TRANSITIONS TO ADULTHOOD IN JAMAICA
Retrospective Study of Youth.now Participation

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PEY & Associates (PEY & A) is a capability broker NGO whose motto is *Creating pathways to opportunities*. The organisation is focused on life and livelihood skills development among vulnerable adolescents and youth; and monitoring and evaluation capacity development among NGO and CBOs.

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Retrospective Study of Youth.now Participation
ACKNOWLEDGMENTS

This retrospective evaluation was several years in the making. PEY & Associates tried on two occasions to follow up with the students who participated in the Pro-STAR intervention under the Youth.now project. Lack of financial resources stymied the efforts, so PEY & Associates and the What Works Association are grateful to the Bill & Melinda Gates Foundation, particularly Win Brown, for funding this study. Thanks to Cate Lane, now at USAID, for supporting the study with enthusiasm, and for engaging Cassandra Jessee from the USAID-funded project Youth Power to attend the dissemination conference and ensure that the findings are shared within USAID.

Special thanks go to the small team of reviewers who, operating within a very tight time frame, reviewed and provided wise council on the study protocol and data collection instruments. These reviewers include: Ilene Speizer, Cate Lane, Rebecka Lundgren, and Mary Kincaid. We appreciate the review of the final report by Jill Gay; review and editing by Melanie Croce-Galis; and design by Anneka Van Scoyoc.

We are grateful to the then Permanent Secretary in the Ministry of Education – Dr. Maurice Smith – for approving our request to access student records at primary and secondary school. His permission paved the way for us to access the names of primary school students and ultimately locate them and their high school academic transcripts.

The cooperation of the principals of Askenish Primary School: Mrs. Sybil Brown-Kerr and Cave Valley Primary School: Mrs. Cordel Dodd was amazing and invaluable. Each principal gave the research team access to the names of students who had participated in the Pro-STAR intervention and, in some cases; leads on how these young adults could be contacted.

Accessing the transcript data for high school graduates was challenging and we thank the principals from two schools (Ruseas and Green Island) for their efforts in enabling us to receive those data.

We wish to thank all of the parents, former teachers and guidance counsellors as well as students who were exposed to the Pro-STAR intervention, for allowing us to interview them and for their candor on issues that took place so many years ago.

Finally, to the team of five data collectors: Elaine Wright, Wilbert Rowe, Rose-Marie James, Kadesha Blake and Dorothy Frazer who had the task of locating and interviewing the sample of students. It is because of their tenacity and perseverance that we were able to reach as many students as we have.

The authors appreciate all of the support in this effort to demonstrate the effect of a primary school-based intervention on students as they transition to adulthood.
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.
INTRODUCTION

Global attention to the sexual and reproductive health of adolescents, especially young adolescents, is growing as countries and donors seek to reach the world’s largest cohort of adolescents with information and services. Identifying programming that is effective in improving adolescent sexual and reproductive health (ASRH) outcomes is critical, and some evidence of effective programming for this age group exists, although mostly for programming to reach adolescents ages 15-19, with much less evidence of programming for younger adolescents ages 10-14. Most evaluations of programming take place at the end of projects, which typically operate for five years or less. Little evidence on the long-term effectiveness of ASRH programmes is available to guide development of current ASRH programming. With a few recent exceptions, once ASRH projects are completed, the participants are rarely revisited to assess longer term effects of the programme interventions.

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” 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. This retrospective analysis was intended to assess the effect, if any, of the intervention they received as young adolescents. The findings from this study will be beneficial for countries and donors to develop more effective adolescent reproductive health programming worldwide, notably programming for young adolescents. The study also provides insights into the feasibility of locating programme beneficiaries over a decade after the programme has ended.

ASRH IN JAMAICA

While adolescence is generally a time of good health, ASRH has long been a concern in Jamaica, with attention focused on early sexual initiation, high teen pregnancy rate, HIV acquisition and physical and sexual abuse, among other issues. Teen pregnancy often results in the mother dropping out of school, with little support from the baby’s father, although a 2013 policy mandates reintegration of teen mothers into school. Jamaica’s latest Reproductive Health Survey, conducted in 2008, found that among young women ages 15 to 19, 14.6% had ever been pregnant and 10.8% had already given birth. While still high, the age specific fertility rate among young women ages 15-19 declined from 112 in 1997 to 72 in 2008, with variations by residence, level of education and wealth quintile. Still, 80% of pregnancies among this group were unintended. Other indicators of ASRH also improved. In 2008, 44% of female and 62% of male adolescents had initiated sex, a decrease from 51% and 74% respectively for female and male adolescents in 1997.
Policy and programme attention to addressing ASRH was heightened in the early- to mid-2000s, with both the National Family Planning Board and the Ministry of Health, together with non-government organizations (NGOs), engaged in policy reform and programme implementation. USAID provided substantial funding for ASRH programming through its Adolescent Reproductive Health Activity from 2000 to 2007, including through the Youth.now Project (2000-2004), described in more detail below.

THE YOUTH.now PROJECT

The Jamaica Adolescent Reproductive Health Activity (Youth.now) was implemented between late 1999 and 2004 and sought to achieve improved adolescent reproductive health (ARH). The Futures Group International (now the Palladium Group) and partners implemented Youth.now on behalf of the Ministry of Health (MOH), with support from the U.S. Agency for International Development (USAID). Working with adolescents ages 10-19 in nine of the country’s 14 parishes, Youth.now’s strategic approach was to improve the individual adolescent’s knowledge, attitudes, and skills; remove policy and programmatic barriers to service use and delivery; and create home, peer, church, and community environments to support healthy reproductive health choices and outcomes. Youth.now’s interventions were segmented for young adolescents ages 10-14 and 15-19.

Youth.now engaged in six main strategies, namely 1) establishing and evaluating service models; 2) training and building government and NGO capacity to improve community ownership and promote sustainability; 3) undertaking targeted behaviour change interventions; 4) public education, including a mass media campaign; 5) policy development and advocacy; and 6) NGO support and small grants programme. More information about the range of Youth.now activities and outcomes is available in the End of Project Report.

THE PRO-STAR INTERVENTION

In the context of sexual and reproductive health programming in Jamaica, the young adolescent (10-12 year olds) is a special subgroup for a number of reasons. The majority of them are not sexually active. With few exceptions, they are in school. And legally they are considered minors – in the care of an adult. The focus of any sexual and reproductive health intervention should be on behaviour development with emphasis on enabling them to delay sexual debut, delay drug use, negotiate conflict and employ help-seeking behaviours from appropriate adults and other sources.
As part of the Youth.now project, an intervention for adolescents ages 10-12 to bring out the ‘STAR’ in each child was implemented in two schools in Hanover parish (Model 1). The intervention was designed to offer a special in-school programme that linked to the general and to the Health and Family Life Education (HFLE) curricula; Parent education; and Community education and support. The assumption, based on social learning theory and the resiliency research, is 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.

On the advice of the health education team in the Hanover Health Department, two schools in the parish were selected - Askenish All Age and Cave Valley All Age schools, which are now primary schools.

Askenish is a small rural agricultural community located in the Dolphin Head Mountain range. In contrast, Cave Valley is a town on the plains of Hanover. Its topography and elevation made it ideal for sugarcane production. However, in recent years sugarcane production has been replaced by production of other agricultural crops. Both towns are feeder communities – providing workers for the tourism sector in Montego Bay (approximately 20 miles away) to the east and Negril (approximately 24 and 8 miles away, respectively) to the west.

Askenish was designated the Treatment school with Cave Valley as the Control school. The package for the treatment school 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 intervention was implemented through the following sequence of events.

A three-week program of six sessions (considered the Pilot) - was conducted by a consultant with students in Grade 4. The Grade 4 teacher and the guidance counsellor participated as observers in all the sessions. Other class teachers were invited to observe the process if they could. This was intended to begin the sensitization and orientation of the teachers to the approach as well as to teach them how to apply the materials to teaching the curriculum.

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1 Hanover is Jamaica’s second smallest parish. Established in 1725, it was named for the reigning British monarch, George I, who was from the House of Hanover in Germany. The capital town, Lucea, is located on a horseshoe-shaped bay considered to be one of the island’s safest ports. Askenish is nestled in the Dolphin Head Mountain about 161 meters (528 feet) above sea level.
1. The topics selected for the pilot program reflected the approved Ministry of Education HFLE curriculum for Primary schools: Conflict resolution – Ground Rules; Conflict resolution – Finding Alternatives; Me; Me and others; and Me and others communicating and listening.

2. A qualitative evaluation of the pilot conducted one week after the final session found that the experience was a very positive one for students and teachers. Students could recall several of the story titles and the lesson being conveyed. Recall, however, was not always accurate. Three weeks (six 30-minute sessions) is not a very long time in which to cover the six topics. Recall would have been improved/enhanced if there were opportunities for repetition. Yet, students were very motivated and, without encouragement, shared the games with friends and relatives. They were encouraged to continue doing so during the summer vacation as a means of reinforcing and internalizing the lesson.

3. Following the pilot phase, all teachers and the guidance counsellor from Askenish and the Grade 4 teacher and guidance counsellor from Cave Valley were trained during a 4-day workshop. Teachers were taught how to use storytelling, games, etc. to enhance and support the teaching of the standard curriculum, as well as the HFLE curriculum for Primary schools. They were also taught to integrate the content from the MoE curriculum using the new methodologies and to create their own to suit the subject matter all in an effort to bring out the STAR in the child – building self-esteem.

4. In the new school year (Sept 2002 - June 2003), teachers executed the standard curriculum using the suggested methodologies. The Guidance Counsellor used the same approaches to teach the HFLE curriculum and in the process integrated the Youth.now mass media theme for pre-teens – “Growing up is a journey ... take it step by step.”

In a review of the first year by teachers, they observed that:

- Attendance of some students improved;
- Student participation in class activities improved; and
- Students expressed an eagerness to participate in the HFLE.
In the case of Askenish, parents reported speaking more regularly to teachers about their children. Referring to the training they received from Youth.now, as one teacher said: “Methodology makes the difference.”

In Year 2, the program continued using the same concepts and approaches with a few added components at Askenish. For example, the efforts during the term were organized around the idea of “books” and to hold a book fair at the end of the first term. Children developed different types of “books” – journals, diaries, book marks, story books - fiction and non-fiction. Subject areas included: science, social studies, guidance and counselling, etc. Their work was displayed in January 2003 and a video was produced. A second book fair was planned and conducted in April 2004.

Parent education was introduced in Year 2 of the program. Parents of Grade 4 students at Askenish participated in a 2-day residential parent training and 2 follow-up seminars at the school. The content was intended to improve parenting skills and links were made to the Pro-STAR intervention.

Short term benefits of the program were reported at four levels.

- **Parent-child communication**: Parents reported improved communication with their children relating to reproductive health and sexuality. Parents also reported changed attitudes related to physical punishment of children.

- **Teacher understanding of adolescent development**: Teachers reported increased understanding of the development process for the pre-teen and how to make learning fun.
• **School activities:** The School revived Boys Day and Girls Day.ii

• **Community Involvement:** Teachers reported increased involvement by the community in schools. There was also an increased awareness among adults that they are role models in regards to their own sexuality. A community-based distribution of condoms programme was established.

Our study sought to evaluate longer-term benefits of the programme by following up with participants, teachers, counsellors and parents, more than a decade later to find out whether the programme also created more lasting changes in these positive outcomes.

**STUDY OBJECTIVES AND HYPOTHESIS**

1. To assess, retrospectively, the effect of participation of young adolescents in Youth.now’s Pro-STAR school and community-based ASRH intervention on the subsequent transition to adulthood.

2. To document the feasibility of locating beneficiaries of an intervention more than a decade after the intervention.

The evidence from the behaviour development and change literature is that early and repeated exposure to the same message will result in the adoption of the behaviour being promoted. Students in the treatment school would have been exposed repeatedly at school and through community interventions to positive sexual health messages. One would expect that more of these students, compared to students in the non-treatment school, would show positive sexual health attitudes and behaviours as they have transitioned to adulthood over the nearly 15 years since they were exposed to Youth.now’s Pro-STAR intervention.

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ii In many Primary schools, one day each year is devoted to focusing on boys (Boys Day) and another to girls (Girls Day). These days focus on a range of topics including self-respect, identity, the value of attending school, the value of reading, values and attitudes, conflict resolution and substance abuse. The days are interspersed with speakers and other activities.
METHODS

The study used a controlled case study design to assess retrospectively the effects of Pro-STAR, the school-based and parent education intervention on adolescents’ transition to adulthood. Data for the evaluation were generated from four sources: 1) survey of students; 2) students’ academic record; 3) focus group discussions with parents; and 4) in-depth interviews with teachers and guidance counselors.

SAMPLING

A modified Snowball sampling design was used to generate three samples – one of students (who received the full treatment and those who did not), one of parents of students in the two schools who were interviewed, and one of teachers and guidance counselors who participated in the intervention.

Initially we had planned to locate individuals using a range of media – print (regional and national newspapers), electronic and social media (Facebook, Whatsapp), and word of mouth. In the end, we used electronic media (Internet), social media (Facebook and Whatsapp) and word of mouth.iii Once identified, individuals’ participation in the evaluation was solicited.

DATA COLLECTION

Data for the student sample were collected from two sources: 1) Students’ school record at end of high school; and 2) Survey data of the current situation and the students’ recollections from primary school. School records were accessed through requests made to school principals. Survey data were collected in a combination of face-to-face, telephone, and email, depending on the location and preference of the interviewee. A total of 155 of a possible 253 students (61.3%) were interviewed; 81 from Askenish and 74 from Cave Valley.

Accessing the secondary school academic records of the students was the most challenging aspect of the data collection process. Contact was made with the principals of the 14 secondary schools to which students from Askenish and Cave Valley were assigned based on their Grade Six Achievement Test (GSAT) scores. After several months of negotiation and follow-up with the schools we got transcripts from only 2 of the high schools – Ruseas and Green Island. Altogether, they provided information for 90% of the students who were assigned to them.

Information used to assess parents’ recollection of and attitude towards the

iii Additional information on finding the students is reported in Section 2 of the results section.
Pro-STAR programme was generated from two sources: First, from face-to-face interviews with a systematic random sample of 10 parents from each school community – using the list of students as the sampling frame; and second, from one focus group session with parents from each of the two school communities. A convenience sample of 10 parents was selected from the same lists for each focus group session. Altogether, 17 parents of students who attended Askenish primary school and 13 parents of students from Cave Valley primary school provided qualitative data. Parents were recruited through their children.

Of the total of 7 staff – 5 class teachers and 1 guidance counsellor from Askenish Primary School (PS) and 1 guidance counsellor from Cave Valley Primary School who participated in the Pro-STAR programme, 6 of the 7 persons – 4 class teachers (including one who had migrated) and the 2 Guidance counsellors were reached for the follow-up study. The sample of teachers and guidance counsellors were treated as key informants and interviewed by telephone.

The student survey data collection instrument is found in Appendix 1. The other instruments covered related topics.

**ETHICAL CONSIDERATIONS AND INFORMED CONSENT**

This study was reviewed and approved by Health Media Lab in Washington DC. The Ministry of Education in Jamaica gave permission to contact the two primary schools and the secondary schools to obtain de-identified school records. Informed consent was obtained in writing when possible, and orally for telephone interviews.

**DATA MANAGEMENT AND ANALYSIS**

Separate data files were created for students, parents, and teachers/guidance counsellors. The dataset for the students was created using SPSS, which was also used in the analysis of the student data.

The small qualitative data files from the FGD and IDIs were created in Word. These data were analyzed manually by the PIs using theme identification – a fundamental task in qualitative research. Themes were constructed based on reviewing the literature, common-sense constructs, and from researchers’ expertise with the subject matter.
RESULTS

The results section of this report is organised by the two objectives of the study: 1) assessing retrospectively the effect of participation in Youth.now’s Pro-STAR activity; and 2) documenting the feasibility of locating retrospectively beneficiaries of an intervention.

1. RETROSPECTIVE ASSESSMENT OF THE EFFECT OF PARTICIPATION IN YOUTH.now’S PRO-STAR INTERVENTION ON THE TRANSITION TO ADULTHOOD

The assessment of the Pro-Star intervention is organised in 3 sections: I) Student survey and school achievement; II) Parents’ reflections and opinions; and III) Teachers’ and guidance counsellors’ responses.

I. STUDENT SURVEY

BACKGROUND CHARACTERISTICS OF THE STUDENTS

All of the respondents were in their early 20s (Table 1). The respondents who had been students at Askenish, were, at 23, a bit older than the respondents from Cave Valley. Virtually all of the respondents from both schools were living in Jamaica when interviewed. Figure 1 shows that respondents from Cave Valley were more likely than those from Askenish to be living in the same community.
as when they were students, with females from Askenish the most likely to be living outside the community in which they had been students (53.1% compared to 14.3% of males from Cave Valley). When they were students, those from Askenish were more likely to have lived with both parents than those from Cave Valley (Table 1). The respondents grew up in families with the number of siblings ranging from 2.2 among male respondents from Askenish to 2.9 among female respondents from Askenish. Respondents from Askenish were more likely than those from Cave Valley to be youngest children.

EDUCATIONAL ATTAINMENT

The majority of students interviewed from both schools had attained higher than primary school education. More than half (51%) of the male students from Cave Valley and 48.4% of those from Askenish had graduated from secondary school without CXC\textsuperscript{iv} subjects. Female students from both schools performed better academically than male students. Data in Table 2 show that 63% of the female

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iv The Caribbean Examinations Council or CXC\textsuperscript{iv} is an examination board in the Caribbean. It was established in 1972 under Agreement by the Participating Governments in the CARICOM to conduct such examinations as it may think appropriate and award certificates and diplomas on the results of any such examinations so conducted. The Council is now an examining body that provides educational certifications in 16 English speaking Commonwealth Caribbean Countries and Territories. The CXC examinations replaced the General Certificate of Education (GCE) examinations used by England and some other members of the Commonwealth.
students from Askenish and 40.5% of those from Cave Valley had completed or were currently enrolled in a tertiary educational institution.

TABLE 2
EDUCATIONAL ATTAINMENT OF STUDENTS, BY SEX AND SCHOOL

<table>
<thead>
<tr>
<th>School</th>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Highest level of schooling attained (%)</td>
<td>N=49</td>
<td>N=31</td>
</tr>
<tr>
<td>Primary</td>
<td>0.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Secondary (no CXC)</td>
<td>22.4</td>
<td>48.4</td>
</tr>
<tr>
<td>Secondary (with CXC)</td>
<td>12.2</td>
<td>6.5</td>
</tr>
<tr>
<td>A levels</td>
<td>2.0</td>
<td>3.2</td>
</tr>
<tr>
<td>Tertiary (University/College/Training Institute)</td>
<td>63.3</td>
<td>35.5</td>
</tr>
<tr>
<td>Average number of CXC Exams Sat and Passed</td>
<td>N=46</td>
<td>N=29</td>
</tr>
<tr>
<td>Sat</td>
<td>4.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Passed</td>
<td>3.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Average number of CCSLcv Exams Sat and Passed</td>
<td>N=47</td>
<td>N=29</td>
</tr>
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<td>Sat</td>
<td>5.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Passed</td>
<td>4.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

WORK

Among the groups, males from Cave Valley were most likely to say they were working full time at the time of the survey (54.3%), while females from Cave Valley were the least likely to say they were working full time (19.4%) (Table 3). The female respondents from both schools were more likely than the male respondents to say they were not currently working.

When these jobs are classified according to the STATIN occupation classification, shown in Table 4, the largest percentage of females from Askenish and males from both schools said they were working as Services and Sales Workers (41.7%, 36.8% and 40.0%, respectively). Over half of the females from Cave Valley who were working fell in the Clerical Support Worker or Service and Sales Worker

* The Caribbean Certificate of Secondary Level Competence (CCSLC) is a secondary-level qualification developed by the Caribbean Examinations Council (CXC) and offered in the Caribbean region since 2007 for both secondary school students and adult learners. The CCSLC is designed to certify the knowledge, generic competencies, and attitudes and values that all secondary school leavers should have attained.
occupation categories (26.7% each). Students from Askernish were more likely to fall in the Professional occupation category than those from Cave Valley, with the reverse for Elementary Occupations. A detailed list of jobs given by the respondents is found in Appendix 2.

The respondents who were not working gave various reasons, as shown in Table 5. At least half of the respondents of each sex from each school are looking for work. In Cave Valley, virtually all the males who are not working say they are looking for work.
**MARRITAL STATUS AND FERTILITY**

Among the female respondents, those from Askenish were twice as likely those from Cave Valley to be married or living with a common-law partner (51% compared to 21%) (Figure 2). Male respondents from Askenish were also more likely than those from Cave Valley to be married or living with a common-law partner (39% compared to 23%). Around one in ten females and males from both schools said they had previously been married and living with a common law partner (not shown). Both females and males from Cave Valley were nearly twice as likely to say they were currently in a sexual relationship compared to those from Askenish (Figure 2). While one in five females from both schools said they were currently single, males in Askenish were twice as likely to say they were single (32% compared to 13%).

**TABLE 6** shows that similar percentages of female respondents said they had been pregnant (56.2% in Askenish and 57.9% in Cave Valley), while a higher percentage of male respondents from Askenish than from Cave Valley said they had gotten someone pregnant (38.7% compared to 28.6%). The difference was that female respondents from Askenish were, on average, a year older than their female counterparts when they first got pregnant (age 19 in Askenish compared to age 18 in Cave Valley). Female respondents from Askenish had a slightly higher number of live births (1.4) than females from Cave Valley (1.2), possibly because they are married or living with a common-law partner. Few reported pregnancies that ended in abortion, with the highest reported incidence among
male respondents from Cave Valley. All respondents had roughly one partner with whom they had had children.

**On average, female respondents from Askenish got pregnant for the first time at age 19, a year older than the females from Cave Valley who got pregnant for the first time at age 18.**

There was a striking difference between the number of desired additional children between the female and male respondents from both schools, with males wanting an additional three children more while the female respondents from both schools indicated that they wanted two additional children, on average. The male respondents also wanted the additional children sooner than the female respondents.

**TABLE 6**
FERTILITY EXPERIENCE AND DESIRES, BY SEX AND SCHOOL

<table>
<thead>
<tr>
<th>Indicator</th>
<th>School</th>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Ever Pregnant/gotten anyone pregnant</td>
<td>N=48</td>
<td>56.2</td>
<td>N=38</td>
</tr>
<tr>
<td></td>
<td>N=31</td>
<td>38.7</td>
<td>N=35</td>
</tr>
<tr>
<td>Age first got pregnant/got someone pregnant</td>
<td>N=27</td>
<td>19.0</td>
<td>N=21</td>
</tr>
<tr>
<td></td>
<td>N=13</td>
<td>19.2</td>
<td>N=11</td>
</tr>
<tr>
<td>Mean number of live births</td>
<td>N=27</td>
<td>1.4</td>
<td>N=21</td>
</tr>
<tr>
<td></td>
<td>N=12</td>
<td>1.0</td>
<td>N=10</td>
</tr>
<tr>
<td>Mean number of abortions</td>
<td>N=27</td>
<td>.07</td>
<td>N=21</td>
</tr>
<tr>
<td></td>
<td>N=11</td>
<td>0.0</td>
<td>N=10</td>
</tr>
<tr>
<td>Number of partners have had children with</td>
<td>N=27</td>
<td>1.3</td>
<td>N=21</td>
</tr>
<tr>
<td></td>
<td>N=12</td>
<td>1.1</td>
<td>N=10</td>
</tr>
<tr>
<td>Desire for (additional) children</td>
<td>N=49</td>
<td>91.8</td>
<td>N=38</td>
</tr>
<tr>
<td></td>
<td>N=31</td>
<td>90.3</td>
<td>N=35</td>
</tr>
<tr>
<td>Number of (additional) children desired</td>
<td>N=43</td>
<td>1.7</td>
<td>N=27</td>
</tr>
<tr>
<td></td>
<td>N=27</td>
<td>3.4</td>
<td>N=34</td>
</tr>
<tr>
<td>Desired timing of (additional) children</td>
<td>N=42</td>
<td>21.4</td>
<td>N=28</td>
</tr>
<tr>
<td>Within two years</td>
<td>N=25</td>
<td>56.0</td>
<td>N=35</td>
</tr>
<tr>
<td>More than two years</td>
<td>78.6</td>
<td>44.0</td>
<td>71.4</td>
</tr>
</tbody>
</table>
SEXUAL ACTIVITY AND CONTRACEPTIVE USE

There were few differences among the respondents from the two schools regarding sexual activity and contraceptive use (Table 7). The respondents learned about sex and about contraception between ages of 10 and 12. Male respondents said they first had sex when they were 13-14 years old, while the female respondents reported being three years older (between ages 16-17) when they first had sex. While higher percentages of female and male respondents from Cave Valley said they had used contraception at first sex (94.7% of females and 65.7% of males) compared to respondents from Askenish (84.4% of the females and 46.7% of the males), contraceptive use at first sex in both schools was higher than the reported national average of 70% for females and 55% for males.14 Virtually all the respondents who said they used contraception at first sex reported using condoms.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Age first learned about sex</td>
<td>N=45</td>
<td>N=31</td>
</tr>
<tr>
<td></td>
<td>11.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Age at first sex</td>
<td>N=46</td>
<td>N=26</td>
</tr>
<tr>
<td></td>
<td>16.6</td>
<td>13.4</td>
</tr>
<tr>
<td>Age of first sex partner</td>
<td>N=43</td>
<td>N=28</td>
</tr>
<tr>
<td></td>
<td>21.0</td>
<td>15.7</td>
</tr>
<tr>
<td>Age first learned about contraception</td>
<td>N=44</td>
<td>N=30</td>
</tr>
<tr>
<td></td>
<td>12.2</td>
<td>10.7</td>
</tr>
<tr>
<td>Use of contraception at first sex</td>
<td>N=46</td>
<td>N=30</td>
</tr>
<tr>
<td></td>
<td>84.8</td>
<td>46.7</td>
</tr>
<tr>
<td>Method of contraception used</td>
<td>N=39</td>
<td>N=14</td>
</tr>
<tr>
<td>Condom</td>
<td>97.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Pill</td>
<td>2.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Source of learning about contraception</td>
<td>N=40</td>
<td>N=15</td>
</tr>
<tr>
<td>School</td>
<td>95.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Health Center</td>
<td>12.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Friends</td>
<td>15.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Family member</td>
<td>47.5</td>
<td>13.3</td>
</tr>
<tr>
<td>Other</td>
<td>10.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Female respondents from both Askenish and Cave Valley first had sex around age 16 and a half, while their male counterparts reported first having sex three years earlier, at age 13 and a half.

Respondents said they learned about contraception from various sources; those from Askenish were more likely to say they learned about it from school (95% of females and 100% of males) than those from Cave Valley (88.9% of females and 77.8% of males). Still, for respondents from both schools, school was the most likely place reported for learning about contraception. Interestingly, female respondents were more likely than male respondents to say they learned about contraceptives from family members while the males were more likely than the females to list friends as a source of information about contraception.

EXPERIENCE IN PRIMARY SCHOOL

Respondents were asked what they remembered about primary school, most notably their Grade 4 teacher and guidance counsellor, whether they had a class in Health and Family Life Education (HFLE) and what they remembered from the HFLE class. Respondents from Askenish were much more likely than those from Cave Valley to remember the name of their Grade 4 guidance counsellor (Mr. Smith) (Figure 3). Female Respondents from Askenish were more likely than those from Cave Valley to remember the name of their Grade 4 Teacher, while the opposite was true for male respondents.

At least 9 in 10 of the respondents from both schools recalled having a class in HFLE although their recall of topics differed somewhat (not shown in a table). While at least 90 percent of the students from both schools remembered learning about personal hygiene, respondents from Askenish had better recall of other topics. Figure 4 shows that higher percentages of respondents from Askenish recalled learning about abstinence/delaying sex, pregnancy, contraception, nutrition, and healthy lifestyles.
The respondents were also asked about their recall of specific (and one fictitious) Youth.now-related activities. As shown in Figure 5, virtually all of the students at Askenish recalled the Youth.now message “Life is a journey, take it step by step,” while around half of the respondents from Cave Valley recalled that message. Similarly, nine out of 10 respondents from Askenish recalled the Youth.now message, “Go real slow, take the time to know,” compared to one-quarter of the respondents from Cave Valley.

These two messages from Youth.now were given in a variety of venues, including in class, on television, radio, billboard, poster, cinema spot, back of bus, and on a mural at school. Figures 6 and 7 show that the main ways the students from Askenish remember both messages were in class, on a mural at school (see Appendix 3), on a poster, on television, and on the radio, with TV more prominent than the poster for “Life is a journey, take it step by step,” and the reverse for “Go real slow, take the time to know.” Among the minority from Cave Valley who recalled the messages, the main source for both messages was class.
FIGURE 5
MEMORY OF YOUTH.NOW MESSAGES

“Life is a journey, take it step by step.”

0% 25% 50% 75% 100%
97% 92% 42% 52%

“Go real slow, take the time to know.”

0% 25% 50% 75% 100%
90% 97% 26% 26%

Askenish Females
Askenish Males
Cave Valley Females
Cave Valley Males

FIGURE 6
PLACE RECALLED HEARING ABOUT “LIFE IS A JOURNEY, TAKE IT STEP BY STEP.”

In class

0% 25% 50% 75% 100%
96% 75% 78% 100%

Mural at school

0% 25% 50% 75% 100%
78% 77% 6% 6%

Poster

0% 25% 50% 75% 100%
40% 58% 11%

TV

0% 25% 50% 75% 100%
6% 57% 6%

Radio

0% 25% 50% 75% 100%
24% 20% 11%

Billboard

0% 25% 50% 75% 100%
7% 7% 6%

Cinema spot

0% 25% 50% 75% 100%
3% 4% 6%

Back of bus

0% 25% 50% 75% 100%
7% 6% 6%

Askenish Females
Askenish Males
Cave Valley Females
Cave Valley Males
FIGURE 7
MEMORY OF HEARING ABOUT “GO REAL SLOW, TAKE THE TIME TO KNOW,” BY SEX AND SCHOOL

Virtually all of the respondents from Askenish recalled “Mr. Smith,” who was their primary school guidance counsellor (Table 8). Appropriately, the Cave Valley students were not familiar with that name. Between 30 and 40 percent of respondents from both schools recalled the book fair, at which students displayed “books” they had written. Cave Valley students were invited to Askenish for the book fair. Virtually none of the respondents recalled the poem “Tenapops,” which was written as part of the programme. To assess whether the respondents were providing a courtesy response about recalling events, they were asked about a fictitious “FACTLINE” – virtually none of the respondents said they recalled it.

When asked specifically if they recalled Youth.now, half of the female respondents and one-third of the male respondents from Askenish compared to 5-6 percent of the respondents from Cave Valley said they remembered Youth.now.
When asked what was useful about the programme, students said:

- It was fun
- Built confidence and provided motivation
- Built awareness of certain topics
- Taught there was more to life than sex
- Felt important as was in the commercial

The respondents were asked if they remember talking with their parents about HFLE and to say what topic they remembered talking about with their parents (Table 9). Females from both schools said they remembered being more likely to talk to or be asked by their parents about what they learned from HFLE (around two-thirds of females from the schools said this, compared to 38% of males who had attended Askenish and 53% of males who had attended Cave Valley). No topic stood out as having been discussed with parents.

9 out of 10 respondents reported remembering having a positive or very positive relationship with their peers, their teachers and their parents in primary school.

When asked what type of relationship they remembered having with their peers, teachers and parents, 9 out of 10 respondents of both sexes from both schools reported having a positive or very positive relationship with each of those groups (not shown in a table).
In the interview, students were told that part of the role of school and the HFLE class they had in primary school was to promote self-knowledge, healthy lifestyles, abstinence, communication and conflict resolution skills, and wholesome relationships that they had with others, including their family, their peers, and their teachers/other adults. When asked how well they thought their primary school experience had prepared them for those things, students from both schools overwhelmingly said that primary school and HFLE had been helpful in preparing them for those topics, although those who had attended Askenish were at least 10 percentage points more likely than students from Cave Valley to call the experience very helpful (around 83 percent of the students from Askenish compared to around 70 percent of the students from Cave Valley).

When asked how they thought the experience in primary school and with HFLE had been helpful, among those who gave explanations, respondents from both schools and of both sexes agreed that the experience had provided valuable advice/knowledge about life (not shown in a table). Other responses given by more than 10 percent of female respondents from Askenish were that the experience promoted healthy lifestyles and taught self-care, and that they gained knowledge not learned at home. For male respondents from Askenish, more than 10 percent of those with comments said that it promoted abstinence and safe sex knowledge. Among female respondents from Cave Valley, more than 10 percent said that the experience had promoted healthy lifestyles and taught self-care, that it had promoted abstinence and safe sex knowledge, and that it had prepared them for high school. Among male respondents from Cave Valley, those who gave comments also noted that the experience had helped in personal development.
The respondents were asked for their recommendations for what should be in HFLE. Their responses are shown in Table 10 and summarized in Figure 9. What stands out is that of those giving recommendations, the largest percentages of females and males from Askenish said to keep it the same (47% and 39% respectively), while the largest percentages of those from Cave Valley said they didn’t know or did not respond (40% of females and 46% of males respectively. Interestingly, suggestions from Cave Valley students focused on including more on personal development (e.g. emphasize self-esteem and self-value, self-respect, character building; teaching etiquette and proper behaviour, dressing appropriately/better communication skills/students taking responsibility for actions; and conflict resolution/anger management skills/cyber bullying) and issues related to sex (e.g. more about it and its consequences, abstinence and delaying sex), while students from Askenish were more likely to give recommendations on the timing, structure and frequency of the HFLE (e.g. offering it earlier, in more grades, and more often; using other teaching methods; having dedicated teachers).

When asked if they had final comments, those who did respond (around one-quarter of the respondents), mostly said that the programme had been good and that more such programmes are needed in schools and communities (not shown in a table).
<table>
<thead>
<tr>
<th>Item</th>
<th>Askenish Females</th>
<th>Askenish Males</th>
<th>Cave Valley Females</th>
<th>Cave Valley Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence/Delay/Sex and Consequences</td>
<td>8.1</td>
<td>3.2</td>
<td>18.4</td>
<td>11.5</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>0.0</td>
<td>9.7</td>
<td>2.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Personal Development</td>
<td>4.0</td>
<td>9.7</td>
<td>28.9</td>
<td>17.2</td>
</tr>
<tr>
<td>Emphasize self-esteem and self-value, self-respect, character building</td>
<td>2.0</td>
<td>0.0</td>
<td>18.4</td>
<td>8.6</td>
</tr>
<tr>
<td>Teach skills - etiquette &amp; proper behaviour, dressing appropriately/better communication skills/students taking responsibility for actions</td>
<td>0.0</td>
<td>9.7</td>
<td>7.9</td>
<td>5.7</td>
</tr>
<tr>
<td>Conflict resolution/anger management skills/cyber bullying</td>
<td>2.0</td>
<td>0.0</td>
<td>2.6</td>
<td>2.9</td>
</tr>
<tr>
<td>More parental involvement/Devis programmes around home life issues identified</td>
<td>4.0</td>
<td>6.4</td>
<td>0.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Education and Future Planning</td>
<td>12.1</td>
<td>9.6</td>
<td>13.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Make it more career-focused/provide career guidance/Futuristic planning/goal-setting</td>
<td>2.0</td>
<td>6.4</td>
<td>7.9</td>
<td>5.8</td>
</tr>
<tr>
<td>Stress the importance of education/Provide academic advice/tips</td>
<td>2.0</td>
<td>0.0</td>
<td>5.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Teach more life/practical skills/parental skills</td>
<td>8.1</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Timing/Structure/Methodology</td>
<td>22.4</td>
<td>16.0</td>
<td>13.1</td>
<td>8.7</td>
</tr>
<tr>
<td>Use alternative methodologies to deliver course, e.g. music, technology</td>
<td>10.2</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Topics should start at basic school/deliver course earlier/Deliver course at primary and secondary school/Include information in social studies/Offer course more frequently</td>
<td>6.1</td>
<td>3.2</td>
<td>13.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Course needs dedicated teachers</td>
<td>4.1</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Train teachers to be alert to non-verbal cues/behaviours of students</td>
<td>0.0</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Individual counseling with guidance counsellor</td>
<td>2.0</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Go to more schools and communities</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Keep it the same</td>
<td>46.9</td>
<td>38.7</td>
<td>10.3</td>
<td>17.1</td>
</tr>
<tr>
<td>Don’t know/can’t recall</td>
<td>6.1</td>
<td>6.5</td>
<td>15.8</td>
<td>14.3</td>
</tr>
<tr>
<td>No response/NA</td>
<td>8.2</td>
<td>6.5</td>
<td>23.7</td>
<td>31.4</td>
</tr>
</tbody>
</table>
This study assessed self-esteem and well-being using two measures. The first was an adaptation of the Hare self-esteem scale for children. This version of the Hare scale was used in a study of young adolescents in Jamaica in 1997 (Jackson et al., 1998). The original 30-item scale measuring self-esteem in the three domains of home, peers and school, was pared down to six items (two from each area). Respondents in this study were asked to think back to when they were in primary school to answer the questions and then they were asked to answer the same questions (with one difference in that they were asked currently about work rather than school). The second measure of well-being was the Rosenberg self-esteem scale for adults.
Tables 11 and 12, reflecting respondents’ memory of their time in primary school and their current situation, shows consistency in responses for the females and for the males across the schools – and the scores from primary school were largely consistent with the earlier Jamaica Adolescent Study (Jackson et al., 1998). All respondents’ groups for both time periods registered generally high levels of self-esteem, with some exceptions. The item with the lowest score across the respondent groups for both time periods was having as many friends as most people their age, with the female respondents scoring somewhat lower than the male respondents for primary school and considerably lower currently. Other than males from Cave Valley, the respondents were not as confident currently that other people their age enjoyed being with them, compared to during primary school. Respondents generally felt that their parents were proud of them, with the female respondents feeling more so than the male respondents both in primary school and currently. Respondents felt somewhat more important in their families currently than they had in primary school. While all respondents felt proud of the work they do currently, the female respondents felt better about their school reports in primary school than did the male respondents. Among those who currently work, they all said they thought their supervisors were proud of their work.

Because the Hare scale was designed for children, the study also included the Rosenberg Self-esteem measure for adults. As shown in Table 13, 90% or more of respondents regarded themselves as “I am a person of worth, at least on an equal plane with others,” that they had “a number of good qualities,” that they are “able to do things as well as most other people,” and that “I take a positive attitude towards myself.” Likewise, only slightly over 1 in 10 respondents said

<table>
<thead>
<tr>
<th>Indicator</th>
<th>School</th>
<th>Females (N=48-49)</th>
<th>Males (N=30-31)</th>
<th>Females (N=37-38)</th>
<th>Males (N=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I had as many friends as most people my age</td>
<td>Askenish</td>
<td>77.6</td>
<td>80.7</td>
<td>73.6</td>
<td>82.9</td>
</tr>
<tr>
<td>Other people my age enjoyed being with me</td>
<td>Cave Valley</td>
<td>93.6</td>
<td>93.3</td>
<td>89.5</td>
<td>91.4</td>
</tr>
<tr>
<td>My parents were proud of me</td>
<td></td>
<td>93.6</td>
<td>87.1</td>
<td>100</td>
<td>88.6</td>
</tr>
<tr>
<td>I was an important person in my family</td>
<td></td>
<td>87.5</td>
<td>90.3</td>
<td>89.4</td>
<td>91.4</td>
</tr>
<tr>
<td>I was usually proud of my school reports</td>
<td></td>
<td>87.8</td>
<td>67.8</td>
<td>89.5</td>
<td>77.2</td>
</tr>
<tr>
<td>My teachers were usually proud of my school reports</td>
<td></td>
<td>87.8</td>
<td>83.3</td>
<td>94.6</td>
<td>88.6</td>
</tr>
</tbody>
</table>

Note: The Ns for each of the six items in the table could vary depending on response rate, therefore the Ns for females and males for the six items are noted as a range.
### TABLE 12
THINKING ABOUT YOUR LIFE NOW, AGREE/STRONGLY AGREE WITH THE FOLLOWING STATEMENTS, BY SEX AND SCHOOL (HARE INDEX)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>School</th>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>I have as many friends as most people my age</td>
<td>N=46-49</td>
<td>N=30-31</td>
<td>N=38</td>
</tr>
<tr>
<td>Other people my age enjoy being with me</td>
<td>82.6</td>
<td>80</td>
<td>81.6</td>
</tr>
<tr>
<td>My parents are proud of me</td>
<td>95.8</td>
<td>90.4</td>
<td>92.1</td>
</tr>
<tr>
<td>I am an important person in my family</td>
<td>95.8</td>
<td>93.5</td>
<td>89.5</td>
</tr>
<tr>
<td>I am usually proud of the work I do</td>
<td>93.7</td>
<td>93.6</td>
<td>100</td>
</tr>
<tr>
<td>My supervisors are usually proud of the work I do</td>
<td>N=40</td>
<td>N=24</td>
<td>N=20</td>
</tr>
</tbody>
</table>

Note: The Ns for each of the six items in the table could vary depending on response rate, therefore the Ns for females and males for the six items are noted as a range.

### TABLE 13
THINKING ABOUT YOUR LIFE NOW, AGREE/STRONGLY AGREE WITH THE FOLLOWING STATEMENTS, BY SEX AND SCHOOL (ROSENBERG SELF ESTEEM SCALE FOR ADULTS)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>School</th>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>I feel that I am a person of worth, at least on an equal plane with others</td>
<td>97.9</td>
<td>90.3</td>
<td>100.0</td>
</tr>
<tr>
<td>I feel that I have a number of good qualities</td>
<td>100.0</td>
<td>100.0</td>
<td>97.4</td>
</tr>
<tr>
<td>All in all, I am inclined to think that I am a failure</td>
<td>12.2</td>
<td>9.7</td>
<td>13.1</td>
</tr>
<tr>
<td>I am able to do things as well as most other people</td>
<td>97.9</td>
<td>93.6</td>
<td>100.0</td>
</tr>
<tr>
<td>I feel that I do not have much to be proud of</td>
<td>14.5</td>
<td>32.2</td>
<td>29.0</td>
</tr>
<tr>
<td>I take a positive attitude towards myself</td>
<td>100.0</td>
<td>96.8</td>
<td>100.0</td>
</tr>
<tr>
<td>On the whole, I am satisfied with myself</td>
<td>96.0</td>
<td>77.5</td>
<td>89.5</td>
</tr>
<tr>
<td>I wish I could have more respect for myself</td>
<td>36.8</td>
<td>54.8</td>
<td>31.6</td>
</tr>
<tr>
<td>I certainly feel useless at times</td>
<td>38.8</td>
<td>42.0</td>
<td>34.2</td>
</tr>
<tr>
<td>At times, I think I am no good at all</td>
<td>20.9</td>
<td>26.7</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Note: The Ns for each of the six items in the table could vary depending on response rate, therefore the Ns for females and males for the six items are noted as a range.
they were “inclined to think that I am a failure.” Female respondents were more likely than male respondents to say “On the whole, I am satisfied with myself,” with the biggest difference between females and males from Askenish (96% compared to 77.5%).

The respondents did exhibit some negative perceptions of their well-being. With the exception of female respondents from Askenish, around one-third of the other respondents reflected that they “do not have much to be proud of.” The male respondents from both schools were more likely than the female respondents to say that they wished they “could have more respect for myself.” Nearly one-half of the male respondents said that compared to around one-third of the female respondents. Respondents from Askenish were more likely than those from Cave Valley to say that they “certainly feel useless at times,” while females from Cave Valley were least likely to say that “at times, I think I am no good at all” (roughly one in ten compared to one in four or one in five for the other respondents).

**SUMMARY OF FINDINGS FROM THE STUDENT SURVEY**

The young adults in this study were age 21-23 when interviewed, over a decade after the Pro-STAR intervention was implemented fully in Askenish and partially in Cave Valley. In many ways the respondents are similar across the schools, and in some ways they are different. Furthermore, some differences between female and male respondents emerged. Among the groups, females from Askenish stood out for their achievements.

**Background, Education and Work.** A higher percentage of the young adults in Cave Valley were living in the same community where they had gone to school. Females from Askenish were most likely to be now living in a different community in Jamaica. When they were in primary school, most of the students from Askenish and females from Cave Valley lived with their mother and father, while most boys from Cave Valley lived with their mother only. The female young adults from both communities were more likely than their male counterparts to have attained a tertiary (university/college/training institute) education, with females from Askenish having received the most education.

In terms of work, the young men were more likely than the young women to be working and among those not working, at least half are looking for a job, while some are in school or at home. Among those working, the majority of jobs were in services and sales. Respondents from Askenish were more likely than their Cave Valley counterparts to be employed in professional jobs, whereas the reverse was the case with unskilled jobs.

**Experience in Primary School with HFLE.** Students from Askenish were more likely than those from Cave Valley to remember their Grade 4 teacher and guidance counsellor. Among the topics in Health and Family Life Education, students from both schools remembered learning about personal hygiene. Other topics, including abstinence/delaying sex, sexually transmitted infections,
pregnancy, contraception, nutrition, and healthy lifestyles, were recalled by higher percentages of respondents who had attended Askish compared to Cave Valley. The female respondents were more likely than male respondents to say they remembered talking to their parents or being asked by their parents about HFLE and the topics of discussion in it. Respondents from Askish were more likely to say that primary school and HFLE were very helpful in preparing students. When asked for their recommendations for HFLE, respondents from Askish were much more likely than their counterparts from Cave Valley to suggest keeping it the same as the programme they had had. Respondents from Cave Valley said they didn’t know or did not respond to the question.

Experience with Youth.now and Pro-STAR. Respondents from Askish had higher recall of Youth.now, the project that supported the Pro-STAR intervention and associated media. There was almost universal recall among respondents from Askish of the two messages from Youth.now for early adolescents; “Life is a journey, take it step by step,” and “Go real slow, take the time to know,” whereas only around half of the students from Cave Valley remembered that “Life is a journey...” and a quarter recalled the message to “Go real slow...” The respondents from Askish said that the programme had built confidence and motivation, and that it had taught that there was more to life than sex.

Self-esteem. 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. 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. Some differences among female and male respondents emerged, with females being consistently proud of their schoolwork in primary school and work today, while the males are proud of their work but were less proud earlier of their school work. Likewise, males said they receive more positive feedback from supervisors than they had from their teachers. Across the groups, respondents were more likely as students to feel that they had as many friends as others their age and that others enjoyed being with them, compared to how they feel as adults about their friendships.

Relationship Status, Fertility, Sexual Activity and Contraceptive Use. Among female and male respondents from Askish, the highest percentages were currently married or in a common-law partnership, whereas the highest percentages among both groups from Cave Valley said they were in a sexual relationship. More than half of the female respondents said they had been pregnant. Female respondents from Askish on average got pregnant for the first time at age 19, a year older than the females from Cave Valley who got pregnant for the first time at age 18 on average. 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 females was 21 and of the males was 16. 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). Virtually all of the respondents from Askenish and most from Cave Valley said they learned about contraception from school. Males were more likely than females to say they had learned about contraception from friends, whereas females were more likely than males to say they had learned about contraception from family members.

II. SCHOOL ACHIEVEMENT

As indicated, students’ academic records were obtained from only 2 of the 14 secondary schools to which students from Askenish and Cave Valley would have been assigned for their secondary education. These transcripts represent 35 students assigned to the Green Island High School and 12 students assigned to the Ruseas High School. All the students assigned to Green Island High School were from Cave Valley and 2 of the 12 assigned to Ruseas were from Cave Valley. The other 10 Ruseas students were from Askenish primary school.

With these small sample sizes, it is not possible to reach any conclusion about the likely effect of the primary school intervention (Pro-STAR) on school achievement for students from Askenish and Cave Valley primary schools. 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. In the case of English, for example, using the academic records of students from Green Island High School, in the first semester of their entry year (Grade 7), 13 of the 35 (37.1%) students for whom we have data scored B or better, 11 of 35 (31.4%) scored D or lower. By Grade 11, the 6 of 25 (24.0%) for whom there are data scored B or higher and 8 of 25 (32.0%) scored D or lower. A similar trend was observed for mathematics where 36.4% of students scored B or higher at the end of their first semester in high school. By Grade 11, C was the highest grade in this subject.

In the case of the 10 students from Askenish assigned to Ruseas, 4 had a B grade and 6 a C grade at the end of their first semester in high school (Grade 7). Five years later in their first semester in Grade 11, 4 had a B grade, 3 had a C grade, and 3 had a D grade or lower.

These data validate the survey data report earlier which showed that more than half (51%) of the males students from Cave Valley and 48.4% of those from Askenish had graduated from secondary school without CXC subjects.

III. PARENTS’ REFLECTIONS AND OPINIONS

The 30 parents in the study of parents ranged in age from 43-59 years. The 13 parents from Cave Valley were mothers and only 2 of the 17 parents from Askenish were fathers. Most parents from both communities had a primary school education, but more parents from Askenish than from Cave Valley had secondary or post-secondary education.

Two parents of children who attended Askenish primary school remembered attending the Pro-STAR parent seminars. The others could not remember if they
attended any parent seminars at the school. The recollection of the purpose and content of the residential training programme for parents who remembered attending the seminars was spotty.

Parenting was admittedly difficult for some of the parents from the two communities. In both, parents cited difficulties meeting the financial needs of their children - especially money for lunch. They reported relying on the respective school’s nutrition programme as well as on assistance from the guidance counsellor. There was no such assistance when the children were in secondary school.

**PARENTS’ INVOLVEMENT IN PRIMARY SCHOOL PTA**

Parents from both communities remember attending meetings of the Parent Teachers Association (PTA) at the child’s primary school. Some always attended meetings, others attended sometimes. None of them held elected positions in the respective PTAs.

**PARENT’S PERCEPTIONS OF STUDENTS’ SECONDARY SCHOOL PLACEMENT AND PERFORMANCE**

The parents in the focus group discussions (FGD) from both communities reported that their children were all placed in a secondary school based on their GSAT examination results. However, a few parents were not happy with the assignment. In some cases, the assigned school was in another parish and required long commutes. These parents were unable to afford the cost of boarding their child closer to the secondary school.

In some cases, assignment to secondary school meant that, in addition to having to absorb additional expenses, parents and children had to deal with the stigma of the child being assigned to a school considered ‘less than’.

“My daughter went to Grange Hill school and people looked down on her because they said it was a low school, the worst school, and I told her, look here you can do anything just do your best and she got 7 subjects, and went to HEART to do youth service for a little while. I did not have the money to help her to do further studies, and she came back here at Askenish and served at this school.”

–Parent FGD, Askenish

Another parent who knows the child, provided an endorsement:

“She was very good. She is now abroad and when she came back you know she was well put together and organised, a lady able to hold her own really nice, I’m telling you, we were all proud of her.”

–Another parent FGD Askenish

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vi In the Jamaica education system, students at 11-12 (Grade 6) sit the Grade Six Achievement Test (GSAT). Their GSAT scores determine the secondary school to which they are assigned.
Parents were confident about their children’s performance in secondary school. Most (13 of the 30 parents contacted) felt that their child performed about average; only 1 felt that her child performed worse than most other students. In the majority of cases, the target child left the secondary school to which assigned initially because s/he had completed the 5-year course of studies. The few cases in which the child changed schools, the change was not because of disciplinary problems but because the child’s family relocated or because of other family-related reasons.

**PARENT’S PERCEPTIONS OF POST-SECONDARY SCHOOL PERFORMANCE**

Most parents perceived that their child was doing well in life. This assessment was based on the fact that: ‘they have a job’, ‘she have her own business’, the fact that ‘they are living overseas’, or that ‘they are continuing their education’. One parent remarked that:

“Well proud of the big son him doing well, him not sitting around on street corner, him can cook, him can bake, him is a good boy, him nice, him no give no trouble. Yes, me proud of him, him is big strapping man, him don’t even mash ants (does not cause any trouble).”

–Parent FGD, Cave Valley

Another parent observed:

“My son got 5 subjects at Mannings. He wanted to be a teacher but with the subjects he would need to do more studying. He needed a job and he always said he wanted to work for the government, and he said anywhere him found a job he would fit in so he is now a police at Montego Bay airport.”

–Parent FGD, Askenish

Some parents acknowledge that “it’s not easy yet but they (the children) are heading on in the right direction” (Parent 1, FGD Cave Valley) or that “it’s early but they are heading in the right direction.”

–Parent 2, FGD Cave Valley

“My daughter is abroad working and studying, she wants to be a physiotherapist.”

–Parent FGD, Cave Valley

**PARENTS PERCEIVED REASONS FOR CHILDREN’S SUCCESS**

To what do the parents attribute these successes? Both the primary school and parents were identified as key factors in children’s success. As parents in the FGD in Askenish noted:

“… some parents leave everything to teacher, but you have to do your part at home. My grandmother said ‘you have to learn to dance a yard before you can
dance abroad. You have to teach them respect from home.”

–Parent 1 FGD, Askenish

“And this school here they try them best, ... you can contact any teacher to find out what is going on with the children, the teachers would call and tell you if they were not doing well.”

–Parent 2 FGD, Askenish

“Parents have to play their role in their children’s life, some parents leave everything to the school.”

–Parent 3 FGD, Askenish

“No you have to teach respect at home, every parent have to play a big role.”

–Parent 1 FGD, Askenish

Some Askenish parents commended the special Pro-STAR programme for helping students to be successful.

“I think the (Pro-STAR) programme had a great impact on these students, because you did not see or hear of any of them dropping out of school because of pregnancy or anything like that, the programme taught them to wait.”

–Parent, FGD Askenish

“The children from those days are still friends until today, they call and talk to each other, even now.”

–Parent, FGD Askenish

Parents’ responses indicated that although they acknowledge the contribution of parents and the schools to the achievements of their children, they commend specifically the contribution of the guidance counsellor, at the time, for his care, guidance and continuing concern for the children. The following exchange provides evidence of that:

“What they did not tell their parents they would tell the guidance counsellor, anything happening at home they would tell him and if he knew something he would call you one side and ask, “what is happening with ...”? He would do home visits.”

–Parent 1, FGD, Askenish

“He looked out for the family, he would assist children to get uniforms, and he helped a family get a house.”

–Parent 2, FGD, Askenish

Q: Did you appreciate that or were you upset about it?
A: “No we appreciate it.” –Parent 1, FGD, Askenish
A: Yes, he was down to earth; Mr. Smith was a good man.” –Parent 3, FGD, Askenish
A: “You could see where he was heading, with his love for children.” –Parent 4, FGD, Askenish
A: “My niece was very influenced by the guidance counsellor. He recommended that she go to a boarding school were there would be strict discipline, where she was made to understand that certain rules had to be obeyed, she did well, she did well, she could have gone higher but due to financial constraint it was not possible. She got 8 CXC subjects, went on to HEART where she did a diploma in catering she is now a trained chef.” –Parent in FGD, Askenish

Parents from the Cave Valley school community were not as convinced of the role of the school in their children’s achievement.

‘Guidance and counselling was just implemented in at the time, there was not much things like that. Now they are teaching it here. Ms Cummings was the first guidance counsellor; Ms Scarlett is the second.”

–Parent in FGD, Cave Valley

Not all the stories of students’ outcomes are positive. One of the parents in the Askenish group reported that her daughter who was placed in a “bright class” when she went to secondary school did not do well. In the parent’s words, she “didn’t learn sufficient,” and “the teachers them say she no try.” She now lives with her boyfriend, has two children and is pregnant with a third. This mother’s reporting was delivered with a tone of disappointment. The parents are farmers and this target child was the third of their five children.

SUGGESTIONS FOR THE FUTURE

Requests for another similar programme (similar to Pro-STAR) were made by parents from the Askenish community. However, they acknowledge that the same programme might not work, as children are different now. The following comment captures the remarks of parents who wanted the programme:

“We would want to see another programme like that, especially with things, well what I see in 2004 they were a different set of children than now, they are different.”

–Parent in FGD, Askenish

More detailed extracts from the FGD with Askenish and Cave Valley parents in Appendix 4, highlight some of the ‘differences’ observed in children in the time of the Pro-STAR and now and the related parenting challenges being experienced by parents in both communities. Included here are: children’s less respectful behaviour to parents and teachers, parents being too soft on their children, and in a few cases, parents expressing fear of their children. These challenges were presented as justification for implementing a programme like Pro-STAR – with a parent education component as well as student-directed elements.

SUMMARY OF FINDINGS FROM THE PARENTS’ STUDY

One should be cautious in extrapolating from the findings of the parents’ study not only because this was qualitative research but more so because of the very
small number of parents who were engaged. The findings do, however, provide insights into some of the issues parents in the two communities of Askenish and Cave Valley feel are important.

In regard to parenting, the challenges parents faced in the period when the intervention was implemented (2002-2005) appear to be different than they are now – because as parents from both communities noted, “the children are different now.” Parents at the time seemed to have experienced fewer discipline problems but more financial challenges.

Parents argue that both parents and the school have joint responsibility for positive child development with school guidance counsellors playing a very critical role in the process as mentor, guide, arbitrator as well as counsellor. The parents with children who attended primary school at Askenish felt that their children benefited enormously from having such a guidance counsellor.

In general, it appears that parents from both communities are proud of their children’s achievements and acknowledge that they, as young adults, are heading in the right direction – whether it is they were employed, completing their studies/professional development, or had established their own small businesses.

Parents from the full treatment school experienced the benefit of the programme and observed the positive effect of the programme on their children. Parents from Askenish enthusiastically called for the replication of the Pro-STAR intervention modified to be relevant to the special and different circumstances and needs of children and families now.

While they were grateful for the assistance – financial and psychosocial - they and their children received from the school and through the programme they wished that support could have continued through to secondary school. Parents from both communities recommended the replication of the full-scale programme in all schools so that all children could benefit from the intervention.

IV. TEACHER/GUIDANCE COUNSELLOR VIEWS

Six of the eight teachers and guidance counsellors who participated in the Pro-STAR intervention were interviewed by telephone as key informants. One respondent was male; five were female. Three of the four class teachers were still teaching at Askenish Primary School. Both guidance counsellors had moved on – one to work with a private sector entity serving the deaf and the other to a senior public sector social services position.

UNPROMPTED RECALL OF PRO-STAR

After these many years, do the teachers and Guidance Counsellors remember the Pro-STAR intervention? The study explored both unprompted and prompted recall of the programme. All six respondents could recall something about the programme. What did they recall without prompting? The unprompted responses of teachers and guidance counsellors are presented separately.
Teachers

Without prompting, more teachers recalled training and capacity building for themselves and for parents than any other aspect of the programme. The programme areas spontaneously recalled by teachers include:

- Name of the overall programme: Youth.now programme
- Training/ Capacity Building:
  - Training for parents:
    - “Weekend parenting workshop” (recalled by 3 teachers)
    - “Parents taught not to label students as labeling has a negative effect”
  - Training for teachers:
    - “Teachers taught how to use stories to teach in an exciting manner”
    - “Art of story telling – lessons they could learn from the story”
- Resources:
  - Material resources:
    - “Resources that kids had to work with”
    - “Mural on side of building (recalled by 2 teachers) – used as a teaching tool”
    - “Pathway designed on the school compound”
  - Human resources:
    - “Interaction with Adziko”
    - “Adziko used to come sometimes and take my class using poetry and art.”
- Student Activities:
  - Book fair
  - Student trip (to Kingston) doing an ad. They got shirts with logo on them.
  - Some of the students were on TV as part of the Youth.now Programme
- Content of messages
  - “Children told not the have sex”
  - “Parents taught how to deal with children”

Guidance Counsellors

The unprompted recall of the 2 former guidance counsellors was fairly similar to that of the teachers. They both recalled:

vii Although Pro-STAR was the official name of the intervention, most persons referred to it as the ‘Youth.now programme.’
• Training:
  – “Taught to use story telling and making props to use to teach the HFLE curriculum”

• Methodology
  – “Very good (children enjoyed that)”
  – “Enhanced lesson plans. Material to achieve interaction among students to encourage unity among students including students with disabilities – very practical.”

• Focus of programme:
  – “[It] Was a welcome programme re: parenting. [Prior to the programme] children not aware of HFLE and sexuality/ [the programme was] promoting abstinence/ [the programme] introduced programme for boys and girls/ [it emphasised that]
  – “Life is a journey”

**PROMPTED RECALL OF PRO-STAR**

To assess prompted recall, teachers and guidance counsellors were read a list of 10 items related, or not, to the programme and asked to indicate Yes or No whether they recalled the item, what they remembered about it and how this item/issue was useful when the intervention was implemented. The list included slogans used in the Youth.now media campaigns; individuals associated with the Pro-STAR programme and specific activities in which students were engaged.

All but one respondent – the former guidance counsellor from Cave Valley - recalled the two slogans: “Life is a journey,” “take it step by step and Go real Slow,” “take the time to know.” But that guidance counsellor was the only one to recall the poem Tenapops. She recalled it as being colourful – and noted that “they (the colours) brought life to everything – it was so vivid. ... was my favourite.”

All the teachers and guidance counsellors contacted remembered the two personalities included in the list - Ms. Adziko, the consultant and Mr. Smith, the guidance counsellor from Askenish. The consultant was described as “really special.” In the mind of one class teacher, “she left an indelible mark on the children at Askenish” and to another, “she was a lady full of vim, vigor and vitality. Full or energy. She was good.”

Only 2 of the 6 respondents remembered the book fair. One of them remembered it as useful in building children’s self-esteem through seeing their own writing ‘published’.

**PERCEIVED VALUE OF PRO-STAR**

When polled, 5 of the 6 teachers and guidance counsellors thought the programme was very useful. One judged it somewhat useful.
Respondents defined the value of the programme for teachers in the following ways:

- “Learnt how to enhance story telling”
- “Able to impart certain values and attitudes to students”
- “Got a replica of the Road Map”

The value of the Pro-STAR programme for students was characterised by the teachers and former guidance counsellors in a variety of different ways. The following are direct quotes:

“After the programme – children were not involved [in bad behaviour] – no babies while they were at school. So programme must have had an effect. Parents gave positive feedback. ... one of the best periods.”
- Class teacher

“The exposure to different things must have made a difference. The slogan should have been useful to children and young adults.”
- Class teacher (This teacher observed that since she had not seen the evaluation results, she imagined that the exposure would have made a difference.)

“Brought awareness of themselves and their value to society. ... opened up their understanding of the choices they have. Empowering – free to express themselves”
- Former guidance counsellor

“At the time, students and teachers were excited. We saw the usefulness of it.”
- Class teacher

**LONG TERM UTILITY OF PRO-STAR**

Are the techniques that teachers and guidance counsellors learned for implementing the Pro-STAR programme being used by them these many years later? Four of six teachers reported that they continue to use some of the techniques they learnt in the workshop for teachers and Guidance Counsellors. They report using:

- Story telling (2 respondents)
  - “When I do stories for Jamaica Day and other programmes.” This technique makes the stories come alive. The audience becomes involved and engaged.
- Drama and role play
  - “rely on pulling information from the Roadmap”
- Drama and acting to assist in group
– “Enables cooperative learning. Provides a different way to express themselves. Also helps with their performance and attitude.”

• Visual aides and music
  – “Use these with deaf students – visual aides are part of the deaf culture.”

And, even though the two former guidance counsellors are no longer in the classroom, they have continued to use many of the techniques and methods they learnt under Pro-STAR programme. For them, role-play and drama have less utility now so they have not used these techniques in their present jobs.

THE FUTURE

Several of the teachers and former guidance counsellors had recommendations regarding the future. Their recommendations included the following:

“If there is money, that the programme is broadened and replicated.”
– Former guidance counsellor

“Pro-STAR made HFLE very interactive. That increased (students’) interest in learning about life and to work cooperatively.”
– Former guidance counsellor

“It was a good programme. Discipline in the country has deteriorated, if Youth. now sees fit to restart the programme it would benefit parents, teachers and students and ultimately the country. A rounded programme. Parents ask all the time – ‘wa happen to that programme – we want it to come back’.”
– Class teacher

“Programme was useful to help parents be better parents. The programme showed how to parent – the importance of good nutrition – importance of providing breakfast.”
– Class teacher

SUMMARY OF VIEWS OF TEACHERS AND GUIDANCE COUNSELLOR

Teachers and former guidance counsellors who participated in the intervention 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.
2. DOCUMENTATION OF THE FEASIBILITY OF LOCATING BENEFICIARIES OF AN INTERVENTION MORE THAN A DECADE AFTER THE INTERVENTION

Longitudinal studies are important in public health research for identifying risk factors related to negative health outcomes but attrition is a major concern in these studies. The literature reports attrition rates as low as 30 percent and as high as 70 percent.\textsuperscript{15, 16, 17} The longer the follow-up period, the higher the chances are for dropout. A 1993 population-based study of mothers and babies in Norway followed at 1 year and 15 years reported a 56% drop out rate.\textsuperscript{18}

The study team documented the process of contacting the participants in this study and their willingness to participate. Figure 1 (page 20) shows that most of the students from Cave Valley who were interviewed were still living in their community, compared to students from Askenish.

Appendix 5 provides one interviewers’ perspective on finding and interviewing the students – some still in the community, others still in Jamaica but elsewhere, and still others outside the country. The interviewers’ reflections show 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 reaching out through various networks. The reflections note the value of face to face meetings with key stakeholders (e.g. school principals) to gain their support and assistance in locating the past students; the need to build trust among the past student population in order to get referrals from credible “connectors;” the need to put 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.

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 a respectable 76% and 51% percent of the students from Askenish and Cave Valley, respectively, and 6 of the 8 teachers and guidance counsellors. We had anticipated including a larger sample of parents, but opted for focus group discussions with 12 parents.
DISCUSSION AND RECOMMENDATIONS

DISCUSSION

The Pro-STAR intervention through Youth.now was important. It 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. They remember the messages from Youth.now to “Go real slow, take the time to know,” and that “Life is a journey, take it step by step.” They wrote “books” about these themes and published them in a book fair. The young adults who received the full intervention recommended that it be continued, as did parents and teachers. Although it ended many years ago when USAID moved on with a different project for adolescents in Jamaica, 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. The findings from this study are relevant for improving HFLE in Jamaica and for stimulating ASRH programming in other countries. The study shows that reaching young adolescents is important and can have lasting effect, particularly on self-esteem.

Although 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 did their counterparts from Cave Valley. Both the young women and young men from Askenish remembered the Youth.now programme and recommended that it be continued.

Presentation of the findings of this retrospective evaluation generated rich discussion. In a dissemination conference held in Ocho Rios, Jamaica in May, 2017, participants who represented a cross-section of stakeholders from education, child health, and the students themselves raised several issues.

One of the issues raised was whether the observed differences in the transition experience of students in the two schools was related to rural versus urban differences or because of differences in the level of exposure to the intervention.
While there may be the influence of place of residence on the outcomes for students, it was agreed that the level of exposure to the intervention was a key contributing factor. Students who attended the Askenish Primary School would have been exposed to multiple intervention components that targeted them directly and indirectly. The direct components would have been related to the teaching methods used, the mass media elements (print, audio and visual) conveying the same message; visits by the consultant; students’ production and display of books in a book fair; participation in a revived Girls’ day and Boys’ day, and participation (group of 10-15 students) in the production of one of the mass media elements. The indirect components would have included special teacher and guidance counsellor training to affect delivery of the subject, parent education to affect parenting and consultant input with teachers.

In contrast, students in the comparison school would only have benefited from teacher and guidance counsellor training and access to the mass media elements.

One of the reasons for locating the school-based Pro-STAR intervention in the two schools in Hanover was concern expressed by public health professionals in the parish about the rate of early childbearing. Participants at the conference questioned whether any change in the age of pregnancy was observed. Changes are observed both in the data from the Registrar General Department (RGD) and the findings from this retrospective assessment. Data from the RGD indicate that 17.2% of births in Hanover in 2013 were to mothers under 20 years. The national rate for that year was 19%. In 2013, the national rate of births to women under 20
was reported as 18%. Hanover’s reported rate was 22%. Although the teen birth rate for the parish has not declined, what is observed is that mothers’ age at first birth has increased. For 2013, the latest year for which statistics are available, no births were reported for females under 15 years.

The findings from this retrospective study corroborate this. We found that a similar percentage of female respondents in the two communities said they had been pregnant (56.2% in Askenish and 57.9% in Cave Valley), while a higher percentage of male respondents from Askenish than from Cave Valley said they had gotten someone pregnant (38.7% compared to 28.6%). The difference was that female respondents from Askenish were, on average, a year older than their female counterparts when they first got pregnant (age 19 in Askenish compared to age 18 in Cave Valley). Female respondents from Askenish had a slightly higher number of live births (1.4) than females from Cave Valley (1.2), possibly because they are married or living with a common-law partner. Few reported pregnancies that ended in abortion, with the highest reported incidence among male respondents from Cave Valley.

Given that the teachers and guidance counsellors expressed value of the arts in teaching HFLE, another discussion point at the conference was how to integrate drama and the arts (poetry, song, etc.) into the national HFLE programme. The Ministry of Education is already attempting to achieve that integration. Currently, teachers who are trained to deliver the HFLE curriculum are using some of the methodologies – especially drama – shown to be effective in the Pro-STAR intervention. The concern is that teachers will not be trained and encouraged to move beyond using just drama to other arts forms to deliver HFLE content.

The evidence from the research as well as from case studies of graduates of the programme in both schools indicate that the transition outcomes for students who received the full Pro-STAR treatment were different than those who received partial treatment. Reviews of the literature on the experience of young people who are transitioning from primary to secondary school revealed that the transition process can be disruptive, but that there are multiple factors that can have either positive or negative effects on students. The literature on transition from primary school into secondary school revealed a fairly constant appearance of themes including academic attainment, transition experiences and social-emotional adjustment of children and young people; perspectives on transition of teachers, principals and parents. Several overarching themes were evident, with student belonging and well-being receiving the greatest attention. Other areas of interest were support from peers, teachers and parents and academic outcomes and family-school connections. These are all factors important for positive youth development.

A review by Hanewald grouped and discussed these factors under the key themes of student belonging and well being, the role of support from teachers and parents, the role of peers, academic outcomes and the importance of family-school connections. That analysis of the literature indicates that well-planned and implemented transition programmes can support students, their families and even school staff in the process of moving. Several of these factors
identified in 37 studies published between 2005 and 2011 included academic development and achievement; transition adjustment, bullying, depression and violent student behaviour; student belonging and wellbeing, friendships and self-esteem; parental involvement and student perception of peer, parent and teacher support; and transition experiences, beliefs, preferences and practices of students, parents and teachers. These and other factors were included in the recommendations made by participants in the dissemination conference organised to share the findings from this study and discuss the relevance of the findings for Health and Family Life Education in Jamaica.

RECOMMENDATIONS

Based on the findings of the research as well as the output from the dissemination conference, two sets of recommendations emerge: a general set targeted specifically to Jamaica and a second set for the international community.

RECOMMENDATIONS FOR JAMAICA

Each group of respondents consulted during this evaluation (students who were exposed to the intervention, teachers and guidance counsellors who delivered the intervention elements, and parents of students from the two participating primary schools), provided a set of recommendations for the way forward in the matter of adolescent development. The recommendation common to all three groups of respondents and to participants in the dissemination conference was to replicate the Pro-STAR intervention.

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. Achieving that purpose would require:

1. Strengthening 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 – appropriate to topic, lesson content, and age and stage of development of the students – as to positively and successfully engage students in the life skills education process.

2. Engaging with and involving students in ways that would enable their input in determining programme content as well as execution.

3. Enhancing HFLE teachers’ skills toward greater mindfulness of gender differences as well as the special needs (learning, developmental, physical, emotional) of their students and tailoring their delivery appropriately.

Even as the MoE seeks to strengthen the HFLE programme there is evidence that there are topics in the programme that HFLE teachers may be reluctant to handle. Peer education, including that related to substance abuse and teen pregnancy, can be used to reach young people with sensitive information and can work to change negative attitudes and unhealthy behaviours. The
effectiveness of a peer to peer strategy, however, depends on having a robust recruitment process, quality training, effective supervision and support for the peer educators; and committed/dedicated teachers and school administrations and, at the same time, advocacy to create an environment for children and their families outside the school system that enables development and maintenance of positive social behaviours. We recommend that:

4. Ministry of Education introduce different models (depending on the resources available to the individual school) of organising school-based peer education to support the delivery of HFLE for students in primary and secondary schools. The goal should be to have most or all students trained as peer educators and, where possible, forming themselves into peer educators’ clubs. The adoption of such a strategy would involve partnering with other credible national and parish-based organisations that are engaged in peer education and peer support programmes.

Parent education and parent skills training were identified in the study by parents, teachers and guidance counsellors as important, even essential, if parents are to enable positive child development. The demand for parenting education to equip parents to cope with the new generation of children and youth leads us to recommend that:

5. Officers in the Ministry of Education with responsibility for HFLE seek to establish strategic links with the National Parenting Support Commission (NPSC) and support the expansion of the 125 Parent Places it has established in primary schools. The Parent Place is described as a ‘one-stop-shop’ for parenting information, skills training and support on effective parenting that offers what is described as “21st century parenting” through quality information and referrals, access to parenting resources and workshops. The mission of the NPSC is to assist parents in developing the skills they need to raise their children, while promoting a collaborative effort between home, school and the community.

Parents’ participation and involvement in the school life of their children has been identified in this retrospective study and supported by the transition and youth development literature as another essential component in achieving positive outcomes for children. Parents’ membership in the parent teacher association (PTA) in the children’s schools is one way of enabling that involvement. As of July 2016i it was reported that only 21 per cent (208) of 971 public schools have registered their local PTA’s with the national body. We recommend that:

6. The Ministry of Education in partnership with the National Parent-Teachers’ Association of Jamaica (NPTAJ):

- mount a marketing campaign to educate school principals about the value of active PTAs to the school, parents, students and the wider community; and

- provide the required incentives to schools to achieve three goals: i) encourage principals to have their PTAs registered with the national body; and ii) increase membership of PTAs – including membership of fathers; iii) promote parents as advocates.

- introduce a mentorship programme for students in primary to secondary school as one way of making it culturally acceptable for boys to be educated.

Finally, the evaluation findings strongly suggest that students might have benefited at secondary school from having as strong a psycho-social support system as existed in the full treatment model implemented in the Askenish primary school. We recommend that:

7. Ministry of Education seek to expand the guidance and counselling programme in secondary schools to assure a lower and more effective student to guidance counsellor ratio;

8. Secondary schools are encouraged and incentivised to establish mentorship programmes that will assist students with the inevitable issues associated with transition from primary to secondary levels of education as well as issues related to academic performance,

9. As in the case of primary schools (See recommendation #6), encourage the establishment of, and parent membership, in PTAs.

RECOMMENDATIONS FOR THE GLOBAL COMMUNITY

The need to improve programming for adolescents and youth is clear. This study is not only important for Jamaica but provides lessons for the global community on the benefits of programming for young adolescents as part of a continuum of programming moving into adulthood. Implications of this study relevant to the global community include:

1. Interventions for young adolescents are important and that 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 are 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.
This retrospective research, conducted some 14 years after the primary-school based intervention was implemented, provides evidence of the value of sustained early intervention with young adolescents. It is a credit to the intervention elements that even after those many years students and teachers/guidance counsellors were found and were willing to participate in this study and that they can recall details of the media campaign and the school-based HFLE messages and teachers/guidance counsellors still use the skills and methods they were taught that many years ago.
Appendix 1

STUDENT SURVEY QUESTIONNAIRE

INTERVIEW CHARACTERISTICS

ID Number __________

Name of interviewer: _____________________________

Date of interview __________

Place of interview
  In person ________
  By phone ________
  By Skype ________
  Other ________

Time of start of interview: __________

Introduction
Introduction and informed consent to be inserted here

Eligibility Screening
Did you attend Grade 4 and Grade 5 of primary school between October 2002 and March 2004?

  ____ Yes  Continue with the questionnaire
  ____ No  [INTERVIEWER: RESPONDENT IS INELIGIBLE FOR PARTICIPATION. THANK THEM FOR THEIR TIME AND END INTERVIEW]

Did you attend either Askenish All Age School or Cave Valley All Age School?

  ____ Yes, Askenish, Continue with the questionnaire
  ____ Yes, Cave Valley, Continue with the questionnaire
  ____ No  [INTERVIEWER: RESPONDENT IS INELIGIBLE FOR PARTICIPATION. THANK THEM FOR THEIR TIME AND END INTERVIEW]

1. Background Characteristics

1.1. Sex:
  ____ Female
  ____ Male

1.2. How old are you? __________

1.3. When is your birthday? ___ day ___ month ___ year

1.4. Where do you live now? _____________________________

1.5. Is where you live now the same place you were living when you were in primary school? Do you live in:
  ____ Same community in Jamaica now as then?
  ____ Different community in Jamaica now as then?
  ____ Another country (specify) ________________
1.6 When you were in primary school, who did you live with? [INTERVIEWER: READ RESPONSES. CHECK ALL THAT APPLY]:
- ______ Mother and father in same home
- ______ Mother only
- ______ Father only
- ______ Grandparent
- ______ Other family member
- ______ Other (Specify) ____________________________________________________

1.7 How many sisters and/or brothers were in your house when you were in primary school?
- ______ Sisters
- ______ Brothers

[INTERVIEWER: IF THE RESPONDENT HAS AT LEAST ONE SISTER OR BROTHER ASK 1.8; OTHERWISE, GO TO Q 2.1]

1.8 Thinking about the ages of your sisters and brothers, are you the oldest, youngest or in between:
- ______ Oldest
- ______ In between
- ______ Youngest

Education and Work

Now I would like to ask you some questions about your education and employment:

Education

2.1 Which secondary school(s) did you attend and when did you attend and leave?

<table>
<thead>
<tr>
<th>Secondary school</th>
<th>Years attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Went to school</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2 How many subjects at CXC did you sit / did you pass?
- ______ # sat
- ______ # passed

2.3 What was the highest level of schooling you attained? ________________________________________________

<table>
<thead>
<tr>
<th>Did ‘CXC’ levels</th>
<th>Yes</th>
<th>No</th>
<th>Mark Highest attainment (For office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did ‘A’ levels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended tertiary school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employment

2.4 Are you currently working?
- ______ Yes
- ______ No [GO TO Q 2.7]

2.5 What is your job? [PROBE] ________________________________________________________________
2.6 Is your job full time or part time?
   _____ Full time [GO TO 3.1]
   _____ Contract [GO TO 3.1]
   _____ Part time

2.7 IF NOT WORKING FULL TIME, Are you [READ]:
   _____ In school
   _____ Looking for work
   _____ Keeping house
   _____ At home, not keeping house
   _____ Unable to work
   _____ Other (specify) ______________________

Marital Status and Fertility

Now I have some questions about your relationship status and children:

Marital/Union Status

3.1 Are you married/do you live with a common-law partner now?
   _____ Yes [GO TO Q 4.1]
   _____ No

3.2 Were you ever married/had a common-law partner?
   _____ Yes
   _____ No

3.3 Are you in currently in sexual relationship?
   _____ Yes [GO TO Q 4.1]
   _____ No

3.4 Does that mean you are single?
   _____ Yes

Fertility

4.1 [FOR FEMALES]: Have you ever been pregnant? FOR MALES: Have you ever gotten someone pregnant?
   _____ Yes [FOR MALES GO TO Q 4.4]
   _____ No [GO TO Q 4.10]

4.2 FOR FEMALES: Are you pregnant now?
   _____ Yes
   _____ No

4.3 [FOR FEMALES]: How old were you when you were pregnant the first time? ______ Years [GO TO Q 4.5]

4.4 [FOR MALES]: How old were you when you first got someone pregnant? ______ Years

4.5 How many pregnancies resulted in live births?
   _____ #
   _____ Don’t know

4.6 How many pregnancies resulted in still births?
   _____ #
   _____ Don’t know

4.7 How many pregnancies resulted in miscarriages?
   _____ #
   _____ Don’t know

4.8 How many pregnancies resulted in abortions?
   _____ #
   _____ Don’t know
4.8 How many pregnancies resulted in abortions? ______ # ______ Don't know

4.9 Please tell me, for each of the live births you/your partner(s) have/has had, the age and sex of the child [INTERVIEWER: PLEASE RECORD BIRTH INFORMATION IN THE TABLE BELOW]

<table>
<thead>
<tr>
<th>Child</th>
<th>Sex</th>
<th>Birth Date (Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.9 How many partners have you had children with? ______ #

4.10 Would you like to have (more) children? [IF RESPONDENT ANSWERED NO TO 4.1 OR DOES NOT HAVE ANY LIVE CHILDREN DO NOT INCLUDE “MORE” IN THE QUESTION]
   ______ Yes
   ______ No

4.11 How many (more) children would you like to have? ______ [IF RESPONDENT ANSWERED NO TO 4.1 DO NOT INCLUDE “MORE” IN THE QUESTION]

4.12 When would you like to have a(nother) child?
   ______ Within the next two years
   ______ More than two years from now

Sexual Activity and Contraceptive Use

I have to ask you some personal questions, you don’t have to answer

5.1 How old were you when you had sex for the first time? [BY SEX WE MEAN WHEN A BOY PUTS HIS PENIS IN A GIRL’S VAGINA]
   ______ Years
   ______ Never had sex [GO TO Q 6.1]

5.2 How old was your sex partner?
   ______ Years
   ______ Can’t recall
   ______ No response

5.3 Did you use any protection (contraception) the first time you had sex?
   ______ Yes
   ______ No [GO TO Q 6.1]

5.4 What method of protection (contraception) did you use?
   ______ None
   ______ Condom
   ______ Pill
   ______ Withdrawal
   ______ Injectable
   ______ IUD
   ______ Other (specify): ____________________
5.5 Where did you learn about contraception?
____ School
____ Health center
____ Friends
____ Family member
____ Other (specify): _______________________________________

5.6 How old were you when you first learned about sex? _______ Years

5.7 How old were you when you first learned about contraception _______ Years

5.8 Have you had sex in the last month?
____ Yes
____ No [GO TO Q 6.1]

5.9 What method of protection (contraception) did you use?
____ None
____ Condom
____ Pill
____ Withdrawal
____ Injectable
____ IUD
____ Other (specify): __________________________

Experience in Primary School

Let’s go back to your days at Askenish/Cave Valley school:

6.1 When you were in Grade 4, do you remember who your Guidance Counsellor was?
____ Yes
____ No [GO TO Q 6.5]

6.2 What was your Guidance Counsellors’s name? ______________________

6.3 When you were in Grade 4, do you remember who your Teacher was?
____ Yes
____ No [GO TO Q 6.5]

6.4 What was your Teacher’s name? ______________________

6.5 Did you have a class in Health and Family Life Education in primary school?
____ Yes
____ No [GO TO Q 6.7]
____ Can’t recall [GO TO Q 6.7]

6.6 What do you remember about the Health and Family Life Education you had in primary school? Can you remember anything you learned?
____ Personal hygiene
____ abstinence/delaying sex
____ STIs
____ Pregnancy
____ Contraception
____ Nutrition
____ Healthy lifestyles
____ Other (specify) ______________
____ Can’t recall
DISCUSSIONS AND RECOMMENDATIONS

6.7 I am going to read you a list of things that may have taken place while you were at school. For each of them tell me if you remember, what you remember about it, and whether you think it was useful. [WRITE WHAT THE RESPONDENT SAYS]

<table>
<thead>
<tr>
<th></th>
<th>Do you Remember</th>
<th>What do you remember?</th>
<th>How was this useful to you at the time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Life is a Journey, take it step by step</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Mr. Smith</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>The book fair</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Ms. Adziko</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Tenapops</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>FACTLINE</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Go real slow, take the time to know</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Youth.now</td>
<td><em>Y</em> _N</td>
<td></td>
</tr>
</tbody>
</table>

INTERVIEWER: FOR RESPONDENTS IN Q 6.7 WHO HAVE HEARD OF “Life is a Journey, take it step by step” AND/OR “Go Real Slow, Take the Time to Know” ASK:

6.8 Where did you hear about or see: [CHECK ALL THAT APPLY. DON'T PROBE]

<table>
<thead>
<tr>
<th></th>
<th>“Life is a Journey, take it step by step”</th>
<th>“Go Real Slow, Take the Time to Know”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>In class</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>TV</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Billboard</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Poster</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Cinema spot</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Back of a bus</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Mural at school</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Can't remember</td>
<td></td>
</tr>
</tbody>
</table>

6.9 When you were in primary school, did you talk with your parent(s) or did your parents talk to you about what you learned in Health and Family Life Education class? If so, what did you talk with your parent(s) about?

_______ Can’t recall
6.10 Thinking back to when you were in primary school, would you say your relationship with your peers was:

   ____ Very positive
   ____ Somewhat positive
   ____ Somewhat negative
   ____ Very negative

6.11 Thinking back to when you were in primary school, would you say your relationship with your teachers was:

   ____ Very positive
   ____ Somewhat positive
   ____ Somewhat negative
   ____ Very negative
   ____ Don’t know

6.12 Thinking back to when you were in primary school, would you say your relationship with your parents was:

   ____ Very positive
   ____ Somewhat positive
   ____ Somewhat negative
   ____ Very negative
   ____ Don’t know

6.13 Part of the role of school and the Health and Family Life Education class you had in primary school was to promote self-knowledge, healthy lifestyles, abstinence, and wholesome relationships that you had with others, including your family, your peers, and your teachers/other adults, including communication and conflict resolution. How do you think your primary school experience prepared you for those things? Was it:

   ____ Very Helpful
   ____ Somewhat helpful
   ____ Not helpful
   ____ Don’t know

Please explain your response:

________________________________________________________________________________________

6.14 Looking back on your own experience, what would you recommend should be part of the Health and Family Life Education curriculum to help prepare children and adolescents for the transition to adulthood?

   ____ Can’t recall

Self-esteem

Now I would like to ask you some questions on well-being. I am going to ask you about two points in time - when you were in primary school and now.

7.1. Thinking back to when you were in primary school, for each of the following statements, please tell me whether you strongly agree, agree, disagree or strongly disagree. [PUT AN X IN THE BOX ACCORDING TO RESPONSE]

<table>
<thead>
<tr>
<th>Well-being item (Hare Index for adolescents)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.1 I had as many friends as most people my age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.2 Other people my age enjoyed being with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.3 My parents were proud of me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.4 I was an important person in my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.5 I was usually proud of my school reports</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.1.6 My teachers were usually proud of the work I did</td>
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<td></td>
</tr>
</tbody>
</table>
7.2. Thinking about your life now, for each of the following statements, please say whether you strongly agree, agree, disagree or strongly disagree.

<table>
<thead>
<tr>
<th>Well-being item (Hare Index - for life now)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.1 I have as many friends as most people my age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.2 Other people my age enjoy being with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.3 My parents are proud of me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.4 I am an important person in my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.5 I am usually proud of the work I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1.6 My supervisors are usually proud of the work I do [NOTE N/A IF RESPONDENT HAS NEVER WORKED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.3. For the next statements, thinking about your life, currently, please tell me whether you strongly agree, agree, disagree or strongly disagree.

<table>
<thead>
<tr>
<th>Well-being item (Rosenberg Self Esteem Scale for adults)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2.1 I feel that I am a person of worth, at least on an equal plane to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.2 I feel that I have a number of good qualities.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.3 All in all, I am inclined to think that I am a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.4 I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.5 I feel that I do not have much to be proud of.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.6 I take a positive attitude toward myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7.2.7 On the whole, I am satisfied with myself.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>7.2.8 I wish I could have more respect for myself.</td>
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<tr>
<td>7.2.9 I certainly feel useless at times.</td>
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<tr>
<td>7.2.10 At times, I think I am no good at all.</td>
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</tr>
</tbody>
</table>

I have reached the end of my questions for you. Given what we have discussed today, do you have anything else to add?

_____________________________________________________________________________________________

Thank you very much for your time today.
Record the time at the end of the interview ______
## APPENDIX 2

### JOBS REPORTED BY PARTICIPANTS

<table>
<thead>
<tr>
<th>Askenish</th>
<th>Cave Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reported by 5-10%</strong></td>
<td><strong>Reported by over 10%</strong></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
</tr>
<tr>
<td>• Cashier</td>
<td>• Customer service representative</td>
</tr>
<tr>
<td>• Masseuse</td>
<td></td>
</tr>
<tr>
<td>• Waiter</td>
<td></td>
</tr>
<tr>
<td>• Bartender</td>
<td></td>
</tr>
<tr>
<td>• Chef</td>
<td></td>
</tr>
<tr>
<td>• Entertainment coordinator</td>
<td></td>
</tr>
<tr>
<td>• Domestic worker</td>
<td></td>
</tr>
<tr>
<td>• Poultry farmer</td>
<td></td>
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<tr>
<td>• Health support worker</td>
<td></td>
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<tr>
<td>• Construction worker</td>
<td></td>
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<tr>
<td>• Carpenter</td>
<td></td>
</tr>
<tr>
<td>• Store Clerk</td>
<td></td>
</tr>
<tr>
<td>• Waiter</td>
<td></td>
</tr>
<tr>
<td>• Refrigeration technician</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
</tr>
<tr>
<td>• Tiler</td>
<td>• Bartender</td>
</tr>
<tr>
<td>• Security officer</td>
<td></td>
</tr>
<tr>
<td>• Body work</td>
<td></td>
</tr>
<tr>
<td>• Accountant</td>
<td></td>
</tr>
<tr>
<td>• Scullion Pharmacist</td>
<td></td>
</tr>
<tr>
<td>• Worker at Caribbean Broiler company</td>
<td></td>
</tr>
<tr>
<td>• Worker at meat shop</td>
<td></td>
</tr>
<tr>
<td>• Customer care representative</td>
<td></td>
</tr>
<tr>
<td>• Lifeguard</td>
<td></td>
</tr>
<tr>
<td>• Businessman</td>
<td></td>
</tr>
<tr>
<td>• Driver’s assistant</td>
<td></td>
</tr>
<tr>
<td>• Refrigeration technician</td>
<td></td>
</tr>
</tbody>
</table>
Note: Since the mural was painted at Askenish during the Youth.now project as a road map with decision points about behaviour, another structure has been built close by, making it impossible to take a full picture of the mural. Nevertheless, the school has maintained the mural over the years and students pass the mural often.
ASKENISH PARENTS

Q: [Students today are] different in what way?
A: “Behaviour, their thoughts, their thinking.”

Q: You are just old now!
A: No miss, it’s not just old

Q: No? The children are different?
A: “It’s a different set of children now, their behaviour, attitude, them no ‘fraid a nobody.”

A: “This programme is needed now, these pickney [children] dangerous.”

A: “Yes miss, who born in the 80’s different those who born in the 2000 they are worst, but these set, they are worst still.

A: “I think the programme should be continued, because these children talk anything in front of any body, they look you straight in the eye, and you can’t say anything because nuff of them will tell you say you are not their mother or father.”

A: “Some of these young parents I hear them talk something’s, they don’t care they are worse than their children.

Q: So some of the children are repeating what they hear their parents saying and doing?
A: “Yes. I hear parents telling their children if you go to school and a child hit you, lick out them eye, and don’t make no teacher lick you, a different generation.”

Q: And you never told your child that
A: “No, why should I?”

Q: So your child had to respect the teacher?
A: “Of course, respect help get you through life, the teacher is a part of the child’s family, the teacher even have more responsibility for the children than
some of us parents.”

A: “On holidays or weekends when there is no school and the children giving trouble at home, you will hear them saying them sorry no school not keeping today.”

A: “Me have two last one, one graduate already, the last one him giving trouble, him hid from the class him no like, him fight in school. Last week I had to go down there and the principal say him see him outside, him not settling either, it’s the same problem I’m having. And if him don’t like Spanish class him don’t go to Spanish class, and when he comes home and I check his work him say mummy you know say is group work we do.”

A: “They are smart; if I did not go down there last week I would not have found out him not doing anything at school, him a hide from the class him no love.”

A: “I have a son him no grow up, him don’t play with children his age, him play with the smaller ones that he can bully.”

A: “My son use to fight here when he went to Orange Hill him not fighting anymore.”

CAVE VALLEY PARENTS

Q: Now let’s talk about parenting, is it harder to parent children now than when your children was at this school?

A: “Yes miss.”

A: “These children now a days different from those children, you see those children would listen when you talk to them, but this new bread them don’t want to hear nothing you have to say.”

A: “My 14 year old want to give me attitude, when I ask where him going or where him coming from him don’t want to tell me. And I have to know where him going, there is too much shooting and wrong doings going on and I don’t put up with slackness I don’t want any wrong doers.”

Q: So if you know that your son/child is involved in wrong doing you would report it to the police?

A: ‘As I would, I don’t want no thief or wrong doing miss, no.”

Q: So if your child was involved in wrong doing you would report him?

A: “Yes, I would. Some parents don’t speak the truth.”

A: “In those times me was always doing something, they use to listen to you, like get up and be early for school, but now everything is the phone.”
A: “Parents get soft, parents don’t want them to do what they used to do, parents don’t want their children to look wood, my children have to do it. I have no trouble with my children.”

A: “I did not have any problems with my children, I have one daughter and 4 boys and my house have to be kept clean, so if they have to leave for school at 6 am, they have to be up at 5 because they have to make their beds before they leave out.”

A: “Parents get soft and the children them lazy, so parents have to do everything for them, I am not going to cook and feed my grown children and turn round and wash the dishes no.. if they don’t want to cook why should I cook for them.”

A: “But if you don’t cook and give them then it causes a problem.”

A: “It would not cause a problem for me. My fridge is in my bed room, if they want ice or water I give it to them.”

Q: So are you saying as parents you have to put up boundaries?

A: “Yes of course, these children are not like before, you have to put down you two foot.”

A: “Me having trouble with all my children, me have to do everything, they do no house work, nothing at all in the house. Me having trouble with the big ones now.”

Q: Have you always had a problem parenting your children?

A: “Yes. All them want is phone, phone, she say she is doing research for class but when me look is text and WhatsApp.”

A: “So take away the phone!”

A: “If I take it away she say she want to kill herself.

A: Maybe is her boyfriend she talking to?

A: “Yes, she talking to a man with a car.”

A: That is why so many school girls go missing.

A: “Me can’t talk to them.”

A: “I grow up hearing a saying that “parent won’t eat children but children will eat parents”.

A: “Our children will kill us, they don’t like us.”
We were given the go-ahead by the Ministry of Education to make contact with
the two primary schools – Askenish and Cave Valley. Phone calls were made to
the principals of the two schools to introduce ourselves, discuss the purpose of
the call and ask for their assistance in locating past students.

The value of face to face meetings with key stakeholders: Initially principals
expressed reservations as some years had elapsed. A visit was arranged for
each school, as often seeing a face is better than hearing a voice. At those visits,
principals were most helpful and provided the names of past students, and the
secondary schools to which they were assigned after leaving primary school.
They were also able to give us contact numbers and places of work of some of
the graduates.

Ready, set … We were anxious about meeting these new people, we did not
know what to expect of the participants and were sure they would be equally
concerned. But we were trained to introduce ourselves, explain the purpose
of the survey and to apply interviewing techniques to collect the information
always understanding the need for the respondent to be comfortable, to be able
to trust us and so answer the questions as honestly as possible, which we believe
they did.

Go: We called the students on our contact list and after identifying ourselves and
explaining our objective were met with mixed emotions. The responses ranged
from, “Oh my gosh,” “why now”. “Oh I remember Ms. so and so,” “Yes” (smiling)
I remember,” “life is a journey,” to “that was such a long time ago, I don’t know if
I remember anything.”

We used the opportunity to ask if they were in contact with any of their former
schoolmates, a few said they were and gave us a number. Others said yes but
that they would need to get permission before giving us a number.

We explained the interview process to them and, further, made it clear that all
information and personal details, for example, name and contact number would
be treated with strict confidence. We also emphasised that during the interview
they were not obliged to answer any of the questions, or they may agree to
be interviewed but had the right to refuse to answer particular questions for
whatever reason. Before we commenced an interview the informed consent form
was read to the respondent. If they agreed to the terms they would sign and date two copies of the consent form, as would team members. One copy was given to the respondent, the other retained by the interviewer. A similar consent procedure was followed in the cases of telephone interviews except that the consent form was not signed.

The first few days in Hanover were spent doing face to face interviews and making contact with other former students on the list. The first set of interviews went well, there were no objections to any questions, though some respondents wanted more information on who PEY & Associates was, where were we based and what would their involvement mean.

At the end of each interview, we asked how the respondent felt about being interviewed. Were there any questions that made them uncomfortable? Without fail they all said they were scared/nervous at the beginning. But now that it was over there was nothing to be afraid of, that the interview was over in a relatively short time - they were “just getting into it when it ended,” and, in fact, they were happy to have been a part of research.

The following are some specific examples of our experience in the field and the lesson(s) learned.

**Being determined and patient helps:** We were given a work contact of a young man who worked with a government institution. The challenge was we did not know where we could find him on the island. So we called the Head Office, gave his name and was told he was in Montego Bay. However, there were three branches of the institution in Montego Bay. Fortunately, we found him at the second branch we called. He was very surprised that we were able to locate him. He agreed to do a telephone interview.

After a few calls, we were also able to find a young lady who worked at a company in Kingston. We introduced ourselves and what we were doing re: “life is a journey.” She burst out laughing, and said, “I was singing the song to my mother last night.” She was interviewed by telephone and gave an excellent interview.

On a particular day, one team member had arranged to visit the Cave Valley community to interview a young man. On arriving at the agreed place the young man was not there. We gave him a few minutes and then called his number. There was no answer. Half an hour went by, still no response to our calls. Eventually we got a call from him saying that he had sent someone to see who we were, and in fact, he had driven by to see for himself. As he was satisfied with our identity, he agreed to a telephone interview.

**Flexibility is required:** Overall most participants were willing, polite, helpful and happy to be part of the evaluation and useful in identifying past schoolmates. Some former students now work in the hotel industry. Their hours are irregular so arranging interviews was quite challenging. We rearranged appointments due to last minute changes in work schedules. As a result, we conducted some interviews over the phone which did not appear to hamper the flow of information. In fact,
the phone provided anonymity and aided the process.

**Credible key informants are valuable:** The Cave Valley teachers and guidance counsellors were most helpful in identifying and locating past students. One day we were at Cave Valley school just as the school day was ending. One of the teachers was in the school yard. She asked how we were progressing. We told her that we were having difficulties contacting some of the people on the list. She asked for the names, and straight away she started to call the students who were in the yard. She asked, “where is your brother? ” asking another, “do you have a number for your uncle?” and another, “is your mother at home” and another “let me have your aunt’s number?” She was on the street verbally calling people to get phone numbers. Within ten minutes we were conducting interviews. In addition, we were given phone numbers and directed to homes where we would find past students.

On another occasion, the guidance counsellor and an ancillary worker accompanied us to locate persons we had difficulty finding. It was a day well spent. People were more trusting of us because these two ladies were with us.

**Interviewer intuition helps:** On another day while two team members were sitting outside a small shop in the community waiting for the other one to complete an interview, a taxi stopped near us, and a young man exited. One team member said “he looks like he is in our past students’ age group.” With that, the team member called the young man and introduced us and asked if he attended Cave Valley at the time of the intervention? He said he did indeed attend the school at that time and invited us to his home where we meet his mother and found three other past students right there. So, as a result of engaging that young man we were able to do four interviews.

The story was very similar when it came to Askenish.

**And then there is luck/good fortune:** A few days before our first visit to the Askenish community, the team was in Lucea. There we overheard three men in conversation; it was evident they were old friends. They had a good laugh at each other. One man turned to me and said: “we have been friends since school.” I asked which school they attended and he said Askenish!!

I told him that we would be visiting Askenish to locate past students of the school. He gave us the name and location of a “community” lady who knew everyone in Askenish. When we got to Askenish, we were able to find her, and she was a great help to us.

**Be strategic:** We also attended a sports day on the Askenish school grounds, where there were some parents of past students so were able to get contact telephone numbers.

A large number of the Askenish past students had moved out of the community - including a number who were now residing outside of Jamaica. As a result, we conducted their interviews over the phone.
Field work is unpredictable ... things don’t always go to plan: Finally, there were challenges, some days were frustrating. There were days we planned several interviews, but in the end, we ended up with none. Then there were days when there were a few interviews arranged and by the end of the day we had completed 10-12.

But there are always rewards: The biggest reward for me personally was the opportunity to spend time in a parish that I did not know; visit the various communities; meet and get to know so many lovely people; females; males; young and old; observe them and partake of their generosity.


From 2005-2009, USAID funded the JA-STYLE Project, with a broader mandate to improve wellbeing among adolescents. That project included mass media that participants in Youth.now interventions might also recall; thus we will also ask about participation in other ASRH programming or recollection of other ASRH-related messages.


