

Delivery of Family Life and Emerging Health Issues (FLEHI) In Schools: The Facilitators' Experience

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Abstract

In the year 2010, a new course [Family Life and Emerging Health Issues (FLEHI)] with the course code GSE 124 was introduced in Federal College of Education (Technical), Umuze. Two facilitators were nominated from each school of the college and a two-day step-down workshop organized for them. It is hoped that the step-down workshop would equip the facilitators with the necessary tools and knowledge on the new course. This paper thus discusses the facilitators' experience and challenges through the two years of teaching FLEHI. It also examines the objectives of and reaction to the FLEHI from both facilitators and parents. It is hoped that the experience of the facilitators will be helpful in improving the teaching and learning of FLEHI in Federal College of Education (Technical), Umuze.

Introduction

Youth issues are one of the greatest challenges faced by most countries today. Many youths find it difficult to achieve good self value and clean healthy habits that will benefit both them and their communities in the future. Quite a few are able to start and maintain a steady successful relationship and responsible sexual and drug free life.

In Nigeria, ignorance is the chief cause of most health and sexual problems faced by youths (Action health Incorporated, 2003). Youths are inexperienced and tend to make decisions on their own out of curiosity. Sometimes this decision when not guided may lead to serious disaster. Many young people have contacted HIV or even rendered themselves permanently sterile through illicit and unprotected sex. Some succeeded in marring their life with excessive use and abuse of alcohol, tobacco and hard drugs like marijuana or hemp. Not a few accidentally committed suicide with destructive drugs or household instruments like fork, knitting pins and kitchen knives in order to abort unwanted pregnancy. Quacks or backyard physicians have extorted money from many youths and instead of curing their ailments inflicted them with more pain and end up ruining their future.

Indeed, youths need guardian in handling health and sexual issues, Adequate information must be given to prevent distorted facts and falsehood that can easily come from misinformed peers, adult molesters and swindlers. This requires open, consistent, regular and free communication with the young people on sexuality, health and relationship matters (Action health Incorporated, 2003). This kind of communication will encourage the youths to communicate their fears and concerns to parents and qualified health providers, maintain clean and successful relationships and eventually secure a happy promising future.

For this reasons, Family Life and Emerging Health Issue (FLEHI) was introduced in tertiary institutions. This paper thus discusses the experience of facilitators for the past two years of training in Federal College of Education (Technical), Umuze, Anambra State

Objectives of FLEHI

Family Life and Emerging Health Issues (FLEHI) with the course code GSE 124 is a General Studies programme. This programme is designed to expose students to a variety of knowledge across disciplines. It prepares the students to meet the challenges of the changing world adequately. Students are not restricted to their very disciplines, General Studies programmes help them to fit into any situation while in school and after school.

Among the objectives of General Studies are:

1. To acquire through independent research, the skills and information for appreciating the basic character of human knowledge, values and actions and to use such knowledge or information in solving problems.
2. To demonstrate desirable attributes in moral and character development (Federal Republic of Nigeria, 2009).

Action Health Incorporated (2003) says that the specific objectives of FLEHI are to help adolescents

- Develop self-acceptance through self-awareness.
- Respect themselves as sexual persons (including their bodies, feelings, attraction).
- Appreciate the differences among individuals.
- Increase comfort and skills in discussing sexuality issues with peers and adults.
- Explore and develop values, attitudes and feelings about their own sexuality.
- Increase knowledge and skills for avoiding unintended pregnancy and sexually transmitted infections.
- Acquire information and skills for taking care of their sexual health.
- Acquire skills to assist in making positive decisions for them.
- Develop knowledge and skills that will help them maintain caring, supportive, non-coercive and mutually pleasurable relationship (sexual and non-sexual).

It is hoped that if these objectives are achieved, young people would live a healthy life, secure their personal relationships and their future for the betterment of their nation.

Relevance of Health and Sexuality Education

Health education plays a very important role in national development. A healthy work force makes a strong nation. According to Microsoft Encarta (2008 A), health education covers topics such as hygiene, nutrition and sex education. It also addresses alcohol and drug misuse, smoking and other threat of health. Many health conditions that are suffered at middle age are as a result of one's life style during youth. Willis (2001) supports this when he says that one's lifestyle can affect one's health either positively or negatively. Misuse of drug, alcohol abuse and smoking have the tendency of making one become irresponsible, always in want and poor. They can also cause serious health problems like liver cirrhosis, kidney failure, heart problems, lung diseases and some forms of cancer which may shorten one's life. Illicit sexual behavior exposes one to unwanted pregnancy which may lead to unsafe abortion, infection and STD that may cause infertility later in life. Promiscuity exposes one to HIV/AIDS which may be fatal.

Sexuality education which is part of health education is very important in the life of young people today. Although some discourage the teaching of sexuality education in schools, it should be noted that sexuality education involves much more than just sexual activities. Action Health Incorporated (2003) states that "sexuality education deals with many aspects of life including biology, gender roles, body image and interpersonal relationships; through beliefs, values, attitudes and feelings and sexual behaviors"

The belief that sexuality education promotes promiscuity among youths has led many parents to protect their young ones from receiving education on sexual matters. Traditionally, the task of instructing youths about sex has been seen as the responsibility of parents. But according to Microsoft Encarta (2008 B), studies have shown that children rarely receive their first information on sexual matters from their parents. Sexual instructions are hindered by parental inhibitions or religious beliefs. It is also a known fact that most youths receive their first information on sexual matters from elsewhere other than parents.

According to Action Health Incorporated (2003), documented evidence shows that there has been a breakdown of other socio-cultural norms, values and practice that used to serve as checks to premarital sexual activity. In this civilized world, youth get in contact with sexual ity on daily basis via widely distributed pornographic magazines, sex-filled home videos and films and pornographic web-sites on the internet. Although most youths believe that it is improper to engage in premarital sexual activities, yet they still indulge in them. Data collected by Action Health Incorporated (2003) states;

25% to 50% of youths disclosed that they were already sexually active. Almost 25% of young girls questioned stated that their first experience of sexual intercourse was through rape or one in which they were forced to have sexual intercourse.

Uwawah (2011), says that youths are regularly seen indulging in various promiscuity on, parks at nights, abandoned ' cars or buses in the dark, neglected halls or, corners and uncompleted buildings.

Sexuality education teaches the youths to confidently no to premarital sex if they do not wish to have sex. It sheds light on problems of premarital sex and ways to avoid them. Sexuality education also teaches young people to develop, maintain and enjoy a satisfying relationship with family members, opposite sex, how to prevent and avoid being sexually abused, and above all to love oneself.

Experiences and Challenges of FLEHI Delivery

The step-down training was an enchanting experience. But it was the irony of what the facilitators were to experience in the classroom with students. The first observation in the classroom was that the students are much more knowledgeable in sexuality than, the facilitators. Some of that knowledge was misinformation, so the facilitators tried to correct as much as possible.

Going into the classroom without teaching material complicated the teaching experience. Initially, each facilitator teaches his/her own personal opinion on sexuality. Some were able to follow what was listed on the Minimum Standard for Teachers. It was indeed 'stereotyped' method of teaching. When the teaching materials were not forthcoming, the facilitators improvised teaching aids and made several photocopies of FLEHI manual which cost quite a lot of money. This is a sacrificing effort to meet the objectives of FLEHI.

Another obstacle was how to merge the contents of the teaching manual with that of the Minimum Standard for Teachers which were different. The facilitators decided to use the manual instead of the Minimum Standard for Teaching. The content is too large and almost all the facilitators find it tasking to cover the content in just one semester.

These, difficulties were later almost overcame in the second year of teaching. Nevertheless, another challenges set in. Many facilitators are inexperienced in sexuality and were unable to impart the knowledge to students. One facilitator was teaching contraceptives and as she mentioned female condoms, a student asked "Aunty, how does it look like?" Incidentally, the facilitator does not have prior knowledge of artificial contraceptives. She simply answered, "I don't know." More questions were asked, "Where can we buy it?" "How is it used?" and so on. Since the facilitator could not answer those questions, the class was ended badly.

One known very competent lecturer who is also a facilitator says. "I am bold and composed when I enter the class, but in FLEHI class, I get scared of the students." One can only but imagine how the objectives of the FLEHI could be achieved in such a class. Surely, some facilitators are outstanding in FLEHI delivery. They were able to pass the information clearly and boldly to the benefit of their students.

It is obvious that the objectives of FLEHI sound promising, yet some parents discourage it. Interviews conducted by facilitators revealed that almost all parents approve that some types of sexuality education be given to their youths. Quite a few are of the opinion that sophisticated and

comprehensive sexuality education be given to their children. FLEHI is not the only course with these types of challenges. There are some courses which require life nude figures as teaching aids in Colleges (Barber. 2008). But the environment and people's views make it almost impossible to get such teaching aids. In such cases, students who can afford it, make provision for private life nude figures.

Although, effective FLEHI teaching aids were later sent to each school after the last FLEHI semester, the question is: "How many facilitators would be able to effectively and courageously use them to teach next session?"

Conclusion

Granted, it is of the best interest of the youths and the nation that FLEHI was introduced in schools. Definitely, obstacles must be faced and challenges must be conquered for FLEHI objectives to be fully achieved. The interest of the youths should be considered first. FLEHI delivery must be effectively done by qualified facilitators for the betterment of both youths and the nation.

The following recommendations are made:

1. Facilitators should be informed before hand on what to expect in the classroom before going into the class.
2. Many of these facilitators are parents who could not give their children sexuality education. It is obvious that they would not be able to instruct others as well. So, competent facilitators should be used.
3. The two-day step-down is not enough to give adequate training to the facilitators. It should be increased to "a week or two and be done every year.
4. Free interactions should be encouraged during step-down and trainers should help where facilitators are having difficulties.
5. At least, one trainer should be assigned to each school to help the facilitators in effective delivery of FLEHI.
6. Facilitators should be composed and willing to teach. Anyone who is unable to teach sexuality to the youths should be removed.
7. All lecturers should be given an opportunity to attend step- down workshop and teach FLEHI.
8. Incentives should be given to facilitators to encourage them to deliver effectively.
9. Awareness' on the relevance of FLEHI should be given to parents and communities. This would enable them to understand the content and objectives of the programme.

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