

TRANSITIONS TO ADULTHOOD IN JAMAICA

Retrospective Study of Youth.now Participation

Executive Summary

Meeting the sexual and reproductive health needs of adolescents (ASRH), including young adolescents, is important, yet little evidence on the long-term effectiveness of ASRH programmes is available to guide development of current ASRH programming. Through this study, we followed up with the now adults who were exposed to an intervention associated with Health and Family Life Education (HFLE) that sought to bring out the 'STAR' (Smart, Togetherness, Attitude Positive, Respectful and Ready) in young adolescents (ages 10-12) in Jamaica in the early 2000s. We interviewed the participants, along with teachers, guidance counsellors and parents, more than a decade later to ascertain their trajectory into adulthood and as they initiated their reproductive lives and to assess the effect, if any, of the intervention they received as young adolescents. The young adults were ages 21-23 when interviewed. A total of 155 of a possible 253 students (61.3%) were interviewed. Thirty parents participated in focus group discussions. Six of the eight teachers and guidance counsellors who participated in the Pro-STAR intervention were interviewed. The study also provides insights into the feasibility of locating programme beneficiaries over a decade after the programme has ended.

THE PRO-STAR INTERVENTION

As part of the USAID-funded Youth.now project, the Pro-STAR intervention was implemented in two All Age primary schools in Hanover parish. The intervention offered a special in-school programme that linked to Jamaica's general HFLE curricula. The package for the treatment school (Askenish) was: 1) Teacher training; 2) On-going support from a consultant; 3) Materials; 4) Parent education and 5) Community outreach. The control school (Cave Valley) was given two elements of the package: Teacher training and Materials. The theory of change for Pro-STAR, based on the resiliency literature, was that if young adolescents learn to value themselves and are connected to supportive significant others at home, school, and within their community they will make choices that will positively influence their life's outcomes. At the time of the intervention, short-term benefits were found related to parent-child communication, teacher understanding of adolescent development, increase in related school activities, and community involvement. Our study sought to evaluate longer-term benefits of the programme.

RESULTS

The Pro-STAR intervention enhanced HFLE with innovative teaching approaches that inspired creativity and bolstered confidence in participants from Askenish who received the full intervention. Young adults who were exposed to it remember the programme, and particularly the interaction they had and support they received from their guidance counsellor. Findings from this study indicate that active and positive support from adults matters to children and that bolstering their confidence is important. Reaching young adolescents is important and can have lasting effect, particularly on self-esteem. Although it ended many years ago, the teachers and guidance counsellors involved in the intervention say they still use the techniques they learned from the consultant who taught them to be more interactive to bring out the creativity in students. While the sample size in this study is small and impact cannot therefore be assessed, some suggestive trends emerged. While the young adults from both schools showed similar levels of self esteem, both when they were students and now as young adults, the students from Askenish, who had received the full intervention, were in more stable relationships and the young women who had children had them at an older age than counterparts from Cave Valley.

FINDINGS FROM THE STUDENT SURVEY

Experience in Primary School with HFLE, Youth.now and Pro-STAR. Compared to students from Cave Valley, students from Askenish were more likely to:

- Remember their Grade 4 teacher and guidance counsellor.
- Recall topics in HFLE beyond hygiene, including learning about abstinence/delaying sex, sexually transmitted infections, pregnancy, contraception, nutrition, and healthy lifestyles.
- Say that primary school and HFLE were very helpful in preparing students.
- Have higher recall of Youth.now and the messages for early adolescents: “Life is a journey, take it step by step,” and “Go real slow, take the time to know.”

- Say that the programme had built confidence and motivation, and that it had taught that there was more to life than sex.

Self-esteem. Generally, self-esteem among the respondents was and remains high, with females and males from both schools saying that their parents were proud of them when they were in primary school and that they still are proud of them and that they felt, and still feel like, an important person in their family. Nine out of 10 of all respondents reported remembering having a positive or very positive relationship with their peers, their teachers and their parents in primary school.

Relationship Status, Fertility, Sexual Activity and Contraceptive Use.

- Respondents from Askenish were more likely than those from Cave Valley to be currently married or in a common-law partnership.
- More than half of the female respondents said they had gotten pregnant. On average, female respondents from Askenish got pregnant for the first time at age 19, a year older than the females from Cave Valley.
- Respondents from both schools learned about sex and contraception between ages 10-12, with age at first sex reported by males between ages 13-14 and females at age 17, on average. The average age of the sex partners of the of the males was 16 and of the females was 21.
- The females were more likely than the males to say they used contraception at first sex (85-95%, with the higher percentage among Cave Valley female respondents).
- Most respondents said they learned about contraception from school.

FINDINGS FROM SCHOOL RECORDS

Students’ academic records were obtained from only 2 of the 14 schools to which students from Askenish and Cave Valley would have been assigned for their secondary education. Thus it is not possible to reach any conclusion about the likely effect of the primary school intervention on school achievement; however, what is evident from the limited data available is that over the

course of the five years in high school, students' grades in some of the key subjects required for matriculation to higher education did not improve.

VIEWS OF PARENTS

The challenges parents faced in the period when the intervention was implemented (2002-2005) appear to be different than they are now – parents at the time seemed to have experienced fewer discipline problems but more financial challenges. Parents from the full treatment school experienced the benefit of the programme and observed the positive effect of the programme on their children. While they were grateful for the programme, they wished that support could have continued through to secondary school.

VIEWS OF TEACHERS AND GUIDANCE COUNSELLORS

Three of the four teachers were still teaching at Askenish Primary School while both guidance counsellors had moved on. All recalled the programme and mentioned the name Youth. now; the training and capacity building they had received, including the art of story-telling; and the messages for students and parents. Guidance counsellors added that the methodology was very practical. Both groups said they have continued to apply several of the skills and techniques learned during their training to implement the intervention. They recommended reviving the programme.

FEASIBILITY OF LOCATING BENEFICIARIES AFTER A DECADE

Given that some 14 years had elapsed since the school-based intervention was completed, we anticipated moderate loss to follow-up among the students. In all, we were able to reach 61.3% of the students, six of the eight teachers and guidance counsellors and 30 parents. The experience of the study team shows the complexity of finding the students – and the importance of trying to do so through multiple channels, including permission through the Ministry of Education, contact with the schools and face to face meetings with key

stakeholders (e.g. school principals) to gain their support and assistance in locating the past students, and reaching out through various networks. Other important dimensions of finding the students was the need to build trust among the past student population in order to get referrals from credible “connectors”; putting respondents at ease in discussing the study and their participation; determination and patience to track down respondents and flexibility to fit into the schedules of respondents for in-person or phone interviews; being strategic in finding opportunities, such as a school sports day, to potentially find parents of the past students. Finally, luck and good fortune also played a role in finding the past students.

DISCUSSION AND RECOMMENDATIONS

Presentation of the findings of this retrospective evaluation generated rich discussion at a dissemination conference held in Jamaica in May, 2017, with participants who represented stakeholders from education, child health, and the students and parents themselves. The findings are relevant for improving HFLE in Jamaica and for stimulating ASRH programming in other countries. The following recommendations emerged from the study and dissemination meeting:

RECOMMENDATIONS FOR JAMAICA

Based on the seeming success and popularity of the intervention, we would recommend that the programme as implemented in Askenish should be implemented in all schools – starting as early as kindergarten. Such a programme would help build self-esteem and encourage students to become more expressive and motivated to achieve. To achieve that purpose the following would be required:

1. Strengthen the existing HFLE programme delivered by the Ministry of Education by upgrading HFLE teachers' skills to select and use the widest range/variety of the arts to positively engage students in the life skills education process.

2. Engage with and involve students in ways that would enable their input in determining programme content as well as execution.
3. Enhance HFLE teachers' skills toward greater mindfulness of gender differences as well as the special needs of their students and tailoring their delivery appropriately.
4. Ministry of Education should introduce different models (depending on the resources available to the individual school) of organizing school-based peer education to support the delivery of HFLE for students in primary and secondary schools.
5. Officers in the Ministry of Education with responsibility for HFLE should seek to establish strategic links with the National Parenting Support Commission (NPSC) and support the expansion of the 'one-stop-shop' Parent Places it has established in primary schools.
6. The Ministry of Education in partnership with the National Parent-Teachers' Association of Jamaica should: educate school principals about the value of active PTAs, the need to register PTAs and increase membership (including fathers), and promote parents as advocates; introduce a mentorship programme as a way of making it culturally acceptable for boys to be educated.
7. Ministry of Education should expand the guidance and counselling programme in secondary schools to assure a lower and more effective student-to-guidance counsellor ratio.
8. Encourage and incentivise secondary schools to establish mentorship programmes to assist

students with issues associated with transition from primary to secondary school and academic performance.

RECOMMENDATIONS FOR THE GLOBAL COMMUNITY

This study also provides lessons for the global community on the benefits of programming for young adolescents as part of a continuum of programming moving into adulthood:

1. Interventions for young adolescents are important and taking a positive youth development approach that values and affirms young adolescents and that stimulates their creativity can have a lasting effect.
2. Children, young adolescents, older adolescents, and youth need a continuum of information on health, wellbeing, gender, relationships, sexuality and reproductive health and thus consistent age-appropriate interventions going into adulthood.
3. More participants from past innovative interventions should be followed up five or more years after the interventions to determine long term effects of programming and to provide valuable information to improve current programming. It is possible to find participants after an intervention – it can take perseverance to do so – each context will be different.
4. The materials from innovative projects like Youth.now should be made available to others designing projects for young adolescents.

See the full findings in the Study Report at www.whatworksassociation.org/publications



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