 Responsibility to colleagues

➢ Establish and maintain a cooperative relationship with other members of staff and the administration.
➢ Promote awareness and adherence to appropriate guidelines regarding confidentiality and the distinction between private and public information.
➢ Encourage awareness of and appropriate use of related professions and organizations to which the student may be referred.

2.4.4 Responsibilities to self

➢ Monitor one's own physical, mental and emotional health, as well as professional effectiveness.
➢ Refrain from any destructive activity leading to harm to self or to the student.
➢ Take personal initiative to maintain professional competence.
➢ Understand and act upon a commitment to HFLE.

2.5 Overview of the Health and Family Life Curriculum

The HFLE curricula are organized around four themes. These themes have been adopted from the core curriculum guide developed for teachers' colleges as part of a PAHO initiative (see PAHO/Carnegie, 1994). Standards and core outcomes have been developed for each of these themes. This thematic approach marks a departure from the traditional topic-centered organization of curricula. For example, the use of alcohol and drugs, as well as premature sexual activity, represent maladaptive responses to coping with poor self worth, boredom, failure, isolation, hopelessness and fragmented relationships. The thematic approach therefore, addresses the complexity and connectedness between the various concepts and ideas, goals, components and standards, which are associated with attitude and behaviour change.

The four thematic areas are as follows:

➢ Self and Interpersonal Relationships
➢ Managing the Environment
➢ Sexuality and Sexual Health
➢ Eating and Fitness

2.5.1   Self and Interpersonal Relationships

Key Ideas:

➢ Human beings are essentially social, and human nature finds its fullest expression in the quality of relationships established with others.
➢ Self-concept is learned, and is a critical factor in relationship building.
➢ Effective or healthy relationships are dependent on the acquisition and practice of identifiable social skills.
➢ Supportive social environments are critical to the development of social skills in order to reduce feelings of alienation, and many of the self-destructive and risk-taking tendencies, such as violence and drug-use among children and youth in the region.
➢ Teachers have a critical role to play in creating supportive school and classroom environments that preserve and enhance self-esteem, a critical factor in the teaching/learning process.

2.5.2   Sexuality and Sexual Health

Key Ideas:

➢ Sexuality is an integral part of personality, and cannot be separated from other aspects of self.
➢ The expression of sexuality encompasses physical, emotional, and psychological components, including issues related to gender.
➢ Sexual role behaviours and values of teachers and children are conditioned by family values and practices, religious beliefs, and social and cultural norms, as well as personal experiences.
➢ Educational interventions must augment the socialization role of the family and other social and religious institutions in order to assist in preventing/minimizing those expressions of sexuality that are detrimental to emotional and physical health and well-being.

2.5.3   Appropriate Eating and Fitness

Key Ideas:

➢ Dietary and fitness practices are influenced by familial, socio-cultural and economic factors, as well as personal preferences.
➢ Sound dietary practices and adequate levels of physical activity are important for physical survival.
➢ The quality of nutritional intake and level of physical activity are directly related to the ability to learn, and has implications for social and emotional development.
➢ The eating and fitness habits established in childhood are persistent, conditioning those preferences and practices, which will influence quality of health in later life.
➢ Teachers are well poised to assist students in critically assessing the dietary choices over which they have control, using the leverage provided by classroom instruction and the provision of nutritionally-sound meals in the school environment.

2.5.4   Managing the Environment

Key Ideas:

➢ All human activity has environmental consequences.
➢ Access to, and current use of technologies have had an unprecedented negative impact on the environment.
➢ Human beings are capable of making the greatest range of responses to the environment, in terms of changing, adapting, preserving, enhancing, or destroying it.
➢ There is a dynamic balance between health, the quality of life, and the quality of environment.

2.6   Methods of Delivery

The approach adopted in the delivery of life skills-based HFLE should take into account context, needs, and availability of resources. The discipline based method of delivery is the most recommended as it ensures that HFLE is visible and given priority.

There are two major approaches to delivery:

2.6.1   Discipline-based - HFLE is taught as a separate subject. This means that it is timetabled for at least one 30-minute session per week per grade for ALL grades and a lesson plan with clear objectives and learning outcomes for each lesson are developed.

2.6.2

Integration-based – the HFLE philosophy and methodologies are infused in the other subject areas in the school curriculum, so that it becomes an enabler for the school-based curriculum planning and delivery. Models of integration include the following:

➢ **Multidisciplinary** – Two or more subjects are organized around the same theme and skills. For example, subjects such as social studies, biology or science, language arts, physical education, and home economics, are subject areas that can be organized around the theme of "Eating and Fitness." The core skills are identified, and specific areas are allocated among the identified subject areas.

➢ **Interdisciplinary** – Skills form the focus of the integration among two or more subject areas. For example, if core skills such as critical thinking, communication, and problem-solving are selected as the focus, then content may be selected from two or more subject areas that are appropriate for the teaching of these skills. In this case, the content areas may or may not be directly related, since the focus is on skill acquisition.

➢ **Trans-disciplinary** – This is used in problem-based learning. For example, a problem may be loosely structured around an environmental issue in a community, which has implications for health and the quality of life of persons living in that community. The assumption is that different subject areas are embedded in the problem. Students then brainstorm to determine what they know, what they need to know, and how they are going to find out. Learning objectives, including the implicated life skills, are then determined. Students have to access the available resources and demonstrate the identified skills in coming up with strategies for solving the problem.

➤ **Infusion** - An HFLE topic area and related skills are infused into another subject area. For example, strategies for developing healthy interpersonal relationships skills may be infused into a biology lesson that critiques the range of relationships found in living organisms. Decision-making and goal-setting skills related to promoting abstinence or delaying sexual activity may be infused into a mathematics lesson that explores statistical data related to the rates of incidence of HIV/AIDS among young persons of various age groups. This method is difficult to deliver and very often the topic and related skills are not given enough attention, especially where the subject evaluation does not include the specific information or skills.

2.6.3   Advantages and Disadvantages of the two Delivery Methods

All of these approaches have advantages, as well as disadvantages, and have implications for teacher training. **The obvious advantage of the discipline-based approach is wider coverage of HFLE. This approach requires a core of teachers specially trained to deliver life skills-based HFLE.**

Though the integrated approaches are more economical, with respect to resource demands - human resources, material resources, and time resources, they require a high level of organization, with respect to planning and collaboration across subject areas in addition to special training in life skills teaching and methods/strategies for integration. For example, infusion, which is the simplest form of integration, requires that topics to be infused be developed and inventoried, that they be linked to the subjects in which they would be infused, that staff be rationally located to the tasks, and so on. In the case of trans-disciplinary integration, teachers would need additional training in problem-based learning methodologies.

The major disadvantage with the integrated approaches is that key learning outcomes, from either HFLE, or the other subject area/s, or all, may be sacrificed. Each Caribbean country has adopted its own curriculum model. For the most part, the school principals in Jamaica have agreed to adopt the discipline-based model in schools.

Society expects schools to assist in the education of children and youth in such ways as to prepare them to assume and practise responsible and positive roles in all aspects of personal, family, and community living. This is also a prerequisite for national and regional development. Because many of the problems affecting students impact negatively on learning, it is incumbent on schools to go beyond their traditional boundaries to meet the challenge. The time has come for vigorous, coordinated and sustained effort to support the implementation and strengthening of HFLE in Jamaican schools.

3.0 INTRODUCTION TO TRAINING SESSIONS

Step 1- Getting started: Registration, group assignment, devotion and icebreaker

The first day begins with participant registration (ideally the trainer should have administrative assistance to take care of these duties). In assigning participants to rooms or tables, an attempt should be made to separate friends and acquaintances into different rooms or seated at different tables. This is important as one of the goals of the programme is for participants to build a network of friendships that can be used later to support the successful implementation of the HFLE curriculum.

Each training day begins with devotion and an ice breaker. Allow different trainee-teams to conduct this ten-minute devotion session. Typically this consists of a well-known chorus, a brief scripture, a very brief admonition, and prayer.

The icebreaker is any fun, relaxing activity that serves to set the climate for the day's activities. This may be a game, a tongue twister, a puzzle, or an action song. The ice breaker should not go beyond 10 minutes. Ideally, the ice breaker should be consistent with the themes to be taught on that day. The Internet is full of icebreaker ideas. Some have been placed in the resource handbook for reference.

After the ice breaker activity, conduct an introductory activity.

Step 2- Administering the Pre-test

The pre-test and post test along with the journaling activity are critical to the evaluation of the impact of both the master and teacher training programmes. The pre and post test instruments are the same. The first measures trainee's knowledge skills and attitudes about the issues addressed in the training and the second measures the change that has occurred in these competencies that are attributable to the experiences trainees went through during the training programme. Facilitators should judiciously administer these instruments, analyse and interpret them so that evaluation report can be prepared. This report forms the basis for future training and the teaching within schools.

The Ministry of Education has a series of instructional materials; CD's, charts, video and audio cassettes for use in supporting both the teacher training programmes and the classroom teaching sessions in schools. They may be accessed from the Guidance and Counselling Unit of the Ministry.

Step 3 – Implementing the introductory session

The thirty-minute session below provides a suggested approach to introducing the training sessions. Facilitators may use and adjust as is relevant to the needs of the training population, resource materials and environment of training at specified training sites.

Background and overview of the training
 	
30 minutes
	• Give a brief overview of the HFLE program and core curriculum using the overview in this manual. Specifically describe the What and Why of HFLE
	
	• Through stimulated questioning seek to draw out from participants their understanding of the purpose of the training. Fill in with the following if there are gaps in their suggestions:
	    1. To standardize in-country teacher training of the HFLE curriculum across all countries which are implementing the lessons.
	
	    2. To provide teachers with the knowledge and skills to implement the HFLE curriculum in their classrooms.
	
	    3. To provide teachers with the opportunity to practice teaching the common curriculum lessons with other teachers and to learn useful strategies and tips for teaching these lessons.
	
	• Provide an overview of what the training will entail:
	    1. Training activities on life skills education, including activities to familiarize teachers with different types of life skills.
	
	    2. Training activities on teaching methods and student assessments used in life skills education, including activities that allow teachers to participate in and create lessons that use these teaching methods.
	
	    3. Training activities on establishing a respectful classroom atmosphere, dealing with difficult classroom situations and giving effective feedback.
	
	    4. Training activities on assessment methods used in life skills education, modeling, review and practice of lessons from the HFLE curriculum.

4.0 TRAINING SESSION ONE
REGIONAL STANDARDS AND OUTCOMES

- **What Are the Objectives of This Session?**

  The activities in this section are intended to give teachers a comprehensive overview of the regional standards and core outcomes that guided the development of HFLE lessons.

  By the end of this session, participants should be able to:

  o Reflect on how the different topics covered in HFLE pervade throughout their communities and affect everyone in the community.
  o Identify the process through which Regional Standards and Core Outcomes were developed for HFLE.
  o Define the concepts that underpin these standards and outcomes; i.e., what is HFLE trying to achieve for our students and our communities?

- **Who Is This Session For?**

  Teachers who are going to teach Health and Family Life Education

- **How Long Will It Take To Implement This Entire Session?**

  It should take about 45 minutes to implement this Session.

- **What Activities Are In This Session?**

  Activity 4A: HFLE and the community

  Activity 4B: The intended product of the HFLE curriculum

- **Regional Standards and Outcomes**

- **Resource Materials**

ACTIVITY 4A: **Introductory Activity: HFLE and the Community** *15 Minutes*	• Ask two or three groups of persons to simulate a minibus ride or a visit to the town square or a visit to the market, and allow the social setting to determine the typical chit chat of town folk. Perhaps, a conflict between community members, a young person got pregnant and discontinued her education; somebody had a family crisis, etc. • Have the groups identify the social relationship issues displayed in the simulations. Have them discuss how the issues of everyday life are what HFLE are about. Teaching coping skills, conflict management, decision-making, etc. • In their assigned groups engage trainees in the following activities:

ACTIVITY 4B
 	
The intended product of the HFLE curriculum
 	
30 Minutes
	• Hand each group a page with one of the Regional Standards and the corresponding Core Outcomes.
	• Ask each group to discuss the following questions with regard to their assigned Regional Standard with their group:
	
	    1. What are the issues that pervade my school and community that can be addressed by the application of the Regional Standard?
	
	    2. How can the HFLE teacher seek to address the problems identified using the Regional Standards?
	
	• After 10 minutes, bring the group back together for a group discussion about the following question:
	• What is the intended product of HFLE, i.e., what kind of person(s) is HFLE trying to help create?
	
	You may choose to use the Ideal Caribbean Person in the Resource Materials from Session One of this manual.

Regional Standards and Outcomes

Resource Materials

The Caribbean

4.1 Vision of the Caribbean in the Future and the Ideal Caribbean Person

Source: CARICOM
- Informed by:
- The Regional Cultural Policy
- The West Indian Commission Report
- The Caribbean Charter for Health Promotion
- The Special Meeting of SCME, May 1997

4.1.1 Caribbean future

The Caribbean should be seen as that part of the world where the population enjoys a good quality of life with the basic needs of food, clothing, shelter, health care and employment being all virtually satisfied. The environment should be one which provides clean air and water, unpolluted seas and healthy communities - an environment that has not been destroyed by the development process.

4.1.2 The ideal Caribbean person

The Ideal Caribbean Person should be someone who, among other things:

4.1.2.1 Is imbued with a respect for human life since it is the foundation on which all the other desired values must rest.

4.1.2.2 Is emotionally secure with a high level of self confidence and self esteem; sees ethnic, religious and other diversity as a source of potential strength and richness.

4.1.2.3 Is aware of the importance of living in harmony with the environment.

4.1.2.4 Has a strong appreciation of family and kinship values, community cohesion, and moral issues including responsibility for and accountability to self and community.

4.1.2.5 Has an informed respect for the cultural heritage.

4.1.2.6 Demonstrates multiple intelligences, independent and critical thinking, questioning of the beliefs and practices of past and present and brings this to bear on the innovative application of science and technology to problems solving.

4.1.2.7 Demonstrates a positive work ethic.

4.1.2.8 Values and displays the creative imagination in its various manifestations and nurture its development in the economic and entrepreneurial spheres in all other areas of life.

4.1.2.9 Has developed the capacity to create and take advantage of opportunities to control, improve, maintain and promote physical, mental, social and spiritual well being and to contribute to the health and welfare of the community and country.

4.1.2.10 Nourishes in him/herself and in others, the fullest development of each person's potential without gender stereotyping and embraces differences and similarities between females and males as a source of mutual strength.

4.2   Regional Standards, Descriptors, Key Skills and Core Outcomes

The four themes of the Health and Family Life Education have a set of regional standards along with the relevant descriptors, key skills to be developed and the core outcomes of the instructional process for that particular theme. Below are the themes with the associated Regional standards, descriptors, key skills and core outcomes.

Theme: Self and Interpersonal Relationships

Regional Standards
The Self and Interpersonal Relationships theme

1. Examine the nature of self, family, school, and community in order to build strong, healthy relationships.

2. Acquire coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.

3. Respect the rich differences that exist among Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.
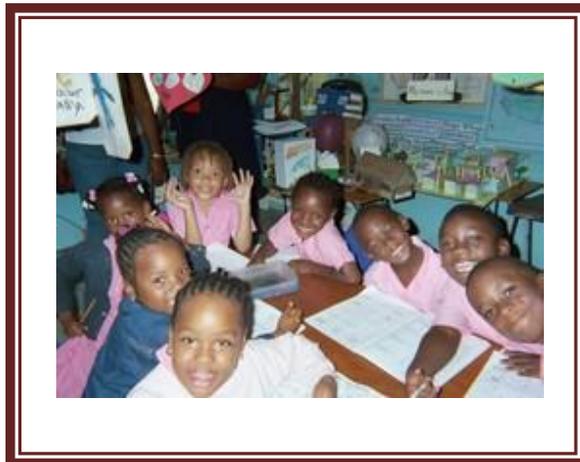
Regional Standard 1

Examine the nature of self, family, school, and community in order to build strong, healthy relationships.

Descriptor:

Acceptance of self, the need to belong, and the need to be loved are some of the universal needs and rights that contribute to the shaping of our individual selves. Students need to develop a healthy self-concept in order to foster healthy relationships within the family, school, and community. They also need to be assisted in developing resiliency—the capacity to assess, cope, manage, and benefit from the various influences that impact on relationships.

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Demonstrate an understanding of self. 2. Identify ways to promote healthy relationships with family and friends.	1. Analyse the influences that impact on personal development (media, peers, family, significant others, community, etc.). 2. Demonstrate an understanding of issues that impact on relationships within the family, school, and community.	1. Demonstrate ways to use adverse experiences for personal growth and development. 2. Recognise risks to mental and emotional well-being.

Regional Standard 2

Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.

Descriptor:

Students need to practise skills that reduce their involvement in risky behaviours. Crime, violence, bullying, alcohol and other drugs, and motor vehicle accidents and other injuries threaten the very fabric of Caribbean society and the lives of Caribbean youth. The acquisition of these skills will increase students' ability to assume a responsible role in all aspects of personal, family, and community living.

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, conflict resolution, mediation, anger management)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify ways of coping with feelings and emotions in adverse situations. 2. Demonstrate skills to cope with violence at home, school, and in the community.	1. Develop resilience for coping with adverse situations (death, grief, rejection, and separation). 2. Analyse the impact of alcohol, and other illicit drugs on behaviour and lifestyle. 3. Demonstrate skills to cope with violence at home, school, and in the community.	1. Demonstrate skills to avoid high-risk situations and pressure to use alcohol and other illicit substances. 2. Demonstrate skills to cope with violence at home, school, and in the community.

Regional Standard 3

Respect the rich diversity that exists among Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.

Descriptor:

Survival in a global economy demands that we pool our individual and collective resources in order to be productive as a people. Students must be committed to valuing and respecting the rich diversity (cultural, ethnic, and religious) of the people of the Caribbean. Additionally, they must be encouraged to realise their fullest potential as contributors to sustainable development while embracing core values and democratic ideals.

Key Skills:

Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level: 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Affirmation of persons who are different from oneself (ethnic and cultural). 2. Appreciate that resources among diverse people are essential to developing positive relationships.	1. Assess ways in which personal and group efforts can be enhanced by the interactions and contributions of persons of diverse cultural and ethnic groupings. 2. Recognise the value of personal commitment and hard work to the improvement of self, others, and the wider community.	1. Critically examine how relationships can be affected by personal prejudices and biases. 2. Advocate for acceptance and inclusion of persons from diverse groupings at all levels of society. 3. Recognise that the development of the region depends on individual and collective efforts at all levels of society.

Theme: Appropriate Eating and Fitness

Regional Standards
The Appropriate Eating and Fitness Theme

1. Build individual capacity to make healthy eating choices throughout the life-cycle and reduce the risk factors associated with the development of lifestyle diseases.

2. Demonstrate an understanding of fitness and its relationship to good health and quality of living.

3. Analyze the influence of socio-cultural and economic factors as well as personal beliefs and choices related to appropriate eating and fitness.

4. Develop knowledge and skills to access age-appropriate sources of information, products, and services related to eating and fitness.

Regional Standard 1

Build individual capacity to make healthy eating choices throughout the life-cycle, and reduce the risk factors associated with the development of lifestyle diseases, all of which impede productivity.

Descriptor:

Children are now at greater risk of obesity and other lifestyle diseases that were typically associated with adults. Students therefore need to understand that healthy eating and the right balance of safe, nutritious and wholesome foods (especially locally grown foods) are critical to optimum health throughout the life-cycle, and they should acquire skills to make healthy food choices and reduce the incidents of diet-related/lifestyle diseases (diabetes, heart diseases, hypertension, stroke, and some forms for cancer) that affect personal productivity and national development.

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Recognize healthy eating as a critical component of healthy living. 2. Demonstrate ways to select a balanced meal using a variety of foods. 3. Apply safe food-handling principles. 4. Appreciate the need for healthy eating throughout the life-cycle.	1. Assess personal eating habits. 2. Relate food imbalances to specific lifestyle diseases (diabetes, heart disease, and hypertension). 3. Make appropriate food choices to avoid risk factors associated with lifestyle diseases. (e.g. excess salts, sugars, and fats). 4. Apply safe food-handling principles. 5. Appreciate the importance of selecting nutritious foods to a healthy lifestyle.	1. Demonstrate knowledge of the relationship between types and uses of nutrients in food and overall health. 2. Critically analyze food choices throughout the life-cycle (including snacks) to avoid risk factors associated with lifestyle diseases. 3. Develop diets applying multi-mix principle and using food-based dietary guidelines. 4. Apply safe food-handling principles.

Regional Standard 2

Demonstrate an understanding of fitness and its relationship to good health and quality of living.

Descriptor:

Changes in communication and transportation have discouraged the inclination and opportunity for physical activity as part of growing up. The majority of our children do not participate in sports; as a result, it is important for all students to develop skills that will help them make choices in favour of sound fitness habits to achieve optimum levels of age-appropriate physical activity and reduce the heavy dependence on sedentary activities, which could lead to obesity and related lifestyle diseases such as diabetes, hypertension, and heart disease.

Students need to assess barriers relating to fitness, develop the skills to conduct physical fitness self-assessments, and select appropriate physical activity, spot fitness, and exercise to develop fitness for health across the life-cycle.

Key Skills:

Coping Skills (healthy self-management, self-awareness, self-monitoring)
Social Skills (communication, interpersonal relations, assertiveness)
Cognitive Skills (critical thinking, creative thinking, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Recognize and value fitness as another critical component of healthy lifestyle. 2. Incorporate safety principles when engaged in fitness activities. 3. Design and implement an age-appropriate physical fitness plan. 4. Appreciate the role of fitness in achieving good health.	1. Differentiate between exercise (aerobic capacity, flexibility, muscular strength, and endurance), sport fitness, and physical activity. 2. Make appropriate choices with respect to physical activity and exercise to attain and maintain a healthy lifestyle. 3. Incorporate safety principles when engaged in physical fitness. 4. Design and implement an age-appropriate physical fitness plan.	1. Critically analyze the complementary nature of a healthy lifestyle (i.e. eating right, daily physical exercise/fitness, sleep, school/work, and leisure activities). 2. Incorporate safety principles when engaged in physical fitness. 3. Design and implement an age-appropriate physical fitness plan.

Regional Standard 3

Analyze the influence of socio-cultural and economic factors, as well as personal beliefs and choices related to appropriate eating and fitness.

Descriptor:

Eating and exercise behaviours are formed early in life and are influenced by the media as well as social, emotional, cultural, economic and religious factors. Students need to critically examine what motivates them to adopt particular eating and fitness habits, in addition, they need to be encouraged to demonstrate positive attitudes and behaviours related to eating and fitness (e.g. experience culturally diverse foods, alternative methods of food preparation, forms of adaptation, physical activity, and sport).

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Demonstrate an understanding of factors that influence eating and fitness behaviours. 2. Make varied choices to broaden experiences related to eating and fitness.	1. Recognize the impact of socio-cultural and economic factors as well as personal beliefs and choices related to eating and fitness behaviours. 2. Assess the nutritional value of culturally diverse foods. 3. Make varied choices to broaden experiences related to eating and fitness.	1. Analyze social, emotional, and economic influences on personal choices of food and fitness. 2. Make varied choices to broaden experiences related to eating and fitness. 3. Set personal eating and fitness goals for optimum health.

Regional Standard 4

Develop knowledge and skills to access age-appropriate sources of information, products, and services related to eating and fitness.

Descriptor:

Students should be capable of identifying and accessing age-appropriate information, products, and services relating to eating and fitness within their community. Students should be encouraged to critically assess information, products, and services relating to eating and fitness for the attainment and maintenance of good health throughout the life-cycle.

Key Skills:

Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify sources of accurate, age-appropriate information relating to eating and fitness.	1. Demonstrate the ability to locate and utilize accurate, age-appropriate resources within the community, in regard to eating and fitness.	1. Evaluate the validity and appropriateness of the eating and fitness resources. 2. Make informed decisions regarding eating and fitness information, products and services.

Theme: Sexuality and Sexual Health

Regional Standards
The Sexuality and Sexual Health Theme

1)   Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life-cycle.

2)   Analyze the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

3)   Build capacity to recognize the basic criteria and conditions for optimal reproductive health.

4)   Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

5)   Develop knowledge and skills to access age-appropriate sources of health information, products, and services related to sexuality and sexual health.

CIRCLES OF SEXUALITY

SENSUALITY

SEXUALIZATION

INTIMACY

Body Image
Human Sexual
Response Cycle
Skin Hunger
Fantasy

Rape
Incest
Sexual Harassment
Withholding Sex
Seduction- Flirting

Caring
Sharing
Loving/Liking
Risk Taking
Vulnerability

Factual Information
Feelings & Attitudes
Intercourse
Physiology & Anatomy of
the Reproductive Organs
Sexual Reproduction

Bias
Gender Identity
Gender Role
Sexual Orientation

SEXUAL HEALTH & REPRODUCTION

SEXUAL IDENTITY
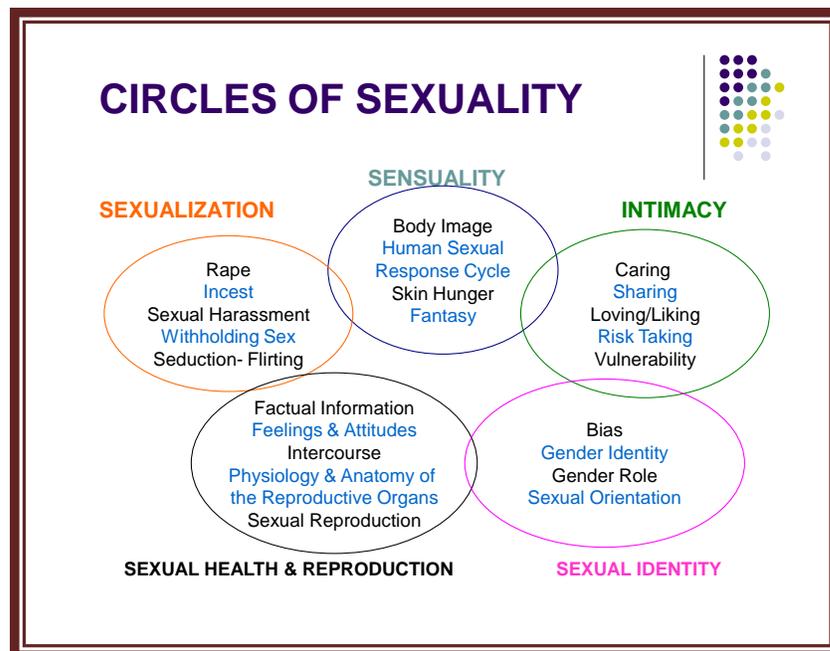
Regional Standard 1

Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life-cycle.

Descriptor:

A differentiation needs to be made between the terms sex and sexuality. Sexuality is presented as including biological sex, gender, and gender identity. One's sexuality also encompasses the many social, emotional, and psychological factors that shape the expression of values, attitudes, social roles, and beliefs about self and others as being male or female. It is important to have students develop positive attitudes about self and their evolving sexuality.

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, refusal)
Cognitive Skills (critical and creative thinking, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Explore personal experiences, attitudes, and feelings about the roles that boys and girls are expected to play. 2. Demonstrate awareness of the physical, emotional, and cognitive changes that occur during puberty.	1. Develop strategies for coping with the various changes associated with puberty. 2. Assess traditional role expectations of boys and girls in our changing society. 3. Assess ways in which behaviour can be interpreted as being "sexual."	1. Assess the capacity to enter into intimate sexual relationships. 2. Demonstrate use of strategies for recognizing and managing sexual feelings and behaviours.

Regional Standard 2

Analyze the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

Descriptor:

Young people make daily decisions about their sexual behaviour, values, and attitudes. Family, religion, culture, technology—including media, and peers, influence these decisions. It is critical to provide students with knowledge and skills that will assist them in understanding their own sexuality and realizing their potential as effective and caring human beings.

Key Skills:

Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making, critical viewing)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Demonstrate an understanding of the ways in which sexuality is learned. 2. Demonstrate ways to respond appropriately to the key factors influencing sexual choices and experiences. 3. Demonstrate knowledge of the various types of sexual abuse and exploitation.	1. Critically analyze the key factors influencing sexual choices and experiences. 2. Demonstrate skills in communicating about sexual issues with parents, peers, and/or significant others.	1. Critically analyze the impact of personal beliefs, media, money, technology, and entertainment on early sexual involvement. 2. Demonstrate skills to counter the negative influences reaching youth through personal beliefs, media, money, marketing, and technology.

Regional Standard 3

Build capacity to recognize the basic criteria and conditions for optimal reproductive health.

Descriptor:

Young people are facing a variety of risks that compromise their sexual and reproductive health. Acquisition of requisite skills to counteract these risks will increase the opportunity to maximize learning and provide a foundation for a healthy population.

Key Skills:

Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Demonstrate knowledge of factors that influence reproductive health. 2. Demonstrate knowledge of the basic health and social requirements of raising a child.	1. Demonstrate knowledge of the impact of raising a child. 2. Critically analyze the risks that impact on reproductive health.	1. Make appropriate choices to avoid risks to reproductive health. 2. Evaluate the social and biological factors that support healthy pregnancy and child rearing.

Regional Standard 4

Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

Descriptor:

Beyond knowledge of HIV and AIDS, cervical cancer, and STIs as diseases, efforts have to be intensified to render students less vulnerable to contracting and spreading HIV, cervical cancer, and STIs. Addressing issues related to the physical and emotional aspects of HIV, stigma of living with HIV and AIDS, and discrimination against people living with HIV and AIDS is critical. Importantly, students are encouraged to examine a range of options for reducing vulnerability to these problems such as abstinence, a drug-free lifestyle and so on.

Key Skills:

Coping Skills (healthy self-management, self-monitoring)
Social Skills (communication, assertiveness, refusal, negotiation, empathy)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify the risk behaviours/agents that are associated with contracting HIV, cervical cancer, and STIs. 2. Demonstrate skills to assist and respond compassionately to persons affected by HIV.	1. Make appropriate choices to reduce risk associated with contracting HIV, cervical cancer, and STIs. 2. Set personal goals to minimize the risk of contracting HIV, cervical cancer, and STIs. 3. Demonstrate ways of empathizing and supporting persons and families affected by HIV and AIDS.	1. Critically examine abstinence, fidelity, and condom use (if permitted) as preventive methods in transmission of HIV and STIs. 2. Make appropriate choices to reduce risk associated with contracting HIV, cervical cancer, and STIs. 3. Critically examine social norms and personal beliefs in light of current knowledge of the transmission and spread of HIV. 4. Advocate for reducing the stigma and discrimination associated with HIV, cervical cancer, and STIs.

Regional Standard 5

Develop knowledge and skills to access age-appropriate sources of health information, products, and services related to sexuality and sexual health.

Descriptor:

Students should be capable of identifying a range of age-appropriate health services in their communities. Through an informed use of these services, they should acquire the necessary knowledge, skills, and attitudes needed for a lifelong commitment to the promotion of personal, family, and community health, including advocacy. Age-appropriate health services in the community may address the following: sexuality, child abuse, sexual assault/harassment, and domestic violence.

Key Skills:

Coping Skills (healthy self-management)
Social Skills (communication)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify sources of accurate information. 2. Identify family, school, and community resources that deal with health, social, and emotional issues.	1. Demonstrate the ability to locate and utilize community resources that support the health, social, and emotional needs of families.	1. Evaluate the availability and appropriateness of the resources to address reproductive health and parenting issues. 2. Demonstrate an understanding of the basic tenets that address the sexual health of children and youth.

Theme: Managing the Environment

Regional Standards
The Managing the Environment Theme

1. Demonstrate an understanding of the inter-relationships of a sustainable natural environment.

2. Demonstrate an understanding of the environmental threats to the health and well-being of students, families, schools, and communities.

3. Analyze the relationship between a sustainable and healthy environment and the social and economic well-being of students, schools, and communities.

4. Demonstrate scientifically sound and affordable responses to the creation of healthy and sustainable environments and the reduction of environmental health threats in the home, school, community, and region.

5. Develop knowledge and skills to access age-appropriate sources of information, products, and services related to managing the environment.

Regional Standard 1

Demonstrate an understanding of the inter-relationships of a sustainable natural environment.

Descriptor:

Caribbean countries and the peoples are particularly vulnerable to environmental degradation and threats by virtue of their size, geography and topography. It is important for students to develop a basic understanding of the features and operations of natural environmental systems (ecosystem, habitats, water resources, air quality, energy resources, and food) and the threats to their sustainability.

Key Skills:

Coping Skills
Social Skills (communication, collective action)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify elements of a sustainable environment (air, sunlight, water, land, plants, and germs). 2. Identify threats to a sustainable environment. 3. Appreciate the need for a sustainable environment.	1. Describe basic functions and characteristics of a sustainable environment (e.g., water cycle, food chain, and carbon cycle). 2. Recognize ways human behaviour affects a sustainable environment. 3. Appreciate the value of a sustainable environment.	1. Analyze the interaction of basic environmental systems and implications for environmental risks. 2. Critically analyze community policies and actions as these relate to a sustainable environment. 3. Value the importance of a sustainable environment.

Regional standard 2

Demonstrate an understanding of the environmental threats to the health and well-being of students, families, schools, and communities.

Descriptor:

Caribbean people are vulnerable to a variety of environmental treats. These include quality of water and sanitation, solid waste management, exposure to pesticides and toxic substances, food safety, dengue fever, leptospirosis and malaria. Students need to understand the environmental health threats and the main factors in their causation.

Key Skills:

Coping skills
Social Skills (communication, assertiveness)
Cognitive Skills (critical thinking, problem-solving, advocacy, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify environmental health threats with emphasis on priorities in their country. 2. Identify the main factors and sources that contribute to these environmental health threats.	1. Explore how the main factors contribute to the priority environmental health threats (e.g., agents, vectors, and host). 2. Appreciate the personal and collective role of students, their families, and communities in either increasing or reducing exposure to environmental health risks.	1. Critically analyze the key factors in priority environmental health issues in the school and community setting (e.g., malaria risk increased in the school/community by an infestation of the carrying mosquito in a mangrove swamp). 2. Appreciate the importance of individuals, school, community, and nation to advocate for a healthy environment.

Regional Standard 3

Analyze the relationship between a sustainable and healthy environment, and the social and economic well-being of students, schools, and communities.

Descriptor:

Caribbean countries are heavily dependent on their environmental resources for economic development, particularly in countries where there is no mineral wealth (e.g., beach pollution or dengue can affect tourism). Likewise, environmental health threats can affect the personal, social, and economic well-being of children, families, and communities (e.g., poor air quality or excessive mosquitoes can affect motivation, attention, and learning in schools). Students need to understand and appreciate the impact and benefits of a healthy, sustainable environment on their health and well-being.

Key skills:

Coping Skills (self-monitoring)
Social Skills (communication)
Cognitive Skills (critical thinking, creative thinking, decision-making, problem-solving)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify ways in which the quality of the natural environment can affect personal health and the well-being of the school and community. 2. Appreciate how a healthy, sustainable environment contributes to their well-being and that of their peers.	1. Demonstrate an understanding of the relationship between a healthy, sustainable environment and the quality of life in the school and community. 2. Describe the benefits of a healthy, sustainable environment as it relates to the socio-economic well-being of students, family, school, and community.	1. Critically analyze how the quality of the environment can impact on personal, social, and economic well-being in schools, communities and the nation. 2. Appreciate the relationship between a healthy, sustainable environment and well-being.

Regional Standard 4

Demonstrate scientifically sound and affordable responses to the creation of healthy and sustainable environments and the reduction of environmental health treats in the home, school, community, and region.

Descriptor:

Caribbean countries are experiencing significant environmental health threats as well as threats to the sustainability of their environment. Environmental threats to health include water quality and sanitation, solid waste management, vector control, exposure to pesticides, and food safety. Threats to environmental sustainability vary between island and mainland countries. These threats can range from deforestation to reef damage and pollution of beaches and other water sources and air. Students need to develop the knowledge and skills to effectively utilize scientifically sound and affordable responses to address both the issues of protecting the environment and protection from the environment.

Key Skills:

Coping Skills (healthy self-management, self-monitoring)
Social Skills (communication, interpersonal relations, assertiveness, negotiation, advocacy)
Cognitive skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify practical opportunities for maintaining a sustainable environment and reducing health threats. 2. Make appropriate choices to reduce exposure to environmental health risk for self and family. 3. Appreciate that each individual has a responsibility to contribute to a healthy, sustainable environment.	1. Demonstrate skills to select appropriate responses for reducing threats to the environment and priority environmental threats. 2. Describe benefits of adopting sound practices for reducing environmental health threats in the home, school, and community. 3. Develop an age-appropriate plan to reduce environmental threats in the home and school. 4. Appreciate the need for students, families, and schools to work together to contribute to a healthy environment.	1. Critically assess options for maintaining a healthy and sustainable environment and reducing environmental health risk. 2. Implement an age-appropriate plan to reduce environmental health threats in the school or community. 3. Appreciate efforts made by public sector agencies in reducing environmental health threats. 4. Advocate for individuals, schools, community, and the nation to address environmental health risks.

Regional Standard 5

Develop knowledge and skills to access age-appropriate sources of information, products, and services as it relates to managing the environment.

Descriptor:

Students should be capable of identifying, accessing, and critically assessing age-appropriate information, products, and services relating to managing the environment.

Key Skills:

Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9 – 10	Core Outcomes Age Level 11 – 12	Core Outcomes Age Level 13 – 14
1. Identify sources of accurate, age-appropriate information relating to managing the environment.	1. Demonstrate the ability to locate and utilize accurate, age-appropriate resources within the community in regard to managing the environment.	1. Evaluate and validate the appropriateness of resources for managing the environment. 2. Make informed decisions regarding environmental information, products, and services.

5.0 TRAINING SESSION TWO: LIFE SKILLS EDUCATION

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to give teachers a comprehensive overview of life skills education, including the theories supporting life skills education, the different types of life skills, and how to translate skills into specific replicable steps.

At the end of this session, participants will be able to:

- Define life skills and give examples of life skills
- Explain why it is important to incorporate life skills in a curriculum
- Practice ways in which to incorporate life skills to reach overall curriculum goals

➢ **Who Is This Session For?**

Teachers; Any individual who is interested in learning about life skills education

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 2 ½ - 3 hours to complete all the activities in this section, depending on the audience. However, the activities are also meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session?**

Activity 5A: What Is Life Skills Education?

Activity 5B: Theories Supporting Life Skills Education and Translating Theories into Skills

Activity 5C: Types and Categories of Life Skills

Activity 5D: Using Life Skills to Promote Positive Health Behaviours

Activity 5E: Translating Skills into Specific Steps

Activity 5F: Planning the Lesson to Incorporate a Life Skill

Introduction to Activities	➢ Introduce this session by telling teachers that they will now spend some time learning about life skills education, the theories that support it, and how it is used in lessons to create positive behaviour change. Later in the training, they will practice using the actual lesson plans from the HFLE core curriculum with one another to role-play and model how to teach life skills.

ACTIVITY 5A:
 	
What Is Life Skills Education?
 	
20 minutes
	➢ Tell teachers that in this session, they will be learning about the concept of life skills and life skills education. Ask teachers what they think of when they hear the term "Life Skills."
	
	➢ Provide a brief overview using the references **(Pages 56-60; and Pages 14 – 20)** in this training manual. A brief definition of life skills education might be:
	       Education that focuses on the development of "abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life." (WHO, 1993)
	
	➢ Ask teachers why they think it is important for children and adolescents in the Caribbean to have good life skills as they grow up. Ask them to consider some of the challenges they are facing and how life skills might help them overcome these challenges. Also ask them to consider some of the strengths of their culture that support the development of life skills among youth.
	       • Review some of the key factors tied to successful life skills education: Participatory and interactive methods of pedagogy (note that you will be discussing teaching methods in more depth later in the session).
	
	       • The recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood (you may refer to the resources on developmental characteristics of adolescents at various ages).
	
	➢ The use of relevant, effective and gender-sensitive learning activities.

ACTIVITY 5B:
 	
Theories Supporting Life Skills Education and Translating Theories into Skills
 	
30 minutes
	Prior to this training, teachers should have spent some time researching or reviewing the various development and behavioural theories that are related to and support life skills education.
	
	Use resource materials on pages 62-66 in this manual.
	
	➣ Tell teachers that this activity is to review some of the developmental and behavioral theories that support life skills education and to discuss how they can be used to specifically develop life skills. Ask teachers to break up into small groups.
	
	➣ Assign each group <u>one</u> theory that supports life skills. (See "Theories Supporting Life Skills Education")
	
	➣ Ask each group to spend 10 minutes reading about and discussing this theory and how it is relates to life skills education. Ask each group to use the bullets under "Implications for skills-based health education planning" to think about 2-3 <u>specific ways</u> that these implications can be translated in the classroom.
	
	  For example; One of the implications for Social Influences Theory is:
	  "*Making young people aware of these pressures ahead of time gives them a chance to recognize in advance the kinds of situations in which they may find themselves.*"
	
	  A specific example for translating this in the classroom is having students role-play various pressure lines that they may hear from peers and how they could effectively respond.
	
	➣ After 10 minutes, ask for volunteers from each group to present a brief, 2-minute summary on their theory and the 2-3 specific examples they generated to demonstrate how that theory could be applied in a life skills education lesson.
	
	➣ Ask for other groups to volunteer other possible ways in which that theory could be translated into specific skills and lesson activities.
	
	➣ Note it is more difficult to think about concrete examples for some of the theories than others. Congratulate teachers for their efforts.

ACTIVITY 5C:
 	
Types and Categories of Life Skills
 	
40 minutes
	Use resource materials on pages 71-73
	
	➤ Write the 3 overarching categories of Life Skills that are often found in the literature (See Chart "Types of Life Skills") Define each of these categories, giving examples:
	  ➤ **COGNITIVE SKILLS**
	   (e.g., decision-making skills)
	
	  ➤ **SOCIAL SKILLS**
	   (e.g., communication or interpersonal skills)
	
	  ➤ **EMOTIONAL/COPING SKILLS**
	   (e.g., help-seeking skills)
	
	➤ Hand each teacher a strip of paper with one "life skill" on it (see list below). Ask them to think about what this life skill might mean. Then ask each teacher to place their strip of paper under the category where they think that life skill best fits.
	
	➤ As teachers make their decisions and place them under a category, ask them to state their reason to the group. Review the definition of each skill as they are being placed on the board, and give examples to clarify.
	➤ List of Life Skills to be handed to teachers:
	
	  • Interpersonal communication skills
	  • Negotiation/Refusal skills
	  • Empathy-building
	  • Advocacy skills
	  • Decision-making skills
	  • Problem-solving skills
	  • Coping skills
	  • Self-Management skills
	  • Self-Awareness skills
	
	➤ Take the strip of paper with the words "Interpersonal Communication skills" and paste it on the board. Note that within each skill, there may also be "sub-skills."
	➤ Ask for volunteers to brainstorm some of the "sub-skills" that may fall under "Communication Skill." Examples would include: assertiveness skills, negotiation skills, refusal skills, and conflict resolution skills. Note that as they practice the different HFLE lessons during this training, they will become more familiar with the different life-skills and sub-skills and how they are taught.

| ACTIVITY 5C (Contd.):

Types and Categories of Life Skills

40 minutes | ➢ Briefly discuss the concept of "higher order" and "lower order" skills (see Resource Sheet on Bloom's Taxonomy of Education Objectives), and how life skills education applies to both of these types of skills.

➢ Ask teachers to volunteer how "lower order" skills may be used in life skills education – e.g., demonstrating how to refuse peer pressure to drink alcohol – and how "higher order skills" may be applied in life skills – e.g., analyzing and evaluating advertisements and media messages that are targeting adolescents.

<u>Note</u>: **The discussion of sub-skills and higher order/lower order skills may be reserved for training with teachers who are already quite familiar with life skills in general. For those teachers, you may wish to expand the discussion further, by also tying in how developmental characteristics of students should be considered when developing lessons and the types of skills taught.** |

ACTIVITY 5D:
 	
Using Life Skills to Promote Positive Health Behaviours
 	
20 minutes
	Use resource materials on pages 77-78
	
	➢ Tell teachers that in the last activity they discussed the theoretical foundation for life skills education, but in this activity they will see how specific life skills can be tied to developing positive health behaviours in specific contexts.
	
	➢ Ask teachers to break up into pairs or small groups.
	
	➢ Give each pair three overall "purposes" for a lesson:
	
	    o Resisting peer pressure to drink alcohol
	    o Engaging in behaviors with fewer sexual risks
	    o Providing support to someone who is HIV infected
	
	➢ Ask teachers to think about:
	• The different life-skills that could be developed in order to achieve the purpose of each of the three lessons and
	
	• How the type of life skill taught may differ depending on the age of the students in the classroom (i.e. how developmental characteristics of the students could affect the skill or sub-skill being taught). Have each pair write down their answers on a piece of paper.
	
	For example:
	o Resisting peer pressure to drink alcohol (communication skills, refusal skills, assertiveness skills, problem-solving skills; younger ages – refusal skills; older ages— assertiveness skills)
	
	o Engaging in behaviors with fewer sexual risks (refusal skills, decision-making skills)
	
	o Providing support to someone who is HIV infected (empathy-building skills, advocacy skills, communication skills; younger ages – empathy building; older ages— advocacy)
	
	➢ After 10 minutes, ask teachers to read the lesson purpose that they were given and what were the main life-skills and any sub-skills they thought should be addressed in that lesson. Encourage others to provide their own ideas.

ACTIVITY 5E:	Use resource materials on pages 75-77
Translating Skills into Specific Steps	Tell teachers that in the last activity they discussed how life skills can be tied to behavioural changes. Now they will briefly review how to <u>translate</u> skills into specific steps, but that this will be further discussed/reviewed during lesson practice.
20 minutes	Write the term "decision-making skills" on the board. Ask teachers to think of one decision that a person their students' age might have to make that could be risky (e.g., whether or not to drink alcohol)
	Ask for 2 volunteers (or, you can play a role and just ask for one volunteer) to role-play a scenario where someone is making this decision (e.g., a friend approaches with suggestion to drink alcohol).
	Have the person making the decision state out loud the different steps that are going through his or her mind as he or she makes the decision whether or not to drink. Highlight the consideration of different options and their consequences.
	Hand out the worksheet that gives examples of how to translate skills into different steps. Tell teachers again that they will become more familiar with these steps as they go through the lessons.

ACTIVITY 5F:	Tell teachers that in planning the lesson it is important that the teacher consider which Life Skills will be put into practice or emphasized. In order to do this an appropriate activity or activities must be selected.
Planning an activity to incorporate a Life Skill	Ask teachers to select an age group, topic and an appropriate behaviour change for that age group. Write these on the board. Use brainstorm to develop a list of Life Skills that could be incorporated when developing a lesson on the selected topic.
30 minutes	Break up the participants into at least three groups. Ask each group to select a life skill. Groups should be given 15 minutes to create an activity to develop the selected life skill.
	Ask each group to conduct their activity with the entire group as if it were part of an actual lesson. Groups should be asked to incorporate teaching the steps for the selected life skill during their presentation. Ask for feedback after each presentation.
	Refer to the sample rubric in **section 7 page 148** and discuss how this can be used to assess students grasp of the life skill.

Life Skills Education

Resource Materials

5.1 Overview of Life Skills Education and Interactive Teaching Methods

Sources: *Life Skills Manual*, Caribbean Community (CARICOM) Project, 2006
Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting Schools, WHO Information Series on School Health Life Skills, Doc. 9, 2003.

1. What is Life Skills Education?

Skills-based or Life Skills education focuses on the development of "abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life" (WHO 1993). The acquisition of life skills can greatly affect a person's overall physical, emotional, social, and spiritual health which, in turn, is linked to his or her ability to maximize upon life opportunities. The success of skills-based health education is tied to three factors: 1) the recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood, 2) a participatory and interactive method of pedagogy, and 3) the use of culturally relevant and gender-sensitive learning activities.

Various health, education and youth organizations and researchers have defined and categorized key skills in different ways. Despite these differences, experts and practitioners agree that the term "life skills" typically includes the life skills listed in the table on page 43. The process of categorizing various life skills may inadvertently suggest distinctions among them. However, many life skills are interrelated and several of them can be taught together in a learning activity.

The Life Skills programme is a comprehensive behaviour change approach that concentrates on the development of the skills needed for life such as communication, decision-making, managing emotions, assertiveness, self- esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards values. The programme moves beyond providing information. It addresses the development of the whole individual, so that a person will have the skills to make use of all types of information, whether it is related to HIV/AIDS, STIs, reproductive health, safe motherhood, other health issues, and other communication and decision-making situations. The Life Skills approach is completely interactive, using role- plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

In practice the skills are not separate or discrete, and more than one skill may be used simultaneously.

2. The Life Skills Approach

The Life Skills approach is built on the assumption that opportunities can be created for youth to acquire skills that will boost their protective factors and enable them to avoid being manipulated by outside influences. The use of life skills is to enable youth people to be able to recognize the coercive forces of social pressures in their immediate environment that promote behaviours that can jeopardize their health, emotional and psychological well-being.

The Life Skills approach aims to assist young people develop healthy lifestyles and to regain control of their behaviours, while at the same time take informed decisions that will positively influence their values, attitudes and behaviours. This approach should serve as a means to develop in young people skills that will lead to optimum health, social and physical well- being.

Life Skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way. It contributes to the promotion of personal and social development, the projection of human rights, and the prevention of health and social problems. Another justification for the life skills approach is that it is a natural vehicle for the acquisition of the educational, democratic and ethical values. In the delivery of Life Skills, the fostering of laudable attitudes and values is set alongside the knowledge and skill components. Some of the commonly held values are respect for self and others; empathy and tolerance; honesty; kindness; responsibility; integrity; and social justice.

The teaching of values is to encourage young people to strive towards accepted ideals of a democratic, pluralistic society such as self-reliance, capacity for hard work, cooperation, respect for legitimately constituted authority, and ecologically sustainable development. This is done in the context of existing family, spiritual, cultural and societal values, and through critical analysis and values clarification, in order to foster the intrinsic development of values and attitudes (Regional Curriculum Framework, 2005).

To be effective in supporting quality learning outcomes, skills-based health education must be used in conjunction with a specific subject or content area. Learning about decision-making, for example, is more meaningful if it is addressed in the context of a particular issue (e.g., the decisions we make about tobacco use). In addition, while skills-based education focuses somewhat on behavior change, it is unlikely that a learning activity will affect behavior change if knowledge and attitudinal aspects are not addressed (e.g., a student will not try to negotiate for effective condom use if he/she doesn't know that they can prevent disease transmission or doesn't believe that condoms are necessary). Therefore, it is important for skills-based approaches to be accompanied by activities which focus on students' knowledge and attitude.

The following figure gives examples of ways in which skills-based health education can be applied to specific informational content. **These illustrate only a few possible examples; there are numerous other ways that life skills can be incorporated into these content areas**.

Topics	Examples of ways that life skills may be used
Sexual and Reproductive Health and HIV/AIDS Prevention	**Communication Skills**: Students can observe and practice ways to effectively express a desire to not have sex **Critical Thinking Skills**: Students can observe and practice ways to analyse myths and misconceptions about HIV/AIDS, gender roles and body image that are perpetuated by the media **Skills for Managing Stress**: Students can observe and practice ways to seek services for help with reproductive and sexual health issues
Alcohol, Tobacco and Other Drugs	**Advocacy Skills**: Students can observe and practice ways to generate local support for tobacco-free schools and public buildings **Negotiation/refusal Skills**: Students can observe and practice ways to resist a friend's request to chew or smoke tobacco without losing face or friends
Violence Prevention or Peace Education	**Skills for Managing Stress**: Students can observe and practice ways to identify and implement peaceful ways to resolve conflict **Decision-Making Skills**: Students can observe and practice ways to understand the roles of aggressor, victim and bystander.
Managing our Feelings and Emotions	**Communication skills:** Students can observe and practice non defensive or non destructive ways to honestly express feelings and emotions such as distress and anger to others **Problem –solving skills:** Students can observe and practice ways to avoid quarrels and fights in situations where they are offended, treated unfairly or victimized
Diversity	**Creative Thinking:** Students can observe and practice ways to appreciate the value differences between people **Skills for being Non Discriminatory:** Students can observe and practice ways of accepting persons who are different in their abilities, religion, status etc.

In addition, skills-based education emphasizes the use of learning activities which are culturally relevant and gender-sensitive. To achieve this, the learning activities offer numerous opportunities for participants to provide their own input into the nature and content of the situations addressed during the learning activities (e.g., creating their own case studies, brainstorming possible scenarios, etc.). This approach ensures that the situations are realistic and relevant to the everyday lives of participants. It is critical that the skills youth build and practice in the classroom are easily transferable to their lives outside the classroom.

3. How Do You Teach Life Skills?

The primary goal of skills-based education is to change not only a student's level of knowledge, but to enhance his or her ability to translate that knowledge into specific, positive behaviors. **Participatory, interactive teaching and learning methods are critical components of this type of education**. These methods include role plays, debates, situation analysis, and small group work. It is through their participation in learning activities that use these methods that young people learn how to better manage themselves, their relationships, and their health decisions. A chart outlining some participatory teaching methods is found in Section 5, Session Two.

The foundation of life skills education is based on a wide body of theory-based research which has found that people learn what to do and how to act by observing others and that their behaviors are reinforced by the positive or negative consequences which result during these observations. In addition, many examples from educational and behavioral research show that retention of behaviors can be enhanced by rehearsal. As Albert Bandura, one of the leading social psychologists in the area has explained;

"When people mentally rehearse or actually perform modeled response patterns, they are less likely to forget them than if they neither think about them nor practice what they have seen" (Bandura, 1977).

A summary of behavioral theories that support life skills education is found in this training manual in Section 5.2.

Cooperative learning or group learning is another important aspect of skills-based programs. Many skills-based programs capitalize on the power of peers to influence the acquisition and subsequent maintenance of positive behavior. By working cooperatively with peers to develop pro-social behaviors, students change the normative peer environment to support positive health behaviors (Wodarski and Feit). "As an educational strategy, therefore, skills-based health education relies on the presence of a group of people to be effective. The interactions that take place between students and among students and teachers are essential to the learning process."[*]

In addition to the use of participatory, interactive teaching methods, skills-based health education also considers the developmental stages (physical, emotional, and cognitive) of a person at the time of learning. There are three distinct stages in the adolescence period-early adolescence (12-14 years), middle adolescence (14-17) and late adolescence (17-19), this explains the major difference between a thirteen year old and an eighteen year old.

Each learning activity is designed to be appropriate to the students' age group, level of maturity, life experiences, and ways of thinking. A guideline to the developmental learning tasks of children and adolescents are found in this training manual on page 44. At the same time, participatory activities provide the opportunity for students to learn from one another and appreciate the differences, as well as similarities, among individuals in the classroom setting.

4.   Why Is Life Skills Education Important?

Over the last decade, a growing body of research has documented that skills-based interventions can promote numerous positive attitudes and behaviors, including greater sociability, improved communication, healthy decision-making and effective conflict resolution. Studies demonstrate that these interventions are also effective in preventing negative or high-risk behaviors, such as use of tobacco, alcohol and other drugs, unsafe sex, and violence. The table below summarizes some of the results from research studies conducted on skills-based education programs. It is important to note that research has also found that programs which incorporate skills development into their curricula are more effective than programs which focus only on the transfer of information (e.g. through lecture format).

5.   Research shows that skills-based health education programs can:

➢ Delay the onset age of the **abuse of tobacco, alcohol, and marijuana** (Botvin et al, 1995. Hansen, Johnson, Flay, Graham, and Sobel, 1988)

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[*] "Handouts 1-5 on Life Skills Education," Gillespie, A. UNICEF (unpublished document)

- ➢ Prevent **high-risk sexual behavior** (O'Donnell et al., 1999; Kirby, 1994; Schinke, Blythe, and Gilchrest, 1981)
- ➢ Teach **anger control** (Deffenbacher, Oetting, Huff, and Thwaites, 1995; Deffenbacher, Lynch, Oetting, and Kemper, 1996; Feindler, et al 1986)
- ➢ Prevent **delinquency and** (Young, Kelley, and Denny, 1997)
- ➢ Promote positive **social adjustment criminal behavior** (Englander-Golden et al. 1989)
- ➢ Improve health-related behaviors and **self-esteem** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
- ➢ Improve **academic performance** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
- ➢ Prevent peer rejection (Mize and Ladd, 1990)

5.2   Theories Supporting Life Skills

Each of the theories summarized in the chart below forms part of the foundation for the life skills approach. Some of the theories focus on behavioral outcomes, using skill development as a way to encourage pro-social behaviors in young people. According to other theories, the acquisition of skills is the goal, since competency in problem solving, communication, and conflict resolution are crucial to healthy human development. Still other theoretical perspectives view life skills as a way for young people to participate actively in their own development and the construction of social norms.

Implications of Theories of Life Skills

Theory	Implications
Child & Adolescent Development Theory	• Early adolescence presents a critical opportunity for building skills and positive habits since at that age there is a developing self-image and ability to think abstractly and solve problems. • Early and middle adolescence provide varied situations in which young people can practice new skills with peers and others outside the family. • Acquiring skills and competencies is seen as critical to a child's development.
Constructivist Psychology	• The learning process is facilitated by social interactions in peer learning, cooperative groups, and open discussions. • Developing life skills in adolescents is infused with cultural beliefs and values.

Theory	Implications
Social Learning Theory	• Teaching life skills needs to replicate the natural processes by which children learn behaviors (e.g., modeling, observation, social interaction). • Children need to develop internal skills (e.g., self-control, stress reduction, decision-making) *that support positive behaviors.*
Problem-Behavior Theory	• Behaviors are influenced by one's values, beliefs and attitudes, as well as the perception of friends and family about the behaviors. • Young people need values clarification and critical thinking skills to evaluate themselves and the values of their social environment.
Social Influence Theory	• Addressing social pressures to engage in unhealthy behaviors before the young person is exposed to the pressures can diminish the impact of peer and social pressure. • Teaching children resistance *skills* is more effective in reducing problem behaviors than simply providing information or provoking fear of the results of the behavior.
Cognitive Problem Solving	• Poor problem-solving skills often lead to poor social behaviors. • Teaching interpersonal problem-solving skills at earlier stages in the developmental process (e.g. childhood, early adolescence) is more effective.
Multiple Intelligences (including Emotional Intelligence)	• Using a variety of instructional methods is critical for engaging different learning styles. • Managing emotions and understanding one's feelings and the feelings of others are critical skills that children can learn.
Resiliency Theory	• Social cognitive skills, social competence, and problem-solving skills can lead to pro-social behavior. Life skills programs can teach skills to help young people respond to adversity and become resilient.

Source: Mangrulkar, L., Vince Whitman, C., and Poster, M. (in press) *Life Skills Approach to Child and Adolescent Healthy Human Development*. Washington, DC: Pan American Health Organization, World Health Organization.

6.2.1   Theories and Principles Supporting Skills-Based Health Education[1]
(From the WHO's Information Series on School Health
Document 9, Skills for Health)

Purpose: to summarize the theories and principles that serve as a foundation for skills-based health education, and to highlight how they are applied.

A significant body of theory and research provides a rationale for the benefits and uses of skills-based health education. This section outlines a selection of these theories, with brief annotations highlighting their implications for skills-based health education planning. The theories share many common themes and have all contributed to the development of skills-based health education and life skills.

Behavioral science, and the disciplines of education and child development, placed in the context of human rights principles, constitute a primary source of these foundation theories and principles. Those who work in these disciplines have provided insights acquired through decades of research and experience - into the way human beings, specifically children and adolescents, grow and learn; acquire knowledge, attitudes, and skills; and behave. Research and experience have also revealed the many spheres of influence that affect the way children and adolescents grow in diverse settings, from family and peer groups to school and community.

Most of the theories outlined below are drawn from Western or North American social scientists and may or may not be equally relevant to other cultures and practices. Therefore, programme designers, together with local social and behavioral scientists, pediatricians, anthropologists, educators, and others who study child and adolescent development, may want to consider the relevance of these ideas and their own cultural basis for programme design.

1.   **Child and adolescent development theories**

An understanding of the complex biological, social, and cognitive changes, gender awareness, and moral development that occurs from childhood through adolescence lies at the core of most theories of human development.

The onset of puberty constitutes a fundamental biological change from childhood to early adolescence. An important component of social cognition in the transition from adolescence to adulthood is the process of understanding oneself, others, and relationships. The ability to understand causal relationships develops in early adolescence, and problem-solving becomes more sophisticated. The adolescent is able to conceptualize simultaneously about many variables, think abstractly, and create rules for problem-solving (Piaget, 1972). Social interactions become increasingly complex at this time. Adolescents spend more time with peers; increase their interactions with opposite-sex peers; and spend less time at home and with family members. Moral development occurs during this period as well; adolescents begin to rationalize the different opinions and messages they receive from various sources, and begin to develop values and rules for balancing the conflicting interests of self and others.

- **Implications for skills-based health education planning:**

   a.   In the school setting, late childhood and early adolescence (ages 6-15) are critical moments of opportunity for building skills and positive habits. During this time, children are developing the ability to think abstractly, to understand consequences, to relate to their peers in new ways, and to

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[1] Most of this chapter represents a summary of "Chapter 11: The Theoretical Foundations of the Life Skills Approach," from Mangrulkar, L., Vince Whitman, C., & Posner, M. (2001), *Life Skills Approach to Child and Adolescent Healthy Human Development,* Washington, DC: Pan American Health Organization.

solve problems as they experience more independence from parents and develop greater control over their own lives.

b. The wider social context of early and middle adolescence provides varied situations in which to practice new skills and develop positive habits with peers and other individuals outside the family.

c. Developing attitudes, values, skills, and competencies is recognized as critical to the development of a child's sense of self as an autonomous individual and to the overall learning process in school.

d. Within this age span, the skills of young people of the same age and different ages can vary dramatically. Activities need to be developmentally appropriate.

2. Multiple intelligences

This theory, developed by Howard Gardner (1993), proposes the existence of eight human intelligences that take into account the wide variety of human capacities. They include linguistic, logical/mathematical, musical, spatial, bodily/kinesthetic, naturalist, interpersonal, and intrapersonal intelligences. The theory argues that all human beings are born with the eight intelligences, but they are developed to a different degree in each person and that in developing skills or solving problems, individuals use their intelligences in different ways.

- **Implications for skills-based health education planning:**

a. A broader vision of human intelligence points toward using a variety of instructional methods to engage different learning styles and strengths.

b. The capacity of managing emotions and the ability to understand one's feelings and the feelings of others are critical to human development, and adolescents can learn these capacities just as well as they learn reading and mathematics.

c. Students have few opportunities outside of school to participate in instruction and learning for these other capacities, such as social skills. Therefore, it is important to use the school setting to teach more than traditional subject matter.

3. Social learning theory or social cognitive theory

This theory is based largely upon the work of Albert Bandura (1977), whose research led him to conclude that children learn to behave both through formal instruction and through observation. Formal instruction includes how parents, teachers, and other authorities and role models tell children to behave; observation includes how young people see adults and peers behaving. Children's behavior is reinforced or modified by the consequences of their actions and the responses of others to their behaviors.

- **Implications for skills-based health education planning:**

a. Skills teaching needs to replicate the natural processes by which children learn behavior: modeling, observation, and social interaction.

b. Reinforcement is important in learning and shaping behavior. Positive reinforcement is applied for

the correct demonstration of behaviors and skills; negative or corrective reinforcement is applied for behavior skills that need to be adjusted to build more positive actions.

c. Teachers and other adults are important role models, standard setters, and sources of influence.

4. Problem-behavior theory

Jessor & Jessor (1977) recognize that adolescent behavior (including risk behavior) is the product of complex interactions between people and their environment. Problem behavior theory is concerned with the relationships among three categories of psychosocial variables. The first category, the personality system, involves values, expectations, beliefs, and attitudes toward self and society. The second category, the perceived environmental system, comprises perceptions of friends' and parents' attitudes toward behaviors and physical agents in the environment, such as substances and weapons. The third category, the behavioral system, comprises socially acceptable and unacceptable behaviors. More than one problem behavior may converge in the same individuals, such as a combination of alcohol and tobacco or other drug use and sexually transmitted disease.

- **Implications for skills-based health education planning:**

a. Behaviors are influenced by an individual's values, beliefs, and attitudes and by the perceptions of friends and family about these behaviors. Therefore, skills in critical thinking (including the ability to evaluate oneself and the values of the social environment), effective communication, and negotiation are important aspects of skills-based health education and life skills. Building these types of interactions into activities, with opportunities to practice the skills, is an important part of the learning process.

b. Many health and social issues, and their underlying factors, are linked. Interventions on one issue can be linked to and benefit another.

c. Interventions need to address personal, environmental, and behavioral systems together.

5. Social influence theory and social inoculation theory

These two theories are closely related. Social influence theory is based on the work of Bandura (see above) and on social inoculation theory by researchers such as McGuire (1964, 1968), and was first used in smoking prevention programmes by Evans (1976; et al., 1978). Social influence theory recognizes that children and adolescents will come under pressure to engage in risky behaviors, such as tobacco or premature or unprotected sex. Social influence and inoculation programmes anticipates these pressures and teach young people both about the pressures and about ways to resist them before youth are exposed. Usually these programmes are targeted at very specific risks, tying peer resistance skills to particular risk behaviors and knowledge. Social resistance training is usually a central component of social skills and life skills programmes.

- **Implications for skills-based health education planning:**

a. Peer and social pressures to engage in unhealthy behaviors can be dissipated by addressing them *before* the child or adolescent is exposed to the pressures, thus pointing towards early prevention rather than later intervention.

b. Making young people aware of these pressures ahead of time gives them a chance to recognize in

advance the kinds of situations in which they may find themselves.

c. Teaching children *resistance skills* is more effective for reducing problem behaviors than just providing information or provoking fear of the results of the behavior.

6. **Cognitive problem solving**

This competence-building model of primary prevention theorizes that teaching social-cognitive problem-solving skills to children at an early age can improve interpersonal relationships and impulse control, promote self-protecting and mutually beneficial solutions among peers, and reduce or prevent negative "health-compromising" behaviors. Poor problem-solving skills are related to poor social behaviors, indicating the need to include problem-solving and other skills in skills-based health education.

- **Implications for skills-based health education planning:**

a. Teaching interpersonal problem-solving skills at early stages in the developmental process (childhood, early adolescence) develops a strong foundation for later learning.

b. Focusing on skills for self-awareness and self-management, as in anger management or impulse control, as well as generating *alternative solutions* to interpersonal problems, can reduce or prevent problem behaviors. Focusing on the ability to conceptualize or think ahead to the consequences of different behaviors or solutions can help children make positive choices.

7. **Resilience theory**

This theory explains the process by which some people are more likely to engage in health-promoting rather than health-compromising behaviors. It examines the interaction among factors in a young person's life that protect and nurture, including conditions in the family, school, and community, allowing a positive adaptation in young people who are at risk. The importance of this theory is its emphasis on the need to modify and promote mechanisms to protect children's healthy development. Resilience theory argues that there are internal and external factors that interact among themselves and allow people to overcome adversity. Internal protective factors include self-esteem and self-confidence, internal locus of control, and a sense of life purpose. External factors are primarily social supports from family and community. These include a caring family that sets clear, nonpunitive limits and standards; the absence of alcohol abuse and violence in the home; strong bonds with and attachment to the school community; academic success; and relationships with peers who practice positive behaviours (Kirby 2001; Infante, 2001; Luthar, 2000; Kirby 1999; Kass, 1998; Blum & Reinhard, 1997; Luthar & Ziegler, 1991; Rutter, 1987). According to Bernard (1991), the characteristics that set resilient young people apart are social competence, problem-solving skills, autonomy, and a sense of purpose. Today, there seems to be agreement on the sets of factors that are present in resilient behaviors. Research is focusing on identifying the types of interactions among these factors that allow resilient adaptation to take place despite adverse conditions.

- **Implications for skills-based health education planning:**

a. Social-cognitive skills, social competence, and problem-solving skills can serve as *mediators* for behavior.
b. The specific skills addressed by skills-based health education and life skills-based education for other learning areas, are part of the internal factors that help young people respond to adversity and are the traits that characterize resilient young people.

c. It is important that both teachers and parents learn these same skills and provide nurturing family and school environments, modeling what they hope young people will be able to do.

d. Resilience focuses on the child, the family, and the community, allowing the teacher or caregiver to be the facilitator of the resilient process.

While skills may protect young people, many larger factors in the environment play a role and may also have to be addressed if healthy behaviour is to be achieved.

8. **Theory of reasoned action and the health belief model**

The Theory of Reasoned Action and the Health Belief Model contain similar concepts. Based on the research of Fishbein and Ajzen (1975), the Theory of Reasoned Action views an individual's intention to perform a behaviour as a combination of his *attitude* toward performing the behaviour and *subjective normative beliefs* about what others think he should do. The Health Belief Model, first developed by Rosenstock (1966; Rosenstock et al., 1988; Sheehan & Abraham, 1996) recognises that perceptions - rather than actual facts - are important to weighing up benefits and barriers affecting health behaviour, along with the perceived susceptibility and perceived severity of the health threat or consequences. Modifying factors include demographic variables and cues to action which can come from people, policies or conducive environments.

- **Implications for skills-based health education planning:**
a. If a person perceives that the outcome from performing a behavior is positive, she will have a positive attitude toward performing that behavior. The opposite can be said if the behavior is thought to be negative.

b. If relevant others (such as parents, teachers, peers) see performing a behavior as positive and the individual is motivated to meet the expectations of relevant others, then a positive individual behavior is expected. The same is true for negative behavior norms.

9. **Stages of change theory or transtheoretical model**

This theory, based on a model developed by Prochaska (1979; & DiClemente, 1982), describes stages that identify where a person is regarding her change of behavior. The six main stages are precontemplation (no desire to change behavior), contemplation (intent to change behavior), preparation (intent to make a behavior change within the next month), action (between 0 and 6 months of making a behavior change), maintenance (maintaining behavior change after 6 months for up to several years), and termination (permanently adopted a desirable behavior).

- **Implications for skills-based health education planning:**

a. It is important to identify and understand the stages where students are in terms of their knowledge, attitudes, motivation, and experiences in the real world, and to match activities and expectation to these.

b. Interventions that address a stage not relevant to students are unlikely to succeed. For instance, a tobacco-cessation programme for people who mostly do not smoke or who smoke but have no desire to change is not likely to lead to quitting smoking.

For more information, see Chapter II in *Life Skills Approach to Child and Adolescent Healthy Development,* by Mangrulkar, L., Vince Whitman, C., and Posner, M., published by the Pan American Health Organisation in 2001. Available at http://www.paho.org/English/HPP/HPF/ADOL/Lifeskills.pdf

5.3   Using the Health and Family Life Curricula

The Health and Family Life Education Curricula is very **ACTIVITY** focused. The activities are used to make learning fun, but are also intended to help children learn the skill, attitude and information in ways that enhance learning.

The curricula is organized into Units and Lessons (see below). Please note that often you will need more than one class session to complete a lesson.

You may not be able to cover all the lessons for the respective grade in the school year. Select those that will be more beneficial to the group. Bear in mind the HFLE programme Vision and Mission as you make the selection of lessons.

The suggested content and activities for the Sexuality and Sexual Health theme are designed to help students acquire knowledge about sexuality but more so to develop positive attitudes and helpful skills that enable healthy sexual growth and development. The focus will be to develop coping skills – especially self awareness and self management, social skills (communication, interpersonal, assertiveness and refusal) and to a lesser extent cognitive skills. As you prepare to teach the units under that theme, remember, students are coming from different backgrounds with different value systems relating to sexuality and sexual behaviour. These value systems may be different from your own. Special sensitivity is required especially in your choice of resource materials and persons. Resource materials should be age-appropriate and relevant. Resource persons should be competent and comfortable with their own sexuality.

It is essential that teachers are aware of their sexuality and be willing to discuss sexual issues honestly with grade-appropriate openness. Disclosures which are made in the class room should be treated with respect and confidentially. Each class should be adequately prepared to deal with such confidentiality.

The section of the curricula on Managing the Environment lends itself to highlighting contextual (community/ parish) factors and issues that are related to managing the environment.

Highlight issues that are of importance to the community. If there is a rodent problem – focus the lesson on rats and rodent management. You can include, for example, protecting food in situations where rodent infestation is a problem. Similarly, if dumping of household garbage/refuse in gullies and rivers is the problem highlight that. Open burning of garbage is a problem for air pollution and affects the health of individuals with breathing/ respiratory problems so spend time on that issue. If the community/parish is an agricultural community/parish, be sure to include discussion of the safe use of pesticides and fertilizers. We have included issues associated with wetlands.

Objectives	Content	Strategies	Activities	Assessment
This is where you'll need to detail what students will accomplish by the end of the lesson in measurable terms and should be specific.

Example:

By the end of the lesson, students should be able to:

  Demonstrate the correct behaviours in cases of accidents with blood. | Content is the subject matter which students are expected to learn during the course of the lesson.

Example:

HIV and AIDS: Human Immunodeficiency Virus (HIV). Acquired Immunodeficiency Syndrome (AIDS).

The virus lives in blood and some other body fluids. It depresses the body's immune system, making it difficult for the body to resist bacteria that might cause disease. | A method of instruction which the teacher will use to deliver the content of the lesson.

Example:

Questioning
Role Play
Song
Video
Presentation
Resource
Persons
Games | This refers to what students will do. The process that students will undergo in order to learn the content.

  Example:

Children role play what to do if there is an accident in school and there is blood. | A task which is used to present evidence of learning.
This could be a tangible product or an observed performance or a combination of both.

Example:

Students demonstrate grasp of

(i)   HIV
(ii)   AIDS
(iii)   Transmission |

5.4   Using the Resource Materials

A primary objective of the HFLE initiative is the development and distribution of comprehensive life-skills based teaching materials in all primary and secondary schools. It was agreed that materials should be attractive in design, innovative in the presentation of ideas to young people (using illustrations, games and experimental learning techniques) build and/or supplement existing resources, and incorporate a gender perspective. Material development continues in the effort to meet the changing needs of Caribbean societies. (UNICEF, 2006)

A teaching aid is a tool used by teachers, instructors, lecturers, facilitators and trainers to reinforce a skill, fact, idea or concept. Teaching aids may also be used to display instructions and or information. These aids may be in the form of charts, games and flash cards which are known as visual aids. Television, tape recorders, DVD players, overhead projectors and computers known as electronic instructional aids.

Within the context of the Health and Family Life Education programme, teachers should be encouraged to make their own instructional aids. Some ready-made instructional material or equipment may not effectively enhance an idea or concept, thus making the teaching experience confusing for learners. As such, teachers should develop their own instructional materials which should be written into their lesson plans.

Here are some tips for using instructional aids.

- ✓ **Orientate learners to the instructional aids being used**. For participatory learning, it might be a good idea to ask students to give **their** interpretation of the graphic or information on the teaching aid. For example, Teacher may ask: *What are we looking at?* This is an excellent opportunity to provide clarification as some students may misinterpret the intention of the instructional aid.

- ✓ **Be familiar with the teaching aid yourself**. It is quite embarrassing to be using a teaching aid you are not familiar with. Learn the content (if applicable) and be prepared to answer any questions that may surface due to interactions with the material.

- ✓ Some instructional aids may have text that may not be visible to all students, hence, while orientating students to the aid, you may need to read or **explain unfamiliar graphics words and phrases**.

- ✓ While teaching, reference must be made to the instructional aid/s to reinforce concepts and or ideas.

- ✓ Teaching aids should be used to prompt and generate discussion among students.

- ✓ **Use students to assist in making instructional aids** when possible. Some students are quite creative and talented at graphic art. When students are involved, there is greater appreciation and care of the material.

- ✓ Remember, an instructional aid is not a poster. It is intended to enhance and or supplement other teaching materials and may not be clear to some students at first glance.

- ✓ **Know when during the lesson to use the instructional aid**. A properly planned lesson ensures ease of use.

Sample poster and its use
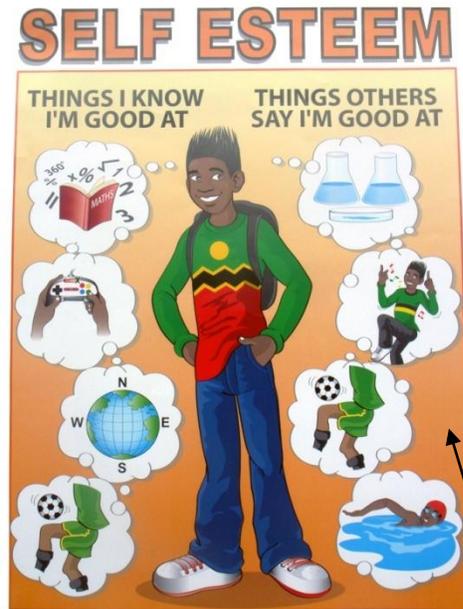
The teacher may need to **clarify illustrations** which may be misinterpreted by students, such as this one. It is also wise to decide for yourself what the illustration represents. For example, the illustration the arrow is pointing to may be representing Geography or it may represent traveling. One must be consistent when highlighting what the graphic represents.

Activity:

This poster may be used to initiate discussion among students.

1. How would you introduce this chart to your students?
2. How would you use this chart to prompt discussion and interaction among your students?
3. What graphics and or texts would you need to clarify? Why?
4. What other types of instructional aids could you use to illustrate the concept of safety?

5.5   Types and Categories of Life Skills

The core of life skills that facilitate the practice of healthy behaviours is divided into the following groups:

Social Skills	Cognitive Skills	Emotional/Coping Skills
- Interpersonal Skills - Communication Skills - Refusal Skills - Negotiation Skills - Empathy Skills - Cooperation Skills - Advocacy Skills - Cooperative learning skills	- Decision-making skills - Problem-solving skills - Critical-thinking skills - Creative-thinking skills	- Healthy self-management skills - Self-monitoring skills - Self-awareness skills - Coping with emotions (anger, self-esteem, grief, loss)

Life Skills	Definitions	Significance
Cooperative Learning skills	The ability to work together for the mutual learning and achievement using a variety of learning activities	Allows us to gain from each other's efforts knowing that all group members share a common fate and that performance is the result of both self and team members contribution
Interpersonal relationship skills	The ability to relate positively with people, creating an environment in which people feel secure and free to interact and express their opinions.	Allows us to keep friendly relationships, which can be of great importance to our mental and social well-being, and impacts the way we communicate with, motivate and influence each other.
Self-awareness	Having a sense of identity and an understanding of our own feelings, beliefs, attitudes, values, goals, motivations, and behaviors.	Helps us to recognize our feelings and values and is a prerequisite for effective communication, interpersonal relationships, and developing empathy for others.
Empathy	The ability to imagine what life is like for another person, even in a situation that we are unfamiliar with.	Can help us to accept others who may be very different from ourselves, respond to people in need, and promote other positive social interactions.

Life Skills	Definitions	Significance
Coping with emotions	The ability to recognize a range of feelings in ourselves and others, the awareness of how emotions influence behavior, and the ability to respond to emotions appropriately.	Enables us to respond appropriately to our emotions and avoid the negative effects that prolonged, pent up emotions may have our physical and mental health.
Coping with stress	The ability to recognize the sources of stress in our lives and the effects that stress produces, and the ability to act in ways that help us cope or reduce our levels of stress.	Enables us to adjust our levels of stress and avoid the negative consequences of stress, including boredom, burnout, susceptibility to diseases, and behavioral changes.
Negotiation Skills	The ability to communicate with other people for the purpose of settling a matter, coming to terms, or reaching an agreement. This may involve the ability to compromise or to give and take.	Helps us to meet and address individual needs and concerns in ways that are mutually beneficial. This is a key factor in working and playing cooperatively with others.
Refusal Skills	The ability to communicate the decision to say "no" effectively (so that it is understood).	Enables us to carry out health-enhancing behaviors that are consistent with our values and decisions.
Decision making	The ability to choose a course of action from a number of options which may result in a specific outcome or involve only the resolve to behave in a certain way in the future.	Helps us deal constructively with health and other decisions about our lives by enabling us to assess the different options and what effects different decisions may have.
Problem solving	The process thought which a situation/problem is resolved (i.e., diagnosing the problem, taking action to close the gap between present situation and desired outcome, and generalizing the principles to other situations)	Allows us to deal constructively with problems in our lives, that left unattended, could cause new problems, including mental and physical stress.
Creative thinking	The ability to depart from traditional ways of thinking, resulting in the generation of original and innovative ideas that enable us to respond adaptively to life situations.	Contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-actions.

Life Skills	Definitions	Significance
Effective communication	The ability to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations.	Allows the transfer of information, understanding, and emotion from one person to another to make one's intent clear.
Assertiveness Skills	The ability to state one's point of view or personal rights clearly and confidently, without denying the personal rights of others.	Assertiveness skills enable people to take actions that are in their own best interests. Such actions include the ability to stand up for oneself or someone else without feeling intimidated or anxious and to express feelings and points of view honestly and openly.
Healthy self-management/ monitoring skills	The ability to make situational and lifestyle behavior choices that result in attaining and/or maintaining one's physical, social, emotional, spiritual, and environmental health.	Enables us to maintain health-enhancing decisions from day to day as well as to reach longer-term health and wellness goals.

Source: CARICOM Multi-Agency HFLE Programme Manual for Facilitators of Life Skills Based HFLE Programmes in the Formal and non-Formal Sectors and Teenage Health Teaching Sessions

5.6   Translating Skills Instruction into Steps – Examples from the HFLE Curriculum

1.   Refusal Skills
- Use the word "no" in your refusal.
- Emphasize your refusal by repeating the refusal assertively (clear, strong voice, eye contact, not smiling)
- Use appropriate body language (serious expression, walking away, gesturing with hands)
- Give your reasons for refusing or list possible consequences.
- Suggest an alternative that includes your friend.
- Change the subject or walk away.

2.   Problem solving skills

For younger learners:
- Stop (check out the scene, and remind yourself to think before acting).
- Think (become aware of the choices and consider the sequences).
- Act (choose the best alternative and act on it)
- Review (decide whether the action has helped or hurt).

For older learners:
- Define the problem
- Identify the desired solution.
- Gather necessary information.
  Identify all possible solutions/choices and how these possible solutions will   impact your life, your values, and your beliefs.
  Look at a wide range of   alternatives. Don't limit yourself to a few choices.
- List the negative and positive consequences of each solution or choice.
- Select one solution or choice.

3.   Self-awareness skills
- Understand your personality: an understanding of our personalities can help find situations in which we will thrive, and help us avoid situations in which we will experience too much stress
- Know and focus on your values: It is important to know and focus on your values. When we focus on our values, we are more likely to accomplish what we consider most important
- Identify your habits: Identify all your habits that increase and decrease your effectiveness.
- Identify your needs: It is important to identify, prioritize and plan for needs as they drive behaviours. If needs are not satisfied you may become easily frustrated and. frustration often times lead to poor decision making
- Understand your emotions: It is important to know your own feelings, what causes them, and how they impact your thoughts and actions. A person with high emotional self-awareness has greater control over his or her behaviour.

4.   Advocacy skills
- Identify target audience
- Present information that appeals to audience

- Information must be accurate
- Information about the issue or program explicitly shows intended effect
- Suggest various ways to implement the proposal or resolve the issue
- Identify how the program or solution to the issue changes the current behavior.

5. Effective communication skills

Being an effective listener
- Body language
- Face the speaker and make eye contact
- Nod your head when you understand what the speaker is saying.
- Pay attention to both words and body language.

Empathetic listening:
- Show the speaker you understand by making comments like "I know what you mean".
- Give brief verbal encouragement—for e.g. "I see" or "Oh?"
- Do not interrupt with your own stories or information. Don't tell the speaker what he or she should do. Listen for the feelings behind the words and show the speaker you understand by saying, for e.g., "It sounds like you must be feeling ..." or "That must have been fun for you ...".
- Make sure you understand by restating what the speaker says in your own words. Use comments like "I heard you say ..." or "Do you mean ....?"

Being an effective speaker
- Pick a good time to talk - for e.g., not when the other person is busy or tired.
- Face the other person and make eye contact.
- Do not yell, demand, whine, or ridicule the other person.
- Be respectful, even when you think the other person has made a mistake.
- Express yourself with confidence, and respect the other person's right to do the same. If you are or the other person is expressing very strong feelings, take a break if need you to. This could help each of you calm down and think more clearly.

6. Critical thinking skills

Frame thoughtful probing questions such as:
- What evidence exists to support your conclusions?
- Where did you/ where would you search for such evidence?
- How does this evidence affect the issue?

7. Decision making skills
- State the problem
- Examine the consequences of the problem
- State your desired objective
- Examine all alternatives and possible outcomes
- Make a decision
- Act on your decision

8.   Creative thinking skills (group or individual)
- ➢ Offer innovative solutions
- ➢ Identify resources to implement solution
- ➢ Identify or agree on one or more likely solutions
- ➢ Implement solution selected
- ➢ Evaluate decision or outcome

9.   Empathy skills
- ➢ Ask the person to talk about how they feel
- ➢ Share your feelings - be honest and open
- ➢ Give support when as is needed
- ➢ Offer encouragement
- ➢ Be available to listen and talk

10.   Negotiation skills
- ➢ Refuse the behavior in a positive and assertive way.   Explain why you are unwilling to engage in that particular behaviour
- ➢ Suggest alternative actions
- ➢ Talk about it in a respectful manner seeking to reach the desired outcome

11.   Social skills
- ➢ Generate information necessary to perform the behaviour
- ➢ Model behaviour
- ➢ Practice
- ➢ Reinforce through verbal feedback
- ➢ Re-teach (not punish)

12.   Cooperative Learning Skills
- • Form small groups with students of different levels of ability
- • Use a variety of learning activities to improve understanding of a subject
- • Assign individual and group responsibilities
- • Randomly examine and record the actual contribution of each member to the group assignment
- • Have students teach what they learned to someone else
- • Help students to discuss the group process and identify elements that facilitate mutual benefits and achievement

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Contributed by: C. Constantine, EDC, 2005-06-12 & David and Roger Johnson
   http//www.clcrc.com

5.7 Using Life Skills to Promote Positive Health Behaviours

Developmental Characteristics of Students Ages Five to Eighteen and Implications for Health and Family Life Education:

Growth and Development: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Is curious about the human body, but may not know correct names; can draw human body • High interest in growth • Eyes and ears not fully mature and may present some problems • Is curious about the birth of animals and humans and the phenomenon of growth	• Learns correct names and functions of parts of body • Learns ways individuals grow and what affects growth; accepts that individuals grow in different and similar ways • Learns importance of ears and eyes; understands the importance of glasses; takes care of eyes and ears • Understand the concept "like begets like"

Growth and Development: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• High interest in human body; concern with body image • Shows interest in human growth and development • Concerned with differences in growth patterns; may be embarrassed about own and others' physical development • High interest in growth and development of embryos and fetuses • Tends to fear any differences in sexual orientation	• Learns structure and function of human body; relates health habits to body image • Acquires basic and accurate information on how one grows and develops mentally, physically, intellectually, and socially • Understands normalcy of differences in growth patterns and cycles • Appreciates the process of healthy growth and development • Explores accurate information on differences in sexual preferences

Growth and Development: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Concerned with body image - Has interest in structure and function if related to immediate concerns - High interest in continued changes in body at puberty - Ambivalent feelings about dependence and independence - High interest in embryonic and fetal growth - Tends to fear differences in sexual orientation - Menstrual disorders may occur	- Knows relationship of exercise, food selection, metabolism, physical activity, heredity, environment, attitude, and grooming on body image - Reviews systems of body as they relate to use of drugs, appearance, illness, etc. - Understands how heredity and the endocrine system affect body changes - Investigates possible interrelationship of physical, emotional, and social growth - Understands mother's ability to affect healthy embryonic and fetal development - Explores accurate information on differences in sexual preferences - Explores relationship of good health to normal menstrual periods; accepts medical assistance if necessary

Growth and Development: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Develops fully physically - Shows concern for healthy children - May be impatient with other age groups	- Understands and appreciates growth and development, especially variances - Understands factors involved in healthy embryonic and fetal development, especially effects of nutrition; knows that mothers can affect development - Cites major growth and developmental characteristics of people at selected ages

Developmental Characteristics of Students Ages Five to Eighteen and Health Education Implications:

Personal and Family Relationships: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Need security of family • Likes to be helpful • Shows interest in different types of family configurations	• Knows that families take care of young people and young people need a lot of care • Demonstrates ways to help at home • Appreciates families

Personal and Family Relationships: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Shares sexuality misinformation • Ambivalent toward need of family • Has "crushes" • Girls ahead of boys in wish to date	• Seeks sources of and acquires reliable information • Contributes to family harmony; knows needs of all people; knows importance of family to individual development • Examines factors that help to identify 'love'; contrasts qualities inherent in successful dating, friendship, and marriage relationships • Analyzes pressures in society that influence dating; develops friendships with both boys and girls; seeks individuals as people first and then as sexual beings

Personal and Family Relationships: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Influence by parents on young person's behavior diminishing outside the home but needs adult affection even if reaction is reject or ambivalence - Physical changes may result in emotional stress; changes may not be easily accepted - Interested in opposite sex, although girls may be more interested than boys - Crushes and hero worship common for same and opposite sex - Unwanted pregnancies may occur	- Continued communication from and involvement with parents important even if there is rejection; understands parents' concerns; knows where reliable help is available - Understands normalcy of maturation and especially differences in rate of change; explores changes in roles and responsibilities as age level change - Explore similar and different factors in friendships and dating; seeks a variety of friends of both sexes - Explores "in love" phenomenon; explores patterns of growth and development - Knows functioning of the reproductive system; knows types and correct use of contraceptives; assesses impact of early unwanted pregnancies on mother, infant, father, family, society; explores ways to enhance relationships other than sexually; analyzes pressures that influence men-women relationships - Develops a code of behavior for self constraint with value system

Personal and Family Relationships: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Struggles to learn socially approved outlets for sex drive; may experiment with intimate and casual sexual activity - Usually has great concern for children - Is aware of risks to child and mother of early unwanted pregnancy - Shows high interest in the birth process - Anxious about formation and continuation of relationships; looks for permanence in relationships - Concerned with alternative forms of sexual preference	- Relates goals and values to sexual behavior, to type of relationships into which one enters, and to responsibilities towards children; shows respect for individuals as individuals and not just sexual beings - Understands and appreciates effect of family on the development of individuals; needs to develop parenting skills for food selection, caring for a sick child, nurturing a child physically and emotionally, etc. - Relates life goals and values to sexual activity; knows ways to prevent conception if involved in sexual activity until one is able to meet a child's physical, emotional, and social needs - Knows the normal activities of birth; critiques literature on differing viewpoints on birth; knows father's role - Assesses own values and goals and their relationships to mate selection; explores factors in successful relationships; needs to know self in relationship to capabilities of sustaining relationships - Takes opportunities to understand all forms of sexual preference; establishes own sexual preference

Developmental Characteristics of Students Ages Five to Eighteen and
     Health Education Implications:

<u>**Community Health: Ages 5 to 9**</u>

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
- May ingest harmful substances - May need encouragement to visit medical advisor, dentist, nurse - Is curious about hospitals, fire departments, etc. - May not be aware of where to go for help - Associates self with school community - Needs immunizations	- Recognizes importance of medicine; knows who should give a person medicine - Understands what health professionals do; learns importance of physical and dental examinations; asks questions of health-care professionals - Learns place of community and in caring for the ill - Knows and seeks help from reliable adults - Learns about a wider community; is aware of how community and self affect each other - Accepts immunizations

<u>**Community Health: Ages 9 to 12**</u>

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
- Does some of own shopping - Has feelings of pride in own town - Interested in stories of great people - May experiment with drugs	- Evaluates advertising and its effect on purchasing food and personal products; establishes criteria for purchasing - Determines activities to contribute to making town better; predicts effect of community problems on health of people - Learns how people who have contributed to health advances; studies health careers - Identifies drugs and their effect on the body and behavior

Community Health: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Is faced with decisions regarding use of drugs, including alcohol and tobacco, foods, and health products • Sometimes seeks assistance for health problems on one's own • Gets involved in solutions to community problems	• Acquires accurate information on products; evaluates information against one's own established criteria; understands motivation behind abuse and misuse • Knows community resources; evaluates resources against one's own established criteria; asks questions of health-care professionals • Investigates and utilizes good problem-solving techniques for community health problems

Community Health: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Begins development of socially responsible behavior • Utilizes more drugs, independent of family • Formulates and tests hypotheses to solve problems • Is concerned with the hypothetical and the future • Worries about career choice • Chooses occupations suited to individual's capacities	• Assesses individual's and society's responsibility for certain community health problems; contributes to the maintenance and improvement of health of friends, neighbors, family; recognizes the emotional health value of consideration towards others; asks questions of health-care professionals • Acquires accurate information about drugs and regulations concerning their use; purchases, uses, and stores drugs correctly • Assesses community health problems and possible solutions; evaluates world food shortage • Explores possible health decisions that may arise from research and technology • Assesses self in relation to selected health careers; understands change as an acceptable factor throughout life • Identifies potential and health assets and liabilities in choosing a career

Developmental Characteristics of Students Ages Five to Eighteen and
        Health Education Implications

Safety: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Likes to play with abandon - Relates cause to effect - May not know or practice safety rules in cars and buses - Is involved in accidents to and from school - May take unfamiliar paths - May "show off" - Avoids dangerous situations when reminded - May be victim of sexual abuse - Sometimes samples contents of bottles - May forget rules and safeguards when on vacation - Is serious about fire and earthquake drills - Is concerned about small cuts and bruises	- Consciously uses rules of safety on playground, in gymnasium, on bicycles, when skating, etc. - Assesses situations as safe or hazardous - Learns and practices safe travel rules, including use of seat belts - Takes safest route to school; respects safety patrol; does not play in streets - Avoids strangers offering rides or candy; learns what to do if lost - Assesses relationship of "showing off" to accidents; knows why people "show off" - Begins to take responsibility for own safety, i.e., uses drinking fountains safely, picks up objects from floor, cleans spilled liquids - Learns what is acceptable behavior by others - Avoids ingesting unknown substances; does a home check with parents on storing cleaning supplies and medicines; begins to watch out for younger children ingesting substances - Learns to swim and practices safety in and on the water; learns camping safety; identifies common poisonous plants - Practices fire and earthquake drills - Learns how to care for minor injuries to self

Safety: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Accidents are leading cause of death and injury - Is interested in fires and fire hazards - Uses electricity and stoves at home and tools at school - Is interested in first aid - Spends much time bicycling and skating - Dares and accepts risks - May spend much time swimming, boating, and fishing	- Develops behavior patterns that contribute to personal and group safety; analyzes relationship of accidents and behavior - Learns principles of fire control; learns what to do in case of fire - Learns safety in use and care of tools, pans, electrical devices, and stoves - Demonstrates stoppage of bleeding, mouth-to-mouth resuscitation, care of minor wounds, and reporting injuries; knows when not to move victims; learns about explosives, electrical accidents, and poisonous substances - Understands and obeys traffic signs and regulations relating to cycling and skating - Understands motivation behind daring and risking; predicts consequences of risking - Learns how to swim and what to do and what not to do when others are in trouble in the water; learns boating safety

Safety: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Accidents are the leading cause of death in this age group - Is interested in emergency procedures, but tends to panic in emergencies	- Investigates causes and preventions of accidents related to this age group; suggests reasons for high accident rate in his age level - Demonstrates basic first aid

Safety: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Accidents are the leading cause of death in this age group - May resent limitations imposed on driving - Has opportunities to use first aid	- Assesses situations as safe or hazardous; explores safety problems of young children; assesses own attitudes, values, skills, and knowledge in preventing accidents - Explores reasons for limitations - Completes American Red Cross first-aid courses

6.7.5   Developmental Characteristics of Students Ages Five to Eighteen and Health Education Implications

Disease Prevention: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Experiences periods of great susceptibility to communicable diseases; comes to school when ill - May fear immunizations - Exhibits interest in what is eaten or drunk - Is curious about diseases friends or family have	- Understands how germs travel; covers sneezes and coughs, does not share personal objects; learns activities to stay well - Learns reasons for and importance of immunizations - Learns where food comes from and how it is safeguarded; knows medicine may help individuals get well if taken properly - Knows what causes diseases and health problems; investigates selected diseases and health problems; learns that flies carry germs

Disease Prevention: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Is interested in disease; may show signs of hypochondria - Is curious about health-related problems in the world - Identifies with "ideal" men and women and imitates actions; period of hero worship - Period of good health generally - Is curious about disabilities	- Learns about disease prevention and the body's defenses - Understands sanitation, water purification, and health laws and regulations - Studies about people who have contributed to health and medical advances - Takes responsibility for preventing illness, especially in avoiding behavior that may be detrimental - Understands physical, social, emotional implications of having a disability

Disease Prevention: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Shows interest in sickness and disease - Beginning increase of sexually transmitted diseases - Has empathy for disabled - May pretend illness	- Explores diseases, their causes and preventions; assumes personal responsibility in controlling selected disease and health problems - Learns about transmission, dangers, and prevention of STI - Investigates emotional, physical, and social implications of disabilities - Understands relationship of physical and mental health; explores coping mechanisms

Disease Prevention: Ages 14 to 18

Selected Developmental Characteristics   **Desired Health Knowledge, Attitudes, or Behaviors**

• Shows selected interest in disease prevention • Shows much interest in health problems	• Understands relationship of lifestyle and disease; is able to care for minor problems; investigates the epidemiology of selected diseases • Explores physical, emotional, and economic costs of handicapping conditions and chronic illness; explores preventative measures; assesses personal and societal responsibility for health problems

Developmental Characteristics of Students Ages Five to Eighteen and Health Education Implications:

<u>Mental Health: Ages 5 to 9</u>

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Is aware of attitudes and opinions of others; begins to be influenced by individual and societal expectations • Feels urge to be friendly but focuses on two or three best friends, which change frequently • Exhibits openly feelings of anger, fear, joy, hate, jealousy • May fear making mistakes; needs opportunities to try independence • May have disturbing dreams, fears, anxieties • Gives up easily when task is difficult • Accepts ideas of others at times and yet may want own way too often • May have difficulty accepting differences in others • May tattle, invent stories, say cruel things • Needs frequent assurance of love and approval; self-concept not always strong • Works well in groups; may be preoccupied with acceptance by groups	• Discusses feelings resulting from helping others; is pleased with self • Describes how it feels to be included and excluded from a group • Learns that feelings are normal and can be expressed in positive ways; understands that feelings affect behavior • Realizes that everyone makes mistakes and making a mistake can be a learning process; seeks help of others; learns to predict consequences • Understands reason for dreaming and that dreams are just dreams; talks out fears and anxieties • Recognizes that learning sometimes takes effort • Shares and takes turns; realizes how one's actions affect others • Knows when to report actions; learns that thoughtfulness brings happiness to self and others • Feels loved and feels secure; identifies actions that make one feel good about self • Shares and cooperates; respects rights of others; recognizes power to influence others and be influenced; develops comfort with being alone at times

Mental Health: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Wants independence but needs to know that help is nearby when wanted - Wants adult approval but not at the expense of own group relationship - Feels considerable peer-group influence; becomes overly concerned with peer-imposed rules - Enjoys satisfaction of achievement; likes hard work; desires to be helpful - Forms cliques to the exclusion of others; wants to make friends; is aware of importance of belonging - Occasional emotional outbursts - Has tendency to carry stories about others; engages in considerable competition and boasting - Wants to impress friends and be attractive to others; worries about lack of popularity or achievement - Feels peer criticism if deviation from stereotype of sex roles - Tends to want things own way; develops strong concepts of right and wrong - Is capable of planning - Sees cause-effect relationship - Becomes sensitive to criticism - Worries	- Values seeking help from reliable adults - Identifies ways to feel good; explains reasons behind rules; identifies reasons adults may be concerned - Receives parent or guardian involvement; explores ways to cope with peer pressure; assesses why others can influence; shows increasing independence - Accepts challenges of new experiences; is challenged intellectually; needs opportunities to plan, lead, and execute - Learns all people need friends; learns to show concern for others; seeks groups through interests; identifies and practices qualities of good friendship - Learns to release built-up emotion in acceptable ways - Appreciates importance of truth; learns how stories hurt self-image of self and others; nee sot know failure can be learning situation; learns to appreciate differences in individuals' abilities - Strengthens habits of personal cleanliness, good grooming; develops communication skills; recognizes positive traits in self; learns empathy skills - Values individual differences; becomes aware of changes in role expectations in today's society - Practices reasoning with contingencies; considers alternative solutions; assesses effect on total group or on individual - Is able to set goals and show movement toward reaching goals - Understands motivation for using and understands effects of use of caffeine, alcohol, tobacco, and drugs; understands role habit plays - Develops self-confidence; learns how to give and take positive criticism - Gains understanding of such problems as death, disease, divorce, and financial problems of parents; learns skills for dealing with stress

Mental Health: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Needs to belong to a group or groups - Ambivalent between independence and need for adults; self-identity strong at times to a point of rebellion - Easily upset with self and others - Questions values, beliefs, and rules - Concerned with group opinions and yet is beginning to assert and develop own value system; sometimes intolerant of others' apparent differences because of importance of conformity - Needs practice in making decisions; can apply logic and can consider alternatives - May lack self-confidence and may be self-conscious, shy, and worry about popularity - Sometimes moody and unpredictable, but emotional outbursts less frequent; needs to be aware that suicides are a leading cause of death in this age group	- Explores groups related to own interests, values, hobbies - Strengthens self-concept and self-understanding; explores effect of selected situations; assesses own feelings about selected risk behavior - Practices coping skills; knows needs of people; assesses positive qualities about self; infers why each person must set own standards; discusses fairness in judging others - Needs strong parental or other adult role models about acceptable behavior; understands need for rules; understands relationship of values and behavior - Knows own values, where they come from and how they influence; parental or other adult influence important; develops appreciation of the value of differences; understands social, emotional, physical implications of disabilities - Explores decision-making process; applies process to a variety of health problems; explores consequences of hypothetical decisions - Assesses strengths; develops interests and hobbies; relates good physical and mental health to attractiveness; practices communications skills; learns qualities of good friendship - Understands emotions and positive ways of expressing them; participates in mental health practices

Mental Health: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- May aspire to more than is possible - Fluctuates between following own beliefs and being influenced by groups - Makes independent judgments regarding drugs, including alcohol and tobacco - Needs communication skills and group activities - May leave home for extended periods; enjoys freedom but may feel uncertain - Experiences stress - Does not always comprehend ramifications of risk-taking - Needs to integrate values into a personal philosophy that includes ethical and moral values to be used throughout adult life - Independently judges matters despite tendency to conform - May have extreme emotional states - Shows concern for interpersonal problems	- Assesses own strengths and weaknesses in determining capabilities - Understands influence; knows own beliefs (values); compares own beliefs to groups with which one is involved - Understands decision-making process; understands factors that influence behavior; makes responsible judgments - Uses communication skills in work, home, play; explores and participates in group activities related to interests; develops and uses coping skills - Understands ambivalent feelings; accepts parental advice and support during transition period into adulthood - Develops a variety of coping skills, such as hobbies and sports, and utilizes them - Theorizes consequences of selected behavior and utilizes this information when making decisions - Establishes relationship of individual's values to societal values; knows own values - Explores consequences of decisions based on own values and compares to consequences of other's values; develops confidence in self as a unique person; increasingly is less influenced by others - Explores mental health practices and utilizes those best suited to self - Understands possible causes and preventions of abusive behavior; formulates plan for maintaining mental health

Developmental Characteristics of Students Ages Five to Eighteen and Health Education Implications:

Physical Well-Being: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Wants to grow/learn • Needs adequate amounts of nutrients and minimum amounts of sweets and soft drinks • May need encouragement to try new foods • Participates in scheduled time for eating • May not be aware of effect of unsanitary practices • Has a high level of energy; tires easily • Experiences eruption of all primary teeth; is forming foundation and calcification of permanent teeth • Poor posture may develop	• Learns relationship of growth/learning to health habits; identifies activities that deter growth/learning • Eats food served; knows value of and eats breakfast; tries healthful snacks; knows effect of sugar on teeth • Tries new foods; knows values of and eats a variety of foods • Chews well; eats slowly; makes mealtimes pleasant • Washes hands before eating and after using bathroom; correctly uses toilets, toilet paper. Drinking fountains • Understands value of rest, relaxation, and exercise; participates in big muscle activities; takes responsibility for own bedtime • Brushes teeth and visits dentist; understands why first teeth need to be kept in good condition; learns importance of six-year molars • Responds to encouragement for improvement in posture

Physical Well-Being: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• Constantly active or wants to be busy; shows tendency to over-exert and become fatigued • Has a great amount of energy that needs to be channeled; becomes over-stimulated easily • Shows increasingly poor posture • May have ear infections or problems • Eyes are not fully mature; views television frequently • Wants to stay up late • Values fitness • May not take time to eat leisurely; may begin to miss meals, especially breakfast • May be selective in what is eaten • Is interested in what happens to food eaten • Shows concern about overweight and underweight; most are unceasingly hungry • Questions need for personal hygiene, but is interested in appearance • Permanent teeth appearing; may need orthodontic care	• Plans for well-balanced days; knows own physical limitations; is physically fit • Develops healthy hobbies and interests, some of which may be quiet activities; recognizes need for relaxation; learns relaxation techniques • Investigates aesthetic, social and physical value of good posture; practices good posture • Knows relationship of ear infections to loss of hearing; selects actions not injurious to ears • Responds to need for eye examinations; wears glasses, if needed; practices eye care • Recognises the need for sufficient sleep; discovers amount of sleep needed • Relates health habits to fitness; knows effect of drugs on fitness • Learns to relax at mealtime; has regular time for meals; knows value of and eats breakfast • Knows what constitutes a well-balanced diet; tries new foods, knows effect of sugar on teeth and general health • Understands that food is needed for energy. Building new tissue, and for maintenance of health • Calculates input and output of energy • Investigates hygiene's effect on personal relationships and health and energy • Relates structure and health of teeth to dental care; responds to need for dental check-ups and care.

Physical Well-Being: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- May make poor selection of food; may avoid breakfast - May have concern with underweight or overweight - Postural difficulties increase with body changes - Spends many hours in recreational activities - May practice extremes in grooming - May have skin problems - Tires easily - Vision and hearing defects increase - Personal appearance important - May have dental problems	- Applies knowledge of nutrition to food selection; understands relationship of nutrition to appearances and health; examines research on value of breakfast; understands relationship of food selection to dental health - Knows principles of weight maintenance; stabilizes weight - Brings good-posture feel into consciousness; practices good posture - Participates in a variety of activities that contribute to fitness, some of which can be lifetime activities - Develops criteria and assesses health products related to grooming; considers effects of grooming on health and interpersonal relationships - Assesses value of and practices good health habits; visits dermatologist if necessary - Determines relationship of nutrition, exercise, balanced day, sleep, and stress to fatigue - Responds to need for ear and eye check-ups; assesses effects of noise pollution, respiratory infections, etc., on ear; wears glasses if necessary, evaluates how eyes are used - Determines what good personal appearance is: selects behavior that contributes to good personal appearance - Understands effect of good dental health practices on health of teeth and mouth

Physical Well-Being: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- May worry about physical appearance, attractiveness, and physical development - May have obesity problem - May indulge in bizarre health behavior; may need more sleep than one is getting - Has all permanent teeth except third molar - May not be living at home so no longer has parental concern for health	- Understands relationship of exercise, nutrition, attitude, and grooming to appearance and development and utilizes this information. - Understands and practices principles of weight maintenance; determines dangers of fad diets and schemes; loses weight slowly and with safe methods - Knows when and how to exercise; eats a variety of foods; critiques information on food; knows need for sleep; organizes lifestyle to get more sleep - Uses good dental health practices to preserve teeth and gums - Acquires and uses knowledge about low-cost good nutrition. Physical check-ups, etc.; projects relationship of well-being to achievement of goals

6.0 TRAINING SESSION THREE
INTERACTIVE TEACHING METHODS

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to introduce teachers to the concept of teaching methods used to teach life skills and to familiarize teachers with how to use interactive teaching methods in the classroom.

By the end of this session, participants should be able to:

- Define interactive teaching methods
- Identify reasons why interactive teaching methods are important for teaching life skills
- Identify ways to set classroom rules for establishing a respectful, interactive learning environment
- Develop skills for designing classroom activities that use interactive teaching methods
- Acquire skills for using interactive teaching methods in the classroom and addressing difficult situations that may arise during lesson activities.

➢ **Who Is This Session For?**

Teachers and anyone who would like to use interactive teaching methods in a learning environment.

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 3 hours to complete all the activities in this Session, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session?**

Activity 6A: Overview of Interactive Teaching Methods

Activity 6B: Reasons for Using Different Interactive Teaching Methods

Activity 6C: Creating a Respectful and Conducive Environment for Learning

Activity 6D: Modeling of Interactive Teaching: Tips for Teaching; giving feedback and critiquing

Activity 6E: Creating Your Own Interactive Activity and Practice of Teaching Skills

INTRODUCTION TO ACTIVITY	**Introduce this session by telling teachers that they will now spend some time experiencing interactive teaching methods and the teaching of life skills in the classroom. Later in the training, they will be practicing using the actual lesson plans from the HFLE core curriculum. The purpose of this session is to familiarize teachers with the methods used to teach life skills.** ****The facilitator should point out to trainees that the sample lesson plans and the training lesson sessions may be adjusted to respond to the availability of time at different events and in different schools. For example, 30, or 35 or 40 minute lesson sessions in schools as against only one period or a double period dedicated to the HFLE curriculum.**
ACTIVITY 6A: **Overview of Interactive Teaching Methods:** *40 minutes*	**Use resource materials on pages 104- 107** ➢ Tell teachers that they will now be learning about the different teaching methods that are most effective for teaching life skills. ➢ Define "Interactive Teaching Methods," which are the most effective methods used to teach life skills. Specifically note that Interactive Teaching Methods: • Encourage student participation in the classroom • Provide opportunities for students to tailor the activities so they are relevant to their real lives • Give students the opportunity to practice using life skills in a safe, respectful environment ➢ Ask teachers in their groups to name some interactive teaching methodologies they have used in the classroom before. Have them write their responses on the flip chart provided and paste them on the wall. Add any additional methods that were not named by the group. (See "Participatory Teaching Methods" chart.) ➢ Ask for volunteers to define the different types of Interactive Teaching Methods that are written on the board. ➢ The training facilitator should draw up a 2-column table on the flip chart and have groups identify which methodologies belong to the interactive side and which belong to the non-interactive side. ➢ The training group may discuss characteristics of interactive versus non-interactive methodologies. **Note: You (the coordinator) may want to handout to teachers "Tips for Giving Feedback" in the Resources section of this Session to provide them with guidelines on giving each other feedback throughout this session and other sessions.**

ACTIVITY 6B:
 	
Reasons for Using Interactive Teaching Methods:
 	
20 minutes
	Use resource materials on page 108-109
	
	➢ Ask teachers to think about how and when each of the learning methods on the board might be useful when teaching life skills.
	
	➢ Write the following sentence stem on the board:
	
	    _____ **is helpful when you want students to ____.**
	  (teaching method)
	
	➢ Using the example of "role-playing," ask teachers for some possible answers for finishing the sentence. Write answers on the board.
	
	Possible answers for role-playing
	
	    • Learn how others might react to certain behaviors or attitudes.
	    • Try out new ways of behaving to see if they bring the intended results.
	    • Try out new ways of behaving to see what they would feel like.
	    • Take the risk of behaving in a certain way without fear of failure or negative consequences.
	
	➢ Assign each work-group one method of interactive teaching (e.g., brainstorming, role-playing, small group discussion)
	
	➢ Using the same sentence stem as above, ask participants to think of responses related to their assigned method.
	
	➢ After 5 minutes, ask each group to report out their ideas to the larger group. Ask others in the larger group for additional suggestions that may have been left out.

Activity 6C: **Establishing Classroom Rules and a Respectful Learning Environment** *15 minutes*	**Resource materials on pages 115– 117 and 123 – 126.** ➢ Explain to teachers that when teaching life skills it is very important to set up a classroom atmosphere that feels safe, respectful and encouraging to students. Because topics that are covered in health and family life education can be very sensitive ones, it is important for all students to fully understand what types of behaviours are expected of them in class. ➢ Write the words "Class Rules" on the board. Ask teachers what class rules they think should be established before teaching a lesson on life skills. ➢ Write down their answers on the board, and add any additional rules that should be included. Refer to "Setting Up the Classroom Atmosphere" in the Resources Section of this session for a comprehensive list of classroom rules. ➢ Point out that even after reviewing class rules and getting agreement from students to follow them, it is very likely that teachers will still encounter difficult situations in the classroom to which they will need to respond. However, by establishing classroom rules prior to the lesson or unit, teachers can minimise the number of situations that occur. ➢ Note that one important role that teachers can play in creating a respectful learning environment is to respond to students who may feel anxious during lessons due to personal experiences that he or she may have had in her home or community. Because a life skills programme touches upon many sensitive topics, it is important for teachers to know how to help these students. ➢ Ask teachers to work in pairs or small groups and to generate a list of strategies for working with students who appear anxious or stressed during class, or who approach them with concerns after class. ➢ After 10 minutes, ask teachers to share their ideas. Hand out "Setting Up the Classroom Atmosphere" which includes tips for helping the anxious student and dealing with the overzealous student. Tell teachers that as they review specific lessons, they will also discuss how to deal with more specific topics like domestic violence. ➢ Tell teachers that in the next activity, you (the coordinator) will be facilitating a specific lesson activity that uses interactive teaching methods. After the lesson, the group will discuss types of difficult situations that may occur during this activity and strategies for addressing them.

Activity 6D:
 	
Sample Lesson - Critiquing and Giving Feedback
 	
15 minutes
	Resource materials on pages 109 – 112, 113- 115, 130 – 131.
	
	➢ Select one of the sample lessons from one of the unit themes that use role-playing as one of the interactive teaching methods.
	
	➢ Ask teachers to spend about 5 minutes reading through the sample lesson on their own.
	
	➢ After 5 minutes, review some of the specific characteristics of the lesson plan. Include a brief definition and discussion of the following:
	
	    • Regional Standards and Core Outcomes
	    • Purpose
	    • Objectives
	    • Overview of activities
	    • Teaching methods
	    • Resources and materials.
	
	➢ Note the importance of being familiar with a lesson and its contents prior to delivering one. For lessons that use interactive teaching methods, teachers may have to gather or prepare specific materials (e.g., strips of cards, scenarios, TV/VCR) ahead of time.
	
	➢ Tell the group that you will now <u>facilitate the role-playing activity</u> in the lesson with them **(Note: do not conduct the entire lesson, just the <u>one</u> activity. This model role-play should not exceed 15 minutes)**. Tell teachers that because you (the coordinator) will be reviewing strategies for addressing difficult situations in the classroom after running this activity, teachers should feel welcome to role-play the part of a student who is embarrassed, rowdy or anxious while you run the activity. The group will discuss how to handle these situations following the activity.
	
	➢ After conducting the activity, discuss how this specific activity allowed you to reach lesson objectives.
	
	Note: This activity is a good one to introduce positive ways for giving feedback and providing critiques to students in a way that is respectful and constructive. You may chose to ask volunteers for effective ways to give feedback when using such teaching methods as role plays and small group work.
	
	➢ Ask teachers to volunteer some difficult situations that could arise when using a role-playing activity (e.g., students become rowdy and lose track of what they are doing; one student is too embarrassed or uncomfortable to participate). Write these situations on the board in one column. Then ask teachers to think about strategies for overcoming these situations.
	
	➢ Write the strategies in a column next to the first ones.

Activity 6D Sample Lesson (Contd.) – **Critiquing and Giving Feedback**	**Note: One key challenge to include is what to do in a classroom with different literacy and reading skills and/or age ranges.** Hand out "Tips for Using Interactive Teaching Methods" and "Tips on Giving Feedback" for teachers' review. **Pages 119 – 120.**

Activity 6E: **Creating an Interactive Activity and Practice of Teaching Skills** **60 minutes.**	➤ Have work-groups develop their own interactive <u>activity</u> to teach one or more life skills. **Note: Teachers are not to write an entire lesson; just one interactive activity that would take about 10 – 15 minutes long to implement.** ➤ Assign each work-group a <u>specific life skill</u> (e.g., decision-making, problem-solving, communication skills). Then, ask them to select a <u>specific content area and objective</u> (e.g., reduce tobacco smoking among 14 year olds). ➤ Tell them to spend 15 minutes creating an interactive 10-15 minute-long activity that seeks to reach the objective using the specific life skill. ➤ After 15 minutes, ask for volunteers to present their activity with the rest of the participants. ➤ As they do, ask others to identify the life skill and the content area/objective of that activity. ➤ After each group has presented their activity, create a list of "tips" that teachers could use when teaching that particular activity.

Interactive Teaching Methods

Resource Materials

6.1 Interactive/Participatory Teaching Methods for Life Skills Education

Each of the teaching methods in the following chart can be used to teach life skills.

Teaching Method	Description	Benefits	Process
CLASS DISCUSSION (in Small or Large Groups)	The class examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution, or developing new ideas and directions for the group.	Provides opportunities for students to learn from one another and practice turning to one another in solving problems. Enables students to deepen their understanding of the topic and personalize their connection to it. Helps develop skill in listening, assertiveness, and empathy.	• Decide how to arrange seating for discussion • Identify the goal of the discussion and communicate it clearly • Pose meaningful, open-ended questions • Keep track of discussion progress
BRAINSTORMING	Students actively generate a broad variety of ideas about a particular topic or question in a given, often brief period of time. Quantity of ideas is the main objective of brain-storming. Evaluating or debating the ideas occurs later.	Allows students to generate ideas quickly and spontaneously. Helps students use their imagination and break loose from fixed patters of response. Good discussion starter because the class can creatively generate ideas. It is essential to evaluate the pros and cons of each idea or rank ideas according to certain criteria.	• Designate a leader and a recorder • State the issue or problem and ask for ideas • Students may suggest any idea that comes to mind • Do not discuss the ideas when they are first suggested • Record ideas in a place where everyone can see them • After brainstorming, review the ideas and add, delete, categorize

Teaching Method	Description	Benefits	Process
ROLE PLAY	Role play is an informal dramatization in which people act out a suggested situation.	Provides an excellent strategy for practicing skills; experiencing how one might handle a potential situation in real life; increasing empathy for others and their point of view; and increasing insight into one's own feelings.	• Describe the situation to be role played • Select role players • Give instruction to role players • Start the role play • Discuss what happened
SMALL GROUP/BUZZ GROUP	For small group work, a large class is divided into smaller groups of six or less and given a short time to accomplish a task, carry out an action, or discuss a specific topic, problem, or question.	Useful when groups are large and time is limited. Maximizes student input. Lets students get to know one another better and increases the likelihood that they will consider how another person thinks. Helps students hear and learn from their peers.	• State the purpose of discussion and the amount of time available • Form small groups • Position seating so that members can hear each other easily • Ask group to appoint recorder • At the end have recorders describe the group's discussion
GAMES AND SIMULATIONS	Students play games as activities that can be use for teaching content, critical thinking, problem, solving, and decision-making and for review and reinforcement. Simulations are activities structured to feel like the real experience.	Games and simulations promote fun, active learning, and rich discussion in the classroom as participants work hard to prove their points or earn points. They require the combined use of knowledge, attitudes, and skills and allow students to test out assumptions and abilities in a relatively safe environment.	**Games:** • Remind students that the activity is meant to be enjoyable and that it does not matter who wins **Simulations:** • Work best when they are brief and discussed immediately • Students should be asked to imagine themselves in a situation or should play a structured game or activity to experience a feeling that might occur in another setting

Teaching Method	Description	Benefits	Process
SITUATION ANALYSIS AND CASE STUDIES	Situation analysis activities allow students to think about, analyze, and discuss situations they might encounter. Case studies are real-life stories that describe in detail what happened to a community, family, school, or individual.	Situation analysis allows students to explore problems and dilemmas and safely test solutions; it provides opportunities to work together, share ideas, and learn that people sometimes see things differently. Case studies are powerful catalysts for thought and discussion. Students consider the forces that converge to make an individual or group act in one way or another, and then evaluate the consequences. By engaging in this thinking process, students can improve their own decision-making skills. Case studies can be tied to specific activities to help students practice healthy responses before they find themselves confronted with a health risk.	• Guiding questions are useful to spur thinking and discussion • Facilitator must be adept at teasing out the key points and step back and pose some 'bigger' overarching questions • Situation analyses and case studies need adequate time for processing and creative thinking • Teacher must act as the facilitator and coach rather than the sole source of 'answers' and knowledge.
FIELD EXPERIENCE	The class visits an off-site location where activities relating to the lesson are being carried out. This organization may be, for example, the electric company, or water commission when lessons on environmental management are being done.	Students get the opportunity to view real life events in real time. They also get to talk with workers, managers and sometimes customers or clients about the work and service offered. This allows classroom learning to be concretized and become more meaningful.	Make contact with the work organization and seek permission to conduct the class visit. Ensure that you are fully appraised of the requirements for the visit with respect to attire, date and time. The lesson must already be taught so that students are able to ask intelligent questions related to their learning.

Teaching Method	Description	Benefits	Process
DEBATE	In a debate, a particular problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.	Provides opportunity to address a particular issue in-depth and creatively. Health issues lend themselves well: students can debate, for instance, whether smoking should be banned in public places in a community. Allows students to defend a position that may mean a lot to them. Offers a chance to practice higher thinking skills.	• Allows students to take positions of their choosing. If too many students take the same position, ask for volunteers to take the opposing point of view. • Provide students with time to research their topic. • Do not allow students to dominate at the expense of other speakers. • Make certain that students show respect for the opinions and thoughts of other debaters. • Maintain control in the classroom and keep the debate on topic.
STORY TELLING	The instructor or students tell or read a story to a group. Pictures, comics and photonovelas, filmstrips, and slides can supplement. Students are encouraged to think about and discuss important (health-related) points or methods raised by the story after it is told.	Can help students think about local problems and develop critical thinking skills. Students can engage their creative skills in helping to write stories, or a group can work interactively to tell stories. Story telling lends itself to drawing analogies or making comparisons, helping people to discover healthy solutions.	• Keep the story simple and clear. Make one or two main points. • Be sure the story (and pictures, if included) relate to the lives of the students. • Make the story dramatic enough to be interesting. Try to include situations of happiness, sadness, excitement, courage, serious thought, decisions, and problem-solving behaviors.

6.2   Reasons for Using Varying Interactive/Participatory Teaching Methods

Participatory Learning is central to life skills teaching; it is also the basis for the training of life skills trainers. Participatory learning relies primarily on learning in groups.

During childhood and adolescence, as in adulthood, much social interaction occurs in groups. This can be capitalized upon, and used in a structured way to provide a situation in which members can learn, share experiences and practice skills together.

The role of the teacher or teacher trainer is to facilitate this participatory learning of the group members, rather than conduct lectures in a didactic style.

Participatory learning:

- utilizes the experience, opinions and knowledge of group members • provides a creative context for the exploration and development of possibilities and options
- provides a source of mutual comfort and security which is important for the learning and decision making process

It is recognized that there are advantages of working in groups, with adults and with young people because group work:

- increases participants' perceptions of themselves and others
- promotes cooperation rather than competition
- provides opportunities for group members and their trainers/teachers or careers to recognize and value individual skills and enhance self-esteem
- enables participants to get to know each other better and extend relationships
- promotes listening and communication skills
- facilitates dealing with sensitive issues
- appears to promote tolerance and understanding of individuals and their needs
- encourages innovation and creativity.

The place and importance of participatory learning draws some of its influence from adult learning theory and from research into in-service training which suggests the following:

- The adult learner has accumulated a reservoir of experience that is a substantial resource to be utilized in the learning process. This emphasizes the need for experiential techniques to be used.
- The adult learner is often concerned with the immediacy of application of learning. The theoretical must thus always have a practical outlet.
- Lecturing, as a method of communicating relevant information to adult professionals has little effect on their actual work practice.
- Lecturing, followed by general discussion does not tend to have much influence on practice; unstructured discussion is seen as creating a circular reaction: people picking up anecdotes and strong opinion leaders perhaps swinging the group towards things that are not wholly relevant.

- There are indications that if participants are asked to perform practical tasks in the middle of the in-service work, or if they have to go back to try out ideas in their work practice, then this heightens the chance of the in-service experience having some long term effect.
- The experience of the participants must be used and built on. Unless this is taken account of by in-service providers, it is unlikely that participants will apply what they learn to their work setting.

Taken from CARICOM Multi-Agency HFLE Programme Manual for Facilitators of Life Skills Based HFLE Programmes in the Formal and Non-Formal Sectors.

6.3   Lesson Planning

The units of the HFLE curriculum are intended to be taught over three to six lessons. Teachers of the curriculum must therefore develop a set of learning activities for each 35- or 40-minute lesson that they intend to teach. In order to do this effectively, teachers must make lesson plans. The popular adage, "he who fails to plan, plans to fail," applies to the teacher as much as it applies to the business executive or bride and groom to be. A lesson plan is a description of the intended educational outcomes of a teaching and learning process along with the resources needed as well as the methodologies and strategies to be used to achieve the intended outcomes.

1.   The Purpose of Lesson Planning

The first purpose that a lesson plan serves is to allow teachers to think about and write what students should learn from the lesson. This is setting the goal or learning objective for the lesson. "If you don't know where you want to go any road will take you there," is a proverb that describes the individual who starts to execute an activity without having first defined the goal to be achieved by such activity.

The second purpose is to identify the resource needs and relevant strategies required to achieve the goals within the allotted time. Planning ahead assists teachers to think about these issues relating to the lesson to be taught ahead of time so that all necessary resources can be acquired and the objectives and strategies tailor-made to fit the learners' needs given their age, level of cognitive development and emotional maturity.

Thirdly, the lesson plan becomes the teachers' guidebook for executing the lesson. This guide book assures teachers that their efforts during the class time will not be wasted, as all the critical learning points would have already been considered, ascertained and established.
The fourth point is that the lesson plan gives teachers confidence as they execute their lessons. They would have already anticipated students' reactions and devised strategies to address most concerns.

Fifthly, lesson planning assists school administrators and Ministry of Education officials to evaluate the education process, student performance and teacher performance. And finally, lesson planning can be used to support effective decision-making; at the class level and at the school level and at the Ministry of Education level.

2. Parts of the Lesson Plan

Educators vary in their views of the actual nomenclature of a lesson. Even format is in question among some schools of thought. There are some fundamental and critical parts of a plan however which must be present if the plan is to make a meaningful contribution to the successful execution of the lesson. These are: the lesson topic, student academic maturity, duration, learning objectives instructional materials, then the introduction body and conclusion of the lesson.

For the purpose of this Training Manual, we have adopted the parts of the lesson plan as given in the HFLE curriculum sample lessons. These basic components are; the lesson topic, grade level, lesson duration, learning objectives, life skills focus, instructional materials, overview of the concept, introduction, steps, and culmination activity. Some lessons may have a preparation section where students may carry out an activity prior to attending the class. There may also be an extension activity where students are given a take-home assignment to be completed within a specified time.

3. The Learning Objectives

Objectives are statements about a future state that is to be achieved. Learning objectives describe the behaviours that students should have been able to perform by the end of the lesson in question. The learning objective must be written from the learners' perspective. It is the learner who should be able to do something by the end of the lesson, not the teacher who should have carried out a set of actions. When writing learning objectives, teachers should ask, "How is this objective going to be measured during the time allotted for the lesson?" The learning objective, therefore, should be related to the assessment the teacher will conduct before the lesson comes to an end. There are six characteristics of a learning objective. The mnemonic, SMARTU can be used to designate them.

S – Specific

Objectives must indicate precisely and clearly what is to be achieved. "Students should improve their grade," is not specific as one does not know the precise grade that students must achieve in order for it to be said that that objective has been realized. An appropriate learning objective for that situation would be; "Students should improve their grades from a "C" to an "A". The specificity of this objective makes is easy to be measured. The uses of words such as, appreciate, understand, learn, and are too general and vague to be used in the learning objective. The objective may however say that, "students should be able to demonstrate an appreciation of preparing for a hurricane."

M – Measurable

Teachers must assess the achievement of the objectives written in the plan. When an objective is measurable, the teacher is able to determine levels of achievement. The second objective statement written above is measurable therefore one can determine whether the grades were moved from a "C" to an "A". Also how many persons' grades moved in this direction and how many persons' grade moved only to a "B", etc.

A – Achievable

The resources available, the students' age and intellectual maturity, the learning environment and the content will determine whether the objective is achievable given the time constraints.

R – Results-oriented

Every learning objective must be related to the lesson topic, to the unit objectives and to the broader educational system's principles and philosophies. A learning objective, however well written, if it bears no relation to the broader framework of the education programme of the school or country should be eliminated as working to achieve it would represent wasted efforts.

T – Time-bound

The reader needs to know how long it would take for the objective to be achieved. Usually this is addressed in the stem of the objective: By the end of the lesson on Good Touch, Bad Touch students should be able to…….. The use of the word, "By" suggests that throughout the period of time designated to the lesson the objectives will be met, perhaps in an incremental way, for example. Using "should" instead of "will" or" must" in the stem of the objective indicates that there are no guarantees that the objectives will be met. No teacher can guarantee that an objective will be met by the time she or he reaches the end of a lesson. Writing a lesson plan makes it highly likely that they will be met, if not all, then most.

U – Unitary

Each learning objective must address ONLY ONE issue. Examining the following learning objective, illustrates the point. "… students should be able to list two kinds of solid waste and describe how to manage solid waste." The teacher may administer an assessment to students and find that they can perform one of the two actions given in the objective. It is easy for such a teacher to believe that the objective has been achieved when there is only partial achievement. To solve this problem, the teacher should make two objectives out of that one objective. "Students should be able to: 1) List two kinds of solid waste. 2) Describe how to manage solid waste.

The following is an example of three lesson objectives for the lesson topic, "Coping with Difficult Situations", (HFLE grade 6 Curriculum, page 211).

By the end of the lesson on Coping with Difficult Situations, students should be able to:
    a.   Discuss their fears about moving to a new school.
    b.   Develop a plan to find out ten things about their new school.
    c.   Demonstrate three ways of coping with new situations.

    4. **Life Skills Focus**

This training manual is using the 3-point classification of life skills, social, cognitive and coping. As such, the plan should be written so that at least one of the skills under each broad heading must be taught or strengthened during the lesson. Please consult the previous section entitled, "Suggested Approaches for Teaching Life Skills" for a full list of the life skills to be included in the HFLE lessons along with suggestions for building those skills.

Instructional Materials

Instructional materials are the items that the teacher will use to support the learning during the lesson. Typically the teacher will call attention to the materials and use them to bring home the learning points. Instructional materials may be, charts, videos, pictures, models, and the like.

5. **Overview of the Concept**

This section of the lesson plan provides some background information to provide a context within which the concepts forming the lesson topic are used.

6. **Preparation & Extension Activity**

When a lesson has "take-home" assignments to be done by the students, this is placed at the end of the lesson as an extension activity. When the next lesson is being written, the extension activity for the previous lesson becomes the preparation activity for the current lesson. For example, at the end of one lesson students may be asked to interview the school nurse. This is the extension activity for this lesson. For the follow-up lesson, this activity becomes the preparation activity. Hence under the heading preparation for the next lesson in written, "Students interviewed the school nurse and prepared and interview report."

7. **Step by Step Activities**

These activities are given an introduction, steps 1, 2, 3……. and culmination activity. Each activity must have a time period associated with it. The introduction is usually short, no more than 2 to 5 minutes long. This activity sets the pace for the activities to be carried out during the lesson. It is preferred that the activities be broken into mini steps rather than have one step involve several activities. The culmination activity should be used to guide the teacher as the level of learning attained during the lesson; as such it is viewed as an assessment activity. A song that captures the concepts of the lesson, a poem or a display of information of models, etc, are the kinds of activities that culminate the lesson.

8. **Teaching Strategies**

There are a wide variety of life skills-based teaching strategies from which the teacher can choose. The precious section entitled, Suggested Approaches to Teaching Life Skills provides some ideas. Additionally, the following may be adopted: engaging students in the visual and performing arts, small group discussions, question and answer discussions, story- telling, role play, games, modeling, dialoguing, monologing, designing all sorts of images and literary pieces, viewing and listening to audio visual clips, interviewing, research, field trips, portfolio preparation, journaling, planning, decision-making, quizzes, case study analyses, case study writing, displays and exhibitions, simulations, experimentation, hiking and other physical fitness activities, introspection, giving and listening to speeches, observation, self expression etc.

6.4   Questioning Techniques

Asking questions is an art and a science. Questions should be related to the learning objectives given at the start of the lesson plan. The questioner must set a goal to be achieved before beginning the questioning. The questions then will be leading to the achievement of such a goal. Questioning is a powerful teaching strategy yet, it can be equally powerful in blocking student learning. For this reason we discuss approaches to questioning in this training manual.

During any one class where questions are being asked, the teacher should draw on several levels of Bloom's Taxonomy of Educational Objectives. The questions may start at the lower levels (knowledge and understanding) and gradually increase in complexity to encourage students to process information more critically, creatively and with evaluation. Table 2 below delineates Blooms' Taxonomy of Educational Objectives for the cognitive domain along with sample verbs and questions.

Critical to the practice of engaging students in processing their thoughts, feelings and behaviours is the ability to ask appropriately worded questions.

There are basically two types of questions that can be used, that are very different in character, usage and outcomes: Closed and open question.

1.   Closed Questions

There are two definitions that are used to describe closed questions. A common definition is:

A closed question can be answered with either a single word or a short phrase.

Thus 'How old are you?' and 'Where do you live?' are closed questions. A more limiting definition is:

A closed question can be answered with either 'yes' or 'no'.

Using closed questions

Closed questions have the following characteristics:

- They give you facts.
- They are easy to answer.
- They are quick to answer.
- They discourage the object of the question from processing information in order to provide full and complete responses to thought situations
- The questioner keeps control of the conversation or discussion

Note how you can turn any opinion into a closed question that forces a yes or no by adding tag questions, such as "isn't it?", "don't you?" or "can't they?" to any statement.

The first word of a question sets up the dynamic of the closed question, signaling the easy answer ahead. Note how these are words like: do, would, are, will, if.

Examples and usage of closed ended questions

Usage	Example
As opening questions in a conversation, as it makes it easy for the other person to answer, and doesn't force them to reveal too much about themselves.	*It's great weather, isn't it?* *Where do you live?* *What time is it?*
For testing their understanding (asking yes/no questions). This is also a great way to break into a long ramble.	*So, you want to move into our apartment, with your own bedroom and bathroom?*
For setting up a desired positive or negative frame of mind in them (asking successive questions with obvious answers either yes or no).	*Are you happy at home?* Would you prefer to live with your father?
For achieving closure of a persuasion (seeking yes to the big question).	*If I can deliver this tomorrow, will you sign for it now?*

2. Open-ended Questions

An open question can be defined as:

> A question that is likely to receive a long answer or an explanation.

Although any question can receive a long answer, open questions deliberately seek longer answers, and are the opposite of closed questions.

Open-ended questions have the following characteristics:

- They ask the respondent to think and reflect.
- They will give you *opinions* and *feelings*.
- They hand control of the conversation to the respondent.

This makes open questions useful in the following situations:

Examples and usage of Open-ended Questions

Usage	Example
As a follow-on from closed questions, to develop a conversation and open up someone who is rather quiet.	*What did you do on you holidays?* *How do you keep focused on your work?*
To find out more about a person, their wants, needs, problems, and so on.	*What's keeping you awake these days?* *Why is that so important to you?*
To get people to realize the extent of their action or problem	*I wonder what would happen if your Mother became aware?*
To get persons to feel good by asking after their health or otherwise demonstrating human concern about them.	*How have you been after your operation?* *You're looking down. What's up?*

Open questions begin with words such as: what, why, how, describe.

When opening conversations, a good balance is two closed questions to one open question. The closed questions start the conversation and summarize progress, whilst the open question gets the other person thinking and continuing to give you useful information.

Teachers should avoid, though not eliminate altogether, the closed-ended questions. When closed ended questions are asked, there should be follow-up with probing open-ended questions. For example, "What is the name of the last hurricane that did damage to Jamaica?" The answer would be Hurricane Dean. Dean passed by Jamaica, on August 18, 2007. The teacher may now probe to get more answers from the respondent. "How do you know that Hurricane Dean did damage to Jamaica?" and, "What kind of damage did Dean do?" "Why do you think the damage to the Caribbean Terrace area was so bad?" another example is to use the pair or questions given below. "Which nutrients do fruits contain?" this closed ended question will attract quick and short questions. The follow-up question should be asked, "Why therefore is it impotent to eat fruits?"

6.5   Creating a Respectful & Conducive Environment for Learning

1. **Responding to Students' Answers**

Awareness that children can become uncomfortable with being asked a question for which they have no answer, can help the teacher use tact to build students' confidence by encouraging their continued participation and avoiding the negative consequences of what may appear to be an evaluation.

The process of questioning should promote continued enthusiastic participation by students. The following six strategies provide suggestions for handling the question and answer class sessions.

Taxonomy of Educational Objectives with Sample Verbs and Questions

Levels of the Cognitive Domain	Meaning	Typical Verbs	Sample Questions
Evaluation	Judging the value of material based on personal values/opinions.	Criticize, decide, defend, interpret, judge, justify, support, recommend	How does daily exercising benefit you?
Synthesis	Creatively apply prior knowledge and skills to produce a new or original whole.	Compile, compose, collaborate, formulate, generate, rearrange, substitute	What do you call a list of dishes to be served by a hostess? Ans. Menu
Analysis	Breaking down the informational materials into their component parts.	Analyze, categorize, illustrate outline prioritize, separate subdivide	What causes a hurricane to develop?
Application	Applying previously learnt information to a new situation to solve a problem or complete a task.	compute, solve, demonstrate, apply, construct, complete, calculate, experiment, modify, relate	Given the definition for Sexually Transmitted Infections (STI). Which diseases fall into this category?
Comprehension	Demonstrating that one has sufficient understanding to organize and arrange the material in a different way from the way it was learnt.	Explain, paraphrase, compare, contrast, describe, interpret , translate, organize	When we say someone is self confident, what do we mean?
Knowledge	Memorizing, remembering, recalling, recognizing information	Define, state, list, label, identify, who, what, when, where	What are the physical changes that a girl experiences during puberty?

2. Allow Processing Time after a Question has been asked

Discourage students from racing to give the answers to questions. Encourage them to think for one minute or so before raising their hands. This will give an opportunity to the slower students to have a chance of getting the answer correct. Some questions should require students to confer with each other before answering. This will seek to reduce the competitiveness within the class room and stimulate cooperation which is an essential life skills based teaching approach.

3. Acknowledge without Evaluation

When students give an incorrect response, teachers may give a neutral acknowledgement and move on quickly to the next one. Phrases such as, "That's an idea. Okay. I see. Thank you for that contribution" may be used to remove any negative stigma from the student. Later in the lesson, the teacher can address the correctness of an answer without making reference to the person who said it.

4. Avoid Reinforcing the Correct Response Early in the Process

When a child gives the correct response early in the questioning process, the teacher should give a guarded response such as, "Okay, Good," etc. When the teacher stops to questioning process to reinforce and elaborate on the correct answer that is given it discourages others to process their own responses and provide a response. Questioning should encourage participation from a wide cross section of students in the class.

5. Apply Active Listening Techniques

Make eye contact with the student who is answering a question. Nod as he or she struggles to make the point give assistance where needed. The student may be searching for the right work after a brief pause, supply the word. Later in the class discussion, make reference to a point made earlier by a student and call the student by name especially if the student does not normally get it right.

6. Deal with the Talkers

Some students will always raise their hands to answer. If the teacher always accepts an answer from these students, others will always remain silent and even lose confidence in any response they may give. The teacher may say, " Let's give someone else a chance to answer." The teacher may also indicate that the response must be a group response and if anyone in the group gets the answer incorrect the group will lose points. The teacher calls members from the group randomly. This will encourage the talkers to discuss responses with the group and stimulate the quiet ones to speak up.

7. Vary Questioning Strategy

Some questions should be thrown at individual students; others may be thrown out to the class. The teacher should encourage students to develop their own questions in a group about a topic. When each group has written their questions they exchange with another group and the group discusses the answers and answers the questions of their peers. When there is open discussion and students ask questions of the teacher, she may throw the question back at the class or the questioner in order to encourage more discussion.

6.6 Tips for Teachers in the Use of Interactive Teaching Methods

a. If your class time is 80 minutes, the expectation would be to cover 2 lessons not drag out one lesson to fill up the time.

b. Leave time to reinforce conclusions and skills at the end of lesson

c. Reinforce to teachers to make lessons age/language appropriate. If necessary, teacher must interpret lessons so students can understand.

d. Keep small group work to the limited time frame. Tell students that it's okay if they didn't get everything done before time was up. There will be time to discuss further as a class.

1. **Tips on how to facilitate group discussion**

   - Give students examples of possible answers if no one is willing to start the discussion. You might say, "What about…."
   - Keep the discussion to the limited amount of time
   - Allow as many students as possible to participate. If one student is dominating the conversation, ask "[Name of student] has provided some great ideas. Does anyone else have an answer?"
   - If there is not enough time for all students to answer, say "We've had a really good discussion. There will be time in a later activity or lesson for others to participate."

2. **Tips on using small group work**

   - Small groups are useful for encouraging student participation
   - Divide students into even groups (e.g., five students in each group)
   - For topics that may be gender-sensitive, separate girls and boys
   - Note that one person may need to report back to the larger group, and for students to select one person to be that reporter
   - Encourage students to take notes if necessary
   - Walk around during the group activity to hear what students are saying

3. **Tips on using role-playing**

   - Role-playing is a useful teaching method for practicing interpersonal skills
   - Let students know before the activity if they may be asked to role-play in front of the class afterwards
   - Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
   - If students start to get rowdy during role-playing activities, remind them to stay on the topic and walk around the class to help them focus.

4. **Tips on using brainstorming**

   - Brainstorming is useful for gather many answers in a short amount of time.
   - Although a number of students may want to provide answers to your question, this exercise should last only 5 minutes. You may not be able to get answers from all the students.
   - Tell students after 5 minutes that they will have many other opportunities to provide answers. Give students positive feedback on their answers.

5. **Tips to Encourage Discussion**

a. Ask open-ended questions which allow for any possible response (How did you feel about…)

b. Ask open-ended questions which guide the discussion in a particular direction (What else could the boy have done in the story?)

c. Use active or reflective listening. This technique involves paraphrasing a person's comments (without inserting opinions and/or judgments) so that the person knows why they have been heard. For example:

1. *Student:*   *"I think my friend acted like a spoiled child."*
2. *Teacher:*   *"So you feel some of her behavior was immature."*

d. Paraphrasing allows the teacher to clarify his/her understanding of the speaker's word. If the paraphrasing is incorrect, the student has the opportunity to restate what she/he meant; if the paraphrasing is correct the teacher will feel encouraged to elaborate her/his initial comment. In either case, paraphrasing shows the student that the teacher cares enough to the listen. This type of listening takes time and special effort in attending to the student and the communication process. It is necessary that the teacher put aside preoccupation and concern with what she/he is going to say next.

e. Active listening conveys to the student that her/his point of view has been communicated and understood. This requires the teacher to:

     i. <u>Listen to the total meaning of the message.</u> (i.e. the content of the message and the feeling or attitude underlying this content.)

     ii. <u>Respond to feelings.</u> In some instances the content is far less important than the feeling which underlies it. You must respond particularly to the feeling component to catch the full meaning of the message.

     iii. <u>Reflect back in his/her own words what the student seems to mean by his/her words or actions.</u> The teacher's response will demonstrate whether the student feels understood. An example of a reflective question is: "What I heard you say is that you are concerned about the importance of knowing everything. Is that what you said?"

     iv. <u>Listen to and support every student's contribution.</u> This does not mean that you agree or disagree with their ideas. It means that you listen carefully and accurately and respect the feelings of others.

     v. <u>Use body language which engages students.</u> Make direct eye contact; if you are sitting, lean in the direction of the group: if you are standing, circulate so as to increase contact with the students.

f. The teacher avoids:

     i. <u>Using closed-ended questions</u> - questions which are answered by yes or no. (Did you like the film?)

     ii. <u>Making judgments about the rightness or wrongness of students' opinions</u> - (I couldn't disagree with you more)

     iii. <u>Interpreting students' remarks:</u> You must really have a hang-up about your father**."**
         Prepared by: Annette Wiltshire

6. **Tips on Giving Feedback**

- **Keep in mind that the feedback process should be experienced as a positive, learning experience for everyone.** The emphasis should be on strengthening skills, not making judgments.

- **If possible, allow the person to do a self-assessment before you offer your comments.**

- **Use clear criteria or a checklist for giving feedback.** If there are specific expectations for performance, share these with the person in advance and then use the written expectations as the basis for your feedback.

- **If appropriate, make eye contact with the other person**. Eye contact is an example of how body language can reinforce a verbal message. Be aware that in some cultures, eye contact between two people (e.g., a young person and an adult) might be considered disrespectful.

- **First, share positive comments.** This will help the person to feel good about him- or herself, and might enable the person to be more open to your suggestions for new strategies to try.

- **Use constructive, positive language to offer your comments.** For example, you can say, "Have you considered... ?" or "It might help to try . . ."

- **Focus your comments on aspects of the performance or task, not on the person.**

- **Be as specific as possible.** The clearer and more specific you are with your feedback-your sense of what worked as well as suggestions for improvement-the more likely the person will be to learn from the feedback and integrate your input.

- **Make sure that the feedback process is two-way**. Allow the person opportunities to ask clarifying questions, offer his or her opinion, etc.

- **Remember that there are many ways to perform a task effectively**. Don't expect the other person to adopt your way of doing things; each person needs to find an approach that works for him or her.

- **Following the feedback session, give the person opportunities to demonstrate how he or she has improved in the performance of the task**. Ideally, feedback should be an ongoing part of the learning process, not an isolated event.

6.7   Classroom Organization

The trainer should adopt a classroom layout that facilitates the formation of work groups and group interaction. All trainees should be able to see the front of the room with ease and should be able to see each other with ease. The facilitator's position in the room should not be stationary. Instead he or she should continuously move about the room observing trainees, asking and answering questions, giving feedback in the form or commendation or taking any corrective action that may be necessary. Some suggested classroom formations are:

The U shape where the tables are arranged in a U. The facilitator's table would be placed at the opening of the U.
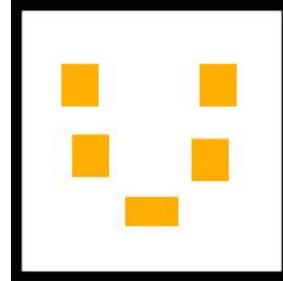
The T shape where tables are arranged in the formation of a T. In this formation the facilitator's table would be at the tail of the T.

There is also the scattered-table formation. An example of this organization-type is:
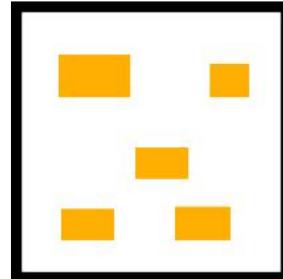
In this formation the facilitator's table may be placed at any opening. It is important that wherever the facilitator's table is placed, trainees should not be seated with their backs turned to the facilitator's table. This would mean that trainees would sit in a U-shape around their work area. At all times trainees should have a clear view of the activities being conducted by the facilitator.

6.8   The Health and Family Life Education Classroom Environment

Health and Family Life Education aims to enable and empower students to manage the challenges of growing up in the 21st century. Creating a safe environment for the sharing of ideas and the expressing of thoughts and feelings is central to the successful implementation of the life-skills approach. Students may be initially uncomfortable to honestly share information about self, friends or family. Establishing guidelines with the participation of the students in each classroom begins the process of engaging the students and sets the stage for meaningful interaction. Here are some suggested activities:

Whole Class Activity:

  a.   Teacher and students should collaborate together to make a set of rules for the class that would provide a climate of openness and respect for each other as sensitive issues are discussed in the class.
  b.   Engage in discussions with different class structures. Some items are discussed in pairs, others are discussed with larger groups, perhaps three to five persons and others are discussed as whole class discussion items. The idea is that all should feel safe and confident when discussing difficult issues in class.
  c.   Make a poster to show the rules and put it up when you are discussing things in HFLE classes.
  d.   The teacher should share his/her ideas about what can be done to help everyone feel safe.

Activities in pairs:

The teacher can group children in pairs and have them engage in an activity that addresses openness and confidentiality. Use questioning to address issues about making the class feel safe.

  a.   How do you feel talking about your family in class?
  b.   How do you feel about talking about your feelings in class?
  c.   How do you feel about talking about HIV and sex in class?
  d.   What can the teacher do to help you feel able to speak freely in class?
  e.   What can your fellow students do to help you feel less shy?

Here is a set of suggested class rules. Add to or subtract from the list as is relevant to the particular situation within which the learning situation is taking place.

  a.   Each person has an equal right to speak. All others should listen carefully while the other person speaks.
  b.   If someone wants to speak he or she should raise a hand and wait for the teacher to say when it is OK to speak.
  c.   Students should take turns to speak so that all will have a chance to say something if and when they want to.
  d.   Each person has the right to remain silent about his or her own personal situation, the issues about family or community that they are faced with.
  e.   Students and teachers should speak respectfully to others, about others and about the family and or friends of others so that all may feel comfortable during all class discussions.
  f.   Everyone **must keep the information discussed during class times highly confidential.** This means that when we are outside of the class, we will not talk about what anyone said during the class.

It is very important that both the teacher and the students understand and agree to the principle of confidentiality. Discussing the meaning of confidentiality and the value of trust with the class could play a significant role in creating the emotionally safe environment that is desired.

The group structure which will facilitate the interaction needs to be carefully handled. When discussing sensitive matters it may be wise, depending on the age or the maturity of the students, to have them in separate groups of boys and girls.

Encouraging the honest expression of feelings, including the freedom to say when they are embarrassed or upset by what someone else may have said, is essential to the positive outcome of the experience.

Having a question box at a inconspicuous place so students may write down their questions when they don't want to ask them out aloud allows for the sometimes needed privacy. The teacher will then answer the question not needing to know who asked the question.

(ʹAdapted from Health and Family Life Education course Student's Book 1, to be published by Macmillan Caribbean 2008, with kind permission of the publisher)

6.9   Setting up the Classroom Atmosphere

It is very important that both the teacher and the students understand and agree to the principle of confidentiality. Discussing the meaning of confidentiality and the value of trust with the class could play a significant role in creating the emotionally safe environment that is desired.

The group structure which will facilitate the interaction needs to be carefully handled. When discussing sensitive matters it may be wise, depending on the age or the maturity of the students, to have them in separate groups of boys and girls.

Encouraging the honest expression of feelings, including the freedom to say when they are embarrassed or upset by what someone else may have said, is essential to the positive outcome of the experience.

Having a question box at a inconspicuous place so students may write down their questions when they don't want to ask them out aloud allows for the sometimes needed privacy. The teacher will then answer the question not needing to know who asked the question.

Students' initial reaction to the content and methodology of the HFLE curriculum may vary. Some of these may be:

- Ask baiting questions (to try to embarrass you).
- Remain silent because they are embarrassed.
- Shock others or try to amuse the class by describing sexually explicit behaviors.
- Ask very personal questions about your private life.
- Make comments that open themselves to peer ridicule or criticism.
- Giggle about most issues and disrupt the progress of the class activity.

To deal with these situations it is important to set <u>class rules</u>. These must be very clear to the students before you start. You can have students develop their own rules or you can start with a list and discuss with the students if they are fair and why they are important. A suggested list might be:

- Each student should listen carefully to other classmates without interrupting and always with respect for the speaker.
- Students are expected to treat each other in a positive way and be considerate of each other's feelings.
- Students are not to discuss personal matters that were raised during the lesson with others outside of the classroom.
- Students should avoid interrupting each other.
- Students should listen to each other and respect each other's opinions.
- Both students and teachers have a "right-to-pass" if questions are too personal.
- No put-downs – no matter how much you disagree with the person you do not laugh, make a joke about them or use language that would make that person feel inferior.
- Students may be offered the possibility of putting their questions anonymously to the teacher.

- Many times students laugh and giggle about sex. This should only be allowed at the beginning of the class sessions on HFLE. This is important as it lowers the barriers when discussing sexuality. As the lessons continue however this behaviour should be discouraged as students become more mature in discussing these issues in an objective and responsible manner.

Strategies to Deal with Special Problems

The following strategies might be used to deal with personal questions, explicit language and inappropriate behavior.

- Respond to statements that put down or reinforce stereotypes (for example, statements that imply that some groups of people are responsible for the AIDS epidemic) by discussing the implications of such statements.
- Be assertive in dealing with difficult situations – for example, "That topic is not appropriate for this class. If you would like to discuss it, I'd be happy to talk to you after class."
- Avoid being overly critical about answers – so that students will be encouraged to express their opinions openly and honestly.
- Present both sides of a controversial issue. Avoid making value judgments.
- It might be important to separate males and females in group activities that might be embarrassing to the students or where separated groups may function more efficiently.

Helping the Anxious Student

- It is helpful to think ahead of how you might respond to students in the class who feel particularly sensitive to a topic covered in class as a result of their own personal experiences. It is important that you behave in such a way that students who are worried will feel comfortable seeking your advice.

- Your responsibility in teaching a life-skills programme includes learning in advance what help and services are available in your community.

- Listen to the student who approaches you, without imposing your values, moral judgments, or opinions. Do not ask leaning or suggestive questions about his or her behavior.

- Convey your concern for the student's health or well-being and when appropriate, tell the student that you know of services that can help him/her. Offer to start the process by contacting the one the student chooses.

- Continue your support by confidentially asking the student from time to time if he or she needs more information, has taken any action, or is still concerned about anything related to your conversation.

Helping the Overzealous Student

- It is helpful to think ahead of how you might respond to students in the class who are particularly overzealous in their desire to participate in class activities and, as a result, may not afford other students the chance to participate.

- If the student is the only one who is volunteering to answer your questions, you might say to him or her, "You've provided some great ideas and answers. Does anyone else have any ideas or answers?"

- Don't ignore the student, as this may make her or him feel disrespected or unappreciated. Acknowledge and commend his or her enthusiasm, but remind the student of the importance of getting everyone's input and viewpoint.

- Consider calling on students, particularly those you think would like to answer, but are feeling reluctant. You might say, "How about you, [name of student]? What do you think?"

- As you observe small group work or role-playing activities, encourage other students to participate if it seems that one student is dominating the group work.

Facilitator: Critical Role for Teachers

When facilitating learning activities, skillful facilitators take on several roles. They:
- Develop and maintain a positive atmosphere
- Address all goals and objectives of the training and "cover" essential content
- Balance the content and the process of training

Developing a Positive Atmosphere

Teachers need to establish an atmosphere of trust – one that supports and encourages respectful, open, and honest sharing of ideas, opinions, attitudes, and behaviors. Such an atmosphere is characterized as warm, accepting, and non-threatening, and promotes learning. The behavior and attitude of the teacher are critical in establishing warmth, interest, and support, establish an atmosphere that invites active participation. This kind of atmosphere can be established by:

- Including opportunities for non-threatening introductory activities – an "ice-breaker' – to acclimate students to the subjects to be addressed.
- Establishing norms – ranging from concerns about confidentiality, the amount of time allotted for lunch, and even the location of the amenities.
- Discussing expectations – what will and wont' be addressed, what learns will and won't do, and what teachers will and won't do.
- Encouraging all learners to join in discussions and keeping overly zealous participants from monopolizing.
- Acknowledging sound ideas and interesting points and rephrasing comments so that learners know that they've been heard and understood.
- Maintaining trust and confidentiality by reminding learners of established ground rules/norms.
- Remaining open and responding positively to comments.

Reaching Goals and "Covering" Material

To address goals and objectives, as well as "cover" appropriate content, a teacher needs to be able to:

- Link topics together by introducing new topics and pointing out connections to ones addressed earlier.
- Provide needed information clearly, succinctly, and in an interesting way.
- Give (and model) clear, step-by-step instructions for each activity.
- Promote thoughtful discussion by asking well-planned questions that require more than "yes" or "no" responses.
- Know when and how to bring a discussion back to the topic at hand when the discussion strays.
- Tie things together by reminding learners of feelings, ideas, opinions, or questions mentioned earlier.
- Bring closure to an activity or lesson by seeking final questions and acknowledging when time requires the group to move.

Balancing Content and Process

During activities, teacher facilitators:

- Circulate among learners to develop a clear picture of what's happening and how it's happening
- Help learners redirect their focus when they need to.
- Accept that outcomes of activities may not be exactly what was planned – and that many different, valuable learning can come out of the same activity.
- Help learners identify, analyze and generalize from activities – whether outcomes were planned or not!

Developed by the National Training Partnership, EDC. Inc., 1998

6.10   Handling Large Groups

When we find ourselves teaching a "mob", it's easy to throw up our hands, conclude that there's no chance of getting any responsiveness out of a large, unruly, disinterested group

Fortunately, there are ways to make large classes almost as effective as their smaller counterparts. Without turning yourself inside out, you can get students actively involved, help them develop a sense of community, and give frequent homework assignments without killing yourself with impossible grading loads. Following are some ideas for doing all that.

In-Class Exercises

A technique you can count on is the in-class exercise. As you teach a topic or go through a problem solution, instead of just posing questions to the class as a whole and enduring the ensuing time-wasting silences, occasionally assign a task and give the students anywhere from 30 seconds to five minutes to come up with a response. Anything can serve as a basis for these exercises, including the same questions you normally ask in classes and perhaps some others that might not be part of your current repertoire.[1] For example,

- Using colloquial or trendy terms. (Always rephrase using standard English at some point in the lesson)
- Give both sides of an argument
- Use an inappropriate or incorrect example and ask students to give the correct or appropriate response/action

You might pose a problem or describe a situation and ask the students, individually or in groups, to

- draw and label a flow chart of how to solve or best deal with the problem or situation
- sketch a plot of how to solve the problem solution
- give several possible solutions
- brainstorm a list of appropriate ways to behave.
- list possible outcomes if nothing is done.
- Role play solutions

In these exercises you might sometimes ask the students to write responses individually, sometimes to work in pairs or groups of three, and sometimes to work alone and then to form pairs and combine and improve their individual responses ("think-pair-share"). The more you vary your methods, the more interesting the class tends to be.

Whichever approach you use for the exercises (individual, pairs, groups, or think-pair-share), *at least some of the time you should call on groups or individuals to present what they came up with*, perhaps landing disproportionately on students near the back of the room so they know they can't hide from you there. If you never do this, students will have little incentive to work on the exercises when you assign them and many won't, but if they think they may be called on, they won't want to be embarrassed and so you'll get 90+ percent of them actively involved in what you're teaching. Even if you're an award-winning traditional lecturer, that's probably better than your usual percentage for active student involvement during class.

The principal benefit of these exercises is that they get students acting and reflecting, the only two ways by which human beings learn. The students who succeed in a task will own the knowledge in a way they never could if you simply handed it to them, and those who try and fail will be receptive to discovering what they

didn't know. Group exercises have the added benefit of giving students an opportunity to meet and work with one another, a good first step toward building a sense of community. (You can augment this benefit by periodically asking the students to sit in different locations and work with students they haven't been with before.)

Competition is one way of keeping students engaged. Divide the class into manageable groups. Ask each group to write down and hand in a brief statement of the main point of the class, or come up with two good questions related to what you just presented, or tell you how they think you could improve the class. You can scan their responses and quickly see if they got the main idea you were trying to present, identify their main points of confusion, or discover things you could do that would make the class better for them while maintaining their interest to see which group was most successful. Decide on having a tangible reward or not based on affordability but you must create an incentive for winning e.g. most outstanding group for the month etc.

You don't have to spend a great deal of time on active learning exercises in class: one or two lasting no more than five minutes in a 50-minute session can provide enough stimulation to keep the class with you for the entire period.

Group Assignments

When you're teaching a class of 50 students and you give individual work weekly, that's 50 papers to grade every week. If the students complete the assignments in teams of four and only one solution is handed in by each team, that's 12-13 papers to grade every week

Getting students to work on assignments in fixed teams relieves the grading problem but introduces another set of problems, most of which have to do with the fact that the students in a group may have widely varying levels of ability, work ethics, and senses of responsibility. *If an instructor simply tells students to get into groups and do the work, more harm than good may result.* In some groups, one or two students will actually do the work and the others will simply go along for the ride. In other groups, the students will parcel out the work and staple the individual products together, with each student understanding only one-fourth of the assignment.

To minimize the likelihood of these situations occurring, the instructor must structure the assignments to assure that the defining conditions of **cooperative learning** are met: (1) *positive interdependence* (if one team member fails to meet his or her responsibilities, everyone loses in some way); (2) *individual accountability* (each student is held personally accountable for his or her part and for everyone else's part as well); (3) *face-to-face interaction*, at least part of the time; (4) *development and appropriate use of teamwork skills* (leadership, time management, effective communication, and conflict resolution, to name a few), and (5) *periodic self-assessment of group functioning* (What are we doing well as a group? What do we need to do differently?)

Miscellaneous Ideas for managing large classes

- Learn as many of the students' names as you can. If you have 150 of them to deal with and you're not a mentalist, it may not be worth the effort to try learning them all; however, if the class is small enough to justify the attempt, tell the students to sit anywhere they want to on the first day and remain there in subsequent classes. Then prepare a seating chart and study it during tests and when the students are working on in-class exercises.

- Prepare handouts far enough ahead of time to make sure that they will be ready for the class in which they will be used. Telling a secretary at 9:30 a.m. that you need 75 copies of a six-page document printed front-and-back in time for your 10:00 class is not a good way to win friends and influence people.

- It is always important to set rules or establish group norms at the beginning of the class or sessions. These norms should focus on order such as speaking in turn, and participation. When the students make the rules they are more likely to obey them. Gain support by establishing incentives for keeping rules and disincentives for breaking them.

- Using a variety of activities including one or two that are fun or novel help to keep students attentive. Logistical issues such as space, adequate seating and work space, temperature, visibility and ability of everyone to hear are important in managing a large group.

Source: Beating the numbers game: Effective teaching in large classes. Richard m. Felder North Carolina state university

6.11   Sample Lesson Plan

REGIONAL STANDARD 2:	Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.
CORE OUTCOME 2:	Analyse the impact of alcohol, and other illicit drugs on behaviour and lifestyle.
Title	**Could It Happen To Me?**
Age Level	12 – 13 yrs
Time	40 min
Purpose	Students need to reflect on the consequences of drug use on people's lives. .
Overview (Include Concepts)	Students will reflect on their hopes and dreams for their future lives. They will also discuss reasons people use illegal drugs and the devastating effects drugs can have on all aspects of their life. Using a graphic organizer, students will identify behaviours associated with drug abuse and possible consequences.
Specific Objectives	Students should be able to: 1. Discuss their hopes and dreams for their future lives. 2. Explore the emotional, social, physical and academic effects of drug use 3. Determine their own reaction to drug use amidst their determination to achieve their bright beautiful drug-free future 4. Determine the negative consequences of drug abuse on the success of a person's life.
Resources and Materials	Scenario, the poster, "Choices" and graphic organizer
Methods and Strategies	Individual and small group work
	PROCEDURE
Step I Introduction (15 min)	Have students talk about their hopes and dreams of having a bright and beautiful future. Let some students share their hopes with the class. Have others engage them in conversations to discuss the way drug use will thwart their prospects for achieving their hopes and dreams. Do several conversations among different groups of students. Teacher writes responses on the board.
Step II Skill Development and Reinforcement (15 min)	Hand out a graphic organizer to each student and have them complete it based on the Alicia story. 1. What is the problem? 2. What drug(s) is being abused? 3. What do you think are the emotional, social, physical and academic impact of drug use on Alicia? 4. How is the drug impacting Alicia's behaviour? 5. What could be the consequences of that behaviour on Alicia's

	personal life, home life, performance in school, on friends, family and the community (accidents, crime etc)?
CONCLUSION (5 min)	Draw on real life examples of drug use causing negative impacts on persons in public life and in the school and home community. Explain why alcohol, tobacco and ganja are harmful substances.
HOMEWORK:	**Students will make a list of actions they plan to take to stay drug free in order to achieve their life goals. Beside each action step have them write what help they will need to make their action steps a reality.**
Notes For Lesson	**Alicia** My name is Alicia and I started using drugs at 13 years old. It first started with drinking beer and smoking cigarettes with my friends, and then I was introduced to ganja. From there, I was up for trying anything. I found that the more drugs I took the more worthless I felt. I didn't care about how I looked any more. I didn't bathe or wash my hair as often, I stopped visiting my grandmother who was ill and I fought with my mother all the time. My best friend decided she wanted to be friends with other girls. My parents would try to talk to me, but I knew better. It was **MY** life! I started hanging around boys that were drinking and doing drugs, and I got pregnant by a boy who didn't love me at all. At sixteen, I had to drop out of school and my mother had to take care of my baby. I looked in my mother's eyes and saw her disappointment. I would look in the mirror and ask myself, "what went wrong?" This was not how I dreamed my life would be. I am twenty years old now and trying to get my life back together. My daughter will be going to school soon. I dumped that boyfriend and I am dating a man who respects and values me. **My advice to young people is to hold on to your hopes and dreams and avoid drugs at all costs. This story could be about you!**

6.12   Some Suggested Instructional Materials.

The following materials are samples of the kind that trainers and teachers may use to facilitate the interactive teaching methods.

Decision-making Activity

Decision-Making is:

Decision-making begins with identifying a problem that needs to be solved. The decision-maker then seeks additional information on the problem and then tries to list some possible ways to solve the problem. After these possible ways have been examined the best of the lot is chosen as the decision to be made.

The Steps in Decision-making are:

1. **Identify the problem**
2. **Describe the problem**
3. **Develop some possible solutions to the problem**
4. **Look at the pros and cons of each possible solution**
5. **Check the best solution and implement it.**

Congratulations!
You have now made a decision!

Coping with Puberty

Coping with Puberty
Flash Card 1

Question: What is Puberty?

Answer: _____

_____

_____

Coping with Puberty
Flash Card 2

Question: What changes do BOYS experience during puberty?

Answer: _____

_____

_____

_____

Coping with Puberty
Flash Card 3

Question: Why doesn't everyone's body change at the same rate during puberty?

Answer: _____

_____

_____

Coping with Puberty
Flash Card 4

Question: What changes do GIRLS experience during puberty?

Answer: _____

_____

_____

_____

Song
I am Woman/Man

by Helen Reddy

I am woman/man, hear me roar
In numbers too big to ignore
And I know too much to go back and pretend
'cause I've heard it all before
And I've been down there on the floor
No one's ever gonna keep me down again.

Refrain

Yes I am wise

But its wisdom full of pain

Yes I've paid the price

But look how much I've gained

If I have to I can do anything

I am strong

I am invincible (invincible)I am woman/man

NO. GO. TELL. RAP
By Theresa Easy

NO! - - - Don't you dare to do that!

NO! - - - I say No! I say Stop! Now!

GO! - - - I must run as fast as I can.

I must run to safety.

TELL! - - - I will tell a trusted adult.

I must tell a trusted adult

He (She) will protect me from harm

No, I go tell!
No, I go tell!
No, I go tell!

7.0 TRAINING SESSION FOUR: ALTERNATIVE ASSESSMENT METHODS

➤ **What Is the Purpose of This Session?**

The activities in this section are intended to familiarize teachers with the concept of alternative assessment, and how to incorporate the use of alternative assessment methods in life skills education.

At the end of this session, participants will be able to:

- Define "alternative assessment methods"
- Identify the strengths and benefits of different types of assessment methods
- Develop skills for using alternative assessment methods for assessing student performance.

➤ **Who Is This Session For?**

Teachers and any individual interested in using alternative assessment methods

➤ **How Long Will It Take To Implement This Entire Session?**

It should take about 3 hours to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➤ **What Activities Are In This Session and What Do They Entail?**

Activity 7A: What is Alternative Assessment?

Activity 7B: How are Performance Tasks and Rubrics designed and used for Evaluation?

Activity 7C: How can Student Portfolios be designed and used?

Introduction to Activity	Introduce this session by telling teachers that they will now spend some time learning about alternative assessment methods and how they can be used to assess lessons that aim to develop life skills.

Activity 7A:
 	
Overview of Alternative Assessment Methods
 	
45 Minutes
	➢ Define what is meant by "Assessment"
	
	The process of quantifying, describing, gathering data, or giving feedback on performance; vehicles for gathering information about student achievement of behaviour
	
	➢ Have groups identify the purpose of assessing student learning.
	
	➢ Purposes may include:
	    • Administrative purposes
	    • Feedback to students on progress or achievement
	    • Guidance to students about future work
	    • Instructional planning
	    • Motivation
	
	➢ Note that there can be different levels of assessment: national, school-based, and classroom.
	
	➢ Ask groups to define Alternative Assessment.
	
	Alternative assessment is any kind of assessment that differs from the traditional timed, multiple choice, one shot approaches to assessment
	
	➢ Have work-groups spend 5-10 minutes brainstorming the different types of assessment methods that they use in their classroom. Have them group the list as traditional and alternative assessment and paste them on the wall.
	
	➢ After 10 minutes, ask each group to share their list. The trainer engages participants in going through the list with the following questions:
	
	    • What are the strengths & weaknesses of using this kind of assessment?
	    • When would it be best to use this form of assessment?
	    • What are the limitations of using this form of assessment?
	    • What would this form of assessment look like in action?

ACTIVITY 7B	Use resource materials on pages 145 – 146.
Creating and Using Performance Tasks and Rubrics for Assessment	➢ Write the words "**Performance Task**" on the flip chart. Solicit responses as to the meaning of the term.
	➢ Guide teachers through a definition of "performance task" using the resource materials at the end of this session.
75 minutes	➢ Hand out the sample lesson at the end of this Session and the handout "Options for Performance Tasks" to each teacher.
	➢ Have work groups spend 5 minutes reading through the lesson plan. After 5 minutes, briefly summarize the lesson activities with the group.
	➢ Ask each group to spend 5-10 minutes discussing and recording possible performance tasks found in the sample lesson.
	➢ After 10 minutes, have each group share the performance tasks on their list.
	➢ Tell teachers that they will now spend some time learning about how to create **rubrics** using the performance tasks on their list.
	➢ Ask for volunteers to define the term**, rubric**. Provide a comprehensive definition of a rubric and how it can be used to assess student work.
	A rubric is a scoring tool that lists the criteria for a piece of work, or "what counts." It also articulates gradations of quality for each criterion, often from excellent to poor.
	➢ Tell teachers you will lead them through the development of a rubric for assessment, and the larger group will then discuss the benefits of using a rubric for assessment.

Activity 7B contd. **Creating and Using Performance Tasks and Rubrics for Assessment** **75 Minutes**	**Use resource materials on pages 147- 148.** **Prior to the start of this session, the trainer should have drawn a large rubric on the flip chart to be used at this time.** ➢ Show the rubric and discuss how the assessment of students' work and participation in Life Skills-based learning activities might be developed using the list of performance tasks they generated. See sample below. ➢ Ask volunteer for their input on what the criteria would be for each performance task. **Sample Rubric for Evaluation of a Life Skills-based Lesson**

Performance Task	Criteria			
	4	3	2	1
Group analysis of why people use drugs	Strong participation	Fair participation	Rarely participated	Made no effort
Graphic organizer	Thoughtful, compre-hensive answers	Well thought out, but could be more thorough	Filled out hastily; not complete	Not Com-pleted at all
Homework paragraph on decisions to not use drugs	Well-written; showed good decision-making skills about drug use	Fair writing job; could have addressed decision-making more	Poorly written; showed little effort to address decision-making	Not Com-pleted at all

 ➢ Show teachers how scoring might work for this rubric:
     12 = Highest marks
      3 = Lowest marks

 ➢ Discuss the benefits of using rubrics and when they are most useful. Point out that rubrics do not need to be used for all lessons, but can be particularly helpful when there are multiple items that are being assessed, as in the example above.

Activity 7B contd. **Creating and Using Performance Tasks and Rubrics for Assessment** **75 Minutes**	➢ Describe the option of "weighting" each item on a rubric based on how much teachers would like that item to count towards a student's score. For example, if the homework assignment score is weighted more (e.g., multiplied by 2), it will count more towards a student's score than the other 2 tasks. **Sample Rubric for Evaluation of a Life Skills-based Lesson with <u>Weighted Tasks</u>**

Performance Task	Criteria				Weight
	4	3	2	1	
Group analysis of why people use drugs					X 1
Graphic organizer					X 1
Homework paragraph on decisions to not use drugs					X 2

➢ Select another lesson that provides options for rubric development. Ask teachers to work in groups and to develop their own rubric for assessment

➢ Step 1. Identify performance tasks for that lesson

➢ Step 2. Develop specific criteria for assessing each task

➢ Step 3. Use the rubric template in the resources section of this session

Activity 7C: **Creating and Using Student Portfolios** **60 Minutes**	**Use resource materials on pages 151-153.** ➢ Tell teachers that so far in this session, they have been discussing assessment specific to one lesson or activity. Now they will discuss the creation and use of student portfolios over time. . ➢ Solicit volunteer definition of a Portfolio. ➢ Provide additional information to define a portfolio, using resources provided in this manual. For example: **"A portfolio is a collection or showcase of examples of a person's best work in a particular field. Portfolios contain students' work (in class and homework) over a period of time and their reflections about doing the work and the learning that took place. They provide solid evidence of students' growth in health knowledge and skills and document progress as a learner. The can also be used during parent-teacher and teacher-student conferences." *** ➢ Review some possible contents of an HFLE portfolio as described in the handout "Contents of an HFLE Portfolio." Note how students will be asked to write reflective summaries about their work in the portfolio in addition to the work they complete for the lessons. **Note: It is important for teachers to inform students at the start of each unit that they will each be developing a portfolio of their work in that specific unit.** ➢ Hand out the "Getting Started with Portfolios" Worksheet to work-groups. Ask them to read the list of tasks associated with creating and using a portfolio. ➢ Tell teachers that they now spend some time reviewing lessons from one of the HFLE units, and will suggest a few examples of student work that can be included in a portfolio on that unit. They will also identify possible topics for student will reflections to be included in their portfolio based on the standards and outcomes of that unit

Activity 7C Contd.: **Creating and Using Student Portfolios** **60 Minutes**	➢ Hand out "Creating an HFLE Portfolio" to work-groups, (Draft by Semei, 2006). Review the examples of task included in this portfolio and the rubric created for marking the portfolio. ➢ Hand each work-group a separate sample lesson. Ask each group to spend about 15 minutes reviewing the lessons and developing a list of specific student products that could be included in a portfolio on that unit (e.g., specific homework assignments, poems, posters). **Note: that they may want to "weight" their items based on importance for the overall lesson score.** ➢ Ask them to think about additional items that students could create specifically for that portfolio that isn't included in the lessons (e.g., reflections on what they learned about communicating with others). ➢ After 20 minutes, ask each group to share the contents of the portfolios they developed for their lessons.

Alternative Assessment Methods

Resource Materials

7.1   What are Performance Tasks?

Performance tasks are assignments that ask students to undertake a task or series of tasks to demonstrate proficiency with health knowledge and skills. They provide a means for students to demonstrate progress in meeting HFLE objectives. A performance task presents a descriptions of the student work and the health education standards and criteria by which the students' work will be evaluated.

1. What kinds of activities could qualify as a performance task?

Generally, performance tasks will fall into one of four categories:
<u>constructed responses</u>: answers on tests, student-generated diagrams, and/or
visuals presentations such as concept maps or graphs.
<u>Products</u>: an essay, research paper, or lab report; a journal; a story, play, or poem; a portfolio; an exhibit or model; a video- or audio-tape; a spreadsheet
<u>Performances</u>: an oral report; a dance demonstration; a competition; a dramatic presentation; an enactment; a debate; a recital
<u>Processes</u>: a session for oral questioning; observation; an interview or conference; an ongoing learning log; a record of thinking processes

Although some performance tasks may be simple and involve an open-ended question, others
Can be more complex and require several days, weeks, or months to complete.
For a more ideas, review the options for performance tasks handout.
How do you know when you have an effective performance task?
A performance tasks is more than an activity or incidental product. It needs to answer a
Central question to qualify as valid:

1. **Will this task enable students to demonstrate that they have acquired the skills and knowledge embodied in the standards?**

If this question cannot be answered affirmatively, the pt must be reconsidered.

In addition, a good performance task:
   a. Clearly indicates what the student is being asked to do
   b. Addresses specific content standards and performance descriptions
   c. Is developmentally appropriate and of interest to students
   d. Provides for student ownership and decision-making
   e. Requires student to be actively engaged
   f. Flows from previous activities
   g. Provides an opportunity for the student to stretch abilities to the next level
   h. Allows the teacher to gather important evidence about what the student knows and does
   i. Emphasizes higher order thinking skills
   j. Requires evaluation and synthesis of skills
   k. Is linked to ongoing instruction
   l. Reflects a real world situation
   m. Clearly indicates how good is good enough
   n. Has criteria that are clear to students and teacher
Finally, for a performance task to be sound, it must be one that is actually
Feasible and that doesn't require inordinate time or resources or create undue controversy.

2. Examples of Different Performance Tasks

Advertisement
Animated Movie
Annotated Bibliography
Art Gallery
Block Picture Story
Brochure
Bulletin
Board
Bumper Sticker

Chart Choral Reading Clay
Sculpture Collage
Collection Computer
Program Cookbook

Internet Review
Interview

Journal

Letter-writing

Map with Legend
Mobile
Model

Mural
Museum Exhibit

Needlework
Newspaper *Story*

Oral Defense
Oral Presentation

Crossword
Comic Strip Community
Display
Calendar Flip Book

Detailed Illustration
Data Analysis Database
Debate Demonstration
Diorama Display
Drama

Editorial Essay

Fairy Tale

Pamphlet
Paper Mache
Petition
Photo essay
Pictures
Picture Book for Children
Play
Poetry
Popup Book
Portfolio
Poster
PowerPoint Presentation
Press Conference Public
Announcement
Puppet Show
Puzzle

Radio Program
Rap
Research Project
Riddle

Family Tree
Film
Fitness
Fundraising

Game
Graph

Historical Perspective

Illustrated Story
Infomercial

Role Play

Storytelling Scrapbook
Sculpture Skit
Slide Show
Slogan
Social-interaction project
Song
Survey

T-Shirt
Tapes: Audio or Video
Teamwork

Video

Web Page
Write A New Law

7.2   Creating and Using Performance Tasks and Rubrics for Assessments

Sample Rubric for Evaluation of a Life Skills-based Lesson

Performance Tasks	Criteria			
	Highest score ⟶ Lowest score			
	4	**3**	**2**	**1**
Task #1:				
Task #2:				
Task #3:				

Total: _____

Sample Rubric for Evaluation of a Life Skills-based Lesson with <u>Weighted Tasks</u>

Performance Tasks	Criteria				Weight
	Highest score ⟶ Lowest score				
	4	3	2	1	
Task #1:					X 1
Task #2:					X 1
Task #3:					X 2

Sample Rubric for Evaluation o the Life Skill being taught

Life Skill	Criteria			
	Highest score ⟶ Lowest score			
	4	3	2	1
Skill#1:				
Skill #2:				
Skill#3:				

Total: _____

Graphic Organizer

Problem

↓

Effect on Alicia

Physical	Emotional	Social	Academic

At Home   **At School**

Behaviour	Consequence	Behaviour	Consequence

Relationships   with Family   **Relationships with Friends**

Behaviour	Consequence	Behaviour	Consequence

Sports   **Community**

Behaviour	Consequence	Behaviour	Consequence

7.3 Creating and Using an HFLE Student Portfolio

What Is a Portfolio?

A portfolio is a collection or showcase of examples of a person's best work in a particular field. For example: Architects create portfolios that contain blueprints they have drawn. Artists' port- folios typically include collections of sketches and drawings they have made. Musicians may create portfolios using audiotapes or videotapes of songs they have performed or composed. People use portfolios to show others what they can do. Students can use the portfolio to demonstrate to others what they know and what they can do in health education.

Rationale for Portfolio

Portfolios have the advantage of containing students' work (product) over a period of time and their reflections (process) about doing the work and the learning they believe took place. Portfolios provide evidence of students' growth in health knowledge and skills and document progress as a learner. Portfolios form a solid basis for a student's conferencing with teacher, parent, student or other interested parties.

Essential Elements of a Portfolio

Portfolios should be designed so those who read them will understand why students chose each piece of work and what each piece of work demonstrates. Students need to spend time organizing and describing the pieces they select and their reasons for selecting them.

A portfolio is not a collection of everything students have done.

Portfolios use samples of students' best work. Decisions about what work to include and not to include are made by teacher and student together. Only the final version of a student's best work should be included.

Expert practitioners in every field realize the strategic importance of improving their work samples. In our quest to produce life- long learners, we must encourage students to develop the habits and skills of professional learners. These skills include revision, reflection and self-assessment using clear standards of achievement. These three practices are essential elements of the portfolio process.

Revision

Throughout the course of a school year, students learn new information and develop and practice new skills. In the portfolio process, students have the opportunity to revise and restructure their work. Teachers should provide multiple opportunities to utilize the health education standards, so students have a wide selection of work from which to choose their best examples.

Students must be taught that revision is more than revising to fix mechanical mistakes and be given multiple opportunities to practice revising their work. Students should be encouraged to keep all scratch notes, rough drawings, doodling and draft copies. An examination of these thinking tools and practice works will allow students to compare and contrast, categorize and relate, infer and apply all essential components of revision. With in- creased practice, students will become more skilled at revision.

7.3.1 Engaging Students in Portfolio Development

Explain to students that a portfolio will be a collection of their best work. Just as artists, models, architects, writers use their portfolios to show others what they have accomplished in their chosen field, students can use their health portfolios to demonstrate what they know, understand and are able to do in health education -in other words, their level of health literacy. Besides teachers and parents, potential employers would be an interested audience for
a health portfolio. Clearly explain the logistics (location, schedule for portfolio work', due dates, conference etc.) Let students know that you would like to photocopy their best work as benchmarks for subsequent years.

- Clearly explain how portfolios will be assessed.
- Have a set portfolio work time.
- Set a timeline with due dates for installments.
- Encourage peer evaluation.
- Check with other teachers to see if some health portfolio work could receive credit in other classes.
- Explain that parents will be encouraged to review students' portfolios and to offer suggestions. Portfolios could also form the basis for a parent/teacher student conference.

7.3.2 Managing Portfolios

Of paramount importance is accessibility of portfolios to-students so one of the first challenges is deciding where in your classroom portfolios will be stored. Some teachers use boxes with hanging files, some milk cartons, others a file drawer or stackable plastic bins like the postal workers use. Because student work may come in all shapes and sizes, student folders need to be legal size or accordion. Teachers may use color-coding to distinguish one class from another. Teachers need to set aside time each week for students to work with their portfolios.

Getting and staying organized is also important with portfolios. In addition to designing a management system for the portfolios themselves, a management system for the contents of the portfolio is crucial.

In addition to arranging the classroom, scheduling time for students to work with portfolio and preparing student handouts, teachers need to think about how they will conference with students. Conferences could be held during the scheduled portfolio time. The conference is an opportunity for student and teacher (or a few students and a teacher) to talk about the student's portfolio work. The more chances students have to discuss their work, (how they did, what they learned, how they feel, how they might improve the work, what new goals they want to set for their work, what growth they see in themselves) the greater the likelihood that they will become better and lifelong learners. Conferences are collaborative, not teacher led; the teacher listens the students and asks leading questions. It is a true blend of instruction and assessment. A conference is a time for teachers to learn first- hand about the instructional strengths and needs of a students. The teacher could meet with one or more students. Building conferencing skills takes time.

7.3.3 Involving Parents in the Health Literacy Portfolio

Portfolios are a good way to involve parents in their children's learning. Teachers need to communicate to parents (in writing, at meetings, in newsletters):

- what portfolios are,
- the purpose of this particular portfolio,
- how it will be scored,
- what part of the child's grade it will be,
- how it is different from traditional paper-pencil tests, and
- how they, the parents, can play an active part in their child's learning.

Teachers can encourage parents to:

- be a receptive audience for their child as he/she develops or decides what work to include in the portfolio,
- offer the child constructive feedback (this is helped by the use of rubrics),
- ask questions that encourage a child's reflection on his/her learning,
- communicate with the teacher about the growth in knowledge and skills they observe in their child,
- write reflective comments about the child's learning as demonstrated at home and in the portfolio, and
- discuss the portfolio work at parent teacher conferences.

The less familiar parents are with portfolios, the more important it is for communication about them to be ongoing with parents.

7.3.4 Evaluating the Portfolio

Teachers need to decide in advance how they are going to evaluate and share this information with their students. An assessment portfolio documents what a student has learned over time. It serves as a showcase of their best work. A review of a portfolio should provide the reader with a sense of the student's purpose and a portrait of the student's growth over time. In order for this to happen, the portfolios should:

Have some kind of organization;
Contain a range of work in context rather than as isolated pieces and skills;
Include pieces from throughout the assignment period in order to show growth;
Provide clear links between the health education standards and the pieces of work; and
Present evidence of self-assessment

Teachers may also decide to incorporate portfolios as part of a grading system and may even use them in as a final grade. If used for grades, some questions that educators need to answer in advance are:

How much of the student's grade will portfolios be?
Will they be used as part of or in place of a final examination?

Students need to know from the start the requirements for the portfolio and what they need to produce for a portfolio that achieves the performance standard.

It is likely that the teacher will develop a rubric or set of rubrics to guide students in their portfolio development. (**See Sample HFLE Portfolio and Rubric DRAFT** as created by Arthusa Semei, 2006).   These rubrics would apply to the entire portfolio not to individual lessons that have their own rubrics.

Adapted from: Rhode Island Department of Education Assessment Portfolio Project and Council of Chief State School Officers SCASS Project

7.3.5 Getting Started with Portfolio Worksheets

Tasks to consider:

- Define the purpose of the collection. How will it relate to the HFLE objectives?

- What will you require students to put in their HFLE portfolio? What kinds of student work will you include? How can this be related to performance tasks?

- Decide how the finished HFLE portfolio will be evaluated. Will you develop criteria? What are some of the criteria?

- Decide what part of the students' grade the portfolio will be.

- How will you guide students through the process of reflecting on their work? Will you also include peer reflection? How will you incorporate student self-reflection with teacher reflection? How will this be used? What forms will you need? What would they look like?

- Decide how you will manage portfolios in the classroom.

- Review sample portfolio forms. Which ones will you use? Which ones will you revise? How? What other forms do you need to prepare? Be sure to include: an information sheet; a table of contents; a reflective summary; examples of student work entry slips.

- Explain how you will engage students in portfolio work. How will you introduce it? How will you get them to actively participate?

- Decide how to involve parents in their children's portfolio.

- How will you instruct, monitor, guide, and conference with students.

- Reflect on the portfolio process and revise any of the above as necessary.

8.0 TRAINING SESSION FIVE
EXPLORING THE SELF

➢ **What are the Objectives for this Session?**

The session provides an interactive environment for trainees to explore their own attitudes to sex and their sexuality. Trainees are encouraged to express their views and emotional responses to selected words and phrases in a frank, open, and penalty-free environment. Trainees' attitudes are also juxtaposed with some common sexuality views and behaviours that our children are either exposed to or with which they have personal experiences. The Resource Materials provide content and activities to be used with this section.

By the end of this session, participants should be able to:

- Discuss the concepts of sexuality to arrive at an accurate and comprehensive definition.
- Clarify their values about sexuality.
- Discuss ways in which values shape behaviour.
- Review some basic facts about STIs and HIV & AIDS.
- Dispel some myths about STIs and HIV & AIDS.

➢ **Who Is This Session For?**

Teachers and other individuals who plan to support the implementation of lessons from the Sexuality and Sexual Health Unit of the HLFE Curriculum. This group includes, principals and vice principals, senior teachers, subject teachers, parents, peer counselors and student council representatives.

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 2 and one half hours to complete the activities in this section. Depending on the nature of the training, participants and environment, the session, the trainer may need to spend more time to ensure that there is general agreement on the issues of sexuality, sexual health, STIs, HIV & AIDS and stigma and discrimination. The activities are meant to stand alone, and therefore can be used as a module on its own. As such this session may be expanded to last for up to 4 to 6 hours, depending on the need as identified by the trainer, and the available resources.

What Activities Are In This Session?

Activity 8A: What does Sexuality mean to me?

Activity 8B: What kinds of behaviours are associated with the Circles of Sexuality?

Activity 8C: What are my values about sexuality and how do they influence my behaviour?

Activity 8D: What are some sex-and-sexuality issues facing our children, and how many teachers
                    handle them successfully?

Activity 8A **Introductory Activity** **What Does Sexuality Mean to Me?** **30 minutes**	**Note 1: Trainers may choose the alternate introductory activity for the unit given below** **Note 2: Make slips of paper, each having the five questions given below; one slip of paper for each group.** **Note 3: Refer to resource material, "Sexual Development through the Life Cycle" located in this section**. - Introduce this session by writing the word "Sexuality" on the board and indicate that this session will be about human sexuality. - Through question and answer, seek to derive a composite definition of sexuality. - Form groups by using the parts of the body. Try to compose groups so that members of both sexes make up each group. Explain that each group will answer the questions on the slip of paper given to the group. - What did you learn about sexuality growing up? - What did you discover about yourself sexually between ages 0 – 12 years? - What did you want to know about sex between ages 13 – 19 years? - What did you learn about yourself as a sexual person between the ages of 20 and 30 years? - What do you think persons between the ages 31 to 45 and 46 to 55, and over 55 years are preoccupied with, with regard to their sexuality? - What do you like about yourself now as a sexual person? Use this activity to have participants reflect and discuss the idea that we are sexual beings from birth to death.

Activity 8B **Associating different behaviours to the Circles of Sexuality** **30 minutes**	**Note 1: Refer to the resource material, "Circles of Sexuality" Page 160.** **Note 2 Replicate the Circles of Sexuality in Chart form prior to starting this lesson** **Note 3: Select Scenarios from the Resource Handbook section 5** ➢ Read the statements about sexuality given below that represent some common views about sexuality in our society. ➢ Have participants react to each and explain reasons for their reaction. ➢ Sexuality is about having sex ➢ Persons with sexuality are preoccupied with thoughts of sex ➢ People who like to dress sexy are those more likely to have sexuality ➢ Sexuality is for married people ➢ Sexuality is about feelings, thoughts, and behaviours of being male and female ➢ Christians should not talk about sexuality ➢ Christians do not have sexuality ➢ Sexuality is only about maleness and femaleness ➢ Adults should not discuss sexuality with children ➢ Adults should not discuss sexuality with teens ➢ Sexuality is adult talk ➢ Sexuality helps to define who I am as a person ➢ Men love to talk about sexuality more than women do. ➢ Display the "Circles of Sexuality" Chart. Ask each group to view the chart and use it to identify one of the five different components that make up sexuality. These are: ➢ Sensuality ➢ Intimacy ➢ Sexualization ➢ Sexual identity ➢ Sexual Health and Reproduction ➢ Have each group to give examples of behaviours that would fit into each of the categorizations. The group must justify their choice. ➢ Select one of the scenarios in the Resource Handbook (section 8) have the group identify and discuss the relevant elements of sexuality emerging from the selected scenario ➢ Other groups may make comments or agreements, expansion or disagreements. ➢ Allow the discussion to come to consensus at to the correctness of the information discussed.

| Activity 8C

Values Clarification

How do my values influence my behaviour towards others who have dissimilar beliefs from mine?

30 minutes | **Note: The trainer may decide to use the How Do I Feel Activity Sheet or the Values Clarification Sheet (Pages 162 to 163) to complete this session.**

➢ Before this session begins the trainer should write the word, "Agree" in large font on one flip chart paper and place it to one side to the room. Write, "Disagree" also and place it to the other side of the room.

➢ Use the How Do I Feel Activity Sheet. Indicate to participants that you will read some statements and after each statement they will move to the "Agree" or "Disagree" corner depending on whether they agreed or disagreed.

➢ After you have read each statement, allow time for them to move to their respective corner. Discourage any comments about what decisions persons have taken.

➢ When you have completed all statements, have participants return to their seats.

➢ Ask participants the questions, "Did any of your responses surprise you?" Now ask, "Why?" Encourage a few persons to share with the training participants those responses that surprised them and the reasons.

➢ Have some others respond the questions, "After rethinking your responses, would you change any of them?" "What made the difference?"

➢ Would your responses have been different if you were of the opposite sex?

➢ Discuss how awareness of our feelings/attitudes/beliefs (values) shed light on our attitudes and actions towards our students.

➢ Have trainees respond to the following questions:

• How does it feel to stand up for your values when others disagree with your position?
• What influences people to behave in ways that are consistent or inconsistent with their values?

➢ Ask trainees to identify different sub-groups within the society with differing beliefs and values from the majority in the society. Some examples may be persons belonging to different religions, eg. Muslims, Rastafarians; different lifestyles, eg. Gays; different health situations, eg albinoids, and the disabled

➢ Have some trainees talk about how difficult it would be for teachers to teach, in a caring manner, students whose attitudes and beliefs are different from theirs.
➢ Have them make suggestions as to how this can be done, despite the difficulty. |

Activity 8D **Some Sex and sexuality issues facing our children and how teachers may handle them successfully** **30 minutes**	**Refer to Facts and Fiction about Sexuality and Sexual Health, Health on pages166-173 and Hygiene Matching Game and Sexuality Quiz on pages173-174 to support this activity. The correct responses to the questions and issues are also given.** ➢ Divide the trainees into groups of three. Have each group stand in a space that allows for movement. One trainee represents the society, the second represents the teacher and the third represents the student. ➢ The student stands at the centre of the teacher and the society. The teacher will seek to persuade the student to abstain from sexual behaviour. The society till seek to influence the student to go ahead and become sexually active. Each will be speaking at the same time. ➢ After two minutes let them change roles and repeat the exercise. They will repeat the exercise until each person has had the opportunity to play the role of student ➢ After eight minutes discontinue the exercise and have them return to their seats. ➢ Engage the students in answering the following questions: ➢ What emotions did you experience while the two opposing views were being hurled at them ➢ Ask the student which influence (teacher or society) was he/she most inclined to listen to? ➢ What about that message made it more appealing? ➢ What about the message of the "other" made it a weaker influence? ➢ Use this exercise to have trainees seek to understand the dilemma that students face in the society today. ➢ What was wrong with the message the teachers tended to give? ➢ What seemed good about the message the society was giving? ➢ How can teachers make their message more appealing to students? ➢ What strategies can the teacher use to assist the students to desire to abstain from sexual behaviour? ➢ Work in groups to identify some sex and sexuality issues our youth face today. ➢ Have group select some of the issues make a checklist of suggested approaches to help students deal with these issues. ➢ How does the media and current Jamaican music affect students' attitudes towards sex and sexuality? ➢ Have participants write on their flip chart strategies to make the message of abstinence more appealing to students so that they will be most likely to respond positively to the message of abstinence. ➢ Have groups also prepare a list of skills that teachers need in order to build the trust of students and engage them in open discussion about sex and sexuality.

Exploring the Self

Resource Materials
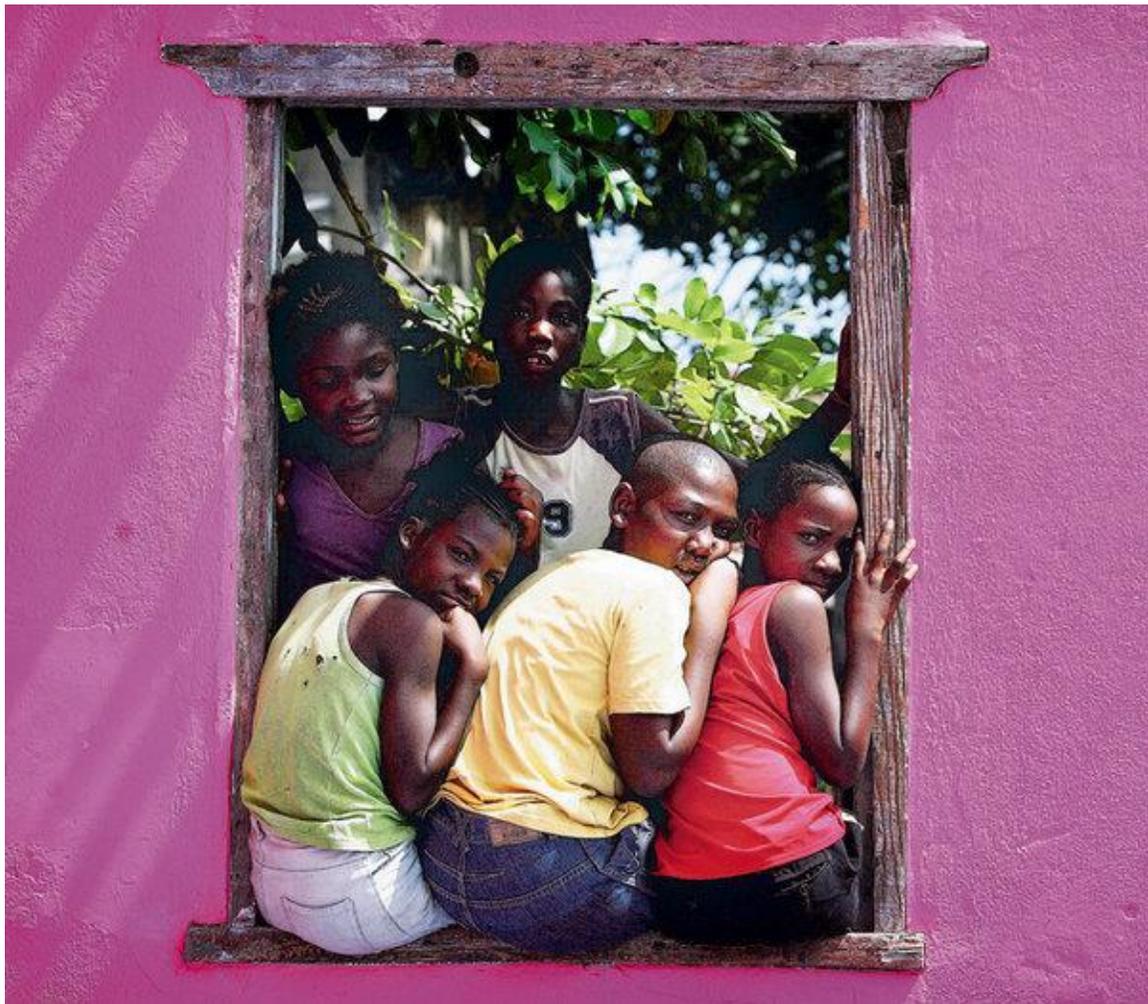
8.1   Sexual Beingness – Circles of Sexuality

8.1.1   Sensuality
Sensuality is an awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's own body and the body of others. These include body image, human sexual response cycle, skin hunger (the need to be touched), fantasy, attraction/desire and pleasure.

8.1.2   Intimacy
Intimacy is the ability and need to experience motional closeness to another human being and have it returned. This takes in caring, sharing, loving/liking, risk-taking (emotional), vulnerability, commitment and reciprocity.

8.1.3   Sexual Identity
Sexual Identity is the development of the sense of who one is sexually including a sense of maleness and femaleness. Some examples of this are biological sex, gender identity, gender role and sexual orientation.

8.1.4   Sexual Health and Reproduction
Sexual Health and Reproduction is an attitude and behavior related to producing children, care and maintenance of the sex and reproductive organs and health consequences of the sexual behaviour. These include factual information, feelings and attitudes, intercourse, physiological and anatomy of reproductive organs, infections/diseases, contraception and risk reduction.

8.1.5   Sexualization
Sexualization is the use of sexuality to influence, control or manipulate others. Some examples of these are rape, sexual abuse, incest, sexual harassment, withholding sex and seduction- flirting.

8.1.6   Sex
Sex is a vital element in everyone's sexuality. It refers to the reproductive system and gender behaviour in terms of male and female. It has to do with biology, anatomy and physiology.

8.1.7   Sexuality
Sexuality is the total expression of who are as human beings- values, mental attitudes, physical appearance, beliefs, emotions, likes, dislikes, our spiritual selves and how we are socialized. It involves our sexual identity and our entire self concept. It begins at birth and last a lifetime.

8.1.8   Masculinity and Femininity
Masculinity and Femininity relates to sexuality as male and female relate to sex.
Source of sexual learning
Source of sexual learning are factors that contribute to our psychosocial development. These include family values, religious beliefs, parental teachings and societal norms.

8.1.9   Gender roles
Gender roles are a set of rules laid down by society that tells us what behaviour is appropriate for our sex. Such rules are established by culture and are designed to us at birth.

8.1.10   Gender identity
Gender identity is the private conviction each of us has about being feminine or masculine.

8.1.11 Sexual Orientation

Sexual Orientation refers to a preference for sharing sexual expression with members of the opposite sex, members of our own sex or members of both sexes.

8.1.12 Sexuality Patterns

Heterosexual- preferring emotional/sexual partners of the opposite sex.
Homosexual- preferring emotional/sexual partners of the same sex.
Bisexual- preferring emotional/sexual partners of both sexes.
Asexual- having little or no sex drive.
Celibacy- deliberately abstentions from sexual activity- a choice people make for a variety of personal reasons.

8.1.13 Values

Values are beliefs, principles and standards to which we assign importance. They are things we prize and regard as significant.

8.1.14 Attitudes

Attitudes are mental views, opinions, disposition, postures or behaviour.

8.1.15 Values Clarification

Values Clarification means sorting out one's own real (intrinsic) values from the (extrinsic) values of the outside world- separating one's personal beliefs from the beliefs of others.

Contributed by Ingrid Reid, Sex and Sexual Health Consultant to the Ministry of Education

CIRCLES OF SEXUALITY

SENSUALITY

SEXUALIZATION

INTIMACY

Body Image
Human Sexual
Response Cycle
Skin Hunger
Fantasy

Rape
Incest
Sexual Harassment
Withholding Sex
Seduction- Flirting

Caring
Sharing
Loving/Liking
Risk Taking
Vulnerability

Factual Information
Feelings & Attitudes
Intercourse
Physiology & Anatomy of
the Reproductive Organs
Sexual Reproduction

Bias
Gender Identity
Gender Role
Sexual Orientation

SEXUAL HEALTH & REPRODUCTION

SEXUAL IDENTITY

8.2   Values Clarification Activity Sheet No. 1

Stimulus/Response Statements About my Feelings	Agree	Disagree
1. Talking to people who are HIV-positive or who have AIDS is difficult		
2. People with AIDS should not have sex		
3. Condoms greatly reduce sexual pleasure		
4. Oral sex is unnatural		
5. Masturbation is not normal		
6. Life is hopeless and not worth living if you have AIDS		
7. I would feel more comfortable caring for an AIDS patient who got the illness from a transfusion than homosexual AIDS patient		
8. It is impossible to be monogamous for your whole life		
9. I would not be comfortable having a person with HIV/AIDS hold my baby		
10. Parents should teach their teenage children how to use condoms		
11. Only promiscuous people have HIV/AIDS		
12. It is more difficult for men to control their sexual urges than women		
13. Talking to youths about sex and condoms encourages them to be promiscuous		
14. It is OK to have sex only for pleasure		
15. Spiritual/religious people have little difficulty in controlling sexual urges		

8.3   Values Clarification Activity Sheet No. 2

Rank each value in one of three categories according to whether it is the most important, 1st, second most important, 2nd, or least important, 3rd. Each category must have at least three items.

1.   My family life   _____

2.   My health   _____

3.   My country's well-being   _____

4.   My sex life   _____

5.   My children's well-being   _____

6.   My religion   _____

7.   My husband/wife/significant other   _____

8.   My career   _____

9.   Popularity   _____

10.   Fun and amusement   _____

Everyone has different values. When interacting with students it is important to keep these differences in mind so that we can help them make up their own minds based on their own values and situations.

8.4 Sexual Development through the Life Cycle

Many people cannot imagine that all people, including babies, children, teenagers, adults and old people are sexual beings. Some believe that sexual activity is reserved for early and middle adulthood and teenagers often feel that adults are too old for intercourse, or "having sex." Sexuality, though, is much more than just sexual intercourse and humans are sexual being throughout their lifetime.

8.4.1 Infants and toddlers
Children are sexual even before birth. Males can have erections while still in the uterus and some boys are born with an erection. Infants touch and rub their genitals because it provides pleasure. Boys and girls can experience orgasm from masturbation, but boys do not ejaculate until puberty. By about age two, children know their gender. They are aware of differences between genitals and in how boys and girls urinate.

8.4.2 Children ages three to seven
Preschoolers are interested in everything about their world, including sexuality. They may practice urinating in different positions. They are very affectionate and enjoy hugging other children and adults. They begin to be more social and may imitate adult social and sexual behaviours, like holding hands or kissing. Many young children "play doctor" during this stage, looking at other children's genitals, and showing theirs. This is normal curiosity. By age five or six, however, most children become more modest and private about dressing and bathing.

Children of this age are aware of marriage or "living together," based on their family experience. They may role-play being married or having a partner while they "play house." Most young children talk about marrying or living with a person they love when they get older. School-age children may play sexual games with friends of their same sex, touching each other's genitals or masturbating together. Much of the sex-play at this age happens because of curiosity.

8.4.3 Preadolescent children (ages eight to 12)
Puberty, the time when the body matures, begins between the ages of nine and 12 for most children. Girls begin to grow breast buds and pubic hair as early as nine or 10. Boys' development of penis and testicles usually begins between 10 and 11. After puberty, pregnancy can occur. Children become more self-conscious about their bodies at this age and often feel uncomfortable undressing in front of others, even a same-sex parent.

Masturbation continues and increases during these years. Preadolescent boys and girls do not usually have much sexual experience, but they often have many questions. They have usually heard about intercourse, petting, oral and anal sex, homosexuality, rape and incest, and they want to know more about these things. The idea of actually having intercourse, however, is unpleasant for most preadolescent girls and boys.

Same-sex sexual encounters at this age tend to happen. Boys and girls tend to play with friends of the same sex and may explore sexually with them. Masturbating together and looking at or caressing each other's genitals also occurs among some boys and girls. Such same-sex behaviour is usually unrelated to a child's sexual orientation.

Some group dating occurs. Preadolescents may attend girl/boy parties, dance and play kissing games. By age 12 or 13, some young adolescents will pair off and begin dating or "making out." In some urban areas, boys often experience vaginal intercourse at this age. Girls are usually older when they

begin having vaginal intercourse. However, it is not uncommon for young teens to practice sexual behaviours other than vaginal intercourse, like petting to orgasm and oral intercourse.

8.4.4   Adolescents (ages 13 to 19)
Once children reach puberty, their interest in genital sex increases and continues through adolescence. There is no way to predict how a particular teenager will act sexually. As a group, most adolescents explore relationships.

8.4.5   Adults Adult sexual behaviours are extremely varied. In most cases, they remain a part of an adult's life until death. At around age 50, women experience menopause, which affects their sexuality. Their ovaries no longer release eggs, and their bodies no longer produce estrogen. They may experience several physical changes: vaginal walls become thinner and intercourse may be painful; there is less vaginal lubrication; the entrance to the vagina becomes smaller.

A lot of women use estrogen replacement therapy to relieve many of these problems, using vaginal lubricants can also make intercourse easier, once a woman's vagina produces less lubrication. Most women are able to have pleasurable intercourse and experience orgasm for the rest of their lives.

Adult men also experience some changes in their sexuality, but not at such a predictable time as menopause. Men's testicles slow down their testosterone production after age 20 to 25. Erections occur more slowly. Men also become less able to have another erection after an orgasm. It may take up to 24 hours to sustain another erection. The amount of semen released during ejaculation also decreases, but men are capable of producing a baby even when they are very old; some men have become fathers in their 90's! Some older men often have an enlarged or cancerous prostate gland in their later years. If it is necessary to remove the prostate, a man's ability to have an erection or an orgasm is unaffected.

Although adult men and women do go through some sexual changes as they age, they do not lose their desire nor their ability for sexual expression. Even among the very old (those 80 and older), the need for touch and intimacy remains, although the desire and ability to have sexual intercourse may wane.

8.5   Fact or Fiction about Sexuality and Sexual Health – Statements

1. Most teenagers have had sexual intercourse by the time they finish high school.
2. Once a girl has had her first period, she can become pregnant.
3. A girl can become pregnant before she has her first period.
4. It is unhealthy for a girl to bathe or swim during her period.
5. Abstinence is the only method of contraception that is 100 percent effective.
6. A teenager has to be 18 years to get contraception from a clinic, without a parent's consent.
7. Only females can have sexually transmitted diseases without any symptoms.
8. A woman cannot get pregnant if she has sex in certain positions.
9. A woman cannot get pregnant if she has sexual intercourse during her period.
10. Oral contraceptives (the pill) often cause cancer in women.
11. Douching will prevent pregnancy from occurring.
12. Once a person has had gonorrhea and been cured, she or he cannot get it again.
13. Condoms are not very effective in preventing pregnancy and STI's.
14. Cancer of the testicles is more common among teenage males than among men over 35 years old.
15. Teenagers can be treated for STI's without their parents' permission.
16. A woman is temporarily infertile while she is nursing a baby.
17. All boys have wet dreams during puberty.
18. Males need to have sex to keep good health.
19. Alcohol makes it easier for people to get sexually aroused.
20. A woman can always calculate the "safe time during her menstrual cycle when she can have vaginal intercourse and be protected from pregnancy.
21. There is no known cure for herpes.
22. Having a sexual experience with someone of the same sex means you are lesbian or gay.
23. Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects.
24. A woman can get pregnant even if a man doesn't ejaculate inside her vagina.
25. If a penis or a woman's breast touched a lot, it will become permanently larger.
26. Normal adolescents do not masturbate once they become sexually active.
27. Women should begin having pelvic exams in their late teen years.
28. Woman with a heavy discharge from her vagina probably has a sexually transmitted disease.
29. In a homosexual relationship, one person usually takes the make role and the other takes the female role.
30. Many women experience severe menstrual cramps.
31. "Crack" cocaine is the only drug that affects an unborn baby's health after the fires three or four months of pregnancy.
32. In males, one testicle usually hangs slightly lower than the other.
33. A woman will always bleed and feel pain when she has vaginal intercourse for the first time.
34. In some cultures, girls' genitals are mutilated to keep them from having sex before marriage.
35. And intercourse is a safe way for a woman to avoid pregnancy and STI's.
36. Men who rape are more likely to rape strangers than persons whom they know.
37. A man who has had a vasectomy no longer ejaculates during intercourse.

8.6 Fact or Fiction about Sexual Health – Correct Responses to Statements

1. Most teenagers have had sexual intercourse by the time they finish high school.

   FICTION – Recent research indicates that only 30% of all girls and 50% of all boys have had sexual intercourse by age 17. The figures are even lower for teens under age 15. It is important to recognize that many older teens and most young teens choose not to have intercourse.

2. Once a girl has had her first period, she can become pregnant.

   FACT – When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant, if she has vaginal intercourse, it does not mean she is ready to have a baby, only that she is capable of bearing one.

3. A girl can become pregnant before she has her first period.

   FACT – Before a girl's first period, her ovaries release the first ovum, or egg, during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.

4. It is unhealthy for a girl to bathe or swim during her period.

   FICTION – There is no health reason to restrict any activity during a menstrual period. Bathing during menstruation is especially important for good hygiene. Some girls and women will avoid certain activities during menstruation because of religious beliefs or cultural customs.

5. Abstinence is the only method of contraception that is 100 percent effective.

   FACT – Abstaining from ("nor having") sexual intercourse of any kind is the only way to be absolutely sure of avoiding the risk of pregnancy or sexually transmitted infections.

6. A teenager has to be 18 years to get contraception from a clinic, without a parent's consent.

   FACT – Though teenagers are allowed to get contraception, without a parent's consent, very few clinic staff will give contraception to teenagers. They are able to purchase these at pharmacies however.

7. Only females can have sexually transmitted diseases without any symptoms.

   FICTION – Some STI's such as herpes have obvious symptoms in men and women. Others, such as Gonorrhea and Chlamydia, typically show no symptoms in women and often show no symptoms in men, as well. HIV infection may occur in men and in women with no symptoms of the disease for 10 years or more. It is important therefore that everyone, male or female, who is sexually active to be take regular tests to detect the presence of STI's.

8. A woman cannot get pregnant if she has sex in certain positions.

   FICTION – A woman who has vaginal intercourse in any position – sitting, standing, lying down or in the up-side down position – is at risk for becoming pregnant every time she has sex. Even women who have anal intercourse may become pregnant if semen comes in contact with the vulva. Sperms may make their way into the vagina and fertilize an egg.

9. A woman cannot get pregnant if she has sexual intercourse during her period.

   FICTION – It seems likely a woman should be safe from pregnancy during her period, since her last ovulation was 14 days before and she shouldn't ovulate again for 10 – 14 days. Pregnancy is possible however, at any time during the menstrual cycle. Women, and especially teens, sometimes ovulate sooner than expected, and even during their periods. Stress, illness and other factors can bring on ovulation at unanticipated times during the normal menstrual cycle..

10. Oral contraceptives (the pill) often cause cancer in women.

    FICTION – There is no evidence that the pill causes cancer and, in fact, it may help prevent some forms of cancer. Minor side effects for users of oral contraceptives include nausea, breast tenderness, headaches, spotting and slight weight gain. Compared to the side effects of earlier oral contraceptives in the 1960's, 70's, and 80's, the side effects currently associated with oral contraceptives are minimal. This is primarily due to the lower dosage of estrogen in the pills being manufactured today. There are significant health risks of oral contraceptive use for women who smoke, are over 35 years, are overweight, or who have high blood pressure and diabetes.

11. Douching will prevent pregnancy from occurring.

    FICTION – Douching may actually force sperm farther up into the vagina and may cause conception. It does nothing to help prevent pregnancy. Douching is not necessary to keep a healthy vagina clean. In fact, commercial douches may harm the body's natural cleansing mechanism by destroying bacteria that clean the vagina.

12. Once a person has had gonorrhea and been cured, she or he cannot get it again.

    FICTION – A person can get Gonorrhea as many times as she or he has oral, and anal or vaginal intercourse with an infected partner. It is very important for anyone who is treated for Gonorrhea (or any other sexually transmitted infection) to ensure that his or her sexual partners are also treated.

13. Condoms are not very effective in preventing pregnancy and STI's.

    FICTION – Condoms are not 100% effective, but besides abstinence, they are the most effective way of preventing STI's including HIV

14. Cancer of the testicles is more common among teenage males than among men over 35 years old.

    FACT – Cancer of the testicle is rare, but it usually occurs among teens and young adult men. The first sign is a lump on the testicle that can easily be detected through testicular self-

examination. All boys should feel their testicles on a regular basis after a bath or shower when the scrotum is relaxed. If they feel any unusual lumps or irregularities, they should consult a health practitioner. If detected early, this is very treatable form of cancer.

15. Teenagers can be treated for STI's without their parents' permission.

    FACT – Teenagers, protected by the law, can be tested or treated for an STI's without parental permission.

16. A woman is temporarily infertile while she is nursing a baby.

    FICTION – Some women who breast feed regularly, without supplementing their babies' feedings with formula, may not ovulate during that time, and therefore will not become pregnant again until after they stop nursing. That is not true, however, for all, or even most, nursing women. Breast feeding cannot be relied on for pregnancy prevention.

17. All boys have wet dreams during puberty.

    FICTION – Some boys do not have wet dreams at all, and that is normal for them. Wet dreams occur only as necessary to release excess sperm. Many males who have regular ejaculations through masturbation or sexual intercourse will not have wet dreams.

18. Males need to have sex to keep good health.

    FICTION – It is normal and healthy or both males and females to have sexual feelings and a desire to express them, but neither males nor females need to have sex to be healthy.

19. Alcohol makes it easier for people to get sexually aroused.

    FICTION – Actually, alcohol has the opposite effect. Alcohol is a depressant: it decreases the flow of blood to the genital area, making it more difficult for males to have an erection and more difficult for males and females to experience orgasm. These drugs may reduce a person's inhibitions ("hang ups") and make an individual feel more free to have sex, but they can also reduce sexual performance, More importantly, they can make people feel like it is okay to do things they would not ordinarily do sexually, such as have intercourse or not protect against pregnancy, STI's and HIV.

20. A woman can always calculate the "safe time during her menstrual cycle when she can have vaginal intercourse and be protected from pregnancy.

    FICTION – There is no time during a woman's cycle when she is absolutely safe from pregnancy. Even if she is monitoring her cycle for signs of ovulation, she cannot be certain she will not get pregnant during unprotected intercourse.

21. There is no known cure for herpes.

    FACT – Herpes is a virus that can cause painful sores on the mouth, genitals or anus and other parts of the body. Once contracted, it cannot be cured. Women with herpes may have a greater risk of developing cancer of the cervix, so they should have an annual Pap smear. Herpes in pregnant women can also cause their infants to become infected with the virus which may result in brain damage or the death of the infant. Women who have herpes must

not deliver a child vaginally. If any herpes lesions or sores are on the genitals or in the birth canal at the time of delivery, the baby's sight might be affected.

22. Having a sexual experience with someone of the same sex means you are lesbian or gay.

   FICTION – Having a same-sex experience does not mean a person is a homosexual. In the USA, almost half of all men and one fourth of all women report having had same-sex experience at least once in their life time, mainly during childhood or adolescence. Many young people have a sexual experience with a close friend or peer of the same sex, as a way of exploring their sexuality. What determines that someone is gay, lesbian or bisexual is their feelings not a one off sexual encounter. Gay men and lesbians feel primarily attracted to, and become romantically involved with, people of their same sex, bisexuals feel strongly attracted to people of both sexes (although they may prefer one over the other).

23. Once a man gets aroused and has an erection, he must ejaculate to avoid harmful effects.

   FICTION – There is no harm if a man does not ejaculate after he gets an erection: semen does not get backed up in his testicles and cause infection or disease. A man may feel some discomfort and heaviness in his testicles if he is sexually excited for a long period of time without ejaculating. Some people call this condition "blue balls." The feelings will disappear once he stops the sexually stimulating activity.

24. A woman can get pregnant even if a man doesn't ejaculate inside her vagina.

   FACT – If a man ejaculates near the opening to a woman's vagina or touches her vulva while he has semen on his fingers, it is possible for sperm to find their way inside and fertilize an ovum. Women have become pregnant without ever actually having vaginal intercourse.

25. If a penis or a woman's breasts are touched a lot, it will become permanently larger.

   FICTION – Genes from both parents determine a person's physical characteristics, including size, eye colour, body type, overall adult height and so on. No amount of touching will affect the size of a man's penis (or a woman's breast).

26. Normal adolescents do not masturbate once they become sexually active.

   FICTION –Masturbation, or touching and stimulating the genitals, is a normal sexual behaviour that occurs in males and females of all ages. Masturbation is a common means of achieving sexual pleasure and release of pent up sexual feelings. Masturbation is not physically harmful and it is a safe way to express sexuality without risking pregnancy or disease. People whose family, religion or culture teaches that masturbation is wrong may feel guilty if they masturbate.

27. Women should begin having pelvic exams in their late teen years.

   FACT – When a woman reaches her late teen years, she should have a pelvic exam once a year to make sure her genitals and reproductive organs are healthy. She does not need to wait until she begins having intercourse to have an exam, but she should certainly have one once she begins to have sexual intercourse.

28. Woman with a heavy discharge from her vagina probably has a sexually transmitted disease.

    FICTION – All women and girls who have reached puberty have a normal virginal discharge that is part of the vagina's natural way of cleansing itself. The amount of discharge varies at different times in a woman's menstrual cycle and from woman to woman. It is usually heaviest around the time of ovulation. If the discharge starts to itch or burn, or has a different colour or odour than usual, that may be a sign of a common vaginal infection or of an STI. In either case, the woman should consult a health practitioner.

29. In a homosexual relationship, one person usually takes the male role and the other takes the female role.

    FICTION – In a homosexual relationship today, just as in a heterosexual relationship, traditional male and female roles are not necessarily played out.

30. Many women experience severe menstrual cramps.

    FACT – Most doctors believe they are caused by hormones called Prostaglandins, which cause the uterus to contract. When women have very strong contractions during their periods, some experience painful cramps. Other women report no cramping during their periods, or only minor discomfort.

31. "Crack" cocaine is the only drug that affects an unborn baby's health after the first three or four months of pregnancy.

    FICTION – While crack cocaine certainly affects the fetus' health, there are other substances that are also harmful to the unborn baby in the mother's womb. Many newborns suffer brain damage as a result of Fetal Alcohol Syndrome acquired because their mothers drank alcohol during pregnancy. Women who smoke while they are pregnant directly affect the health of the unborn child. Smoking increases a woman's risk of miscarriage and stillbirth and a baby's risk of experiencing abnormally low birth weight.

32. In males, one testicle usually hangs slightly lower than the other.

    FACT – All bodies are uneven – one have or foot is usually larger. One testicle hangs slightly lower than the other. This is completely normal and eliminates the likelihood of chafing which would occur if testicles rubbed together with a man walks. One of a woman's breasts is usually slightly larger, as well.

33. A woman will always bleed and feel pain when she has vaginal intercourse for the first time.

    FICTION – Most women have a hymen, a thin membrane that partially covers the vaginal entrance just inside the opening. Hymens vary in size and thickness and some women are not born with one at all. Many hymens are torn or stretched during normal physical activity. A small amount of bleeding may occur during first vaginal intercourse if a woman's hymen has never been stretched or torn. If her partner is gentle and they are both ready for lovemaking, there will usually be little or no pain during first intercourse.

34. In some cultures, girls' genitals are mutilated in order to keep them from having sexual vaginal intercourse before marriage.

   FACT – In some African and Middle Eastern cultures, girls have their clitoris and or their labia removed at birth, during childhood or at puberty. This procedure is meant to prevent young girls from being sexually stimulated and having intercourse or becoming pregnant outside of marriage. Infection and scarring often result. With the clitoris gone, these women will not experience normal pleasure from sex. Female genital mutilation has been declared illegal in many countries, but the tradition continues. Millions of women in Africa are affected and some immigrants continue to practice it in Europe and the United States.

35. Anal intercourse is a safe way for a woman to avoid pregnancy and STI's.

   FICTION – This is a particularly dangerous myth, since engaging in anal intercourse is one of the easiest ways to spread HIV infection and some other STI's. The anus is not as elastic as the vagina neither is it lubricated, it therefore can tear more easily than the vagina. This means that viruses and bacteria can be transmitted directly into the blood through the anus than through the vagina. In addition, it is possible for a woman to become pregnant from anal sex if semen from ejaculation seeps out onto the vulva and moves into the vagina.

36. Men who rape are more likely to rape strangers than persons whom they know.

   FICTION – Over half of all reported rape cases in Jamaica and the USA are committed by men known to the women; an acquaintance, a friend, a relative or a date. Many people believe that most rape cases happen in deserted alleys or wooded areas when in fact half of the rape incidences occur in the woman's home. No matter what a woman says or does to make a person think it is okay to have sex with her, once she says, "stop," and the person forces her anyway, it is considered a rape event.

37. A man who has had a vasectomy no longer ejaculates during intercourse.

   FICTION – Semen, the fluid ejaculated out of the penis when a man has an orgasm, consists of sperm cells and fluids from several glands in the male reproductive system. When a man has a vasectomy, his vas deferens is removed so that sperm cells can no longer travel from his testicles out through the penis. All of the glandular fluids, however, continue to be recreated and they make up most of the semen that is ejaculated during orgasm. Neither the man nor his partner will notice a difference in the amount of ejaculate after a vasectomy.

Adapted from the Life Planning Education, Advocates for Youth, Washington, DC

The Resource Handbook (section 8) contains information on:
   Sexual preference
   Spirituality & Sexuality
   Media influence on values related to sex and sexuality
   Gender and sexuality in the Caribbean

8.7   Health and Hygiene Matching Game (Answers on page 179)

Main Concepts Numbered 1 – 15	Match the linking statement to the concept	Linking Statements
1. Masturbation		1. May help to prevent acne by eliminating blackheads
2. Using Tampons		2. Is necessary even with regular bathing
3. Wearing an athletic supporter		3. Can help to eliminate "jock itch"
4. Breast self-examination		4. A normal healthy way to relieve sexual tension
5. Using deodorant		5. Important for sexual and reproductive health
6. Douching		6. Cleans the genitals daily and keeps them odour free
7. Washing the groin with an antidandruff shampoo		7. Masks the normal odour associated with healthy genitals
8. Avoiding vaginal infections		8. Protects and supports the penis and testicles
9. Using feminine hygiene sprays		9. May destroy natural bacteria that keep the vagina clean
10. Frequent bathing		10. Protects you and a partner from further infection
11. Using an appropriate facial cleanser		11. Can detect small lumps that could develop into cancer
12. Circumcision		12. Does not affect sexual or reproductive health
13. Applying a hot water bottle or heating pad to abdomen		13. Can cause toxic shock syndrome (TSS) if left too long
14. Being tested and treated for STIs		14. Depends on diet, clothing, bathing, other health behaviours as well as sexual behaviours
15. Having a regular pelvic examination		15. May eliminate menstrual cramps

8.8   Sexuality Quiz (answers on page 180)

This quiz may be used for stimulating discussion about feelings

Instructions: Circle the response that best represents your own feelings

i.   When I think about how things are between me and my parent or parents, I feel:

   a.   really good – things are just fine
   b.   just okay – things are not great, but not bad either
   c.   pretty bad
   d.   miserable – it couldn't get much worse.

ii.   Now that I'm older, I seem to feel a lot more _____ than I used to:

   a.   confident
   b.   angry
   c.   depressed
   d.   happy

iii.   When I think about my best friend or friends I feel:

   a.   fearful that our friendship may not last forever
   b.   really good that I have someone with whom I can share pleasant moments
   c.   jealous of other people they hang out with
   d.   angry that I am not also that person's best friend

iv.   I get the feeling that my older sibling

   a.   feels he/she is more important than I am
   b.   is jealous of my accomplishments
   c.   would like to have sexual intercourse with me
   d.   Sets a good example for me to follow

v.   When I think about going out with someone I really like, I feel:

   a.   excited
   b.   nervous
   c.   turned on
   d.   scared

vi.   One of the most powerful feelings I have ever experienced is:

   a.   fear
   b.   anger
   c.   love
   d.   joy
   e.   excitement

8.9   Health and Hygiene Game Answers

Main Concepts Numbered 1 - 15	Match the linking statement to the concept	Linking Statements
1. Masturbation	4	1. May help to prevent acne by eliminating blackheads
2. Using Tampons	13	2. Is necessary even with regular bathing
3. Wearing an athletic supporter	8	3. Can help to eliminate "jock itch"
4. Breast self-examination	11	4. A normal healthy way to relieve sexual tension
5. Using deodorant	2	5. Important for sexual and reproductive health
6. Douching	9	6. Cleans the genitals daily and keeps them odour free
7. Washing the groin with an antidandruff shampoo	3	7. Masks the normal odour associated with healthy genitals
8. Avoiding vaginal infections	14	8. Protects and supports the penis and testicles
9. Using feminine hygiene sprays	7	9. May destroy natural bacteria that keep the vagina clean
10. Frequent bathing	6	10. Protects you and a partner from further infection
11. Using an appropriate facial cleanser	1	11. Can detect small lumps that could develop into cancer
12. Circumcision	12	12. Does not affect sexual or reproductive health
13. Applying a hot water bottle or heating pad to abdomen	15	13. Can cause toxic shock syndrome (TSS) if left too long
14. Being tested and treated for STIs	10	14. Depends on diet, clothing, bathing, other health behaviours as well as sexual behaviours
15. Having a regular pelvic examination	5	15. May eliminate menstrual cramps

8.10   Using the Sexuality Quiz

This quiz may be used for stimulating discussion about feelings

Persons were asked to circle the response that best represents their own feelings for each question. The most ideal answers are given below. The teacher must recognize however that *there are no right and wrong answers*. Whichever answer the children give should be used as discussion points to bring about awareness in the children that they have a right to feel in different ways about different situations. Help them to adopt coping skills in dealing with the negative feelings.

1. When I think about how things are between me and my parent or parents, I feel: (A)
    a.   real good – things are just fine
    b.   just okay – things are not great, but not bad either
    c.   pretty bad
    d.   miserable – it couldn't get much worse
2. Now that I'm older, I seem to feel a lot more _____ than I used to(A)

    a.   confident
    b.   angry
    c.   depressed
    d.   happy

3. When I think about my best friend or friends I feel: (B)

    a.   fearful that our friendship may not last forever
    b.   really good that I have someone with whom I can share pleasant moments
    c.   jealous of other people they hang out with
    d.   angry that I am not also that person's best friend

4. I get the feeling that my older sibling (D)

    a.   feels he/she is more important than I am
    b.   is jealous of my accomplishments
    c.   would like to have sexual intercourse with me
    d.   sets a good example for me to follow

5. When I think about going out with someone I really like, I feel: (A)

    a.   excited
    b.   nervous
    c.   turned on
    d.   scared

6. One of the most powerful feelings I have ever experienced is: (anyone is equally acceptable)

    a.   fear
    b.   anger
    c.   love
    d.   joy
    e.   excitement

9.0 TRAINING SESSION SIX
HIV AND AIDS EDUCATION

➤ **What are the Objectives of this Session?**

This session provides opportunities for trainees to examine their own values and attitudes regarding persons living with HIV and AIDS. They will also be given accurate and up-to-date information on the infection with a view that they will be able to address these issues with their students both in giving instruction to them and in first line counseling for persons affected in one way or another by the infection.

By the end of this session, participants should be able to:

- Review some global and Jamaican statistics about HIV and AIDS
- Clarify their attitudes towards persons living with AIDS
- Discuss some facts about STI's and HIV/AIDS
- Develop strategies to help students adopt safe or safer sexual practices
- Demonstrate ways of helping to stem the spread of HIV and AIDS in Jamaica

➤ **Who is this session for?**

Teachers who will deliver the HFLE curriculum in schools, other teachers in the school system, school administrators, parents and community members who are care givers of children and adolescents. All persons need to be educated about the causes, manifestations, and prevention strategies of HIV and AIDS. The respect and care for persons living with AIDS is also important for school and community persons so that they can teach and role model positive attitudes towards persons who badly need our help.

➤ **How long will it take to implement this session?**

This session may last between one to two hours depending on the identified need of the training participants within the specified environment. The activities are written so that they may be used as independent training modules within a specified group of persons.

> **What activities are in this session?**

Activity 9A: Review some global and Jamaican statistics about HIV and AIDS

Activity 9B: Discuss one's role in being infected with HIV

Activity 9C: Clarify attitudes towards persons living with AIDS (stigma and discrimination)

Activity 9D: Discuss some facts and fiction about HIV/AIDS

Activity 9E: Evaluate concepts about the transmission of HIV and AIDS

Activity 9F: Demonstrate scenarios of negotiated sex and appropriate responses to social pressures

        to comply

Activity 9G: Discuss and demonstrate the correct use of the condom and the Femidom

Activity 9A
 	
Review some global and Jamaican statistics about HIV and AIDS
	Explain that in this session the group will review and discuss some global and local statistics and facts about the incidences of HIV and AIDS as well as discuss the social and economic conditions that support the spread of the infection.
	
	Use resource materials on page 189 – 196.
	
	➢ Present the 16-slide resource materials on the incidences of HIV and AIDS within the world, the Caribbean and Jamaica.
	➢ Assign each group a question that relates to a different segment of the presentation. Have them answer the question after the presentation has been completed. The questions are:
	➢
	
	    • What is the relevance of knowing about the global and regional trends of HIV and AIDS incidences?
	    • How does the social and economic situation in Jamaica help to drive the epidemic about HIV and AIDS? (the trainer should ensure that ignorance about the infection is one of the factors discussed)
	    • How would you define and explain the acronyms HIV and AIDS?
	    • What are the clinical signs, necessary conditions and the three ways of transmission of HIV?
	
	➢ Allow for each group to field questions from other groups during and at the end of their presentation.

Activity 9B **Sexually Transmitted Infections** **What is my role in my being infected?** **30 minutes**	**Note 1: This lesson requires that each training participant be given an index card. This may be ordinary paper cut in the size of index cards. On three of the cards, write the following: on one card write a capital C; on the other write a capital A; and on the third card write a capital H.** **Note 2: C signifies condom, A means Abstinence and H represents HIV and AIDS** **Use HIV and AIDS Quiz (Page 187); HIV Fact and Fiction (Page 197); FAQ's about HIV and AIDS (Page 198)** <blockquote>➤ Shuffle the cards and distribute them to all participants.</blockquote> <blockquote>➤ Have participants move around the room and shake hands and have that person sign their card. Do this with as many persons as possible. The person with the letter A should remain at the trainer's table and should not participate in this activity. Don't allow more than one minute for this activity.</blockquote> <blockquote>➤ Ask the person with the letter C to identify him/herself. Have all who shook hands with this person to raise their hands.</blockquote> <blockquote>➤ Explain that the handshake signified sexual intercourse (vaginal, anal or oral).</blockquote> <blockquote>➤ Ask participants to guess what the C means. Having identified that C means having sexual intercourse using a condom; ask if these persons are at risk of being infected with STIs including HIV/AIDS. **Use the Resource Material, "Tips for Teaching about HIV and AIDS" Page 205 to guide the discussion**.</blockquote> <blockquote>➤ Point out that using a condom only means reduced risk not 100% guarantee of protection.</blockquote> <blockquote>➤ Repeat the activity for the person with the letter H.</blockquote> <blockquote>➤ Have the person with the letter A to identify him/herself. Have others figure out what the A means. When the accurate information has been supplied.</blockquote> **The correct information is that all persons who either had the letters C and H or who shook hands with them are at risk of contracting STIs including HIV/AIDS. The only safe person in the room would have been the one who abstained from sexual intercourse.** <blockquote>➤ Engage in an activity called, "What have we learnt from this exercise?"</blockquote> <blockquote>➤ Have volunteers answer the following questions:</blockquote><blockquote>➤ How did you feel about the person with the STI infection?</blockquote><blockquote>➤ How do those persons who used the condom feel?</blockquote>How does it feel to know that you may have been infected?

Activity 9C **Stigma and Discrimination** **30 minutes**	**Note 1:** Before this lesson begins make labels with words that describe persons who are social exiles in our society. Examples are: prostitute, HIV positive, homosexual – gay, lesbian, gunman, doctor, teacher, and preacher. Have pins available for use in pinning to individual's back. **Note 2.** There is an alternative activity for stigma and discrimination. Trainers may choose to do the activity that best satisfies the needs of their trainees. They may even choose to do both as the needs dictate. **Use resource material, "Stigma and Discrimination" Page 207.** ➢ Have volunteers step forward and form a line with their backs to you and front to the training group. Persons should be placed about one foot to two feet apart. ➢ Pin a label on each person's back. Volunteers should not know what is neither on their label nor on the label of their neighbours. ➢ Have participants move around the room. View the labels and interact with the persons in any normal way they would to such persons within the community. **Use about two minutes for this activity.** ➢ At this point volunteers should still not know the label they have on their backs. ➢ Ask each volunteer share their feelings about how they felt about the treatment they were given by other individuals. ➢ Entertain a discussion about this for no longer than five minutes. ➢ Ask the other members of the training group why they reacted the way they did to the respective individuals. ➢ Use this activity to engage trainees in empathetic introspection as to: ➢ How it feels to be discriminated against? ➢ Why persons engage in discriminated behaviours? ➢ What can I/we do to prevent discrimination? ➢ What can be done to address instances of discrimination?

Alternative Activity 9C **Stigma and Discrimination against PLWA HIV/AIDS** **30 minutes**	**Note 1. This is an alternative activity for the stigma and discrimination session of the training. Stigma and Discrimination Page 207.** **Note 2. Trainees have already been grouped whether by table or by circle. Prior to doing this session the trainer should identify a collaborator within each group. This person will pretend to be HIV infected or have AIDS and will stand at the point when the trainer asks all persons infected with HIV to stand.** ➢ Each group is given a sheet of paper with one of the following topics to discuss and prepare bullet points on the flip chart paper provided. The topics are: (allow 10 minutes for this activity) • Causes of stigma and discrimination against persons living with HIV and AIDS • Strategies to eliminate stigma and discrimination against persons living with HIV/AIDS • The benefits of eliminating stigma and discrimination against persons living with HIV/AIDS ➢ Bring the groups together and have then briefly share their points. After 15 minutes discussing these points, ensure you have the attention of all as you ask the question, "Will the persons infected with HIV please stand!" carefully observe the expressions and body language of the respective group members. ➢ Point out your observations and ask for the reasons for the mixed messages between the earlier "talk" and observed "walk". ➢ Engage in a thorough debriefing by explaining that these persons were your accomplices in order to help the group identify their own prejudices, discriminatory attitudes and practices.

Activity 9D **Facts and Fiction about STIs and HIV/AIDS** **30 minutes**	**Before this session begins make copies of the HIV and AIDS quiz questions.** **Also write the questions and Answers about HIV and AIDS on separate sheets of paper. Use Fact and Fiction about HIV and AIDS Page 201; also Frequently Asked Questions about HIV and AIDS, Page 198** ➤ Distribute the quiz sheets face down and give them 5 minutes to complete the quiz. ➤ When the time expires, have them exchange papers as the large group discusses the correct answers. The trainer remains in the background only to clarify misconceptions or answer questions. Allow 15 minutes for this activity. ➤ Give a prize for the person with the highest score. ➤ Evenly distribute the FAQ questions among the groups. Give them five minutes to answer the set of questions they have on the respective sheets of paper. After the five minutes expire have each group share their questions and answers. Allow the larger group to discuss the responses they either don't agree with or need clarification on.

Activity 9E
 	
Transmission of HIV and AIDS
 	
30 minutes
	Before this session begins Write the HIV/AIDS Fact or Fiction (Page 197) list on flip chart paper. On another sheet write "strongly agree" and on another "strongly disagree".
	
	➢ Paste the strongly agree chart to one side of the room and the strongly disagree to the other side. Have trainees stand in the middle of the room. Explain that you will read statements and they will go to the strongly agree chart. They should think carefully about the statement and then move to the chart that represents their views, either strongly agree or strongly disagree. If they neither agree nor disagree they should remain in the centre of the room.
	➢ After each statement and they have moved or not, have them choose one person standing at a different position from they and discuss the reasons they have chosen their position. Each should seek to defend their position.
	➢ Repeat the process with as many statements as time allows.
	➢ Reassembly the group and have selected persons explain one point they are either unclear about or feel strongly about despite others believing. Allow the group to provide clarification and verification as needed. Ask the questions:
	    • How does it feel to have to defend your stance on the transmission of HIV against opposition?
	
	    • How prepared are you to do the same within your school and community without feeling intimidated?
	
	➢ Have trainees discuss these issues for 10 to 15 minutes. The trainer intervenes only where necessary; then summarize the critical points made.

Activity 9F **Negotiating sex** **30 minutes**	➤ Have two volunteers come forward either seated on two chairs or standing as they feel comfortable. One party should seek to persuade the other to have sex and the other should keep refusing (respectfully). This should go on for about five minutes. You may use the negotiating sex worksheet as a guide. See resource material on page 213. ➤ Have the refusing party share the feelings to be constantly refusing and what issues arose in the interaction. ➤ Have the persuader share the feelings as to approaches to persuading and feelings of rejection and possible future actions. ➤ Let the large group discuss the issues both from the standpoint of being the "persuader" and the "refuser." Use the following questions as a guide for the discussion. The trainer may develop a different set of questions as is appropriate. • Was it difficult to think of the responses? • How did it feel to be refusing all the time? • Are there other ways to challenge someone effectively?

Activity 9G **Correct use of the condom** **30 minutes**	**Use Resource material on male and female condoms pages 216- 217** Before this session begins ensure there are adequate numbers of condoms (male and female) as well as at least one model of the penis. The female condom is called femidom. ➤ Explain that this session is about providing demonstration and practice as well as producing instructional materials on how to use the male and female condoms correctly. ➤ The trainer does a careful demonstration on the use of the male and female condoms all the while explaining what is being done at each step of the way. ➤ Have trainees explain why each step is important. ➤ Allow trainees at each table to demonstrate the use of the male and female condoms to each other and discuss any relevant issues as they arise. ➤ Each group can give one important point that came out of the exercise. ➤ Have each table prepare the following: ▪ A set of instructions in bullet form on how to use the male and female ▪ condoms ▪ A poster with graphics and labeling on the correct use of the male and female condoms. ▪ A handout to be distributed to students on the importance of using the male and female condoms. ➤ The trainer fills the gaps where necessary.

HIV and AIDS Education

Resource Materials

Let's Think about HIV/AIDS
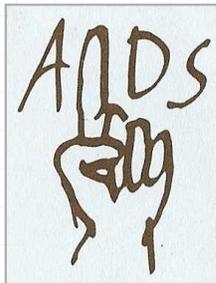
Stigma &
Discrimination hurts
all of us.
Help yourself.
Fight Discrimination.
Fight AIDS.

9.1   HIV/AIDS QUIZ (answers on page 219)

Instructions: Have participants circle the correct answer to each statement. Give the correct answers at the end of the quiz. Randomly ask some trainees to explain why a particular answer is the correct one and why some of the others could not be accurate.

1. Does HIV only affect homosexuals?
   a. Yes
   b. No
   c. Only gays
   d. Only lesbians

2. How can you tell if somebody has HIV or AIDS?
   a. Because of the way they act
   b. They look tired and ill
   c. You cannot tell

3. Can you get HIV from sharing the cup of an infected person?
   a. No
   b. Yes
   c. Only if you don't wash the cup

4. Which protects you most against HIV infection?
   a. Contraceptive pills
   b. Condoms
   c. Spermicidal jelly

5. What are the specific symptoms of AIDS?
   a. A rash from head to toe
   b. You start to look very tired
   c. There are no specific symptoms of AIDS

6. HIV is a…
   a. Virus
   b. Bacteria
   c. Fungus

7. Can insects transmit HIV?
   a. Yes
   b. No
   c. Only mosquitoes

8. When is World AIDS day held?
   a. 1st January
   b. 1st June
   c. 1st December

9. Is there a cure for AIDS?
   a. Yes
   b. Drinking hot coffee in a cold bath

    c.   No

10. Is there a difference between HIV and AIDS?
    a.   Yes
    b.   No
    c.   Not very much

11. Worldwide, what is the age range most infected with HIV?
    a.   0 – 14 years
    b.   15 – 24 years
    c.   25 – 34 years

12. Is it possible for a woman infected with HIV to prevent herself from having an infected baby?
    a.   Yes
    b.   No
    c.   Only if she takes a special drug

13. How many sizes do condoms come in?
    a.   One
    b.   Regular and large
    c.   Many different sizes

14. How effective are condoms in preventing pregnancy and STI's?
    a.   Barely effective
    b.   100% effective
    c.   Mostly effective

15. Teenagers …
    a.   Are protected by law to be tested for STI's without their parents' permission
    b.   Can be treated for STI's without their parents' permission
    c.   Are allowed to purchase contraception without their parents' permission
    d.   All of the above

16. Anal intercourse..
    a.   Can cause a woman to become pregnant since semen can seep into the vulva and move into the vagina
    b.   Is one of the easiest ways to spread HIV infection and other STI's
    c.   Allows for viruses and bacteria to be transmitted directly into the blood through the anus
    d.   All of the above

9.2 Global, Regional and National HIV/AIDS Statistics

World Health Organization

UNAIDS UNHCR UNICEF WFP UNDP UNFPA / UNODC ILO UNESCO WHO WORLD BANK
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

Global summary of the AIDS epidemic, December 2007

Number of people living with HIV in 2007	Total	33 million [30 – 36 million]
	Adults	30.8 million [28.2 – 34.0 million]
	Women	15.5 million [14.2 – 16.9 million]
	Children under 15 years	2.0 million [1.9 – 2.3 million]
People newly infected with HIV in 2007	Total	2.7 million [2.2 – 3.2 million]
	Adults	2.3 million [1.9 – 2.8 million]
	Children under 15 years	370 000 [330 000 – 410 000]
AIDS deaths in 2007	Total	2.0 million [1.8 – 2.3 million]
	Adults	1.8 million [1.6 – 2.1 million]
	Children under 15 years	270 000 [250 000 – 290 000]

July 2008 e

1

Source: www.unaids.org

World Health Organization

UNAIDS UNHCR UNICEF WFP UNDP UNFPA / UNODC ILO UNESCO WHO WORLD BANK
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

Adults and children estimated to be living with HIV, 2007

Western & Central Europe
730 000
[580 000 – 1.0 million]

Eastern Europe & Central Asia
1.5 million
[1.1 – 1.9 million]

North America
1.2 million
[760 000 – 2.0 million]

East Asia
740 000
[480 000 – 1.1 million]

Caribbean
230 000
[210 000 – 270 000]

Middle East & North Africa
380 000
[280 000 – 510 000]

South & South-East Asia
4.2 million
[3.5 – 5.3 million]

Latin America
1.7 million
[1.5 – 2.1 million]

Sub-Saharan Africa
22.0 million
[20.5 – 23.6 million]

Oceania
74 000
[66 000 – 93 000]

Total: 33 million (30 – 36 million)

July 2008 e

4

Source: www.unaids.org

Estimated number of adults and children newly infected with HIV, 2007

Western & Central Europe
27 000
[14 000 – 49 000]

Eastern Europe & Central Asia
110 000
[67 000 – 180 000]

North America
54 000
[9600 – 130 000]

East Asia
52 000
[29 000 – 84 000]

Caribbean
20 000
[16 000 – 25 000]

Middle East & North Africa
40 000
[20 000 – 66 000]

South & South-East Asia
330 000
[150 000 – 590 000]

Latin America
140 000
[88 000 – 190 000]

Sub-Saharan Africa
1.9 million
[1.6 – 2.1 million]

Oceania
13 000
[12 000 – 15 000]

Total: 2.7 million (2.2 – 3.2 million)

July 2008 e   5
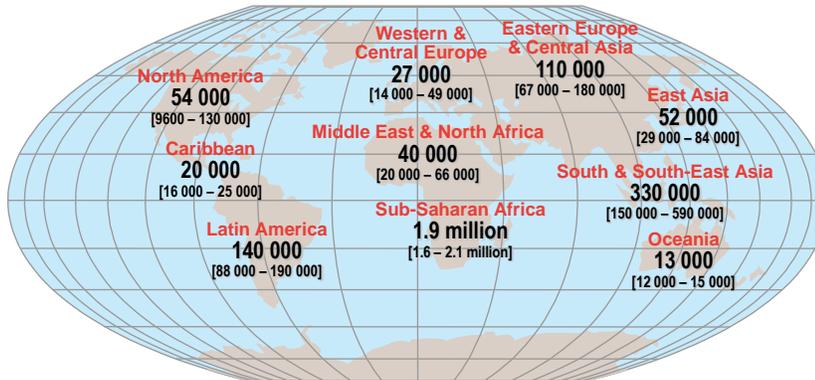
Source: www.unaids.org

Estimated adult and child deaths from AIDS, 2007

Western & Central Europe
8000
[4800 – 17 000]

Eastern Europe & Central Asia
58 000
[41 000 – 88 000]

North America
23 000
[9100 – 55 000]

East Asia
40 000
[24 000 – 63 000]

Caribbean
14 000
[11 000 – 16 000]

Middle East & North Africa
27 000
[20 000 – 35 000]

South & South-East Asia
340 000
[230 000 – 450 000]

Latin America
63 000
[49 000 – 98 000]

Sub-Saharan Africa
1.5 million
[1.3 – 1.7 million]

Oceania
1000
[<1000 – 1400]

Total: 2.0 million (1.8 – 2.3 million)

July 2008 e   6
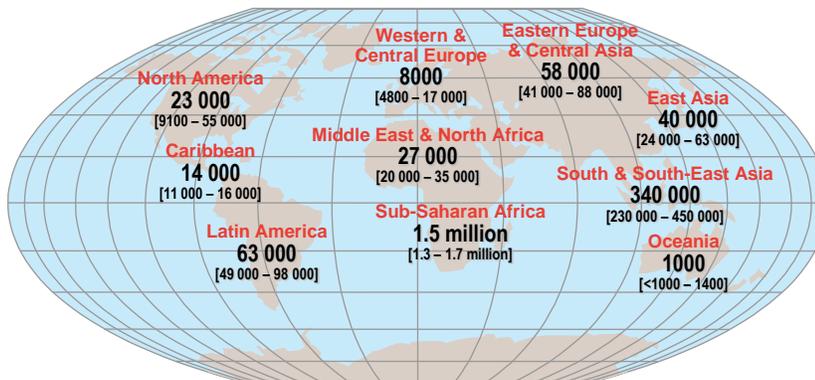
Source: www.unaids.org

HIV/AIDS in the Caribbean 2007

- The second highest HIV prevalence rate in the world after sub-Saharan Africa.

- The leading cause of death among persons aged 15-44 years.

- An estimated 330,000 persons living with HIV/AIDS

- 22,000 are children < 15 years

- An estimated 27,000 became infected in 2006

For current international and regional statistics on HIV & AIDS go to the UNAIDS website: www.unaids.org

NB: Explanation of the term prevalence in the Glossary Page 218

9.3

MINISTRY OF HEALTH
NATIONAL HIV/STI PROGRAMME
JAMAICA HIV/AIDS EPIDEMIC UPDATE
January to June 2008

TABLE 1: SUMMARY OF AIDS CASES IN JAMAICA

PERIOD	TOTAL	MALE	(%)	FEMALE	(%)
Cumulative 1982 – June 2008	12893	7425	(57.5)	5468	(42.4)
Jan – Dec 2000	903	515	(57.0)	388	(43.0)
Jan – Dec 2001	939	511	(54.4)	428	(45.6)
Jan – Dec 2002	989	580	(58.6)	409	(41.4)
Jan – Dec 2003	1070	611	(57.0)	459	(43.0)
Jan – Dec 2004	1112	603	(54.2)	509	(45.8)
Jan – June 2004	578	334	(57.8)	244	(42.2)
Jan – June 2005	473	275	(58.1)	198	(41.9)
Jan – June 2006	451	256	(56.8)	195	(43.2)
Jan – June 2007	324	190	(58.6)	134	(41.4)
Jan – June 2008	373	200	(53.6)	173	(46.3)

⚥ Source: National HIV/STI Programme

Figure 1: Number of AIDS Cases & Deaths in Jamaica (1982 - 2006)
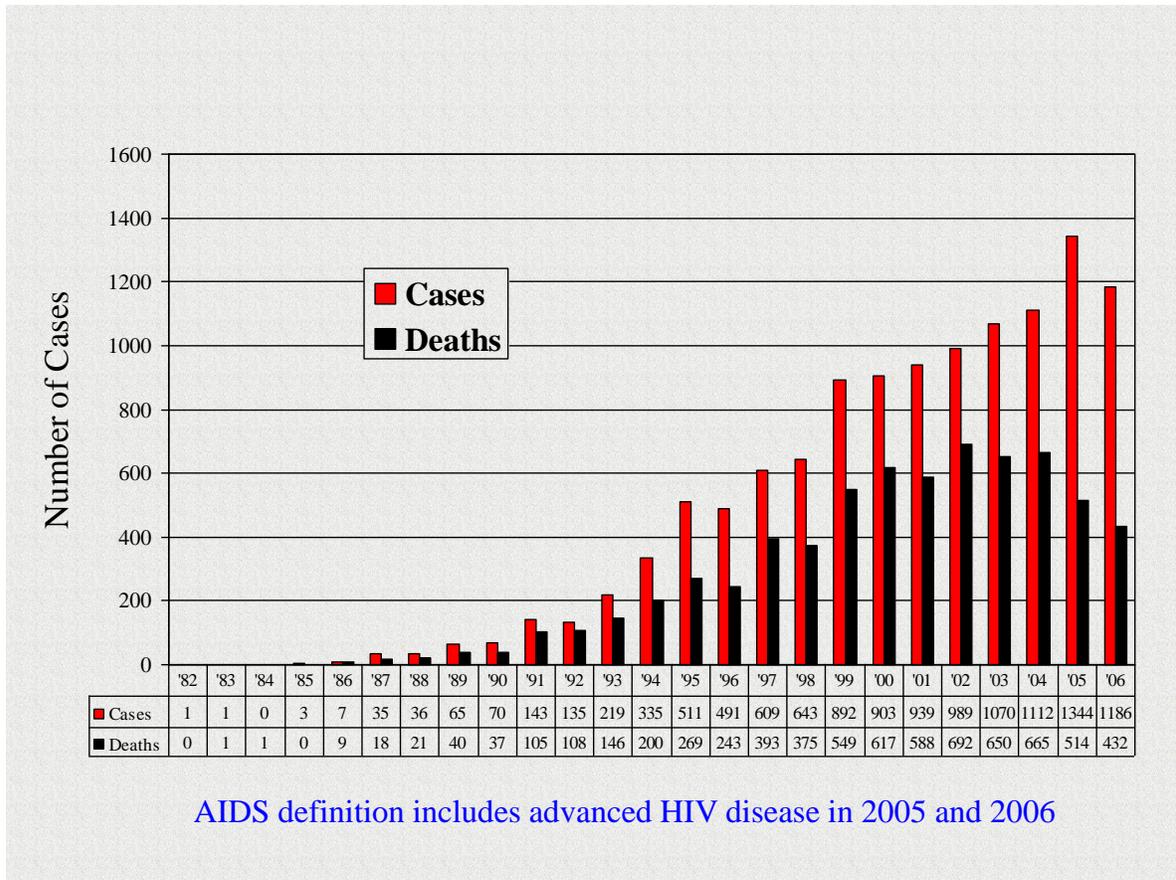
Number of Cases

	'82	'83	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06
■ Cases	1	1	0	3	7	35	36	65	70	143	135	219	335	511	491	609	643	892	903	939	989	1070	1112	1344	1186
■ Deaths	0	1	1	0	9	18	21	40	37	105	108	146	200	269	243	393	375	549	617	588	692	650	665	514	432

Legend: ■ Cases ■ Deaths

AIDS definition includes advanced HIV disease in 2005 and 2006

Source: National HIV/STI Programme

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MINISTRY OF HEALTH
NATIONAL HIV&STI PROGRAM
JAMAICA HIV/AIDS EPIDEMIC UPDATE
JANUARY- DECEMBER 2008

SUMMARY OF AIDS CASES BY 5-YEAR AGE GROUPS <u>1982 – JUNE 2008</u>, JAMAICA

Age Group	Male	Female	Total
00 to 4	321	281	602
05 to 9	145	137	282
10 to 14	17	16	33
15 to 19	31	121	152
20 to 24	287	434	721
25 to 29	761	850	1611
30 to 34	1184	945	2129
35 to 39	1282	837	2119
40 to 44	1073	650	1723
45 to 49	817	439	1256
50 to 54	598	271	869
55 to 59	406	184	590
60 to 64	239	132	371
65 to 69	104	74	178
70 to 74	57	31	88
75 to 79	17	13	30
80 to 84	3	8	11
85 to 89	3	2	5
90 to 94	0	1	1
Unknown	80	42	122
Total	**7425**	**5468**	**12893**

Source: National HIV/STI Programme

AIDS Case Rates in Jamaica by Age and Sex
(per 100,000 population) 1982 - 2006
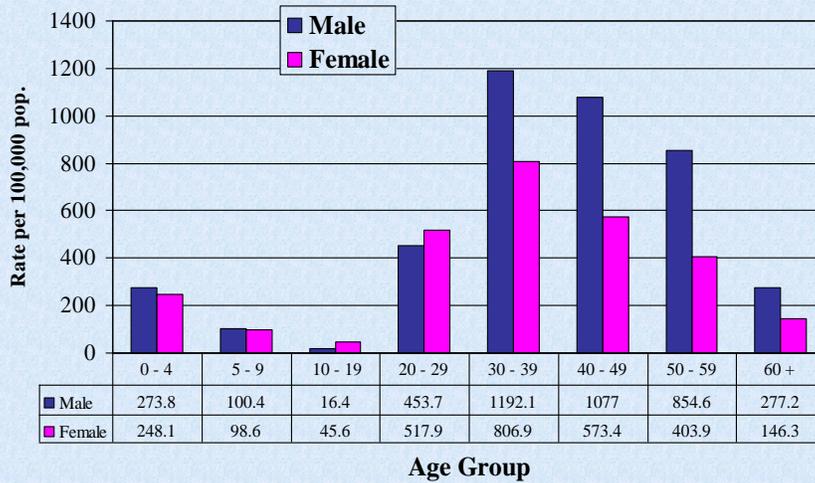
	0 - 4	5 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 +
Male	273.8	100.4	16.4	453.7	1192.1	1077	854.6	277.2
Female	248.1	98.6	45.6	517.9	806.9	573.4	403.9	146.3

Age Group

AIDS definition includes advanced HIV disease in 2005 and 2006

Source: National HIV/STI Programme

SUMMARY OF AIDS CASES BY PARISH 1982- 2006

Summary of AIDS Cases by Parish in Jamaica 1982-2001 (Rate per 100,000 Pop.)

AIDS/100,00 Pop.
85.1 - 95.5
95.5 - 149.7
149.7 - 203.5
203.5 - 217.1
217.1 - 552.6
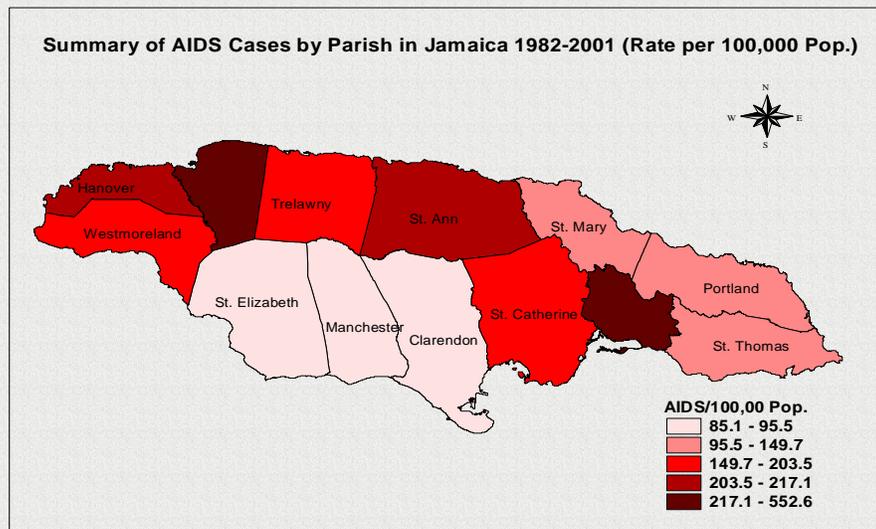
From presentation by Professor Peter Figueroa Ministry of Health 2008

MINISTRY OF HEALTH
NATIONAL HIV&STI PROGRAM
JAMAICA HIV/AIDS EPIDEMIC UPDATE
JANUARY- DECEMBER 2008

SUMMARY OF AIDS CASES BY PARISH IN JAMAICA (BY DATE OF REPORTING)

PARISH	Jan - June 2007	Jan - June 2008	1982 – June 2008 Cumulative Total	RATE PER 100,000 POPULATION
KINGSTON & ST. ANDREW	124	147	5004	754.0
ST. THOMAS	4	2	223	237.5
PORTLAND	5	13	263	321.0
ST. MARY	3	7	366	321.4
ST. ANN	17	18	772	446.9
TRELAWNY	8	15	336	446.0
ST. JAMES	34	49	1968	1071.2
HANOVER	7	7	313	449.3
WESTMORELAND	39	28	696	481.9
ST. ELIZABETH	9	12	297	197.3
MANCHESTER	15	26	357	187.7
CLARENDON	20	12	489	199.1
ST. CATHERINE	38	36	1777	357.9
PARISH NOT KNOWN	1	1	20	n/a
OVERSEAS ADDRESS	0	0	12	n/a
TOTAL	324	373	12893	480.7

Transmission of HIV

- In Jamaica, HIV is primarily transmitted through sexual intercourse. Among all reported adult AIDS cases on whom data about sexual practices are available (76% of cases), heterosexual practice is reported by more than 90% of persons.

- Among reported AIDS cases on whom risk data are available (73% of cases), the main risk factors fuelling the epidemic are multiple sex partners, history of STIs, crack/cocaine use, and sex with sex workers. No high risk behaviour was reported by 21% of reported AIDS cases

and this may represent persons who report having one sex partner who was HIV infected by another partner.

For current local statistics on HIV & AIDS go the National HIV&AIDS programme website: www.jamaica-nap.org

9.4   HIV and AIDS Fact or Fiction (answers on page 214)

Read these statements and have trainees stand under the "strongly agree" sign or strongly disagree" sign.

1. HIV is curable.
2. Having sex with a virgin can cure some STI's including HIV.
3. You can get HIV from touching someone with the infection.
4. Mosquito bites cannot transmit HIV infection.
5. If someone gets sick a lot and looks weak and "puney, puney" very likely they have HIV infection.
6. No student should be denied access to a school place based on his or her HIV and AIDS status.
7. There should be no routine testing of students or teachers in Jamaican schools
8. Safe sex means using a condom every time you have sex.
9. Oral sex is not safe sex.
10. Only anal sex places the partner at risk of contracting HIV infection.
11. A person who is classified as a virgin cannot have HIV.

9.5   Frequently Asked Questions and Answers about HIV and AIDS?

1.   **What is HIV?**
     HIV is the Human Immunodeficiency Virus that causes AIDS. HIV is found in the body fluids (particularly blood; semen, and vaginal secretions) of infected persons. It is believed that on average, people infected with HIV will develop AIDS between 5 – 10 years after infection.

2.   **What is AIDS?**
     AIDS is Acquired Immune Deficiency Syndrome, results from HIV infection. HIV attacks the body's immune system and over time renders it unable to fight other infections. AIDS is manifested by a number of symptoms, of which many, but not all, are visible. Even if the symptoms of AIDS subside for a while, the virus that causes them is still present and the infected person can still transmit the infection. At present there is no cure for AIDS, and until there is a cure, doctors expect that all people with AIDS will die from the infection. AIDS has become a worldwide epidemic.

3.   **How many types of HIV viruses are there?**
     There are two main strains of HIV virus; the HIV-1 and the HIV-2. The main difference between the viruses is in the time between infection and the onset of AIDS and AIDS-related illnesses. Immunodeficiency (or a weakened immune system) develops more slowly and is milder in person with HIV-2. Persons with the HIV-1 are more infectious in the early stages of the virus than those with HIV-2.

4.   **How is HIV contracted?**
     a.   Through unprotected sexual contact (anal, oral, or vaginal intercourse) with an infected person.
     b.   Through transfusions or treatments using infected blood products. Since 1985, the National Blood Transfusion Service has screened all blood for HIV and supply uncontaminated blood.
     c.   Through use of skin-piercing instruments that have been in contact with infected blood/body fluids and have not been properly sterilized (needles, syringes, razor blades, circumcision instruments, etc.).
     d.   By infants of infected mothers during pregnancy and childbirth, and, more rarely, from breast milk. HIV is NOT contracted through ordinary social contact, for example, shared clothing, dishes, food, kissing and hugging, shaking hands, toilet seats, insect bites, or touching or living with an infected person.

5.   **Can HIV be transmitted through kissing?**
     There is no risk of HIV transmission if kissing involves lips to cheek, or cheek to cheek, unless there is open wound on the part of both persons. In the case of kissing during which saliva is exchanged from person to person, it is unlikely that HIV will be transmitted. Saliva contains very little of the virus and it is believed that as much as three quarts of saliva would be needed in order for one party to be infected by another.

6. **Can HIV be transmitted through oral sex?**
Yes. Even though oral sex is less risky than anal and vaginal sex, it is advisable to use a condom or dental dam. A dental dam is a rectangular sheet or latex used in dentistry or during sexual activities as a safe sex technique.

7. **What are symptoms of HIV and AIDS?**
Persons infected with HIV are often asymptomatic; it can take an average of 5 – 10 years between infection and the onset of AIDS. Once AIDS begins to develop, however, symptoms may include:

   a. An unexplained loss of weight lasting at least one month,
   b. Diarrhea for several weeks.
   c. A white coating on the tongue.
   d. Enlarged or sore glands in the neck and/or armpits.
   e. A cough that persists for more than a month.
   f. Persistent fever.
   g. Discoloured areas on the skin.

   Since these symptoms also characterize other infections (a persistent cough may mean tuberculosis, diarrhea may mean an intestinal illness), tests for the presence of HIV and/or a **test for the confirmation of AIDS is the surest way of determining if someone has HIV and AIDS.**

8. **Who is at risk?**
Given the modes of transmission of HIV, everyone is at risk. There are however behaviours and practices that increase the risk of HIV transmission and infection. The most common of these are:

   a. A person with multiple partners
   b. Sex workers and their partners
   c. Persons who engage in unsafe sexual intercourse
   d. Persons who have blood transfusions using infected blood products
   e. Persons who engage in body piercing using improperly sterilized implements
   f. Babies with infected mothers
   g. Married persons with unfaithful partners

9. **Does the virus die after leaving the body?**
The overwhelming majority of viruses present in blood or secretions die within one half of an hour after leaving the body. The amount of time the virus lives outside of the body depends on the environment in which it is found (dry versus humid, warm versus cold, etc.).

10. **What are the chances of an HIV antibody-positive mother having an HIV positive baby?**
Current statistics indicate that there is a 20-30 percent risk of an HIV positive woman having an HIV positive baby. However, this risk is reduced to less than 5% if the mother receives antiretroviral treatment either prior to delivery in the last three months of pregnancy or at the time of delivery. Pregnancy in an HIV woman can hasten the manifestation of AIDS.

11. **Can an HIV-positive mother pass the virus to her baby through breast feeding?**
The breast milk of HIV-positive mothers sometimes contains small amounts of HIV. Although there have been some documented cases of HIV transmission through breast milk, the exact risk is still not known. In Jamaica, breast feeding of HIV positive mothers is not promoted.

12. **How can you tell if a person is infected with HIV?**
You cannot tell if someone is infected with HIV by simply looking at them. This is because those infected with HIV may be asymptomatic until they develop AIDS. There are blood tests that can tell if someone has the HIV virus. The tests do not detect the virus itself but detect the antibodies that are produced by the body in response to the virus. The two main tests are:
a. The ELISA (Enzyme-Linked Immuno Sorbent Assay) which takes between 4 to 6 hours and costs approximately US$2.
b. The Western Blot test which confirms a positive ELISA test. If the tests are done correctly the results will give an accurate indication of the detection HIV antibodies.

However, in some instances there can be false-positive readings as well as false-negative readings. The ELISA is not as specific to the HIV-2 virus as it is to the HIV-1 virus.

13. **How long does it take for someone who is infected with HIV to develop HIV antibodies?**
The time period between the initial HIV infection and the development of antibodies can vary from six weeks to six months. On average, 95 percent of those infected with HIV develop the antibodies within three months and 98 percent produce them within six months.

14. **Can AIDS be cured?**
No. there is currently no cure for AIDS. Treatment methods being used today, help to prolong the life of infected persons and or give them a better quality of life. These drugs include Azidothymidine (AZT) and Didanosine (DDI) and are part of antiretroviral therapy.

15. **Is there a vaccine against AIDS?**
There is currently no vaccine available to prevent infection with HIV, although several are being tested.

16. **How can AIDS and HIV infection be prevented?**
The way for adults to prevent HIV infection and AIDS is to avoid high-risk behaviours.
a. Abstinence is the only way to be absolutely sure of not being sexually infected with HIV, if you are not already infected.
b. Have only one, faithful sexual partner and remain faithful to her or him. If there is a chance that one or both has or have been exposed to the virus already, use a condom during sexual intercourse.

c. Use latex condoms because they are the most effective way of preventing transmission during sexual intercourse. Unless one or either of the following applies:
   i. You have been in a mutually faithful relationship for many years.
   ii. You or your partner has been tested for HIV at least six months after the last possible exposure. There is no guarantee that he or she doesn't have HIV.

   Condoms are a wise choice for avoiding HIV infection, other STI's and unwanted pregnancy. This will be so as long as they are correctly used. That is; their correct placement prior to sexual intercourse, of latex material, stored properly and have not exceeded their expiry date.
d. Avoid sharing needles or using any skin-piercing instruments that have not been sterilized.
e. If you need a blood transfusion, certify that the blood you will receive is free of HIV.

17. Is there any way women can protect themselves if a man does not want to use condoms?
a. A woman should be as assertive as possible in insisting that her partner wears a condom.
b. She should engage in negotiating condom use if he is reluctant. Negotiation means that each partner gets something in exchange for something.
c. A female condom is now available, which offers good protection against HIV infection.

18. Is it necessary for a couple to use condoms if they are both infected with HIV?
Yes. Partners who are both infected should use condoms every time they have sexual intercourse because:
a. They may be infected with different strains of the virus
b. More of the virus can be transmitted which may cause an earlier onset of AIDS

19. Does the risk of HIV infection increase if a person already has an STI?
Yes. The person who has an ulcerative STI such as herpes, chancroid, and syphilis, is at much greater risk of transmitting or contracting HIV. The open sores provide a "portal" for HIV to enter the body.

The same risk factors associated with the transmission of STI's are present in sexual transmission of HIV. That is, unprotected sexual intercourse.

20. What advice can be given to people living with HIV?
People who are infected or are ill with AIDS require special care, information, and counseling. In general they should be advised to:
a. Protect themselves against further infection from STIs (including AIDS) and other illnesses and stresses to the immune system.
b. Avoid passing the infection to others through unprotected sexual intercourse, or sharing of needles or razors, etc.
c. Inform their partner (s) of their condition before initiating intercourse and use latex condoms

d. Continue to enjoy loving and affectionate contact with partners, family members, and friends.
e. Eat nourishing foods
f. Get plenty of rest
g. Avoid pregnancy, both for the health of the HIV-infected woman and to avoid infecting a baby. If the person infected is a man, he should avoid passing the virus to a woman and subsequently to the unborn child.
h. Seek psychological and/or Spiritual comfort through support groups, churches or additional counseling. Guidance Counselors and HFLE teachers can put persons living with HIV and AIDS in touch with a variety of community support systems and community support resources.

Contributed by the National HIV/STI Control Programme, the Ministry of Health, Jamaica.

9.6 Definition and Description of HIV&AIDS

HIV/AIDS – What is HIV?

Human
➤ Found only in humans
➤ Transmitted between humans
➤ Preventable by humans

Immuno deficiency
➤ Body lacks ability to fight off infections

Virus
➤ Type of germ
➤ Lives and reproduces in body cells

HIV/AIDS

◆ What is HIV? – a picture of HIV virus
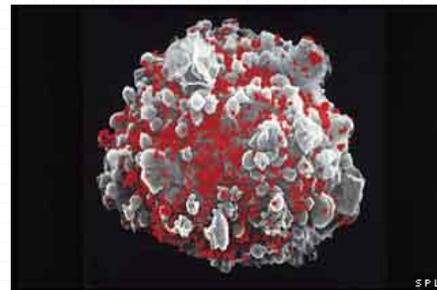
HIV/AIDS – What is AIDS?

Acquired
– received, not inherited (does not run in families)

Immune
– the system that protects the body from disease

Deficiency
– a lack of

Syndrome
– a group of diseases or infections

AIDS - Clinical Signs

Clinical Signs of the final stages of the AIDS
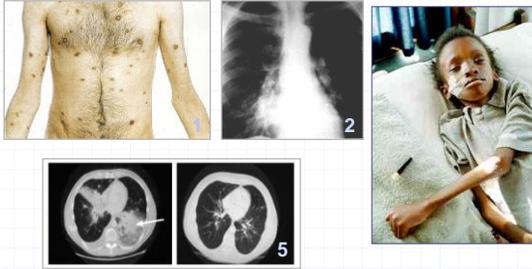
Who Can Get HIV?

- Anybody having sex without a condom.
- People with more than 1 partner who don't use a condom during sex
- People whose sex partner has sex with other partners without using a condom
- People who share IV drug needles that are not sterilized.
- People with 1 sex partner can also get HIV

HIV progression

Speed of progression depends on individuals

HIV infection — 3months later — 6months to 10 years or more

Window period
=Test shows a false negative

Antibodies are produced

AIDS
Illness like TB, Pneumonia, Cancers etc.

First sign
(2-6weeks)

No symptom or Flu-like symptoms

Asymptomatic period

Look and feel healthy so people do not recognize any signs of HIV.
But HIV can be transmitted to others.

How we <u>cannot get HIV</u>

HIV cannot be passed on by the daily casual contact!

Food
Water fountains
Utensils
Telephones
Bathrooms
Chairs
Beds

Kissing
Hugging
Talking
Sneezing/coughing
Looking
Mosquito bites
Shaking hands

How to Prevent from infection

- A: Abstinence – 100% safe
- B: Be faithful to an uninfected faithful partner
- C: Condom every time
- Do not share needles or razors
- Apply "Universal Precautions"

-Rubber gloves, goggles, plastic aprons are used to protect those who work in labs from accidents such as needle stick or spillage of blood and other body fluids.
-General hygiene – wash hands etc
-Proper disposal of contaminated wastes

Treatment for HIV/AIDS

- Anti-retroviral Drugs
- Healthy lifestyle practices
- Strong support system

- There is No Cure for HIV/AIDS
  -That is why the prevention is important.

What you can do as parents.

- Do not get infected by HIV.
  = Please practice Safer Sex
- Protect your children from HIV infection
  = Please talk about HIV and AIDS with your children and watch them.
- Do not discriminate People living with HIV and AIDS.
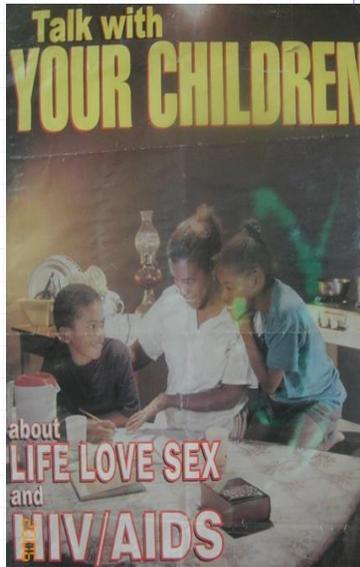
9.7   Tips for Teaching about HIV and AIDS

1.   Teaching young people about HIV infection and AIDS is likely to be professionally and personally challenging. Everyone has feelings and values about the concerns the AIDS epidemic raises. You may not be comfortable with some of the issues that participants raise, examine your discomfort against the importance of helping teens before deciding what material to cover.

2.   Acknowledge the wide range of sexual experience in a classroom or group of young people. Some will be dating; others may not yet be interested in romantic relationships, some teenagers will have had vaginal, oral, and anal intercourse; some teens will have had same-sex experiences. Some teens may have good reason to believe that they have been exposed to HIV. Teens may have friends or relatives with AIDS; some will have parents whose behaviours place them at risk.

3.   Many young people are afraid of AIDS. Many others have misconceptions about HIV and AIDS. These attitudes may keep them from protecting themselves. Reduce this fear by emphasizing that AIDS can be prevented, that not becoming infected is in their control. Teens can feel empowered by learning that they have the ability to practice behaviours that will prevent them from becoming infected.

4.   Be prepared to deal with homophobia (negative and fearful attitudes about homosexuality). The AIDS epidemic has led to a rise in the incidence of violence against gays and lesbians and has the potential of increasing homophobia among teens. This represents an apparent need to want to blame someone for AIDS, but in so doing, it obscures an accurate understanding of the problem. Be aware that some of the group – or their family members – may be gay, lesbian, bisexual or questioning their sexual orientation. The AIDS epidemic may especially affect these youth. Use this opportunity to help them contact local community resources. Additional discussion of these issues will help teens clarify their personal and family values.

5.   One subtle, yet powerful, way to help teenagers consider delaying sexual intercourse is to change the language when discussing teenage sexual behaviour. Teens who are having intercourse are usually described as "sexually active." With this terminology, however, the entire range of sexual behaviour, from fantasy to social interaction, from touch to intercourse, has been narrowed down to only one act. When speaking to teens about sexual behavior, the use of the term sexually active conveys the wrong message. Sexually active means the teen's passage into adulthood. It is experiencing puberty and adopting the behaviours that are consistent with his or her gender given the cultural environment. Teens must not be made to feel that all such feelings and physical developments are negative. When what we mean to discuss is intercourse, say "vaginal, oral and anal intercourse." Use "sexual behaviour" is a more general term that includes the range of sexual expression. Teenagers need explicit information about sexual behaviours that put people at risk of HIV infection. Since most teenagers experiment with some types of sexual behaviour, you can help teens understand which ones are safe and which ones place them at risk.

6.   Avoid using the term, "intercourse" alone, without modifying it accurately with the terms vaginal, oral and anal. Make it clear that these behaviours by themselves do not create the risk of HIV infection, but engaging in these behaviours with a partner who is infected does. One must remember though that you can't tell a person's HIV and AIDS status by the way they look or behave or by what they profess or say and their level of education or success within the society. Many persons who have been infected with HIV or who have AIDS may not even be aware of it. You can help those teenagers to understand their risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. Asking your partner about AIDS is an unrealistic way to assess potential risk, especially for teenagers. Teenagers need to understand that it is impossible to tell if someone is infected just by looking at her or him or through intuitive powers.

7.   Help teens understand that there are many ways to express sexual feelings – ways that do not risk unplanned pregnancy or sexually transmitted infection. These include touching, fantasizing, caressing, massaging and masturbating. Talking, kissing, whispering, hugging, singing, dancing and holding hands are also ways of showing and receiving affection from a partner. **Abstinence from** all types of sexual intercourse – vagina, oral, anal – is safe.

8.   Strategies for abstinence are an important component of HIV and AIDS education. Teenagers need to know that intercourse is not necessary to give or receive pleasure. Young people need to learn to express affection not only through the involvement of the genitalia but through the wide variety of non-sexual avenues. Some of these may be involvement in sporting activities, attending cultural events such as a play or musical

presentations, hiking, participating in activities related to clubs and societies, walking through the park together, reading together, etc.

9. Be realistic about the numbers of teens in the programme who are having sexual intercourse, in a group of 16 year olds, half are likely to be virgins and the other half are likely to be engaging in sexual intercourse. Those who engage in sexual behaviours need explicit information about how to protect themselves.

10. Teens need to know that most sexual activities can only be regarded as, "safer sex,". This is so because even with precautions, only monogamy between two uninfected people or abstinence are 100 percent effective. Intercourse with condoms with an infected partner or a partner whose antibody status is unknown can only be considered "safer," not fully "safe."

11. Latex condoms have been proven to be an effective barrier of HIV. They can, however, break or leak, especially when not used correctly, although condoms are not 100 percent effective against the spread of HIV or for preventing pregnancy, they offer the best protection during intercourse with a partner whose antibody status is unknown. Condoms lubricated with monoxynol-9 may provide additional protection. Many of the problems associated with condoms have to do with incorrect use.

12. When teaching teens about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another youth leader if necessary.

13. If you are not comfortable speaking directly about these matters of sexual activity and HIV and AIDS, seek help from among the resource persons within your school and community. The school's guidance counselor is the first line support resource to address these issues with the children as well as with other teachers and administrators within the school. Other persons may be the HPEO's (education officers, health promotion), guidance officers, regional directors, etc. attached to your geographical region or area within the community. This section of the HFLE Training Manual has a variety of resource materials that can be used in parts for different purposes as you prepare yourself and the school community to deal adequately with the issues.

9.8   Stigma and Discrimination against Persons Living With HIV and AIDS (PLWA)

From the moment scientists identified AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against particular groups that are affected, as well as those living with HIV or AIDS.

Individuals affected (or believed to be affected) by HIV have been rejected by their families, their loved ones and their communities. An HIV advertisement on national television in Jamaica showed the back of a child. Somehow that child's identity was discovered and the discrimination by students, teachers and other parents became unbearable for the child, he had to be removed from that school by personnel from the Ministry of Education. Ainsley who has been talking about his HIV infection in the public media has related his experience with a cashier at a famous supermarket. The cashier

refused to accept the money from him as payment for his groceries. She told him to place the money on the scanner. She then used disinfected chamois to wipe the notes after which she took them up with paper towel. All this was done in plain view of Ainsley and the other shoppers waiting in line. Stigma is a powerful tool of social discrimination.

While the societal rejection of certain social groups such as homosexuals, injecting drug users and sex workers may pre-date HIV/AIDS, the disease has, in many cases, reinforced this stigma. By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations. This is seen not only in the manner in which 'outsider' groups are often blamed for bringing HIV into a country, but also in how such groups are denied access to the services and treatment they need.

1. **Why is there stigma related to HIV and AIDS?**

HIV/AIDS is often seen to bring shame upon the person infected, their family and/or the wider community. It is often associated with the social outcasts of society.

Factors which contribute to HIV/AIDS-related stigma:

- HIV and AIDS is a life-threatening illness
- People are scared of contracting HIV
- The disease is associated with socially unacceptable behaviours (homosexuality, drug addiction, promiscuity, and sex work).
- People living with HIV and AIDS are often thought of as being responsible for becoming infected
- Religious or moral beliefs lead some people to believe that having HIV and AIDS is the result of sin. Persons who have either therefore deserve to be punished.
- HIV and AIDS as a crime (e.g. in relation to innocent and guilty victims)
- HIV and AIDS as war (e.g. in relation to a virus which must be fought)
- HIV and AIDS as horror (e.g. in which infected people are demonized and feared)

    "My foster son, Michael, aged 8, was born HIV-positive and diagnosed with AIDS at the age of 8 months. I took him into our family home, in a small village in the south-west of England. At first relations with the local school were wonderful and Michael thrived there. Only the head teacher and Michael's class teacher knew of his illness."

    "Then someone broke the confidentiality and told a parent that Michael had AIDS. That parent, of course, told all the others. This caused such panic and hostility that we were forced to move out of the area. The risk is to Michael and us, his family. Mob rule is dangerous. Ignorance about HIV means that people are frightened. And frightened people do not behave rationally. We could well be driven out of our home yet again." - *Debbie, speaking on national AIDS day*

2. **Employment**

Although there is little evidence of HIV being transmitted in the workplace, the supposed risk of transmission has been used by numerous employers to terminate or refuse employment. There is also evidence that if people living with HIV and AIDS are open about their infection status at work, they may well experience stigmatization and discrimination by their co-workers.

"Nobody will come near me, eat with me in the canteen, nobody will want to work with me, I am an outcast here." - *HIV positive man, aged 27, Kingston, Jamaica.*

Pre-employment screening takes place in many Jamaican organizations, sometimes without the knowledge and consent of the job applicant.

3. Health Care

There are various reports revealing the extent to which people are stigmatised and discriminated against by our health care systems. Discrimination may include the withholding of treatment, hospital staff refusing to treat patients, HIV testing without consent, lack of confidentiality, and denial of hospital facilities and medicines. Such responses are often fuelled by ignorance of HIV transmission routes.

"There is an almost hysterical kind of fear … at all levels, starting from the humblest, the sweeper or the ward boy, up to the heads of departments, which makes them pathologically scared of having to deal with an HIV-positive patient. Wherever they have an HIV patient, the responses are shameful." - *A retired nurse from a public hospital.*

One factor fuelling stigma among doctors and nurses is the fear of exposure to HIV as a result of lack of protective equipment. Doctors were also reported to be frustrated with the lack of options for treating people with HIV and AIDS, who were seen as 'doomed' to die.

Lack of confidentiality has been repeatedly mentioned as a particular problem in health care settings. Many people living with HIV and AIDS do not get to choose how, when and to whom to disclose their HIV status.

4. The Way Forward

HIV-related stigma and discrimination remains an enormous barrier to effectively fighting the HIV and AIDS epidemic. Fear of discrimination often prevents people from seeking treatment for AIDS or from admitting their HIV status publicly. People with (or suspected of having) HIV may be turned away from healthcare services and employment, or refused entry to a foreign country. In some cases, they may be evicted from home by their families and rejected by their friends and colleagues. The stigma attached to HIV and AIDS can extend into the next generation, placing an emotional burden on those left behind.

Denial goes hand in hand with discrimination, with many people continuing to deny that HIV exists in their communities. Today, HIV and AIDS threatens the welfare and well being of people throughout the world. At the end of the year 2007, 33.2 million people were living with HIV and during the year 2.1 million died from AIDS-related illness. Combating stigma and discrimination against people who are affected by HIV and AIDS is as important as developing new medicines in the process of preventing and controlling the global epidemic.

Many government and private sector entities continue to provide HIV and AIDS education to workers, students and community residents. The annual national HIV and AIDS day provides opportunities for persons to be given accurate and complete information about the disease; both from the perspective of prevention and the compassionate and respectful treatment of persons living with the disease.

Stigma & Discrimination

Discrimination:

The Gleaner Feb 11th, 2005

To treat a person or a group differently in an unfair way

The Gleaner
ESTABLISHED 1834

VOLUME 171 NO. 36 KINGSTON, JAMAICA 50 PAGES FRIDAY, FEBRUARY 11, 2005 INCLUDES OCT 1

HIV kids booted

Government ministries to probe students' dismissal

More HIV-positive students booted
Education Ministry warns practice will not be tolerated

Trudy Simpson
Staff Reporter

THE MINISTRY of Education yesterday issued a strong warning to educational institutions island-wide, following reports that two more students have been booted out of schools because they are HIV-positive.

The ministry is warning that no student should be denied admission or continued attendance because of his or her HIV status.

"Every child can learn ... every child must learn," the ministry said. It also warned that no student or parent on behalf of the student or educator should be forced to disclose his or her HIV-positive status to school or employer.

PRIVATE PREP SCHOOLS

Last week, the Jamaica AIDS Support (JAS) and the St. James Parish AIDS Action Committee disclosed that two students were turned away from two private prep schools in St. Ann and St. Mary because they were said to

be HIV-positive. Subsequently, two more students, from basic schools in St. Catherine and Kingston, have been kicked out because of their HIV status.

PROGRESS WITH INVESTIGATIONS

The ministry said that it has not made much progress with its investigations into reports about the two basic schools, where administrators reportedly asked parents and guardians to remove the children.

Dorrett Campbell, public relation officer at the education ministry, said that a meeting is to be held on Friday between ministry officials and the principal of the preparatory school in St. Mary. Ms. Campbell said other affected parties are to attend Friday's meeting, including a health promotion specialist and Donna Marie Hamilton-Ross, chairperson of the St. James Parish AIDS Action Committee. The principal of the school in St. Ann has since refuted the claim.

"That's not true. We did not refuse to accept the children," the principal advised **The Gleaner**. "The children

were still under discussion. When we had spoken to her (Hamilton-Ross), a lot of things came to mind that we needed to look at. As far as I know, the matter was still pending."

The principal said the matter was about to be discussed with the school board with the aim being to educate teachers about the precautions to be taken when dealing with HIV-affected persons. The principal said the school also needed time to put in other measures, such as how to deal with cuts, to facilitate acceptance of the children.

VERY DIFFICULT FOR CHILDREN

However, Dr. Yitades Gebre, executive director of the national HIV/STI/Control programme, has explained that "It is very difficult for children of any age to get HIV from contact at school. Therefore the risks of infection of other children cannot be used as a reason to exclude children with HIV from a school."

The Health Ministry estimates that there are about 800 HIV-infected children in Jamaica.

Trudy Simpson
Staff Reporter

TWO CHILDREN were last month booted from schools in St. Mary and St. Ann because they were said to be HIV-positive, Donna Marie Hamilton-Ross, chairperson of the St. James Parish AIDS Action Committee advised **The Gleaner** yesterday.

lawsuit against the two pre preparatory schools.

INVESTIGATING THE MATTER

The public defender confir that his office had received complaints from the AIDS Ac Committee and said his office

he investigating the m He said it would some time to deter whether there would lawsuit because he w first need a direct d

Feb 16th, 2005

9.9 HIV IN SCHOOLS POLICY FRAMEWORK

HIV Education is taught within the context of the National Policy for the Management of HIV and AIDS in schools. Everyone who operates in the education system, especially teachers and administrators should be sensitized to the guiding principles of the policy. Below is a summary of the main tenets of the policy

The Ministry of Education, Youth and Culture acknowledges the seriousness of the HIV and AIDS epidemic and, recognizing that international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, is committed to minimizing the social, economic and developmental consequences of HIV and AIDS to the education system, and to providing leadership to implement an HIV and AIDS policy.

This policy applies to all educational institutions that enroll students in one or more grades and at all levels. It will be reviewed within a five- year period to take into account any new developments in the methods of infection and treatment of persons with HIV and AIDS.

In all instances, this policy should be interpreted to ensure respect for the rights and dignity of students and school personnel with HIV and AIDS, as well as all other members of the institution's community.

GOAL

The goal of this policy is to promote effective prevention and care within the context of the educational system.

STATEMENTS OF INTENT

1. **Non- discrimination and Equality**

1.1 No student or staff member with HIV and AIDS may be discriminated against directly or indirectly. Speculation or gossip concerning any person suspected of having HIV/AIDS must be discouraged.

1.2 Students and school personnel with HIV and AIDS should be treated in a just, humane and life-affirming way.

1.3 Any special measure in respect of a student or staff member with HIV should be fair and justifiable in light of medical facts; established legal procedures and principles; ethical guidelines; the best interest of persons with HIV and AIDS; institutional conditions; and the best interest of other students and school personnel.

1.4 To prevent discrimination, all students and school personnel should be educated about fundamental human rights as contained in the Constitution of Jamaica and the UN Convention on the Rights of the Child to which Jamaica is a signatory.

2. **HIV&AIDS Testing, Admission and Appointment**

2.1 No student may be denied admission to or continued attendance at an institution on account of his or her HIV and AIDS status or perceived HIV and AIDS status.

2.2 No staff member may be denied the right to be appointed in a post, or to be promoted on account of his or her HIV and AIDS status or perceived HIV and AIDS status. Nor shall HIV and AIDS status be a reason for dismissal, or for refusing to renew any staff member's employment contract.

2.3 There is no medical justification for routine testing of students or educators for proof of HIV infection. The testing of students for HIV and AIDS as a prerequisite for admission to, or continued attendance at an educational institution, is prohibited. The testing of staff members for HIV and AIDS as a prerequisite for appointment or continued service is also unnecessary and prohibited.

3. **Attendance at Institutions by Students with HIV&AIDS**

3.1 Students with HIV have the right as any other to attend educational institutions.   The needs of students with HIV and AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.

3.2 Students with HIV and AIDS are expected to attend classes in accordance with statutory requirements of as long as they are able.

4. Disclosure and Confidentiality

4.1 No student (or parent on behalf of a student), or educator, is compelled to disclose his or her HIV and AIDS status to the institution or employer.

4.2 Voluntary disclosure of a student's or educator's HIV and AIDS status to the appropriate authority should be welcomes, and am enabling environment should be cultivated in order to facilitate this disclosure. Confidentiality of such information must be ensured. Confidentiality of such information must be ensured and any form of discrimination is prohibited.

UNIVERSAL PRECAUTIONS

The basis for advocating the consistent application of universal precautions lies the assumption that in situations of potential exposure to blood or body fluids, all persons are potentially HIV-infected and all blood should be treated as such. All blood, open skin lesions, as well as all body fluids and excretions which could be strained or contaminated with blood (for example, tear, saliva, mucus, phlegm, urine, vomit, feaces and pus) should, therefore, be treated as potentially infectious.
   a. Blood, especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with extreme caution.
   b. Skin exposed accidentally to blood should be washed immediately with soap and running water.
   c. All bleeding wounds, sores, breaks in the skin, gazes and open skin lesions should ideally be cleaned immediately with running water and /or other antiseptics.
   d. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing.
   e. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes. Proper facilities should be made available for the disposal of infectious waste.

1.2 All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk exposure to blood.

1.3 Cleaning and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleaned. Schools without running water should keep a supply, e.g. in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding bleach.

1.4 All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.

1.5 if a surface has been contaminated with body fluids and excretions which could be strained or contaminated with blood (for instance, tears, saliva, mucus, phlegm, urine, vomit, feaces and pus), that surface should be cleaned with running water and fresh, clean household

bleach (1:10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.

1.6 Blood- contaminated material should be sealed in a plastic bag and incinerated.

1.7 Tissues and toilet paper can readily be flushed down a toilet.

1.8 If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re- using.

1.9 Needles and syringes should not be re-used, but should be safely discarded.

Source: National Policy for HIV/AIDS Management in Schools. Ministry of Education

9.11 Worksheet for negotiating sex – Persuading a partner to have sex

1. There is nothing to fear, I'll be very careful.

2. The fact that I want to do it with you means that you are very special to me. I really care about you.

3. If you really loved me you would.

4. I haven't got AIDS so you've no need to worry.

5. I've got some condoms now, so here's no excuse not to.

6. Everyone else is doing it so what wrong with you?

7. I'll buy you something nice if you let me do it.

8. I'm really turned on now – if we don't go the whole way I'll be in agony.

9. You can't blame me if I find someone else. A man must have his wood cooled.

10. There are names for people like you who lead others on then leave them high and dry.

9.12   Answers to the HIV and AIDS Fact or Fiction Activity

1. HIV is curable. FICTION
2. Having sex with a virgin can cure some STI's including HIV. FICTION
3. You can get HIV from touching someone with the infection. FICTION
4. Mosquito bites cannot transmit HIV infection. FACT
5. If someone gets sick a lot and looks week and "puney, puney" very likely they have HIV infection. FICTION
6. No student should be denied access to a school place based on his or her HIV/AIDS status. FACT
7. There should be no routine testing of students or teachers in Jamaican schools. FACT
8. Safe sex means using a condom every time you have sex. FACT
9. Oral sex is not safe sex. FACT
10. Only anal sex places the partner at risk of contracting HIV infection. FICTION
11. A person who is classified as a virgin cannot have HIV. FICTION

9.13   Answers to the HIV and AIDS Quiz

3. Does HIV only affect homosexuals?
    a.   Yes
    b.   No   CORRECT
    c.   Only gays
    d.   Only lesbians

12. How can you tell if somebody has HIV or AIDS?
    a.   Because of the way they act
    b.   They look tired and ill
    c.   You cannot tell   CORRECT

13. Can you get HIV from sharing the cup of an infected person?
    a.   No CORRECT
    b.   Yes
    c.   Only if you don't wash the cup

14. Which protects you most against HIV infection?
    a.   Contraceptive pills
    b.   Condoms CORRECT
    c.   Spermicidal jelly

15. What are the specific symptoms of AIDS?
    a.   A rash from head to toe
    b.   You start to look very tired
    c.   There are no specific symptoms of AIDS CORRECT

16. HIV is a…
    a.   virus CORRECT
    b.   bacteria
    c.   fungus

17. Can insects transmit HIV?
    a.   Yes
    b.   No CORRECT
    c.   Only mosquitoes

18. When is World AIDS day held?
    a.   1st January
    b.   1st June
    c.   1st December CORRECT

19. Is there a cure for AIDS?
    a.   Yes
    b.   Drinking hot coffee in a cold bath
    c.   No   CORRECT

20. Is there a difference between HIV and AIDS?
    a.   Yes CORRECT
    b.   No
    c.   Not very much

21. Worldwide, what is the age range most infected with HIV?
    a.   0 – 14 years
    b.   15 – 24 years CORRECT
    c.   25 – 34 years

22. Is it possible for a woman infected with HIV to prevent herself from having an infected baby?
    a.   Yes
    b.   No
    c.   Only if she takes a special drug CORRECT

23. How many sizes do condoms come in?
    a.   One
    b.   Regular and large
    c.   Many different sizes CORRECT

24. How effective are condoms in preventing pregnancy and STI's?
    a.   Barely effective
    b.   100% effective
    c.   Mostly effective CORRECT

25. Teenagers …
    a.   are protected by law to be tested for STI's without their parents' permission
    b.   can be treated for STI's without their parents' permission
    c.   are allowed to purchase contraception without their parents' permission
    d.   all of the above CORRECT

26. Anal intercourse:
    a.   can cause a woman to become pregnant since semen can seep into the vulva and move into the vagina
    b.   is one of the easiest ways to spread HIV infection and other STI's

c.   allows for viruses and bacteria to be transmitted directly into the blood through the anus

d.   all of the above   CORRECT

9.14

CONDOMS

The male condom

A male condom is a soft tube made of latex rubber that is put on a man's erect penis before sexual intercourse. When the man ejaculates, the semen (which contains sperm) is caught in the tip of the condom. Because the sperm is collected in the condom, there is no contact between the man's and the woman's body fluids. This reduces the risk of pregnancy or being infected with an STI including HIV.

Most condoms are made from latex. A few condoms are made from animal membrane; these do not protect you from STIs. Be sure that you use latex condoms. There are several brands of latex condoms on the market to choose from.

Condoms can sometimes break or slip off, so it is very important to use them correctly, every time you have sexual intercourse. Correct condom use means:

- Using a new condom every time you have sex. Never use a condom more than once. Condoms are more likely to break if they are old or have not been stored in a cool place, so check the expiration date and do not use discoloured or damaged condoms.

- Opening the package carefully – teeth and fingernails can tear the condom.
- Putting on the condom as soon as the man has an erection and before there is any contact between the man's and woman's sex organs. Hold the very tip of the condom as you unroll it down the shaft of the penis, leaving space (but no air) at the tip of the condom.
- Avoiding the use of 'vaseline' and oil-based lubricants because they can weaken the condom.
- Withdrawing the penis (with the condom still on) immediately after ejaculation. Hold on to the condom firmly to keep it from slipping off.

PINCH   LEAVE AN INCH   ROLL

Some people think that condoms imply lack of trust, but actually they show trust, respect and caring since either person could have an STI or even be infected with HIV from a previous relationship without noticing any symptoms. It is in everyone's interest to use condoms as they offer protection to both partners.

The Female Condom

The female condom is a disposable sheath made from polyutherane that is specially designed to protect from pregnancy and STIs by lining the inside of the woman's vagina. It comes pre- lubricated and is soft and comfortable to use. There is an inner ring inside the sheath which helps you to insert the female condom as quickly and easily as a tampon. When you insert it, the outer ring which is the open end of the sheath will remain outside the body. During sexual intercourse the outer ring should always remain outside the vagina but will be pushed flat against the labia (lip area) so neither you nor your partner should be aware of it. Used according to these instructions, each time you have intercourse, a female condom is extremely effective. Research shows that the female condom is an effective barrier to sperm and sexually transmitted diseases, including HIV.
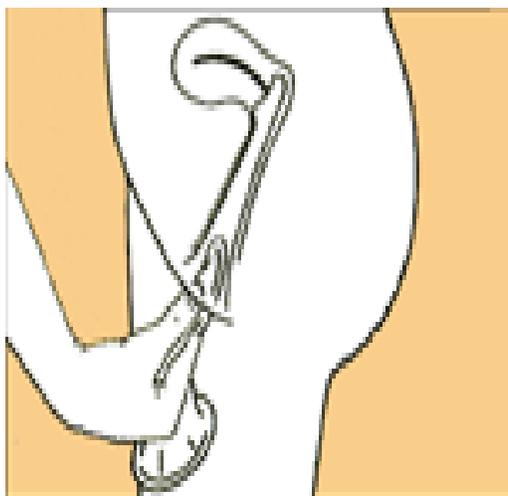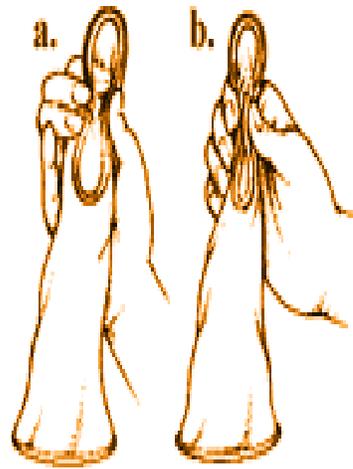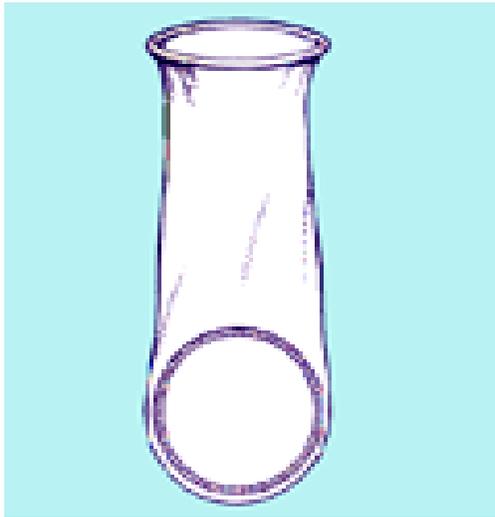
Terms	Meanings
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HIV Infection	Infection with the human immunodeficiency virus, which may or may not cause illness opportunistic infections: infections that can only develop in a weakened
AZT	Zidovudine (trade name: Retrovir), a medicine that helps the body strengthen the immune system and might improve the life of a person with HIV infection
Mutually monogamous	Describes two people who only have sexual intercourse with each other
Safer sex	Describe sexual practices that attempts to prevent the exchange of blood, semen and vaginal fluids
IV drug use	Taking drugs for non-medical purposes by injecting them into a vein with a needle and syringe
Heterosexuality	Physical and romantic attraction to people of the other sex
Homosexuality	Physical and romantic attraction to people of the same sex
Latex	A kind of rubber used in making condoms
Nonoxynol-9	Sometimes abbreviated as N-9. The chemical name for a common sperm-killing ingredient in contraceptive foam or jelly
Asymptomatic	Showing no outward sign of infection
Confidential test	When an HIV test taker gives a name, but the information is kept secret from anyone but the test taker
Anonymous test	When the test taker gives no name and the information is kept secret from anyone but the test taker
Immune system	The part of the body that kills germs and foreign cells
Antibody	A specialized cell found in blood that kills a specific germ
Sero-positive	When a blood test for HIV antibodies shows that there are antibodies in the blood
PLWA	Abbreviation for a Person Living With AIDS
Condom	A thin latex rubber covering for a penis used to prevent pregnancy and to protect from STI infections
Spermicidal	A cream, jelly or foam that works to kill sperms
Prevalence	Represents the burden of disease at a particular time. It is based on the total number of existing cases among the whole population and represents the probability that any one individual in the population is currently suffering from the disease

Information on Sexually Transmitted Infections (STIs) can be found in the Resource Handbook section 9

9.16
HIV/AIDS/ STI INFORMATION SOURCES

Information and statistics on HIV& AIDS and STIs is dynamic. The sources below consistently provide up to date information on these issues

1. www.unaids.org
2. www.jamaicanap.org
3. www.nacjamaica.com
4. www.moh.gov.jm
5. www.carec.org

10.0 TRAINING SESSION SEVEN:
SELF AND INTERPERSONAL RELATIONSHIPS

➢ **What are the Objectives of This Session?**

The activities in this section are intended to provide teachers with the opportunity to prepare and practice actual lessons from the Self and Interpersonal Relationships Unit of the HFLE Common Curriculum.

At the end of this session, participants will be able to:

- Reflect on the importance of self and interpersonal relationships during one's life and the skills needed to have positive relationships
- Gain a familiarity with the lessons in the unit
- Have skills to teach lessons in the unit.

➢ **Who Is This Session For?**

Teachers and other individuals who plan to implement the lessons from the Self and Interpersonal Relationship Unit of the HLFE Common Curriculum

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 4 to 5 hours to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own. As such this session may be expanded to last for up to 8 hours, depending on the need as identified by the trainer, and the available resources.

➢ **What Activities Are In This Session?**

Activity 10A: Introductory Activity: What I Wish I Knew Then…

Activity 10B: Review of Theme and Model Lesson Presentation by Facilitator

Activity 10C: Preparation of Lessons by Trainees

Activity 10D: Trainee-Facilitated Lesson Presentations and Group Processing

| Activity 10A

Introduction to Self and Interpersonal Relationships Unit:

What I Wish I Knew Then…

30 minutes | ➢ Introduce this session by asking training participants identify the different types of interpersonal relationships that exist within their sphere of existence. This may be; family, friend, acquaintance or service provider.

➢ Have them discuss with their work-group an interpersonal experience with a member from the groups above that involved some form of conflict.

➢ Have work-groups discuss further how the conflict was handled. Who came out the victor and the victim and why? If there was mutual benefit for the resolution. This example can be used in the discussion later.

➢ What could either party have done to allow for a more amenable outcome to the conflict?

➢ Have groups share their experiences with the larger training group.

➢ Arising out of this discussion have work groups identify the importance of having students learn about interpersonal relationships, particularly with a view to having them handling social relationships in a positive way. |

Activity 10B: **Trainer's model lesson presentation** *60 minutes*	Inform teachers that they will now spend some time planning and delivering lesson plans from the Self and Interpersonal Relationship Unit of the HFLE core curriculum. Provide a definition for "Self and Interpersonal" as found in the Regional Framework in Session 1. Ask for suggestions as to the nature of the Regional Standards and Core Outcomes found in Session 1. **Pages 27 – 30.** Answer any questions that training participants may have. Explain that you will now lead in delivering a model lesson from the Self and Interpersonal Relationships Unit. Ask trainees to take special note of the areas of the lesson according to the list below. Write the list prior to this session on the flip chart provided to save on time. Also have the lesson already planned. Give each work group a copy of the lesson plan. 1. The learning objectives 2. The use of the interactive teaching methodology 3. Life skills development 4. Use of instructional materials 5. Developmental of stages of the lesson 6. Achievement of effective learning Model the lesson as the teacher. Point out the steps in the skills development activity. After the lesson, have groups note items 1 – 6 and discuss their use and effectiveness. Discuss the challenges in teaching that lesson and tips or strategies for overcoming these challenges.

Activity 10C: **Practice lesson planning by trainees** *60 minutes*	Inform trainees that they will now work in groups to prepare one of the lessons from the Self and Interpersonal Relationships Unit. **Note: Indicate that all group members should actively participate in the lesson planning and delivery. Encourage trainees to use the Ministry of Education's instructional materials as well as to develop materials on their own.** Ask groups to carefully review the different components as outlined at the start of each lesson: • Regional Standards and Core Outcomes • Purpose • Objectives • Overview of lesson activities • Teaching methods • Resources and materials ➢ Also ask groups to discuss among themselves the specific activities that may present them with challenges (e.g., discussion of sensitive topics) and to consider ways that they may address these challenges during the lesson. **Note: For teachers that deal with specific student populations (e.g., special needs students), ask them to consider ways to adapt the lesson to better meet the needs of those students.**

Activity 10D: **Trainee lesson presentations and group processing** *Allow 30 minutes for lesson presentation and 15 – 20 minutes for review and critique*	➢ Have each group take turns to present their lesson. ➢ Suggest to trainee groups that they note specific teaching strategies that are used by the presenting group. Indicate that they should be prepared to comment on specific tips that would be useful to know as one is teaching this lesson. Ask them to refer to the handout "Tips on Giving Feedback" as they provide their comments. ➢ After each lesson has been presented, have the presenting group assess their own strengths and weaknesses (referred to as group processing) using the guidelines outlined in **7B**. ➢ After the group has completed their processing, have the wider training group provide feedback to them. The trainer should moderate this session carefully to ensure that self-dignity is preserved and that the session is conducted in a frank and honest manner that enhances learning. ➢ Ask the group to indicate how they would respond to students with special needs. ➢ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges. ➢ Incorporate rewards for each lesson presentation. Ensure that the wider training group gives the presenting group a vigorous applause.

Sample Lesson Plan # 1

HFLE THEME – SELF AND INTERPERSONAL RELATIONSHIPS

Unit Topic: Relationships: strengthening the bonds At the end of the unit, students should be able to:

1. Articulate the interconnectedness of family members
2. Demonstrate knowledge of rituals which improve family connectedness
3. Apply non-violent solutions to resolving conflicts

Lesson Topic   **'Be Smart'**

Grade Level: Grade 6

Lesson Duration: Two 40 minute sessions plus homework time.

Lesson Objectives: 1. To raise student awareness of how young people become involved with drugs – what the attractions are.
2.   To sensitize students as to the effects involvement with drugs can have on their goals.

Life Skills Focus: *Social: Interpersonal skills, communication*
                                        Cognitive: Creative thinking
                                        Coping: Self awareness, self management

Materials: Poster Series 'Leroy Comes Clean'
                            Activity cards

Preparation: Peruse poster and activity cards.

<u>**Session 1**</u>

Introduction
Step 1:   Display the story 'Leroy Comes Clean'. Assign the roles of narrator, Leroy, Marcus, Kofi and Ritchie to students.

                            Ask 'actors' to read their parts from the posters.

Step 3:   Hold a discussion about the story (the following questions could be used as a guide):
- Towards the end of the story, Leroy eventually says No to Ritchie but early on in the story, Leroy said yes to an activity - what was this activity and why do you think Leroy said yes?
- What kind of pressure do you think Leroy was under to take drugs?
- Marcus and Leroy are good friends; they both enjoy basketball and each other's company. Why do you think Marcus had a different opinion about alcohol and drugs than Leroy did?
- What do you think Marcus thought about Leroy's influence on Kofi?

- What connection is there between Ritchie having been expelled from school and the fact that he is selling drugs?
- Ritchie seems to be quite successful at selling drugs now. What sort of future do you think he has facing him?

Step 4:   Divide the class into groups of no more than four. Give each group an activity card.

The assignments on the cards will probably take two lessons and homework time to complete.
When complete, ask students to share their projects with the class.

Session 2   Students continue with assignments.

Extension: The assignments could form part of a drug awareness presentation for the school. Grade 6 could spearhead this activity and could be given the responsibility to organize all aspects of the programme:
- devising the programme
- choosing the speakers
- inviting guest speakers
- preparing the location for the event
- arranging for refreshments for the guests
- promoting the programme among year-group peers and other members of the school community
- organizing an exhibition
- presentation of the work that students they have done

Sample Lesson Plan # 2

HFLE THEME – SELF AND INTERPERSONAL RELATIONS

Unit Topic: Growth and Development

Unit Objectives: By the end of this unit on **Growth and Development**, participants should be able to:
1. Understand the importance of the developmental stage of adolescence/puberty
2. Accept and appreciate the changes that take place during adolescence/puberty
3. Develop a sense of their own personal growth

Lesson Topic: Personal Development

Grade Level: 7

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on, **Personal Development**, participants should be able to:
1. Describe the emotional changes that occur during puberty and adolescence.
2. Suggest four ways of coping with the emotional changes during puberty.

Life Skills Focus:	Social:	Empathy, Communication
	Cognitive:	Critical thinking, Evaluation
	Coping:	Self-awareness, Self-evaluation, Self-acceptance

Materials: Song: I am a Promise

Overview of Concept;
> During puberty many physical and emotional changes occur. Adolescents should be aware of these changes and look forward to them with positive expectancy. The adolescents can be made to feel pride in their own development and create their own coping strategies so that as they continue to mature they become prepared for the challenges they will face and so face them with confidence and competence.

Preparation: Participants prepare a scrapbook that charts their personal milestones. For example, birth, christening, nursery, first school, graduation, participation in sports, or community activity, etc.

Introduction:

Step 1:	In their groups, participants compare pictures and activities of each other and discuss the individual changes as well as the similarities and differences between each person's development.
Step 2:	Each participant introspects about how their moods, attitudes, likes and dislikes have changed over their life period.
Step 3:	Two groups plan and execute a role play of moodiness or

poor attitude in which a student is displaying an attitude of moodiness and the other students in the group respond to the behavior.

Step 4:   The main character of the role play discusses with the class feelings and decisions being experienced during the demonstrations.

Step 5:   Groups respond to the following questions:
                           Persons often acting out their moody feelings, what do you think about that?
                           How should one cope with moodiness?

Culmination Activity: Write a few lines of poetry sharing what you have learnt today.

Class sings the song, *I am a promise.*

Sample Lesson Plan # 3

HFLE THEME – SELF AND INTERPERSONAL RELATIONS

Unit Topic: Anger Management

Grade Level: 9

Lesson Objectives: By the end of the lesson, students should be able to:
1. Examine their characteristics and behaviours to note how they have responded to selected situations.
2. Describe how anger affects them and their relationships with family, friends, others.
3. Give at least two reasons for expressing anger.
4. Suggest at least two strategies for effectively managing anger.

Life Skills Focus: Social: Cooperation, Communication, Assertiveness, Empathy
                            Cognitive: Critical thinking, Creative thinking,
                            Coping: Self-awareness, Self-control

Strategies: role play/ drama, newsletter project, group discussion

Overview of Concept:
   Anger is a natural emotion, and creates a number of attendant negative emotions like fear, guilt and grief. Anger often expresses itself in physical (fighting), verbal (cursing), internal (hatred) ways. There are many causes of anger, which include feeling annoyed or irritated, fury that your rights have been violated, that you have been the victim of injustice, or that you are feeling frustration feeling incompetent.
   There are different ways of managing anger. The first step is to disengage. This does not mean to ignore the situation, but to acknowledge that you know exactly what is going on.
   You are disengaging yourself from the behaviour that has made you angry. You will not take that behaviour 'personally' as if it was a true reflection of your own worth as a person or as a human being. You will feel appropriately responsible and competent to handle the situation.

Step 1: Ask students:

      1. What makes you angry? Do you know why it makes you angry?
      2. Can you analyze the situation and rethink your response to that stimulus?

Step 2:   A) In groups, students discuss how anger has affected them and their relationship with others. Students then discuss in small groups how they have responded to situations in the past.

B) Students in groups prepare skits and role play two responses to a situation, which evokes anger in them. Students decide which strategies can work for each person in each situation.

C) Students will present and discuss skits

Session 2:   **Home work assignment**

      1. Students in groups, research anger management and work together to produce items for a newsletter. It could include essays, poems, letters and crossword puzzles.
      2. The newsletter is posted on the bulletin board.
      3. Students may prepare items for school assembly to show other students how to express anger appropriately.

Assessment: Assess approaches in skits

10.1
Interpersonal Relationships & Interpersonal Communication

Relationships

The term relationship is used to describe how people interact with each other. As shown by the definitions below, a relationship may be based on emotions, association, or blood connection.

Relationship is defined as:

- *a state of connectedness between people (especially an emotional connection).*
- *a state involving mutual dealings between people or parties or countries.*
- *kinship: (anthropology) relatedness or connection by blood or marriage or adoption.*

Relationships begin in the family setting. The family is the first place where we learn to get along with others and to express our thoughts and feelings about others. In a family there are persons of different ages and genders, with different roles, temperaments, backgrounds and, sometimes, nationalities. Each family member may also have friends who we relate with, and periodically there are persons who are neither relatives nor friends who visit with the family.

The family also teaches us about love and communication. It is in the family setting, also, that children are first prepared to raise families of their own.

Institutions such as the school, the church, and the wider neighbourhood and community groups also foster relationships and influence what we learn about relationships and how we relate to each other.

We are from different families and influenced by different institutions. We therefore have different ways of relating to others. Some of these ways are healthy, some are not. However, for good personal relations, we have to learn to relate with people who have different ways of doing things and also have different sets of values.

The qualities that make for good relationships are numerous. Some of the basic elements needed to ensure healthy interactions are:

- sharing, giving and receiving;

- encouraging and being encouraged;

- desiring and being desirable;

- helping and being helped;

- caring and being cared; and

- intimacy.

Sometimes relationships are not healthy because we lose sight of the fact that others have needs. Recognizing that others have needs and helping them to fulfill these needs are important in helping to create harmony.

Relationships with parents

Adolescence is a period of transformation. While no longer children; adolescents are many times unsure of how to deal with their newly developed potential. They need friends. But they also need parents who will understand the importance of a healthy parent-child relationship. Such a relationship will allow adolescents to feel comfortable, rather than fearful, to tell their parents what they think and how they feel. At the same time, it would require that parents understand the importance of involving their adolescents when making decisions that affect the family or the adolescents themselves.

Adolescents must also show their parents that they are capable of making mature decisions and acting on them, thereby winning their parents respect and trust. When expressing one's opinion both parents and children need to be courteous and take care to consider the other person's feelings. Parents should avoid abusive language and children should take care to be respectful. Good communication between parents and children is important for healthy relationship between the adolescent and his/her parents.

Adolescents can improve their relationship with their parents if they show appreciation for their efforts in providing for and taking care of them. Remember that parents are human. They may be having problems at work or elsewhere and this may affect how they behave at home. It does not hurt to express love through helpful actions at home. By helping each other around the house and by

communicating with each other, parents and adolescents can build bonds of love. All members of the family need to feel that they have someone to turn to, people who care when problems arise.

Interpersonal Relationships

Persons who share the same interests and values usually like being in each other's company. In everyday life it is easier to achieve your goals if your friends have similar goals and aspirations. If most of your friends are uninterested in improving themselves and are involved in destructive and risky behaviours (such as using drugs, skipping school, casual sex and violence), then it is sensible to pull away from friends. You may think that you can be a good influence on them. But often the negative is more determined to influence the positive.

The majority of the problems which we face in our life have to do with the way we relate to others. Good relationships are built when we respect each other's time, possessions, ideas and opinions. Some good interpersonal qualities to practice are consideration, trustworthiness, friendliness, understanding, cooperation, modesty, good manners and moral values.

Some hints for getting along with other people are

- o Control your tongue – think before you speak
- o Make promises sparingly
- o Be complimentary to others
- o Keep an open mind
- o Be careful not to hurt other people's feelings
- o Be yourself
- o Show interest in others.

As an adolescent becomes older, it is only natural for him/her to develop emotional feelings for a particular individual, as they desire a relationship of intimacy. At this stage of development there is a great need to be touched and the expression of love. Often times for adolescent it is perceived that this can only be done through sexual intercourse. It is also the stage in development that there is great confusion between love and infatuation.

10.2
Diversity, Discrimination and Inclusion

Diversity means a variety of different types of things and persons. Diversity refers to all the ways we differ as individuals. It includes visible differences such as age, gender, ethnicity and physical appearance; as well as underlying differences such as thought styles, religion, nationality, socio-economic status, belief systems, sexual orientation, physical and mental abilities and education. It means respecting, valuing and harnessing the richness of ideas, backgrounds and perspectives that are unique to each individual, *i.e.* a new worldwide source of creativity. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Spiritual and Religious Diversity: Some religious groups believe that theirs is the only true religion. This can lead to members of those religions being less accepting or tolerant of other belief systems. Members of these groups can be unwilling to find out about other belief systems. This situation sustains prejudices and stereotypical images.

In school communities, discrimination and prejudice flourish when the interests of minority religious groups are not incorporated into the curriculum and whole school environment. Marginalising members of belief systems leads to intolerance, hostility and tension.

Inclusion means an environment where everyone contributes his or her skills and talents for the benefit of all.

Community: A group of people having common goals, rights and privileges – where no one is advantaged or disadvantaged because of who they are.

Culture: A learned set of values, beliefs, customs, norms, and perceptions shared by a group of people that provide a general design for living and a pattern for interpreting life.

Ethnicity: A social construct which divides people into smaller social groups based on characteristics such as shared sense of group membership, values, behavioral patterns, language, political and economic interest, history and ancestral geographical base.

Stereotype: A generalization applied to every person in a cultural group; a fixed conception of a group without allowing for individuality.

> ### When we believe our stereotypes, we tend to…
> - Ignore characteristics that don't conform to our stereotype
> - Rationalize what we see to fit our stereotype
> - See those who do not conform as "exceptions"
> - Find ways to create the expected characteristics

Prejudice is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason. It is an implicitly held belief, often about a group of people. Race, economic class, gender or sex, ethnicity, sexual orientation, age and religion are other common subjects of prejudice. It can be used to characterize beliefs about other things as well, including "any unreasonable attitude that is unusually resistant to rational influence.

Prejudice may arise from many sources, including the views of family or peers, or it may come from strong identification with a particular group. From any source, prejudice is a problem that faces the many societies today.

Forms of prejudice

- **Personal / Individual Discrimination** is directed toward a specific individual and refers to any act that leads to unequal treatment because of the individual's real or perceived group membership.
- **Legal Discrimination** refers to "unequal treatment, on the grounds of group membership, that is upheld by law <u>Apartheid</u> is an example of legal discrimination, as are also various post-<u>Civil war</u> laws in the southern <u>United States</u> that legally disadvantaged <u>negros</u> with respect to property rights, employment rights and the exercise of <u>constitutional rights</u>.
- **Institutional Discrimination** refers to unequal treatment that is entrenched in basic <u>social institutions</u> resulting in advantaging one group over another. The <u>Indian</u> <u>caste system</u> is a historical example of institutional discrimination.

As with prejudice generally, these three types of discrimination are correlated and may be found to varying degrees in individuals and <u>society</u> at large. Many forms of discrimination based upon prejudice are outwardly acceptable in most societies.

Discrimination toward or against a person of a certain group is the treatment or consideration based on class or category rather than individual merit. It can be behavior promoting a certain group (e.g. <u>affirmative action</u>), or it can be negative behavior directed *against* a certain group

Types of Discrimination
- **Racial** discrimination differentiates between individuals on the basis of real and perceived racial differences. Racism happens everywhere. It can be obvious (overt) or hidden (covert). It takes different forms, but always involves the misuse of power by individuals, groups and communities against each other.
- **People with <u>disabilities</u>** face discrimination in all levels of society. The attitude that disabled individuals are inferior to non-disabled individuals is called "ableism".
- **Gender** discrimination and sexism refers to beliefs and <u>attitudes</u> in relation to the <u>gender</u> of a person, such beliefs and attitudes are of a social nature and do not, normally, carry any legal consequences.
- **Sex discrimination**, may have legal consequences. Though what constitutes sex discrimination varies between countries, the essence is that it is an adverse action taken by one person against another person that would not have occurred had the person been of another sex. Discrimination of that nature in certain enumerated circumstances is illegal in many countries. Sexual discrimination can arise in different contexts. For instance an employee may be discriminated against by being asked discriminatory questions during a job interview, or because an <u>employer</u> did not hire, promote or wrongfully terminated an employee based on his or her gender, or employers pay unequally based on gender.
- **Age discrimination** usually comes in one of three forms: discrimination against <u>youth</u> (also called <u>adultism</u>), discrimination against those 40 years old or older and discrimination against elderly people. In many countries, companies more or less openly refuse to hire people above a certain age despite the increasing lifespans and average age of the population. The reasons for this range from vague feelings that younger people are more "dynamic" and create a positive image for the company, to more concrete concerns about regulations granting older employees higher salaries or other benefits without these expenses being fully justified by an older employees' greater experience.

Challenges for School Communities

Schools need to:

- develop awareness of the different religious, social and ability groups within the community. For example physically and mentally challenged persons.
- establish links with different communities and their support material
- engage in and encourage dialogue between members of different religions and belief systems
- create opportunities to explore different traditions in their historical, cultural and contemporary contexts
- challenge stereotypes and behaviours that harass or discriminate (directly and indirectly) based on diversity
- accommodate the diversity of spiritual, physical, nutrition and health needs and practices of their students.

SEXUALITY AND SEXUAL HEALTH

➢ **What are the Objectives of This Session?**

The activities in this section are intended to provide teachers with the opportunity to prepare and practice actual lessons from the Sexuality and Sexual Health Unit of the HFLE Common Curriculum.

By the end of this session, participants should be able to:

- Review the issues relating to sexuality addressed in Session 2.
- Design, deliver and evaluate lessons intended to build students' knowledge, skills and positive attitudes about sexuality and sexual health

➢ **Who Is This Session For?**

Teachers and other individuals who plan to support the implementation of lessons from the Sexuality and Sexual Health Unit of the HLFE Curriculum

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 4 to 5 hours to complete all the activities in this section, depending on the nature of the training participants. However, the activities are meant to stand alone, and therefore can be used on their own. As such this session may be expanded to last for up to 8 hours, depending on the need as identified by the trainer, and the available resources.

➢ **What Activities Are In This Session?**

Activity 11A: Introductory Activity: What does sexuality mean to me?

Activity 11B: Overview of Regional Standards and core Outcomes of the Sexuality and Sexual Health Unit of the HFLE curriculum

Activity 11C: Preparation of lessons by trainees

Activity 11D: Work-group lesson presentations and critique

Activity 12A: Overview of Regional Standards and core Outcomes 15 minutes	Have one work group provide a definition for "Sexuality and Sexual Health" as found in the Regional Framework. Another work-group may lead out in reviewing the Regional Standards and Core Outcomes of the Sexuality and Sexual Health Unit. Allow for them to field questions from the larger training group. **Resource materials are on pages 36 – 41.**

Activity 12B **Sexual development through the life cycle** **What Does Sexuality Mean to Me?** **30 minutes**	**Prior to this session, reproduce copies of the document, "Sexual Development Through the Life Cycle" found in Session 5 page 164** ➢ Distribute the sexual development through the life cycle handout, one per work group. Have each group read a different part for analyzing the information. ➢ Have trainees in groups discuss how the issues students are facing at their varying levels of sexual development in Jamaica today heighten the need for sexuality education. ➢ Have each work group identify one sensitive issue that students may want to talk about or may want to ask the teacher about. For example, What is wrong with Daddy bathing and caressing me? (Mary asking) Do you masturbate, teacher? (Paul asking) Is it OK to have sex if we use condoms? (12 year old Janet asking). ➢ Discuss approaches to talking about these sensitive issues. Make a list of things children should learn about sexuality. ➢ Through questioning, have trainees identify skills the teacher should possess to be able to handle these issues. Some examples are; good listening skills, interviewing skills, non-judgmental, rapport-building, confidentiality, honesty, care for the well-being of students, etc. ➢ Have two trainees do a role-play of the student asking a sensitive question of the teacher and the teacher responding. ➢ The larger training group should discuss the role-play. What went well? What could have been improved? How could it have been improved? ➢ Trainer may suggest the following: ➢ Seek to know why the child asked ➢ Seek to find out what they already know about the subject ➢ Give as much information as you have. If there are gaps in your knowledge, admit you don't have all the information. Commit to getting the information by a given date and time. Keep that promise. ➢ Make referrals to an expert if needed. ➢ If the teacher is not comfortable talking about these issues, he/she should promise to get the expert and do the referral. ➢ The first port of call would be the school's Guidance Counselor. Other bodies are: The Child Development Agency, Centre for Investigation of Sexual Offences and Child Abuse (CISOCA) of the JCF, the Women's Centre, Child Guidance Clinic (UWI), and Camp Bustamante (Bustamante Hospital for Children)

Activity 12C Trainee practice lesson planning **45 minutes**	Lead the group into the trainee lesson preparation section. They will choose a lesson from the HFLE curriculum, develop a lesson plan and present the lesson to their peers. Ask teachers to carefully review the different components as outlined at the start of each lesson: • Regional Standards and Core Outcomes • Purpose • Objectives • Overview of lesson activities • Teaching methods • Resources and materials Provide the required materials for the groups to plan their lessons. The trainer should move around the room to observe the planning process and provide guidance or answer questions as needed.

Activity 12D: **Trainee Lesson Presentations and Critiques**	➢ The Trainer should have the groups draw straws to decide which work group goes first. ➢ Work groups will follow the same pattern for presentation as they did for the Self and Interpersonal Relations Unit. ➢ After each lesson has been presented, have the presenting group assess their own strengths and weaknesses (referred to as group processing) using the guidelines outlined in **6B**. ➢ After the group has completed their processing, have the wider training group provide feedback to them. Refer to the handout, "Tips on Giving Feedback." The trainer should moderate this session carefully to ensure that self-dignity is preserved and that the session is conducted in a frank and honest manner that enhances learning. ➢ Ask the group to indicate how they would respond to students with special needs. ➢ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges. ➢ Incorporate rewards for each lesson presentation. Ensure that the wider training group gives the presenting group a vigorous ➢ Review the specific skills that were developed. ➢ Ask the group if they adapted the lesson in any way, e.g., for special needs students. ➢ Discuss any challenges in teaching that lesson, and tips or strategies for overcoming these challenges. ➢ Ask other teachers to provide feedback on other innovative strategies for teaching this lesson.

Sample Lesson Plan # 1

HFLE THEME - SEXUALITY AND SEXUAL HEALTH

Unit Topic: Good Touch, Bad Touch

Unit Objectives: By the end of the Unit on Good Touch, Bad Touch, participants should be able to:

1. Identify what is good touch
2. Identify what is bad touch
3. Recognize when they need help

Lesson Topic: Protecting Myself at School and at Home

Grade Level: 1

RPC Integration: Unit title: My Body. Focus Question no.3   Page 28. How do I Take Care of My Body?

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on, **Protecting Myself at School and at Home**, participants should be able to:

a. Identify what parts of their bodies are appropriate for others to touch
b. Identify what parts of their bodies are inappropriate for others to touch
c. Take action to protect themselves if touched inappropriately

Life Skills Focus:	Social:	Communication
	Cognitive:	Decision making
	Coping:	Self awareness, Self evaluation, Assertiveness

Materials:	Charts:	NO GO Tell
		My Body (Boy)
		My Body (Girl)
		Coloured paper

Overview of the Concept:

Children need to take care of themselves. They should know how to identify inappropriate touch and they should also know how to react in an assertive manner to such advances by others.

Preparation: Teachers mounts charts on the chalkboard (My Body – Girl, My Body – Boy). Teacher would have already cut several circles from coloured paper, preferable red and green and attach tape to the back of each circle.

Introduction

Step 1:	a. Students are asked to look at the charts mounted on the chalkboard and are taken through a brief orientation of the parts of the human body (basic). Students are then prompted to identify the various parts of their own bodies after the teacher identifies same on the chart. Chest, arms, legs, penis, vagina etc.
Step 2:	b. Students are then asked to respond to the following question: how would you feel if someone touches here? And why? (Pointing to any part of the body as represented on the chart).
	Teacher writes the responses on the chalkboard. Example: afraid, good, bad etc. Students agree on general responses to touch which are then written on the coloured paper.
	Teacher reinforces to students that their bodies belong to them and they should protect it.
Step 3:	Students will then be required to go to the chalkboard and paste the green circles on the parts of the body represented on the chart which are O.K for others to touch. Teacher encourages discussion and input from the class. Teacher emphasizes the fact that a good touch for one person may be uncomfortable for someone else.
	Students will then be required to repeat the activity using the red circles to highlight parts of the body which are inappropriate for others to touch.
Step 4:	Teacher then mounts NO GO TELL chart and asks students to interpret what they are seeing (clarify where necessary). Explain to students what to do if their red zones are violated.
Step 5:	A student (student 1) is then asked to go to the board and fill in the areas for appropriate and inappropriate touch on the "My Body "Chart. Another student (student 2) is invited to the chalkboard to touch a red zone area on student 1 (NOT THE GENITALS).
	Student 1 who has been violated responds using the NO GO TELL model. Teacher may make suggestions about who to tell at

Home and at School. Other students may be given the opportunity to practice, provided there is sufficient time.

Activity: Students draw themselves and identify their own green and Red zones. Students are also asked to make a list of persons to TELL if violated. (Individual NO GO TELL Plan)

Sample Lesson Plan # 2

HFLE THEME – SEXUALITY AND SEXUAL HEALTH

Unit topic: Human Sexuality

Unit Objectives: By the end of the unit on, Human Sexuality, participants should be able to:
1.   Demonstrate an understanding of human sexuality
2.   Appreciate themselves and their own sexuality in a positive manner
3.   Use critical and decision-making skills in managing their sexual feelings and behaviours

Lesson Topic: Sexuality

Grade Level: 8

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on Sexuality, participants should be able to:
1.   Demonstrate some features of male and female sexuality.
2.   Analyze the features of human sexuality.
3.   Show pride in the evidences of their own sexuality.

Life skills focus: Social: Communication, Empathy,
                        Cognitive: Critical thinking, Problem-solving, Decision-making
                        Coping: Self-awareness

Materials: Song: I am Woman/Man
                        Pictures of men and women in public life

Overview of the Concept:
        Sexuality is the differences between men and women. In many ways the differences
        complement each other. For example, women tend to be caring and sensitive while men
        tend to present a macho and protective air. Girls and boys need to introspect about these
        differences and accept them and be proud of their gender. Sexuality is not the same as sex or
        what is popularly known as, "sexy".

Preparation: Participants will collect pictures of their role-model from both sexes to class
for group discussion.

Introduction: Step 1:   One member of each group (teacher will ensure that a good sample
                        (of males and females) will step out in front of the class and model
                        their maleness and femaleness for the class. The teacher and class applaud
                        to affirm them.

Step 2:   Groups discuss among themselves the features of male and female
                        sexuality.

Step 3:   Groups share their features with each other while the teacher writes
                                on the flipchart paper of white board.

Step 4:   Each group completes the following statements:
                           I am proud of being male because………………….
                           I am proud of being female because………………..

Culmination Activity: Girls sing the song, "I am woman" while they show off their
                           sexuality. Boys sing the song, "I am man while they show off their
                           sexuality.

12.0 TRAINING SESSION NINE: APPROPRIATE EATING AND FITNESS

➢ **What are the Objectives of This Session?**

The activities in this section are intended to provide teachers with the opportunity to design and practice lessons from the Appropriate Eating and Fitness Module of the HFLE curriculum.

By the end of this session, participants should be able to:

- Reflect on the many aspects of eating and fitness in relation to the health of the whole person.
- Participate in varying lesson planning and presentation activities from lessons in this unit
- Develop the knowledge, skills and attitudes necessary to teach the lessons in the unit.

➢ **Who Is This Session For?**

Teachers and other individuals who plan to support the implementation of lessons from the Appropriate Eating and Fitness Unit of the HLFE Common Curriculum

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 4 to 5 hours to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own. As such this session may be expanded to last for up to 8 hours, depending on the need as identified by the trainer, and the available resources.

➢ **What Activities Are In This Session?**

Activity 12A: Introductory Activity: Of what relevance are eating and fitness issues to me?

Activity 12B: Overview of Regional Standards and Core Outcomes of the Eating and fitness Unit of the HFLE curriculum

Activity 12C: Review and Preparation of Lessons

Activity 12D: Work-group lesson presentation and critique

Activity 12A	
Introduction to Appropriate Eating and Fitness Unit *The NEWSTART approach to good health* *30 minutes*	➢ Introduce this session by giving the training participants the acronym, NEWSTART and having them discuss in their work-groups the meaning of each letter. Nutrition, Exercise, Water, Sunlight, Temperance, Air, Rest and Trust in God. ➢ Engage the larger training group in a question and answer discussion about the benefits of adopting the NEWSTART principles in daily life. Record points on flip chart paper. ➢ Have trainee groups make a list of the risks they face if they ignore correct principles of eating and fitness. Have them share their lists with others and defend any points that are challenged by other groups. ➢ Suggest that each trainee prepare a pledge card that outlines their commitment for eating and fitness for the rest of the year.

Activity 12B	
Review of Regional Standards and Outcomes and practice Lesson Planning *60 minutes*	➢ Have volunteers from each work-group review some of the Regional Standards and Core Outcomes from this HFLE Unit. **Resource materials are on pages 31 -35.** ➢ Explain that each work-group will now plan a lesson from the Eating and Fitness Unit of the HFLE curriculum. They may use a grade level of their choice. This activity should not exceed 60 minutes. ➢ Suggest to trainees that they should seek to incorporate the principles of planning lessons that are grounded in the Life Skills, interactive teaching approach. ➢ Provide the required materials for the groups to plan their lessons. ➢ The trainer should move around the room to observe the planning process and provide guidance or answer questions as needed.

Activity 12C **Trainee Lesson Presentations and review** *2 hours*	➤ The Trainer should have the groups draw straws to decide which work group goes first. ➤ Work groups will follow the same pattern for presentation as they did for the Self and Interpersonal Relations Unit. ➤ After each lesson has been presented, have the presenting group assess their own strengths and weaknesses (referred to as group processing) using the guidelines outlined in **7B**. ➤ After the group has completed their processing, have the wider training group provide feedback to them. Refer to the handout, "Tips on Giving Feedback." The trainer should moderate this session carefully to ensure that self-dignity is preserved and that the session is conducted in a frank and honest manner that enhances learning. ➤ Ask the group to indicate how they would respond to students with special needs. ➤ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges. ➤ Incorporate rewards for each lesson presentation. Ensure that the wider training group gives the presenting group a vigorous applause.

Appropriate Eating and Fitness

Resource Materials

Appropriate Eating and Fitness

Resource Materials

12.1
Sample Lesson Plan # 1

HFLE THEME: APPROPRIATE EATING AND FITNESS

Unit Topic: Healthy Eating

Unit Objectives: By the end of the unit on **Healthy Eating**, participants should be able to:
1. Understand that foods help them grow and keeps them healthy
2. Identify different fruits and their functions
3. Make healthy food choices
4. Build muscles

Lesson Topic: Healthy Foods

Grade Level: 2

RPC Integration: Unit Title: Care and Safety of Self. Focus Question no. 1. How do I keep my body healthy? Page 98.

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on, **Healthy Foods**, participants should be able to:
1. State at least two benefits to the body of eating fruits and vegetables
2. Demonstrate a commitment to a healthy eating campaign – "one fruit a day campaign"

Life Skills Focus:	Social:	Communication, Advocacy
	Cognitive:	Decision-making
	Coping:	Self awareness, Assertiveness

Materials:	Food chart

Overview of concept:	Children need to learn that healthy eating must be their choice. They must be encouraged to develop self control and make a plan to remain healthy and live long through their choice of foods
Preparation:	Students are asked to take a fruit or vegetable to class. Fruits and vegetables are placed at the front of the class and displayed for students to see.
Introduction: **Step** 1:	Teacher asks class to identify what they are seeing on display at the front of the class. Teacher clarifies students' responses where necessary.
	Students are asked to go the front of the class, take a fruit and describe it to the entire class. Teacher provides information on the nutritional value of each fruit and discusses this with students.

The **Food Group Chart** may be used at this point to help students to classify their fruit or vegetable by pointing to the food group to which their fruit or vegetable belongs.

Step 2:   In groups, students are required to make a fruit salad that they themselves can take to school. Each group (if time permits) will be given the opportunity to present their fruit and or vegetable salad that they have made to the class.

Other students are allowed to comment and make input.

Students are then instructed to draw a calendar with the days of the week. There should be sufficient space to draw a fruit or vegetable. Teacher gives instruction in accordance with the activity highlighted below.

ONE - A - DAY

Name: ---

- Draw and colour a fruit to be eaten each day of the week.
- Put a tick in the box below your fruit each time you eat one.

SUN	MON	TUES	WED	THUR	FRI	SAT

12.2
Sample Lesson Plan # 2

HFLE THEME – APPROPRIATE EATING AND FITNESS

Unit Topic: The Influence of Personal Situations on Eating Habits
Unit Objectives: By the end of the unit on the Influence of Personal Situations on Eating
                Habits, participants should be able to:
1.   Demonstrate knowledge of proper nutrition
2.   Display awareness of social, emotional and physical influences on food choices
3.   Use appropriate life skills to adjust their food choices

Lesson Topic: Balanced Meals   **Grade Level**: 8

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on Balanced Meals, participants should be able to:
1.   Discuss the nutritional needs of persons with different lifestyles for example: a) an athlete b) a patient recovering from an illness.
2.   Analyze some of the factors that determine nutritional needs.
3.   Plan a menu that reflects a balanced meal for one of the groups identified in # 1 above.

Life Skills Focus: Social: Communication
                           Cognitive: Creative thinking, Critical thinking, Decision-making
                           Coping: Self awareness

Materials: Chart: Caribbean Food Chart and the Energy Balance diagram
                           Song: I love Papayas, I Think that Mangoes are Sweet

Overview of the Concept:
Balanced meals determine a lot about human activity. A balanced meal supports physical, mental and emotional health. Eating properly is a way of investing in health, longevity and quality of life.

Introduction: Step 1:   Teachers use the Energy Balance diagram to explain the relationship between food and the production of energy for daily living. Teachers brainstorm with the class some examples of the various occupations, activities and states of health that exist or are adopted by persons and writes them on the board. For example, secretaries, athletes, students studying, persons ill in bed, etc.

Step 2:   Each work-group takes one of the lifestyles and discusses the nutritional needs of that lifestyle group using the information on the Caribbean Food Chart.

Step 3:   a) Groups explain to the class the nutritional needs they have discussed.
                           b) They analyze the factors that determine these needs.

Step 4:   Each group plans an attractive and nutritious meal for their selected lifestyle group.

 Culmination Activity: Class sings the song, I Love Papayas.

12.3

<div align="center">

ENERGY AND YOUR BODY'S NEEDS

</div>

The energy you need depends on how much energy you use up. All the growth during childhood and adolescence takes up a lot of energy. In fact, adolescents need more energy than most adults.

Energy is measured in calories. If you consume more energy or calories than your body needs during the day, the extra calories will be stored as fat for a time when it is needed. For most people this is healthy and normal, but it can be a problem if you have too much fat. Obesity, which is an excessive build up of body fat, can weaken physical health and well-being, and shorten life expectancy. Unfortunately, obese people are also often made fun of unfairly due to their appearance. We need to be particularly careful not to tease people for being unusual or different than the norm.

<div align="center">

ENERGY BALANCE DIAGRAM

</div>

A.

ENERGY INPUT   equal   **ENERGY OUTPUT**
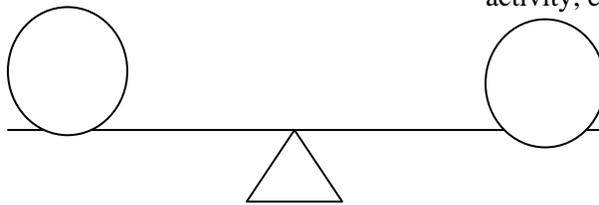(FOOD)   (Vital body functions, daily activity, exercise)

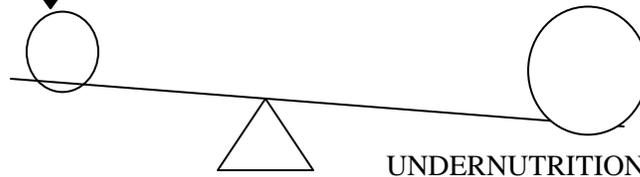B.   TOO LITTLE ENERGY

Energy Input   Energy Output

UNDERNUTRITION

C.   TOO MUCH ENERGY

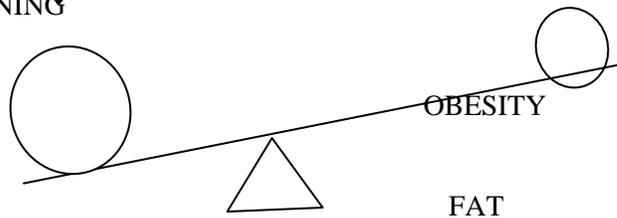Energy Input   Energy Output

FOOD CONTAINING

OBESITY

Fat
Carbohydrate
Protein   FAT

12.4 NUTRITION THROUGH THE LIFECYCLE: TODDLERS AND YOUNG SCHOOL CHILDREN

Planning, supervision and plenty of encouragement is needed to make sure growing children are properly nourished.

Feeding the Toddler

Between the ages of one and three years the child will be walking, trying to dress and fee him or herself and gradually becoming more independent. Remember that the child is still growing and developing, so continue feeding many different nourishing foods, like the rest of the family, and supervise him or her at mealtime.

Following the multi-mix principle, the toddler should now get larger portions of mixtures of foods from the groups. Serve regular meals and nutritious snacks. Include nourishing foods that the child can manage easily with the fingers and which help to encourage chewing such as fruits, raw carrots and crisp crackers. In a day a toddler may eat as follows.

- Avoid providing substitutes by cooking something else or preparing an item in a different way for children who are not sick.

Feeding the Young School Child

Children between the ages of 6 and 10 are still growing at a rapid rate. They need more food than some adults. The 10 year-old girl needs just slightly less food than her 35 year-old mother and as much as her 60 year-old grandmother.

It is normal for children at this age to get deeply involved in a game, project or TV show. They may not want to leave the activity to eat. They may hurry through a part of the meal to get back to the activity. Also, they may get up late in the mornings and be so anxious to get to school that they feel they have no time to eat. It is important that they eat properly to stay healthy, grow and develop as they should. Eating properly also helps them to pay attention in school, to learn well and be alert and fit physically, mentally and socially.

Meals for School Children

Every child should eat at least three meals, containing enough foods from the six food groups. Since school children can easily get anemia, parents and guardians should make sure that they get foods that are rich sources of iron

Breakfast/Morning Meal

The child's breakfast should provide one-fourth to one-third of the daily needs. Here are some examples of what that child may have:

1. fruit
   1 cup porridge made with milk
   2 slices buttered bread
   1 hardboiled or scrambled egg

2. fruit
   2-3 Johnny cakes
   Cocoa made with milk

(From: Nutrition Made Simple 4th Edition by VS Campbell & DP Sinha CFNI 2006)
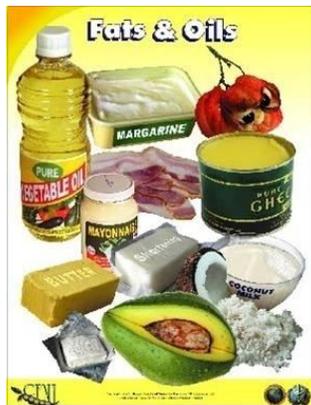
FOOD GROUPS

Staples: cereals, starchy roots and fruits, bread, porridge, yam, potato, rice.

Vegetables: carrots, tomatoes, calaloo

Food from animals: beef, fish, eggs, milk, cheese, sardine.

Fats and oils: butter, oil

Legumes and nuts: peas, beans

Fruits: mango, oranges, pawpaw, banana

SAMPLE MEALS

Morning (breakfast)
2 slices of roasted Breadfruit
1 Mackerel ball (30g/1 oz)
¼ cup Steamed Callaloo/Spinach

Mid-morning Snack
Fruits in season (ripe banana, or medium mango)
3 crackers or 1 slice buttered Bread

Noon
Cheese Sandwich (1 slice cheese) with lettuce and cucumber
1 cup Fresh Cherry Juice (1 Tbsp sugar) or Fruit

Mid-afternoon Snack
1 Roasted Corn
1 Orange

Evening
60g/2 oz Fresh Fish with tomato sauce
¼ cup cooked Peas
½ cup cooked-up Rice
1 slice Sweet Potato or Dasheen
¼ cup Stir-fried Cabbage + Sweet pepper
Water

Bedtime Snack
1 cup hot milk or cocoa with crackers

(From: Nutrition Made Simple 4th Edition by VS Campbell & DP Sinha CFNI 2006)

NUTRITION THROUGH THE LIFE CYCLE: PRE-TEENS AND TEENAGERS

The pre-teen period, from age 10 to 13, is a time of rapid growth in girls. Boys have a great spurt a year or so later. At that time they often catch up and pass the girls. Girls get taller and weigh more just before the start of menstruation (monthly periods). Their nutritional needs are greatest during this period of intensive growth. Yet children of this age are often careless about eating properly. They are more interested in being popular, attractive and athletic, and in pursuing the latest fad or trend in company of their friends and schoolmates. Regardless of these interests though, they must be encouraged to find time to eat well.

Feeding Pre-Teens

Pre-teens need lots of food to help them grow, build blood and muscle, guard against infections and to keep alert, healthy and active.
They have special need for energy (calories); for the minerals iron and calcium; and for vitamins, especially vitamin A. it is likely that they will satisfy mineral and vitamin needs if they eat a variety of foods from the six food groups.

The amount of food a pre-teen boy needs each day from the six food groups, is about the same as, or a little less than that needed by the average adult male. So that boy needs the larger amounts of food shown on the menu page. The girl would need the smaller amounts. A day's meals for pre-teens would therefore be similar to those of teenagers.

Improving Pre-Teens' Food Choices

Some pre-teens, especially girls, tend to eat very small amounts; but because of their tremendous growth spurt they should be eating a lot. Boys never seem to have enough – they are always hungry. Some clamour for hot dogs, hamburgers, patties (meat pies), pizza, French fries, chips, cakes and pastry. These are big calorie "fast foods" which have disproportionately high level of fats, especially saturated fat. They are usually thirsty and satisfy that thirst with carbonated sodas and other sweet drinks.

While no harm will be done by eating these foods occasionally and in small amounts, it is better for children to eat economical, nutritious snack items such as biscuits, milk, fruits, buns, puddings, and sandwiches and to drink water. A good way to get pre-teens to take an interest in making better food choices is to let them help with meal planning and with food shopping and preparation. Both boys and girls should be involved. They could take turns preparing meals on weekends when they have more time. They can help start dinner when they come home early from school, prepare packed lunches or help to start breakfast the evening before.

You can ask the physical education teacher, sports coach, nurse, guidance counsellor and cosmetology teacher to help motivate pre-teens to make better food choices. When they connect good eating with good athletic performance and good looks, they may take more interest in what they are really eating.

Eating Well in Adolescence

Teenagers grow and develop rapidly. The physical structure of their bodies changes: muscles increase, the quantity and distribution of fat alters, and organ systems get bigger. These and other changes affect their nutritional needs. They have special needs for energy, protein, the minerals calcium, iron and zinc, and for all vitamins. A teenage girl who is pregnant will need even more for the maintenance of her own health and that of the developing baby.

Energy and Nutrient Requirements

The requirement for energy peaks at about 12-14 years, followed by a gradual decline. The amount of energy adolescents need is affected by how physically active they are, how well they were growing before, and whether they were well nourished when they were younger. Different activities demand different levels of energy. If they are active in sports, they will need more than the recommendations of 220 calories for girls and 2700-3000 for boys.

Calcium, iron and zinc are particularly important for teenagers. The calcium is needed for the growth of the skeleton, iron to help increase red blood cell and muscle issues, and for the growth of bone and zinc for growth and formation of new tissue.

Teenagers need more of all vitamins which are available in a balanced, varied diet. Eating more of the right foods will provide ample amounts of all these nutrients. If the teenager smokes or uses oral contraceptives, there will be a need to pay special attention to vitamin C intake, as both practices change the way the body uses this kind of vitamin. Smoking is an unhealthy habit for a teen or an adult.

A sample menu for a teenage girl, with modifications for a boy, follows on the next page. Pre-teen boys would get just about the same amount.

GIRLS

Morning Meal
1 Orange
Porridge made with:
       ¼ cup 60g Cornmeal
       ½ cup Milk and
       1 Tbsp Sugar
2 slices Bread
1 tsp. Butter

Mid-Morning Snack
1 ripe Banana
1 small packet (30g) Peanuts

Noon
(If home for lunch)
½ cup Stewed Peas with:
       30g/1 oz ground Beef and
       ½ cup diced Pumpkin
1 cup Rice
3 slices (100g) Sweet Potato
2 slices (65g) Avocado pear
1 cup Lemonade Sweetened with 2 Tbsp Sugar

(If lunch is packed)
1 Egg Sandwich with lettuce and tomato
1 Rock Bun
1 cup Lemonade sweetened with
       2 Tbsp Sugar
       1 Fruit in season

Evening (Dinner or Supper)
1 cup Callaloo Soup
rolls

60g/2 oz Stewed Chicken with
       30g/1 oz Broad Beans
       60g/2 oz Carrots
       60g/2 oz White Potato
2 Tbsp Gravy
2 slices (100g) fried Breadfruit
1 buttered Roll
½ cup Fruit Salad

ADDITIONS FOR BOYS

Morning Meal
Increase:
Orange to 2 or add another fruit, e.g., ripe banana

Noon
Increase:
stewed peas to ¾ cup;
beef to 60g (2 oz)
rice to 2 cups
pumpkin to 1 cup
potato to 5 slices (150g) and
add fruit in season

(If lunch is packed)
Increase bread to 4 slices

Evening (Dinner of Supper)
Increase:
chicken to 90g/3 oz
breadfruit to 4 slices (200g)

(From: Nutrition Made Simple by VS Campbell & D. P. Sinha CFNI 2006)

12.5   OBESITY

What is obesity?

Obesity has become a major public health problem in the Caribbean. It affects more than a quarter of the adult population, particularly our women. Some persons in the Caribbean think being overweight, "plump" or "chubby" is a sign of prosperity. Obesity is one of the easiest medical conditions to recognize but most difficult to treat. It is a condition in which the body stores excess fat in such a way that health is negatively affected. When an individual becomes obese or has excess body fat this can be a serious health hazard as the person becomes prone to other chronic diseases such as diabetes mellitus Type 2, cardiovascular disease, osteoarthritis, sleep apnea, stroke and certain types of cancer.

Causes of Obesity

While the precise origin of obesity is complex, the lack of physical activity is a clear and significant contributing factor. Obesity results when our energy intake is chronically in excess of our energy expenditure, thus resulting in weight gain. For example the increase in technology and decreased physical activity in children can be traced or linked to the increase in cases of obesity over the years.

In the Caribbean, instances of physical activity have continued to decline over the years and sedentary lifestyles are on the rise. Occupational activity levels have also declined and despite the popularity of certain leisure activities and the proliferation of gyms, aerobics classes and jogging trails, energy expenditure levels have declined overall. These trends have contributed significantly to the rise in the number of cases of obesity.

Other environmental and lifestyle habits, including high-fat diets or poor eating habits may also serve as a trigger for obesity. Too much starchy food should also be avoided, as the body converts excess carbohydrate and stores most of it in the form of fat. Excess protein is also stored in the body as fat.

Physical Activity and Obesity

Normal regulation of the body weight occurs when energy input is equal to energy output. That is, if we consume food (energy intake) then in order to regulate body weight, we need to output equal amount of this energy. During increased physical activity or exercise (such as: brisk walking, running, cycling), our muscles use up energy derived from fats and glycogen. Physical activity affects body composition and weight in that it promotes the loss of fat while preserving lean body mass.

Furthermore, research has shown that high levels of physical activity help to counteract a gene which predisposes some individuals to become obese. Thus, through a planned, structured, repetitive and purposive form of physical activity that boosts physical fitness – obesity can be significantly decreased.

There are three major components of physical activity to consider:
- Frequency (how often you exercise)
- Intensity (how vigorous or energetically you exercise), and
- Time (how long the sessions are).
  This is referred to as the FIT formula.

The rate of weight loss is influenced by the frequency, intensity and duration (time) of physical activity. And not all physical activities are equal. That is, some exercises such as walking up hill or climbing stairs will do more to increase your heart rate (which is the goal of the exercise), than other less intense activities. Additionally, exercising for very short periods (under 15 minutes) or on a very irregular basis is unlikely to bring significant or long-term results.

Obesity and Children

Obesity most commonly begins in childhood between the ages of 5 and 6, and during adolescence. Studies have shown that a child who is obese between the ages of 10 and 13 has an 80 % chance of becoming an obese adult. Currently, between 10 and 20 percent of children and adolescents in the Caribbean are obese. A 2001 Ministry of Health's study among school children in Jamaica highlighted a number of concerns with their food consumption habits, particularly the high consumption of sweets, snacks and sweet drinks and inadequate consumption of fresh fruits and vegetables. The foods consumed largely reflected the purchasing ability of the children and the products available from vendors outside the school. Data from a cohort study of 11-12 year olds born in the island between September and October 1986 and studied from birth, showed that 19.7% of them had already become obese or overweight.

Obesity is known to decrease life expectancy in both children and adults. Unhealthy weight gain due to poor diet and lack of exercise is responsible for over 300,000 deaths each year. And the proportion of obesity continues to increase with aging and sedentary living. That is, obesity begins in the young and the incidence continues to gradually increase from adolescence through to adulthood. The control of obesity is a lifelong undertaking and to make the most effective use of physical activity in the fight against this condition, it must become a way of life.

Unfortunately, obese people are also often made fun of unfairly due to their appearance. We need to be particularly careful not to tease people for being unusual or different than the norm.

(Adapted from: NYAM News CFNI May Nos 1&2 2008)

12.6   Healthy Food Choices and Eating Behaviours

Certain guidelines have been suggested to help us assess how well we are eating. Our plan using the six food groups, shown in the charts below, is the chief way of helping us to make wise choices while keeping an eye on the amounts, particularly of items which contribute calories (energy). Within each food group, we can exchange one food for another, and we can combine foods from the different groups according to what we call the **multi-mix principle. In applying the multimix principle, remember to eat less meat – especially fatty meats – less sugar, salt and refined cereals and more peas, beans, fruits, vegetables, ground provisions and whole grain cereals, and drink more water.**

We must also limit our alcohol intake. Adults should have no more than 1-2 standard drinks per day, if any at all, control our weight and be physically active to help our body use up some of the energy it gets from food. Let us look at what and how much we are eating and focus on the guidelines.

How Much, What and When We Eat are Important

It is important that we control the amount of food we eat. It is more desirable and healthier to eat larger portions of peas, beans, starchy items, fruits, vegetables and fish than to eat lots of meat, chicken and other fatty foods from animal sources. The more fat and food that we eat overall, the more calories we will get. Most of those calories will be stored as fat if we are not active enough to use them up. Because of the difference in fat content and hence caloric levels, a serving of meat is about two ounces (60 grams), while a serving of fish can be double that. One cup of cooked rice provides as many calories as a 60-gram portion of medium fat meat or chicken. It is unwise to say "I'll have more meat then" and omit the rice or other starchy food. The starches provide mostly carbohydrate and fibre, which the meats and other food from animal sources do not offer, except for milk, which provides the carbohydrate, lactose.

> *When we eat large meals once or twice a day, we tend to convert and store calories as body fat to a greater extent that when we have 3 or 4 small meals containing the same total amount of food.*

A varied diet is best. The wider the variety or range of foods we eat, the better, because the nutrients which may be lacking in some will be present in others.

> *Eating small meals regularly – three or more times per day -   and having more fruits, vegetables, starchy foods and fish and less meats, fats, sugar and salt, make our diet healthy. We should also drink lots of fluids – the best of which is plain water, also known as "crystal punch."*

(From: Nutrition Made Simple by VS Campbell & D. P. Sinha CFNI 2006 Chp 2 How foods keep us healthy)

12.7   Physical Activity Guide

Your physical emotional, social and psychological health and well- being can be affected negatively or positively by physical activity and/or exercise. There are many ways that sedentary persons can improve their physical activity. They should start slowly with short periods lasting five to ten minutes and then increasing the level and duration over time

You can do it!
Getting started is easier than you think, 30 minutes or more a day is all it takes.
Physical activity doesn't have to be very hard. Build physical activity into your daily routine.

How to Get Started
- Walk whenever you can- get off the bus early and walk the rest of the way if you can.
- Use the stairs instead of the elevator
- Reduce inactivity for long periods, like watching TV
- Get up from the couch and stretch and bend for a few minutes every hour

- Play actively with kids and grand kids
- Choose to walk, wheel or cycle for short trips
- Start with ten minutes walk and gradually increase the time
- Do the activities you are doing now more often

Benefits of Physical Activity:
- Prevents and controls diseases like diabetes (sugar), hypertension (pressure) heart disease, obesity and some cancers.
- Improves mental and physical health
- Builds strong muscles and bones
- Promotes relaxation
- Reduces stress
- Makes you feel good about yourself
- Increases energy
- Helps older persons live independently

Health Risks of Physical Inactivity:
- Premature death
- Heath Disease
- Obesity
- High blood pressure
- Adult-onset diabetes
- Osteoporosis
- Stroke
- Depression
- Colon Cancer

Adapted from…………. NHF and MOH

13.0 TRAINING SESSION TEN: MANAGING THE ENVIRONMENT

➢ **What are the Objectives of This Session?**

The activities in this section are intended to provide teachers with the opportunity to design and practice lessons from the Managing the Environment Module of the HFLE curriculum.

By the end of this session, participants should be able to:

- Reflect on their role in environmental management in their community.
- Participate in varying lesson planning and presentation activities from lessons in this unit.
- Develop the knowledge, skills and attitudes necessary to teach the lessons in the unit.

➢ **Who Is This Session For?**

Teachers and other individuals who plan to support the implementation of lessons from the Managing the Environment Unit of the HLFE Curriculum.

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 4 to 5 hours to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own. As such this session may be expanded to last for up to 8 hours, depending on the need as identified by the trainer, and the available resources.

➢ **What Activities Are In This Session?**

Activity 13A: What is my role in environmental management in my community?

Activity 13B: Review of Regional Standards and core Outcomes of the Managing the Environment Unit of the HFLE curriculum

Activity 13C: Review and Preparation of Lessons

Activity 13D: Work-group lesson presentations and critique

Activity 13A **Introduction to Managing the Environment Unit** **30 minutes**	**Prior to this lesson the trainer should draw a large chain link between the lifestyle practices of some Jamaicans and environmental degradation issues such as floods, rat infestation etc. The trainer should only label the first chain link.** ➢ The Trainer should paste the flip chart with the chain link diagram on the wall and ask different groups to discuss and decide on how to complete the labeling. ➢ Engage trainees in a general discussion about their individual role in preventing the varying environmental degradation manifestations given by each work group. ➢ Have the groups develop and sing a jingle about; "What am I gonna do about it?"
Activity 13B **Review of Regional Standards and core outcomes** **15 minutes**	Have one work group provide a definition for "Environmental Management" as found in the Regional Framework. **See resource materials beginning on page 42 through 47** Another work-group may lead out in reviewing the Regional Standards and Core Outcomes of the Environmental Management Unit. Allow for them to field questions from the larger training group.
Activity 13C Trainee practice lesson planning Session **45 minutes**	Lead the group into the trainee lesson preparation section. They will choose a lesson from the HFLE curriculum, develop a lesson plan and present the lesson to their peers. Ask teachers to carefully review the different components as outlined at the start of each lesson: • Regional Standards and Core Outcomes • Purpose • Objectives • Overview of lesson activities • Teaching methods • Resources and materials Provide the required materials for the groups to plan their lessons. The trainer should move around the room to observe the planning process and provide guidance or answer questions as needed.

Activity 13D: **Trainee Lesson Presentations and Review**	➢ The trainer should have the groups draw straws to decide which work group goes first or otherwise alternate for each lesson to be presented. ➢ Work groups will follow the same pattern for presentation as they did for the Self and Interpersonal Relations Unit. ➢ After each lesson has been presented, have the presenting group assess their own strengths and weaknesses (referred to as group processing) using the guidelines outlined in **7B**. ➢ After the group has completed their processing, have the wider training group provide feedback to them. Refer to the handout, "Tips on Giving Feedback." The trainer should moderate this session carefully to ensure that self-dignity is preserved and that the session is conducted in a frank and honest manner that enhances learning. ➢ Incorporate rewards for each lesson presentation. Ensure that the wider training group gives the presenting group a vigorous ➢ Review the specific skills that were developed. ➢ Ask the group if they adapted the lesson in any way, e.g., for special needs students. ➢ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges. ➢ Ask other teachers to provide feedback on other innovative strategies for teaching this lesson

Managing the Environment

Resource Materials

13.1
Sample Lesson Plan # 1

HFLE THEME – MANAGING THE ENVIRONMENT

Unit Topic: The Importance of the Environment for Health and Wellbeing

Unit Objectives: By the end of the unit on The Importance of the Environment for health and wellbeing, participants should be able to:
1. Demonstrate an understanding of the interrelationship of a sustainable natural environment
2. Demonstrate an understanding of the threats to the health and well being of citizens that environmental destruction poses
3. Demonstrate an understanding of the threats to the economy that environmental destruction poses
4. Appreciate that each individual has a responsibility to contribute to a healthy, sustainable environment

Lesson Topic: *Planning for Disasters*

Grade Level: 5

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on ***Planning for Disasters***, participants should be able to:
1. Use critical thinking skills to develop disaster plan of action
2. Use decision making skills to respond to an impending disaster

Life Skills Focus:	Social:	Communication, Advocacy
	Cognitive:	Critical thinking, Creative-thinking, Decision-making
	Coping:	Assertiveness

Materials: Charts: Are you ready for an Earthquake, Hurricane Safety, Freddy the Friendly Flood Guide, Flooding: Are you Prepared.

Overview of the
Concepts: Some disasters are preventable and some are brought on by the activities of human beings. Loss of life and property can be avoided if every- one takes responsibility for his or her safety and the safety of others by engaging in ongoing planning for the event of a disaster of any kind.

Preparation: Teacher reads a bulletin to students which represent the latest advisory of a impending hurricane.

Introduction.
Step 1: Students are asked the following questions:
Having heard the advisory what do we need to do in preparation for the hurricane?

This question may be used to prompt discussion among students.

Step 2:   Teacher records responses and reinforces critical points. The points will form the component of a Hurricane Action Plan. Students are asked to separate in groups.

Step 3:   In their groups, students will role play the preparations and precautions to take in the event of a hurricane in the following locations:
- At home
- In the Community
- At School

Each group will be required to prepare a Hurricane Action Plan. Teacher instructs students to present their plan before the start of their role play. Students are reminded to delegate responsibilities to individuals. There may be time for only one group to present.

Step 4:   Teacher asks students the following questions to encourage discussion and input.

- How did the family at home prepare for the hurricane?
- Were the individuals prepared?
- What else could have been done? /What was not done?
- What was the outcome of their preparation?

Students sing Lovindeer's "Wild Gilbert" and are asked to analyze the words. Students are given the opportunity to respond.

Culminating Activity: Students draft Hurricane Action Plans for their homes and ensure each member of their family is given a specific task or set of tasks.

13.2
Sample Lesson Plan # 2

HFLE THEME – MANAGING THE ENVIRONMENT

Unit Topic: Pollution

Unit Objectives: By the end of the unit on Pollution, participants should be able to:
1. Identify elements of pollutants in the environment
2. Discuss the negative implications for polluting the environment
3. Analyze strategies for preventing the pollution in the environment
4. Examine ways of dealing with the existence of pollution in our environment.

Lesson Topic: Caring for our Land Resources

Lesson duration: 40 minutes

Lesson Objectives: By the end of the lesson on Caring for our Land Resources, participants should be able to:
1. Identify the evidences of land degradation in the school community
2. Examine the causes of land degradation in the school community
3. Plan a programme to solve the land degradation situations within the school community.

Life Skills Focus: Social: Communication, Advocacy
                             Cognitive: Critical-thinking, Decision-making
                             Coping: Healthy self-management

Materials: Environmental Charts

**Overview of the
Concept**:

The protection of the environment is everybody's responsibility. Awareness of land degradation is the first step to bringing about an awareness of measures to protect the environment from destruction. When we protect the environment we are protecting our health, longevity and quality of life.

Preparation: Participants explore the school environment and examine evidences of land degradation. They list these and take to the class.

Introduction:

Step 1:   Each group reports to the class on the land degradation seen in the   school environment. (5 minutes)

Step 2:   Teacher brainstorms with groups the causes of the land degradation they have seen in their school community.

Step 3:   Each work group selects one of the land degradations in the school community and develops a plan to solve that problem which includes starting an Environment Club or supporting the one that already exists.

Culminating
Activity: The teacher randomly asks two participants to step to the front of the class and give a 2-minute speech beginning, "I have a dream that one day (name of School) will………… (the completion will   relate to a school environment where the land environment is free from pollution). Teacher and participants applaud each speech.

13.3
Sample Lesson Plan #3

HFLE THEME # 4 – MANAGING THE ENVIRONMENT

LESSON PLAN

Unit Topic: The Importance of the Environment for Health and Wellbeing

Unit Objectives: By the end of the unit on **The Importance of the Environment for Health and Wellbeing**, participants should be able to:
1. Demonstrate an understanding of the interrelationship of a sustainable natural environment
2. Demonstrate an understanding of the threats to the health and well being of citizens that environmental destruction poses
1. Demonstrate an understanding of the threats to the economy that environmental destruction poses
2. Appreciate that each individual has a responsibility to contribute to a healthy, sustainable environment

Lesson Topic: *Planning for Disasters*

Grade Level: 5

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on, **Planning for Disasters**, participants should be able to:
1. Use critical thinking skills to develop disaster plans of action
2. Take personal responsibility to discuss plans of action with parents

Life Skills Focus:	Social:	Communication, Interpersonal relations, Advocacy
	Cognitive:	Critical thinking, Creative thinking, Decision-making
	Coping:	Self-assertiveness

Materials:	Charts: Are you ready for an Earthquake, Hurricane Safety, Freddy the Friendly Flood Guide, Flooding: Are You Prepared?

Overview of the Concepts:	
	Some disasters are preventable and some are brought on by the activities of human beings. Loss of life and property can be avoided if everyone takes responsibility for his or her safety and the safety of others by engaging in ongoing planning for the event of a disaster of any kind.
Preparation:	Participants, in their groups, research one of four aspects of a hurricane that happened in Jamaica in the recent past, (the preparation for the hurricane, the damage done by the hurricane, cleaning up after the disaster,

and how the damage could have been eliminated or lessened). They plan a 2-minute role play to demonstrate their point. They come to the class with pictures and information to share with others.

Introduction. Step 1:   a)   Each group places their research assignment on display.
(5 minutes)

Step 2:   a)   Each group discusses their assignment making
(15 minutes)   reference to their models or pictures.

Step 3:   a)   Each group role-plays for 2 minutes a disaster-preparedness
(15 minutes)   scenario and shares their disasters plan with the rest of the class.

Culmination Activity: Class sings a few lines of a hurricane song.
(5 minutes)

Extension Activity: a)   Participants write an article on, "Disaster
                        Preparedness is My Business Too" to be sent to one of our national newspapers for publication.
                c)   Teacher negotiates to get the essay published.

13.4
Sample Lesson Plan # 4

HFLE THEME #4 – MANAGING THE ENVIRONMENT

LESSON PLAN

Unit Topic: *Our Environment is Everything around us*

Unit Objectives: By the end of the unit on **Our Environment is Everything around us**, participants should be able to:
1. Understand elements of the environment
2. Appreciate the need for a healthy environment
3. Appreciate the elements of a safe environment

Lesson Topic: **I can Improve my Environment**

Grade Level: 1

RPC Integration: Unit title: Things in the Home. Focus Question no. 2. How do I care for the things in my home and use them safely? Pages 53 & 54.

Lesson Duration: 40 minutes

Lesson Objectives: By the end of the lesson on, **I can Improve my Environment,** participants should be able to:
1. Demonstrate two actions for keeping themselves and their environment clean.
2. Describe two effects of poor disposal of waste on human health.

Life Skills Focus:	Social:	Communication, Advocacy
	Cognitive:	Decision-making
	Coping:	Self assertiveness and Self-awareness
Materials:	Charts: The 4 R's of Garbage Management, Reasons we should Protect the Trees, Some Impacts of Solid Waste	
Overview of the Concept:		
	Children need to learn that the protection of their environment is also their responsibility. They can take simple actions that will make life for them more pleasant and healthy. They can also take actions that destroy the environment and can lead to sickness, discomfort and even death.	
Preparation:	Participants examine their school grounds, offices and classrooms to identify areas of good and improper waste management. They should take samples to demonstrate the points as they plan to share with the class. They also plan to make recommendations for improving the improper practices.	
Introduction: Step 1:	a) Groups set up their display corner and prepare for their	

(2 Minutes)presentations.

Step 2:   Groups report on the school's waste management practices.
(10 minutes)

Step 3:   a)   In their groups participants plan a "Clean as a Whistle
(10 minutes)   Campaign" for their school. Groups organize themselves.
                              One group focuses on what is needed,
                                     Another group on how to secure the resources Another group on
                                     how to convince school administrators, teachers and other students
                                     to become involved in the campaign, and,
                                     Another group on getting the word out into the community about
                                     their plans and activities.

Step 4:   a)   Groups report on their plans
(15 minutes)   b)   Groups revise plans based on the information from other
                                 groups.
                       b)   The facilitator brainstorms with groups on an
                                 implementation schedule.
                       c)   Groups take responsibility for their area of responsibility

Culmination
Activity: Class sing the jingle, "Bits of Paper." They improvise an additional
(5 minutes)   verse to include the "Clean as a whistle" theme.

13.5 HEALTH AND THE ENVIRONMENT

There is an interdependence of man and the natural environment. If we do not protect the air, water, land, flora and fauna, in time the environment will lose its ability to sustain good health and quality life. The environment from the perspective of the Grades 1-6 student should be defined in terms of the home, school and community. From the perspective of the Grade 7-9 student it should be defined in terms of the personal and collective responsibility to ensure a healthy environment and consequently healthy humans.

The emphasis is on personal and collective (community) responsibility to improve health through better air quality (plant trees and limit the burning of garbage/refuse); to the reduce potential of getting vector- borne diseases (limit breeding sites for flies, rats and mosquitoes) through proper waste disposal; and being prepared for natural disasters.

13.6 Conservation

Rethink Reduce Reuse Recycle

Conservation is simply the wise use of resources. The consumer conservation ethic is sometimes expressed by the *four R's*: " Rethink, Reduce, Reuse, Recycle," This relates to the sustained, and efficient use of renewable resources, the moderation of destructive use of resources, and the prevention of harm to common resources such as air and water quality, the natural functions of a living earth, and cultural values in a built environment.

In common usage, the term refers to the activity of systematically protecting natural resources such as forests, including biological diversity. Carl F. Jordan defines the term as "biological **conservation** as being a philosophy of managing the environment in a manner that does not despoil, exhaust or extinguish".

Environmental protection is a practice of protecting the environment, on individual, organizational or governmental level, for the benefit of the natural environment and (or) humans.

Due to the pressures of population and technology the biophysical environment is being degraded, sometimes permanently. This has been recognised and governments began placing restraints on activities that caused environmental degradation. Since the 1960s activism by the environmental movement has created awareness of the various environmental issues. There is not a full agreement on the extent of the environmental impact of human activity and protection measures are occasionally criticized.

Protection of the environment is needed from various human activities. Waste, pollution, loss of biodiversity, introduction of invasive species, release of genetically modified organisms and toxics are some of the issues relating to environmental protection.

13. 7 Pollution of the Environment

Pollution can be defined as the introduction of a foreign substance into the environment which defeats the ability of the environment to adjust or cope with it.

The result is that the environment no longer remains pure but is contaminated and may even be destroyed. Environmental pollution also affects man's health.

Land pollution
Causes
- Land pollution is caused by the following: dumping solids and liquid waste in backyards, at roadsides, vacant lots, beaches, etc.
- Dumping or buying of toxic waste by industry;
- Improper use of fertilizers or pesticides by farmers;
- Open-pit mining / strip mining, e.g., as used in bauxite industry;
- Quarrying for building materials

Consequences
The consequences of land pollution are as follows:
- It creates an unhygienic environment which promotes the spread of disease, e.g., cholera and dengue, by flies, mosquitoes and rats.
- It causes offensive odours
- Toxic waste poisons the soil preventing food production or human settlement
- Chemicals in fertilizers may be transmitted to plants and eventually animals and humans, thereby causing diseases.
- It reduces good agricultural land.
- It affects the revenue-earning capacity of tourism because of an area's negative image

Remedial measures and policies
Land pollution can be minimized by:
- Education awareness programmes
- Legislation regulating the disposal of solid waste
- Recycling
- Better garbage disposal systems
- Development of appropriate sites for toxic waste disposal
- Removal of toxic waste from environmentally sensitive areas
- Strict monitoring in the bauxite and building industries
- Use of alternative methods by farmers
- Creation of compost heaps with kitchen waste

Water pollution
Water pollution is defined by the United Nations Food and Agriculture Organization (FAO) as 'the introduction by man of substances into the aquatic environment resulting in such deleterious effects as harm to living resources; hazards to human health; hindrances to aquatic activities including fishing; impairment of quality for use for water, and reduction of amenities'.

Fresh water pollution
Fresh water is found in streams, rivers, lakes and springs. Fresh water pollution may be caused by:

- Household wastes which enter the drainage system

- Agricultural inputs and wastes- pesticides, animal manure and inorganic fertilizers
- Industrial and chemical wastes
- Effluent from factories
- Discharge of raw sewage
- Waste from mining activities
- Sedimentation
- Oil spills
- Acid rain

Organic pollution can come from sewage and other wastes from food and beverage manufacturing, processing plants like canneries, meat and fish processors, sugar refineries, rum and beer distilleries, which discharge untreated waste water into rivers. Other sources of organic waste are pig and poultry farms which often discharge their wastes directly into river courses.

Effects of fresh water pollution
- Domestic water becomes polluted because excess sedimentation makes the water filtration system less effective.
- Recreational areas for bathing and fishing are restricted.
- Ground water / surface water transmits diseases to man.
- Logging and mining cause siltation or sedimentation harming fish life.
- Mining activities contaminate aquifers.
- Livelihoods are disrupted, e.g., fishermen.
- Tourism declines.

Marine pollution
Marine pollution contributes to the destruction of our coastal areas, our seas and our reefs. It is caused by:
- Improper sewage disposal
- Industrial effluent
- Oil spills and leakage
- Agricultural runoff
- Household garbage

Other effects of marine / coastal pollution are:
- Tourism industry declines
- Employment opportunities decrease

Remedial measures and policies
Government can introduce policies to reduce marine / coastal pollution. Read the suggestions below.
- Introduce education awareness programmes about the value of water and the sea as a resource
- Introduce legislation forbidding the dumping of harmful wastes into the sea
- Use more coastal patrol to monitor ships which may be dumping sewage
- Develop new technologies for waste disposal
- Introduce more frequent checks and stricter measures about oil drilling, especially offshore
- Ensure better control of agricultural use of pesticides

Air pollution
Human activity is the major cause of air pollution. Air pollution is caused by the following:
- Exhaust as a result of factory operations
- Motor vehicle exhaust
- Burning refuse

- Aerial spraying of crops

Emissions from natural sources also cause some amount of air pollution. These sources include:
- Plants
- Volcanic eruptions (they release poisonous gases into the atmosphere)
- Mud
- Forest and bush fires
- Wind-blown soil
- Land and water bodies, including swamps
- Soil bacteria

Consequences of air pollution
- Air pollution, which includes smog, lower visibility
- It damages plant life
- It affects human health (increase asthma and other respiratory ailments)
- It damages buildings
- Lead in the environment impairs mental and physical development in children

Acid Rain
One of the most serious consequences of air pollution is acid rain. Coal, oil and petrol release a mixture of waste gases as they burn. These gases mix with water vapour in the atmosphere to form sulphuric acid and nitric acid. The acid- containing water vapour, later falls to the earth as acid rain, sometimes hundreds of kilometres from where it was formed.
Reducing the problem of acid rain
The incidences of acid rain can be reduced by:
- Using alternative energy sources (not fossil fuels)
- Using emission control devices (for example, catalytic converters in vehicles and machinery)
- Using equipment that removes acidic substances from emissions in power stations.

Global warming
Temperatures on earth today are generally higher than at any time since the last Ice Age. It is predicted that temperatures will increase in the future. This global warming is caused by a blanket of greenhouse gases.

Effects of global warming
The effects of global warming are as follows:
- Low-lying areas flood as sea rises
- Storms increase and weather becomes unpredictable
- Crops fail resulting in food shortages
- New pest and diseases are found in areas previously unaffected
- Plants and animals become extinct
-

Remedial measures and policies
Various measures can be taken to reduce global warming:
Enactment and enforcement of legislation to deal with pollution control (for example, banning the use of CFCs)
Introduction of education awareness programmes
Use of incinerators to burn refuse
Use of unleaded gas, compresses natural gas and other alternative energy systems
Use of filters at factories

Noise pollution

Noise- a disturbing form of pollution

Noise is often defined as unwanted sound. However, what is wanted by some (rock music to the young) may be unwanted by others (their parents). So that any sound may be a 'noise' if it is the wrong sound in the wrong place at the wrong time. It is partly this individual reaction which makes noise such a complex problem.

What, you might ask, is so bad about noise? Well, noise affects hearing and concentration. Five minutes exposure to noise at levels of 120 decibels (or shorter exposures at higher levels of intensity) may cause temporary hearing loss.

We have the knowledge and technology to control almost every indoor or outdoor noise problem. We can control the source, block its transmission path, or protect the receiver. But first, the public must be educated and persuaded to reduce noise levels.

Causes of noise pollution

Some causes of noise pollution are as follows:
- Noise created by transportation, e.g., blare of sirens, honk of horns, squeal of brakes, roar of jet aircraft
- Construction noise, eg., sound of jackhammers, pneumatic riveters, bulldozers, concrete mixers, etc;

Effects of noise pollution

Noise pollution:
- Annoys and distracts
- Hinders concentration
- Causes mental fatigue
- Creates mental fatigue
- Creates nervousness
- Impairs sensory system and leads to hearing loss

Remedial measures and policies

The following measures can help to prevent noise pollution:
- Enactment and enforcement of legislation re noise level (for example, an act to control noise levels was passes in Jamaica in 1997)
- Use of awareness programmes on dangers of noise pollution
- Use of volume control devices and silencers
- Use of ear plugs
- Use of appropriate material which dampens sound in buildings

Visual pollution

A beautifully designed building, a well- laid out city and creative landscaping are generally pleasing to the eye. On the other hand, people generally abhor unattractive structures or designs which may be lacking in creativity. For this reason, attention should be given to urban planning and rural development. People prefer to live, and work better, in an attractive environment.

Billboards used for advertising which are not maintained and slogans and graffiti painted on walls and buildings, all destroy the beauty of the environment. It is the responsibility of the individual and our elected representatives to ensure that the environment is habitable.

13.8   Fire Safety tips

The menace of fire as a potential disaster is with us every day. Many of the deaths that have resulted from fires could have been avoided if these basic fire safety precautions had been observed and put into practice.

1. **Prepare and practice a fire plan, which should include:**

   a. The establishment of a way of escape from each section or room of the building

   b. The establishment of alternative routes out of the building.

   c. Training every occupant of the house or building on a regular basis, and carrying out fire drills, both day and night.

   d. Making yourself familiar with the quickest means of calling the fire brigade.

2. **What to do if fire breaks out:**

   a. Raise an alarm to warn others of the emergency.

   b. On suspicion of fire, get children and helpless persons out of the building immediately.

   c. Get out of the building immediately

   d. **Do not go back into a burning building**
      You may not come out alive.

   e. If you are trapped in the building, lie flat on the ground and try to creep out; the air is clearer near the floor.

   f. **Call the Fire Brigade at 110**

   g. No matter where you live or work, be familiar with all exits, including windows.

   h. Remember to turn off gas connections and electricity

3. **How to prevent fires:**

   a. Do not keep gasoline in or near domestic areas.

   b. Do not buy or keep gasoline or other highly inflammable liquids in breakable containers.

   c. Do not leave inflammable liquids carelessly placed at home or in immediate reach of children.

   d. Do not leave open flames, such as candles and kerosene lamps, in the reach of children. If possible, avoid using candles, especially when there are children in the house. Never allow children to use matches, nor leave them within their reach.

e. Do not leave electric irons, hot plates or other appliances plugged in as overheating can cause fire.

How bush fires are stared

Bush fires have now become a problem in Jamaica, especially during the dry and windy period of February to August. Bush fires often result from the indiscriminate and uncontrolled use of fires and can be prevented.
In other instances, bush fires are often started from the burning of charcoal, or unattended fires. Careless disposal of cigarette butts in dry areas may also start bush fires.

Consequences of Bush Fires

- Bush fires can destroy valuable crops, plants, fruit trees and forested areas.

- Bush fires can cause loss of human life and property.

- Fires leave the soil empty of its natural cover and soil erosion and landslides often result. Soil fertility is reduced.

- Smoke and fumes produced during bush fires can have adverse effect on human health. Individuals suffering from respiratory illnesses such as asthma and sinusitis can be adversely affected.

- As a consequence of erosion following bush fires, roads and drains may be blocked, and streams and rivers filled with sediment.

- In addition run-off is accelerated and the amount of water entering the soil to replenish underground reservoirs is reduced.

How to prevent bush fire
- Avoid burning fires to clear land especially during the dry season. Never light a fire in the open area when it is windy.

- If you absolutely must burn, construct a firebreak by clearing an area around the proposed area to be burnt.

- Get proper instructions and guidance from the Fire Department, your Forestry Officer or an Agricultural Extension Officer.

- Smokers should ensure that butts and other lighted materials are extinguished before leaving the point of disposal.

- Fires should not be started idly.

References

Bruce, J. & Showers, B. (2002). *Student Achievement through Staff Development*.

   Virginia: Association for Supervision and Curriculum Development

Daft, R. L. (2003). *Management,* (6th edition). Ohio: South-Western

Dessler, G. (2006). *Human resource management*. New Jersey: Prentice Hall.

Green, W. H., Henriquez-Green, R., Burton, L., & Green, T. (2003). *Pedagogical*

   Foundations of Education. New Jersey: Synergy Plus.

Kagan, S. (1994). *Cooperative Learning*. California: Kagan Cooperative Learning

Robins, S. (2003). *Organizational Behaviour*. (10th Edition). New Jersey: Prentice Hall.

SAMPLE TRAINING PROGRAMME SCHEDULE
~~~~Four-Day Model~~~~

DAY ONE

8.30 – 9.45	Registration & Coffee Break
9.45 – 10.00	Devotion & Ice Breaker
10.00 – 11.00	Overview of Health and Family Life Education
11.00 – 11.15	Break-out Session / Training Rooms
11.15 – 12.00	Group Dynamics
12.00 – 1.00	Session One – Life Skills Education (Part 1)
1.00 – 2.00	Lunch
2.00 – 3.00	Session One – Life Skills Education (Part 2)
3.00 – 4.00	Session Two – Interactive Teaching Methods (Part 1)
4.00 – 6.00	Exploring Self
6.00 – 6.15	Journaling

END OF DAY ONE

DAY TWO

9.00 – 9.30	Devotion, Ice Breaker & Reflections
9.30 – 10.30	Session Three – HIV & AIDS Education
10.30 – 11.30	Session Two cont'd. – Interactive Teaching Methods (Part 2)
11.30 – 12.30	Session Three – Alternative Assessment Methods (Part 1)
12.30 – 1.30	Lunch
1.30 – 2.30	Session Three Cont'd. – Alternative Assessment Methods (Part 2)
2.30 – 3.30	Session Four - Sample Lesson Presentation
3.30 – 5.30	Session Five – Self & Interpersonal Relationships Lesson Planning and Presentations
5.30 – 5.45	Journaling

END OF DAY TWO

DAY THREE

9.00 – 9.30	Devotion, Ice Breaker and Reflections
9.30 – 11.30	Session Six – Sexuality and Sexual Health Lesson Planning and Presentations
11.30 – 12.30	Session Seven – Appropriate Eating and Fitness Lesson Planning and Presentations (Part I)
12.30 – 1.30	Lunch
1.30 – 2.30	Session Seven – Appropriate Eating and Fitness Lesson Planning and Presentations (Part 2)
2.30 – 4.30	Session Eight – Managing the Environment Lesson Planning and Presentations
4.30 – 5.00	Life Skills Reflections
5.00 – 5.10	Journaling

Note: Participants plan for Session Nine as an out of training room activity

END OF DAY THREE

DAY FOUR

8.30 – 9.00   Devotion, Ice Breaker and Reflections

9.00 – 10.00   Session Nine – Planning for Reflections on Training
                               Programme utilizing the performing arts

10.00 – 12.00   Closing Ceremony

12.00 – 1.00   Lunch

END OF TRAINING PROGRAMME

SAMPLE TRAINING PROGRAMME SCHEDULE
~~~~THREE-DAY MODEL~~~~

DAY ONE

9.00 – 9.30	Registration
9.30 – 10.00	Devotion & Ice Breaker
10.00 – 10.30	Overview of Health and Family Life Education
10.30 – 10.45	Break
10.15 – 11.30	Session Two – Life Skills Education
11.30 – 12.30	Session Three – Interactive Teaching Methods
12.30 – 1.30	Lunch
1.30 – 2.30	Session Four – Alternative Assessment Strategies
2.30 – 3.30	Session Six – HIV & AIDS Education
3.30 – 5.00	Session Five – Exploring the Self
5.00 – 5.30	Life Skills Reflections 1 – My Readiness for the Life Skills Approach to Instruction
5.30 – 5.40	Journaling

End of Day One Training

DAY TWO

9.30– 9.00	Devotion & Ice Breaker
9.00 – 9.30	Day One Journaling Responses
9.30 – 10.30	Session Six – Model Lesson Presentation & Analyses
10.30 – 11.15	Session Seven – Trainee Lesson Planning Groups (Self & Interpersonal Relationship.)
11.15 – 1.15	Session Eight – Trainee Lesson Presentations & Group Processing (SAIR)
1.15 – 2.15	Lunch
2.15 – 3.00	Session Nine – Trainee Lesson Planning in Groups (Sex and Sexuality)
3.00 – 5.00	Session Ten – Trainee Lesson Presentation & Group Processing
5.00 – 5.30	Life Skills Reflections 2 – Life Skills & the Jamaican Education System
5.30 – 5.40	Journaling

End of Day Two Training

NOTE: Homework Assignment: Groups assigned to plan lessons for presentation on Managing the Environment and Eating and Fitness on day three

DAY THREE

8.00 – 8.30	Devotion & Ice Breaker
8.30 – 9.00	Day Two Journaling Responses
9.00 – 11.00	Session Eleven – Trainee Lesson Presentation & Group Processing
11.00 – 11.30	Break
11.30 – 12.30	Reflections on the Training Programme Using the Performing Arts
12.30 – 1.30	Closing Ceremony
1.30 – 1.40	Journaling
1.40	Lunch and Departure

END OF 3-DAY TRAINING PROGRAMME MODEL

SAMPLE TRAINING PROGRAMME
~~~~ONE-DAY MODEL~~~~

<u>Notes on this Model</u>
This one-day training schedule model is intended to respond to the varying constraints that trainers will face as they seek to build sensitization and skills in supporting and delivering aspects of the HFLE using the Life Skills Approach.

For each Session, the trainer should pull the relevant training activities from each Training Session outlined in the manual. Choose the associated resource materials from that Session, photocopy as is needed and use as instructional materials. Trainers may not even have the luxury of a full day to train.

This model provides opportunities for trainers therefore to implement different portions on different days. In such a situation, trainees may be given home work assignment to read or process information in preparation for the next training event.

The trainer may incorporate incentives for participants to attend and remain to the end of the training day.

8.00 – 8.15	Registration
8.15 – 8.30	Devotion & Ice Breaker
8.30 – 9.00	Overview of Health and Family Life Education
9.00 – 10.00	Session One – Life Skills Education
10.00 – 10.15	Break
10.15 – 11.15	Session Two – Interactive Teaching Methods
11.15 – 11.45	Session Three – Alternative Assessment Strategies
11.45 – 12.30	Lunch
12.30 – 1.30	Session Four – Exploring the Self
1.30 – 2.30	Session Five – HIV & AIDS Education
2.30 – 3.15	Session Six – Model Lesson Presentation & Analysis
3.15 – 3.45	Trainee Practice Lesson planning (If possible, this activity should be done as a homework assignment)
3.45 – 4.30	Trainee Practice Lesson Presentations and analyses
4.30 – 4.40	Journaling

LIST OF ACRONYMS AND ABBREVIATIONS

CARICOM	Caribbean Community
CFNI	Caribbean Food and Nutrition Institute
JDF	Jamaica Defense Force
JIS	Jamaica Information Service
MOH	Ministry of Health
NEPA	National Environment and Planning Agency
NHF	National Health Fund
ODPEM	Office of Disaster Preparedness and Emergency Management
PALS	Peace and Love in Society
PAHO	Pan America Health Organisation
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UWI	University of the West Indies
WHO	World Health Organisation