



VIEWS OF CARIBBEAN PARTICIPANT-TEACHERS ON THEIR TRAINING FOR A SCHOOL HEALTH PROGRAMME

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ABSTRACT

Background: The Caribbean Island nations introduced a school health programme aimed to equipping the youths with life skills to enable them cope better in the society since the 1990s. In Trinidad and Tobago, teachers were trained to deliver this programme to their students in both primary and secondary schools. The implementation of the programme is at best haphazard. This study is an attempt to document the views of the teachers about the training they received pertaining to this programme.

Methods: Teachers who have been trained in this programme were purposively selected to document their views through a focus group sessions. Two sets of this group sessions were undertaken with 11 teachers. Their views were reported verbatim and analyzed using Colaizzi's analysis technique.

Result: Caribbean Teachers gave their perspectives about their training. Importantly, their views were summarized in two themes, namely, different training techniques, and concerns. Discussions; Given the mixed result, it is important to ensure that the teachers who are the implementers of the programme receive adequate training so that they will be in a better position to impact on the skills of the youth as envisaged by the programme designers. The implications of the findings were discussed vis-à-vis the literature.

Conclusion: This study identified some of the good elements of the training the teachers' were exposed to. It also highlighted some areas that require re-visiting if this laudable programme will yield its maximum fruit.

Keywords: Teachers, school health programme, Caribbean.

Introduction

Health and Family Life Education (HFLE) is a life-skill based school health program that it is designed to enable young persons to develop the essential life skills that will help them practice healthy life styles, live responsibly and excel academically. It is also designed to positively impact on the social, mental, physical and emotional health of the students since content areas relate to self and inter-personal relationship, emotional and mental health, nutrition, physical health, drug and alcohol use, reproductive and sexual health¹. HFLE is one of the means of teaching tolerance, empathy, honesty, social justice, integrity, responsibility, and respect for self and others to students; and also a means for students to acquire democratic, educational and ethical values². School health programs have a lot of content areas as such they need to be allocated adequate time for instruction. School health program has a vast content area as it deals with the social, emotional, cognitive and mental aspects of health; there are reports that teachers are faced with the challenge of not having enough time to cover all the content of health curriculum due to its vast nature and teachers' heavy workload^{3, 4 & 5}.

Teacher Training

Teachers are one of the key implementers of school health programs; hence teacher training is seen as an essential element in enhancing successful implementation of schools' health curricula⁶. Teachers ought to be knowledgeable about the curriculum content, have the skills to implement the program. There need to be on-going professional development and training so as to help teachers implement the curriculum that

requires new teaching and assessment skills; teachers who are adequately prepared to deliver any program can help in the successful implementation of those programs. Berman and McLaughlin indicated that teachers prefer to have very detailed, comprehensive and concrete instruction in training for program implementation⁷.

Furthermore, teachers who receive training, had resource personnel at the administrative level that have experience and understanding of the program, have experts that provided technical assistance, receive extensive training and sustained training implemented school health programs successfully⁸. Teachers need to be trained on using the cooperative learning method as their knowledge on it facilitates using it effectively and successfully in the classroom⁹; although learning new teaching method is challenging to teachers because it requires time, commitment, repeated practice and feedback and stated that lack of knowledge and skills hinder effective implementation of school's program¹⁰.

Teachers play active role in the training process when participatory teacher training technique is used. The teacher becomes a participant in decision about what skills and knowledge must be transmitted and the needs to which training must respond and what problems must be resolved. In participatory training technique, training becomes self-taught and directed, the teacher assess problem and come up with solutions. Furthermore in participatory training method, training is based on introspection and reflection. Also teachers examine and analyze their experiences collectively; trainers work more as resource persons and facilitators. Participatory

training as well involves cooperative learning, group activities, class discussion, reflective self-instruction, training by simulation and situation and the teacher being a researcher¹¹. Similarly, participatory approach involves group work, class discussion, group activities, and role play; debate, drama and portfolio, journal and essay writing can be used as assessment strategies².

Perspectives on Teacher Training

One of the strategies to professional competence among teachers is for higher institutions to evaluate their process of teaching and learning. In study to determine the quality of educational process in Preschool teacher training college at Kikinda in Serbia, teachers and students' perspectives were sought on the research issue. Results from the study showed that students show a more critical attitude towards the quality of education being offered (4.09) when compared to teachers who rate their service at a somewhat higher level (4.88); this was in terms of appropriateness of teaching methods and contents, availability of the required information regarding the course, relevance of the subject for study programs, adequacy of volume and content, assessment of the ability to put knowledge into practice¹². In another study on teachers' perceptions of the impact of a pre-service health education program on their health promotion practice in schools, result from the study indicated that teachers observing students' lives and behaviors increased their awareness on the importance of promoting health in schools. Also, building good relationship with parents, students and colleagues facilitated the teaching of health education. Report from the study as well stated that training teachers for health promotion should be an interaction between training and practice¹³.

Result from a study done on the effect of video-based and live teacher training methods on the implementation of a tobacco prevention curriculum showed that live teacher training is more successful than video-based teacher training; live teacher training results in greater fidelity implementation of programs¹⁴. Participatory approach has been identified as one of the ways to train teacher teachers on school health program, on the other hand, Sheldon indicated that there are constraints to participatory training such as it being labor intensive, requires funding, time consuming because of the small group activities, self-learning, reflection and action research¹¹.

Furthermore, Dewhirst and Byrne reported on their study on challenges and successes of introducing a skills-based health day for teachers at the university of Southampton that the health day training for teachers help to enhance the positive attitudes, knowledge towards their roles as health promoters; confidence and skills of the 1000 primary and secondary school teachers that participated and it also helped them in delivery the curriculum. Similarly, in a study that explored the impact training teachers on health promotion at their schools have on their confidence, knowledge, competence and attitude towards promoting healthy living at their schools revealed that the training was very successful and the teachers felt confident and knowledgeable in dealing with teaching health issues¹⁵. On the other hand, the practical aspect of the training, positive school ethos and supportive colleagues facilitated their teaching of health education¹⁶.

It is expedient to research into the concerns and perspectives teachers have as it relates to their training on school health program as this can help improve on these programs' implementation. Byrne, Pickett, Rietdik and Roderick indicated that there are dearth of research when it comes to teachers' perspectives about their training on school health programs delivery¹⁶. This is also revealed in reports that there is lack of research on school health programs in the Caribbean^{2, & 17}. Some stakeholders have called upon the government to evaluate the implementation of HFLE and look into teachers' training on HFLE's delivery at schools in Trinidad and Tobago^{18, 19, & 20}.

In Trinidad and Tobago, there is a dearth of research on the HFLE. We believe that teachers' ability to transmit the required skills to their students is dependent on the teachers' preparation for the tasks. This assertion is more so when the required skills to be transmitted are outside of the primary know-how of the teachers. The HFLE programme has imbedded in it, health and social elements that are outside the primary remit of ordinary Caribbean teachers. And given the importance of this programme and its intended expectations and outcomes, we considered it necessary to ascertain and document the views of the teachers pertaining to the training they received on this programme.

Study's objective: To ascertain teachers' views related to their training for the HFLE programme in Trinidad and Tobago.

Methodology

Research Method: This study used a qualitative research method. Qualitative research method was employed since the researcher wanted to understand the participants' experiences and perspectives as they relate to the training they received on a school health program delivery at schools. Qualitative researchers are interested in exploring and understanding how people construct their world, their lived experiences; and the meanings they ascribe to those experiences. Case study was employed as the research design; this study looked at the case of HFLE school health program in Trinidad and Tobago in relation to teacher training. Case study is an in-depth exploration or detailed study of a particular case or cases. The case can be individuals or events; in essence, it is geared toward understanding a group of people, an individual or a particular event²¹.

Sampling Technique: Purposeful sampling method was used because the researcher wanted to gain an insight and understand the perspectives of those who have experiences and knowledge about the implementation HFLE in Trinidad and Tobago. A group of teachers and who were trained for HFLE delivery at the University of the West Indies, St. Augustine Campus was selected and they were fifteen in number. The teachers were registered in the Youth Guidance in Education, Master Program.

Data Collection: Creswell (2013) explained that in qualitative study, data may be collected through interviewing participants. The data was collected through focus group interview. Two focus group sessions were conducted; six teachers attended the first session while five teachers attended the second session.

Data Collection Instrument: Focus group guide with

open-ended questions was used to collect data during the focus group session. Open-ended questions gave give room for probing and elaboration so as to gather specific information through a list of questions and also not to limit the responses of the respondents. The Focus group guide contained step by step activities that took place during the Focus group sessions.

Data Analysis: Data analysis involves understanding and explaining the data collected through a range of procedures and processes²². Colaizzi's Phenomenological data analysis was used for the study's data analysis²³. Shosha opined that Colaizzi's data analysis method has seven steps for data analysis and it is suitable when analysing data from personal experiences and indicated that Colaizzi's data analysis method has a seven step for data analysis which include²³:

- 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.

The data was analyzed by first transcribing the interview, reading and taking notes from transcribed interview, identifying codes, reducing codes to categories and categories to themes. Furthermore, codes, categories and themes were derived from the documents analyzed. These themes were discussed in relation to literature and presented in texts.

Results

The research question, "to what extent has teacher training Institution engaged teachers in HFLE teaching preparedness?"

These two themes emerged from the research question:

1. Different Training Techniques
2. Teachers' Concern

1) Different Training Techniques: The categories that formed this theme are: (a) Degrees' Program Component, and (b) Course Teaching and Assessment Methods.

1 a) Degrees' Program Component: The participants of the study indicated that HFLE is taught as a course in one of the M.Ed programs at the School of Education (SOE), University of the West Indies (UWI) and also as a foundation module for Diploma in Education (Dip.Ed) and Bachelor of Education programs. It was suggested by the participants that at UWI, teachers are taught how HFLE can be infused into subjects, as well as the teaching of HFLE as a stand-alone subject. They also expressed that HFLE is a foundation module for every student registered at the SOE Dip.Ed. Program; and it is taught for three sessions during the summer semester. Results from the study suggest that in the M.Ed Youth Guidance Program, students are taught how to incorporate HFLE into their subjects as well as teaching HFLE as a stand-alone subject. Some focus group participants said they were introduced to HFLE formally at the Dip.Ed. Program level, and got to know it deeper in the

M.Ed Youth Guidance program.

1 b) Course Teaching and Assessment Methods: The participants of the study explained that instructors at SOE use different teaching and assessment techniques to prepare students for HFLE delivery. The course outline used to prepare teachers is developed based on these four thematic areas of the HFLE curriculum: Self and Interpersonal Relationship, Eating and Fitness, Sexuality and Sexually Health and Managing the Environment. Students are prepared for HFLE delivery through the participatory approach. Some of the teaching methods used are: class discussion, open discussion, group activities, field trips and mentorship. Students produce portfolio, journals, do group projects, conduct an intervention and write report; all these are assessed at the end of the course.

2) Teachers' Concern:

These categories formed this theme:

- (a) Time Constraint and
- (b) Non-Comprehensive Training.

2 a) Time Constraint: Some of the participants are of the view that there is insufficient time to prepare teachers on the delivery of HFLE in the existing programs. Some of the focus group participants indicated that at the Dip.Ed. Level that they did not have much time to deal with those issues on four thematic areas of HFLE in depth; but at the master level, the four thematic areas were more extensively taught as more time was allotted.

2 b) Non-Comprehensive Training: The focus group participants revealed that the training they had for HFLE teaching is not comprehensive in terms of the participatory approach. They expressed that the HFLE course is compacted and enough attention was not given to methods and skills for effective implementation; also they stated that at the Dip.Ed level, some of the topics were hurriedly taught. They suggested that a subject like HFLE needs more of teaching practice aspect than the theoretical.

Discussion and Conclusion

Training empowers implementers with the skills and knowledge needed to implement designed programs⁹. The study reveals that teachers are trained using the participatory approach. Likewise, school health programs are taught effectively by using participatory teaching strategies like role playing, group discussion, drama, debate, journal writing and open discussions; it can be assessed using portfolio, journal writing, essay writing and on group projects². The participatory approach used in training the teachers have proven to be a successful method for delivery school health program and this will go a long way in enhancing the teachers' ability to promote and teach the HFLE school health program. The training the teachers were exposed to will help build their skills and knowledge for the effective delivery of HFLE¹⁰.

Findings from the study suggest that the time allocated to training of teachers for HFLE delivery is insufficient because some of the content is not covered in details especially at the Dip.Ed level. Limited time to cover the contents of Health Programs has been identified as a challenge to the teaching of Health Program, since Health Programs deal with all the

aspects of health such as Mental, Social, Emotional and Cognitive Health^{10 & 4}. Insufficient time to training is noted as one of the concerns teachers have regarding their training at a higher institution and this can hinder effective teachers' preparedness for HFLE delivery at their schools.

The limited time to training expressed by the teachers has a negative Impact on the quality of training they received; the training appears to be non-comprehensive and not covering in details all the components of the HFLE program and not much was done on the practical aspect of the training. Result from a study indicated that teachers were able to effectively implement a school health program due to the comprehensive training and practical aspect of the training they received; the study revealed that there is need to put knowledge into practice when preparing teachers for the work ahead¹². Likewise, Pickett et.al echoed the same sentiment as they indicated that preparing teachers should be an interaction between training and practice¹³. These concerns of time constraint and non-comprehensive training can hinder the effective and successful implementation of HFLE in schools.

Conclusion

HFLE is a school health program designed to be implemented at primary and secondary schools in Trinidad and Tobago as schools reach a greater number of the population at a time. HFLE is taught through the life skill approach using the participatory teaching methods. It is worthy to note that participatory teaching method is used in preparing teachers for HFLE teaching as they will enhance their skills, knowledge and confidence. On the other hand, limited time allocated to preparing teachers under the DiP Ed. Program may not give room for effective teachers' preparedness hence hampering the effective delivery of HFLE at schools.

Teachers are one of the key implementers when comes to school programs as such it is very expedient that they receive adequate training to enable them properly implement HFLE at their schools. Also, examining teachers' perspectives on their training for the delivery of HFLE is crucial to determine the quality of training received and if there are problems they encountered during. This study is a way of evaluating, monitoring and assessing the extent to which teachers are trained for HFLE delivery and findings from it can be used to improve the quality of training.

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