

## **Exploring the roles of curriculum workload and Belief Systems in the implementation of a School Health Programme of a Caribbean Island**

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### **Abstract**

**Aim:** The aim of this study is to explore the issues of belief system and lack of time in the implementation of well-intended school health programme of a twin Island state. **Design:** A qualitative exploratory case study was undertaken with teacher-participants who were trained for the delivery of the Health and Family Life Education program in Trinidad and Tobago. Eleven of the identified 15 teachers volunteered in a two focus group sessions were undertaken on the effects of belief system and curriculum workload in the implementation of the programme. Data was analysed using the Collaizi's recommendation for this kind of phenomenological study. Participants' statements were recorded and themes collated and presented as result. **Result:** Participants indicate that their beliefs, the school's beliefs and those of the parents play major role in the extent of implementation of the HFLE program. Similarly, they concurred that work load, measured by time to cover all matters on the programme was a major factor in the implementation of the programme. **Discussion:** The implications of these result were discussed in line with literature. Recommendations were offered.

**Keywords:** Caribbean, School health program, Health education

### **Introduction**

School Health Programs are often designed in response to identified problems, so as to reduce the effects of the problem. Various educational approaches in form of school health programs are adopted by countries to help prevent risky and unhealthy activities among students. HFLE is one of those school health programs in Trinidad and Tobago aimed at attending to the identified health issues of students in the twin Island State.

Health and Family Life Education (HFLE) as a school health program is a skill-based approach to education that helps to improve the development of healthy living, social, cognitive and emotional skills in students; it is a type of education that is geared towards providing children with knowledge and life skills that will enable them to live healthy and make good decisions about life and be productive citizens (Drake, Graham, Fuller & Jenkins, 2009). According to Page and Page (2011), School health program is beneficial to students in the sense that it will help to improve academic performance, enhances positive behaviours, reduces teenage pregnancy, delays the early initiation of sex, and reduces the spread of sexually transmitted diseases. Hence education that provides students with basic academic skills and skills related to health is important to their physical, mental, social and emotional well-being (Marks, 2012; Weare, 2000; Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997); although Naidoo & Wills (2011) articulated that the teaching of mental, social and emotional health is a challenging task for teachers.

Page and Page (2011) indicated that one of the barriers facing the successful implementation of school health programs is limited time to cover all areas of school health programs because these programs have vast content areas. Hall & Hord (2007) opined that challenges experienced by teachers during program's

implementation should be addressed in order to minimize the negative effects they will have on the program. Implementing school health programs need proper planning and provision of adequate human and material resources (Samdal & Rowling, 2013; Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion, 1997).

### **Global Cases of School Health Programs**

Countries across the globe in their efforts to equip students with healthy life styles, implement one form of school health program or the other. In New Zealand, Health promoting schools (HPS) was established in 1991 after the 1986 Ottawa Charter for health promotion. HPS supports schools in identifying their health and education needs, and developing ways of addressing the identified needs. HPS is faced with challenges such as lack of infrastructures and evaluation, and policy commitment (Ministry of Education New Zealand, 2012). Chile implements a school health program called “Skills for Life”; the program has proven to yield result in the way of enhancing positive behaviour in students and also helping students to achieve better academic performance (Javier...et.al, 2015). Furthermore, the United Kingdom (UK) government in her National School Curriculum has a program called Personal, Social, Health and Economic (PSHE) Education. This program was designed to help equip children with practical skills, knowledge, attitudes and understanding that will enable them to live healthy. Result from one of those studies on PSHE showed that the program is very effective in schools. On the other hand, the study indicated that lack of coherent PSHE education program and the absence of core curriculum time were seen as challenges (Department of Education, Gov.UK, 2013).

### **The Case of the Caribbean Community States**

There was need to address the overall well-being of the Caribbean students. HFLE is a regional school health program in the Caribbean Community (CARICOM) member states; Trinidad and Tobago is a CARICOM state. It was developed to help children and young individuals cope with challenges of life, live healthy and achieve their full potentials. These challenges affect their social, emotional, mental and physical well-being in ways of depression, anti-social behaviours, violence, disruptive activities, suicide, mental distress, and exposure to sexually transmitted diseases, teen pregnancy, drug and substance abuse and bullying (Health and Family Life Education Teacher Training Manual, 2009). The CARICOM in its bid to ensure a successful implementation of HFLE, developed a regional curriculum framework for CARICOM countries to use and develop their curriculum according to their national needs (HFLE Teacher Training Manual, 2009). It has been indicated that Health and Family Life Education in Caribbean is still not effective after many years of its introduction (Drakes et.al, 2009).

Studies done on HFLE in some CARICOM countries like Antigua, Grenada, St. Lucia, Barbados and Belize indicated that it impacts positively on students’ health, behaviour and academics. On the other hand, some of these studies (Middleton, 2012; Constantine, Steve and O’ Donnell, 2009; Rampersad, 2008; Rogers, 2003; WHO Expert Committee on School Health Education and Promotion, 1997; Onuoha, Dyer-Regis and Onuoha, 2016; and Marks 2012) revealed limitations to HFLE successful implementation such as but not limited to the following:

- some denominational schools objecting to teaching HFLE
- less priority given to HFLE curriculum which impacted on time-tabling arrangements
- teachers’ lack of confidence to teach HFLE and their lack of commitment to the subject
- lack of training to deal with sensitive issues such as sexuality
- teachers’ discomfort to teach lifestyles which are in conflict with their own life styles, beliefs, and health behaviours
- low number of HFLE teachers; and slow process of training and retraining teachers
- insufficient time given to the teaching of HFLE
- Limited experience using the pedagogic strategies in delivery the curriculum; lack of clarity on meanings and strategies.

- limited resources and teaching materials
- use of non-health teachers to teach health education,
- policy-makers and administrators place a low priority on Health Education;

### **The case of HFLE Implantation in Trinidad and Tobago**

Literatures are replete with indications that limited time devoted to the content of the HFLE program in schools, and belief system factors among teachers and their parents of the school children militate against the proper implementation of this well-intended program in other CARICOM states (Middleton, 2012; Constantine et.al 2009 & Rampersad, 2008). Trinidad and Tobago, a twin island CARICOM state, on the other hand, implements HFLE at the primary and secondary schools with the aim of enhancing the development of healthy lifestyle skills in students as well ensuring that students become responsible citizens. According to MOE (2014), the HFLE curriculum was developed under four themes namely:

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

Since its commencement, there have been numerous calls from stakeholders in Trinidad and Tobago for the government to look into the HFLE program to ensure its effective implementation envisaging challenges in its effective implementation (Drakes et.al, 2009; Guardian Newspaper, 2011).

This study attempts to investigate this conjecture of curriculum overload, and the belief systems of the teachers and schools, regarding their effect in the implementation of HFLE in Trinidad and Tobago. This conjecture will be put to test using the “Usable Intervention” component of the Active Implementation Framework (AIF).

### **Conceptual Framework: Active Implementation Frameworks**

The US National Implementation Research Network (NIRN) in 2005, developed the Active Implementation Frameworks (AIFs) based on conducted research. It was designed to help understand why and how implementation of programmes succeeds or fails; and to address barriers to successful implementation (Bertram, 2014). AIF is a determinant framework; it determines factors which act as hindrances to successful implementation as well as facilitating factors (independent variables), that have impacts on implementation outcomes (dependant variables). AIF has five overarching frameworks as documented by Nilsen (2015) as follows:

- Usable Intervention
- Implementation Stages
- Implementation Drivers
- Implementation Teams
- Improvement cycles (Nilsen, 2015).

The AIFs’ *Usable Intervention* framework, proposes that for a program to be effectively implemented, there must be clarity about the program; clarity on values, intended outcomes, guiding philosophies, teaching and learning strategies, what the programme is for, goals and practical assessment of the programme. Furthermore, the program must be suitable and beneficial for it to be successful. Also, for effective implementation of any program, it has to be learn-able, teachable and practicable and the program should be well outlined.

**Study's Objective:** The study is to document the participant-teachers' perspectives regarding the roles of (a) workload and (b) belief systems as in the implementation of the HFLE program in Trinidad and Tobago schools.

### Methodology

**Research Design:** In Qualitative study, the meanings people ascribe to their lived experiences are explored (Miles, Huberman & Saldana, 2014). Hence the researchers explored participants' experiences with HFLE implementation in Trinidad and Tobago in relation to its challenges. This study is a case study of the case of HFLE implementation challenges in Trinidad and Tobago in particular, on the issues workload and belief systems as impediments in the implementation of the HFLE program in Trinidad and Tobago. Creswell (2013) indicated that case study is an in-depth exploration or detailed study of a particular case or cases geared towards understanding a group of people, an individual or a particular event.

**Sampling Technique:** Merriam (1998) opined that purposive sampling is best suited for case study; and is used when samples are selected intentionally based on the fact that they can inform the research issue. Purposeful sampling method was adopted in this study since the researchers wanted to understand the perspectives of those who have experiences on the implementation of HFLE in Trinidad and Tobago. Therefore, the researchers purposefully selected a group of secondary and primary school teachers because they have been trained for HFLE delivery at a higher institution in Trinidad and Tobago. The teachers were fifteen and constituted a year group registered in a youth guidance master's programme at the institution; eleven teachers were available for the study even though all the fifteen teachers were invited to partake in the study.

**Data Collection:** Creswell (2013) explained that in qualitative study, data is collected through multiple sources such as interviewing participants. In this case, data was collected through two focus groups with the teachers. The first focus group was with five teachers and the other was with six teachers.

**Data Collection Instrument:** Focus group guide was developed for the focus group with the selected teachers. The focus guide contained all the activities during the focus group sessions. It has a list of open-ended questions prepared beforehand that gave room for the participants to elaborate and express their views in their own words; it also allowed the investigators to probe more into the participants' responses. The question items in the focus group guide was guided by literature. According to Cohen & Crabtree (2006) focus guide is used for focus group session and contains step by step activities followed during the focus group session and contains open-ended questions that allows for clearer understanding of the research issue. The focus group discussion was tape-recorded and notes were also taken during the session.

**Data Analysis:** Data analysis involves understanding and explaining the data collected through a range of procedures and processes (Nigatn, 2009). Colaizzi's Phenomenological data analysis was used for the data analysis. Shosha (2012) indicated that Colaizzi's data analysis method has seven steps and it is suitable when analysing data from personal experiences. Shosha (2012) opined that Colaizzi's data analysis method has a seven step for data analysis which include:

- Reading of the transcribed interview
- extracting significant statements from the transcript
- forming meanings from the significant statements
- sorting the meanings into categories and themes
- integrating the meanings into description of the research issue
- the fundamental structure of the phenomenon described
- Validation of the findings sought from research's descriptive results.

Hence, the tape-recorded focus group sessions were transcribed; while codes, categories and themes were derived from the transcripts. The themes were discussed along with literature and presented in texts. The first theme was also discussed in relation to the Usable Intervention of AIFs. Quotes are used in qualitative

studies when illustrating the findings for direct link with data and this gives more credibility to the study (Burnard et.al 2008). As a result some of the participants' words were reported verbatim.

## Results

The themes "Curriculum Enactment" and "Problems with Diversity" were derived from the collected data.

### Theme 1: Curriculum Enactment

This theme was discussed in relation to Framework one of AIF which the "Usable Intervention". The categories that formed the theme are: **(a)** Time Challenge and **(b)** Workload Challenge.

**1 a) Time Challenge:** Time constraint was identified by the participants as one of the challenges to the successful implementation of HFLE when they were expressing why some schools do not implement HFLE. One of the participants explained:

*We have time constraints of the school's timetable; HFLE has a large content area and teachers find it difficult to cover all the areas in the HFLE curriculum.*

Another participant expressed:

*Teachers do not want their teaching periods to be reduced so as to accommodate HFLE which is not an examinable subject. Teacher wants to cover the syllabus and prepare students for exams... In the secondary school system, at the administration level you can't really see yourself sacrificing examinable subjects for it in terms of time...and in the lower secondary, they already have a lot of subjects on the timetable.*

**1 b) Workload Challenge:** Similar to time challenge, the participants also indicated that too much workload is negatively impacting on the successful delivery of HFLE. One of the participants exclaimed:

*In my school, teachers already have a lot of work doing, some teach three subjects, some cover from form one to five, and cannot withstand HFLE being added to their subjects.*

Furthermore, another participant said:

*...You have a teacher teaching from form one to five, some teaching two subjects. Giving them an extra subject becomes too much for the teachers.*

Participant-teachers in this study indicated that HFLE curriculum has a lot areas to cover and that they do not have enough time on their school's timetable.

### Theme 2: Problems with Diversity

The following two categories formed the theme: **(a)** Religion Issues and **(b)** Parents' different beliefs.

**2 a) Religion Issues:** Trinidad and Tobago has some schools run by various denominational religious groups which embedded their religious beliefs into their established schools' Curriculum. Also some teachers stick to their religious beliefs and will not teach anything in contrast to their beliefs. The religion beliefs of these schools and of the teachers now become a challenge to the enactment of HFLE subject at their schools. One participant explained:

*Trinidad and Tobago is heterogeneous in terms of religion and ethnicity. Here, we have diverse religious groups and all these groups have their schools run by them. They decide what should be taught to their students. Unfortunately, most of the schools run by these groups do not implement HFLE, and they choose which topics and what to teach their students...Even some teachers do not want to teach some HFLE topics in the "sexuality and Sexual Health theme" as a result of their religious backgrounds.*



Similarly another teacher said:

*I am in a Hindu school, we try to maintain the religious characteristics of the school, and we do not necessarily comply with the Ministry's objectives; as a result we do not teach HFLE as the curriculum is designed.*

Furthermore, one participant stated:

*...Additional in my school, being a denominational school, you have to also consider religious issues as well, because certain things even in terms of the use of birth control and other things, these are not the religious tenets of the school and so one has to be careful of the things you teach to the students. Personally as a Christian I cannot teach something against my religion.*

**2 b) Different Parents' Beliefs:** In a democratic state, every individual is entitled to his/her belief and these belief can be a barrier to delivering HFLE in schools especially when it is not an examinable subject. One participant expressed this view:

*Parents want teachers to concentrate on examinable subjects because they believe that giving less time to these subjects will negatively affect their children's academic performance.*

A participant said:

*They do not want their children to learn about contraceptives because they believe in abstinence.*

Another teacher echoed the same sentiment:

*We even get complaints and objections from the homes because some parents think that teaching their children about sex education may cause them to be promiscuous.*

HFLE implementation challenges were identified with faith-based schools and teachers who do not teach some topics of HFLE that are contrary to their religious belief. Also, the belief parents have regarding teaching topics on sex education is militating against the effective of the HFLE program.

## Discussion

**Theme 1:** The theme on the "Curriculum Enactment" identified "Time and Workload" as challenges to the implementation of HFLE in Trinidad and Tobago by the teachers. Framework one of AIF(s) which is on Usable Intervention articulates that program must be teachable, learnable and practicable for it to be successful implemented. Findings from the study suggest that HFLE enactment for some teachers is a big challenge in terms of time, workload and vast content area, and thus making HFLE not teachable for them. The Participants stated that the school timetable is already filled-up and this make it a difficult challenge to add HFLE subject to it. Also, teachers need time to cover syllabus for examinable subjects and would not want their time to be slashed for HFLE. This finding concurred with studies revealed that insufficient time for instruction is a limitation to the delivery of a health program in schools (Rampersad, 2008; Constantine et.al, 2009). Also Naidoo & Wills (2011) indicated that the teaching of emotional, social and mental health is a challenging task for teachers and also Page & Page (2011) stated that teachers complain of having limited time to cover all areas of their school health program as a result its vast content areas. It appears from these findings that HFLE cannot be properly implemented in all schools since the HFLE Curriculum and school's timetable are loaded thereby making it difficult for teachers to effectively teach the HFLE subject.

**Theme 2:** The result on "Problems with Diversity" identified "Religion and Parents' Belief" as limitations to the smooth implementation of the HFLE program. Result from the study suggests that schools founded on religious principles do not cover all the areas of HFLE and teachers in such schools do not want to teach

anything against the principles of these schools. Also some teachers are not ready to teach some topics of HFLE that are against their individual religious beliefs. Parents on the other hand, have different views on teaching sexuality and sexual health to their children. As a result, they do not cooperate with teachers in delivery HFLE. Some of these parents believe that teaching sexuality education to their children can cause them to be promiscuous while others want the teachers to concentrate more on the examinable subjects rather HFLE. This result is in consonance with Rampersad (2008) and report of a WHO Expert Committee on Comprehensive School Health Education and Promotion (1997). They posited that one of the barriers to successful implementation of health programmes is when people do not fully accept the programme as a result of their beliefs. From these findings, it appears that the successful implementation of HFLE is hampered by diversity of religion and parents beliefs.

### Recommendations

Finding from this study revealed that too much workload and time constraint for teachers are hampering the successful implementation of HFLE, it is therefore recommended that more teachers should be trained and recruited in schools for the delivery of HFLE. Also HFLE should be allocated more time and periods on the schools' timetable, teaching HFLE three times in week, forty minutes for each period; also the content of HFLE Curriculum should be reduced since some of the topics are already in other subjects such as integrated science and Social studies. Furthermore, result from the study indicated that religious principles and parents' belief are challenges to HFLE implementation; it is recommended that a national consultation be held with stakeholders to get their views on how to effectively implement HFLE.

### Conclusion

This study examined the challenges hindering the effective and efficient implementation of a school health program, Health and Family Life Education. The programme is in the form of a subject taught at the primary and secondary schools. Data was collected from teachers who have been exposed to the training on HFLE delivery. Finding from the study revealed that there are workload, limited time, and diverse religious and personal beliefs limiting HFLE's successful implementation in the schools.

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