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Educational Theory and Principles of Teaching and Learning in Adolescent Preventive Health Care

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The adolescent years between 11 and 19 spans the time between childhood and adulthood. These years involve much "growing up" with great physical, emotional and social changes.

The challenge is to implement broadly adolescent preventive programs in Bahrain. There are some cultural barriers, which make some aspects in the program, such as sexual health is embarrassing for the adolescent as a learner and the health provider as a teacher.

The culture, perhaps more than any other aspect of patients' environment, has profound impact on health care. How patients believe and interpret their illness is strongly determined by cultural affiliation. Cultural norms and values influence how patients experience illness, seek care and accept medical intervention. The patients, experience of illness will be profoundly influenced by cultural beliefs about "appropriate" illness behavior and models of care.

Disease prevention and health promotion require a collaborative effort between patient and the physician, who therefore must find a common ground in order for these activities to be pursued. The patient-centered clinical method provides a clear framework for the practitioner to apply in health promotion and disease prevention efforts by using the patient's world as the starting point.

There are some biological, environmental factors and traditional age-related experiences, such as socialization and education, are very influential in childhood and adolescence. These factors decline during adulthood and being to rise again during the later years[1].

The program of health education for adolescents will offer quality prevention services to the teen, make contribution to the community's efforts to improve the health of its adolescents, and provide a rewarding professional experience for the family physician.

About 23% of the Bahraini populations are between the ages of 10-19 years[2]. Yet there is no solid preventive program that makes the bedrock for the health of this sector of the population. It is obvious how rarely the issues of adolescent health were addressed in the curriculum of high school, medical school, family physician residency program or continuing medical educations in Bahrain. For optimal health promotion to occur, the

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health provider must work collaboratively with the stakeholder (governmental and non governmental societies) to empower them to take an active role in planning and managing their programs. It requires widespread of commitments with the ministry of education and community health services.

Edinburgh Declaration 1988 (World conference on medical education of the world) had advised some action to improve the health services and medical education, namely to:

- Train teachers as educators, not content experts alone.
- Ensuring continuing of learning throughout life by shifting emphasis from the didactic methods to self-directed and independent study as well as tutorial methods.
- Encourage and facilitate cooperation between the ministries of health, ministries of education, community health services and other relevant bodies in joint policy development, programmed planning, implementation and review.

The goals of preventive health care for adolescents are to promote optimal physical and mental health and to support healthy physical, psychological, and social growth and development. Most common morbidities and mortalities of adolescence today are preventable, therefore adolescent health education is an important task[3].

The objectives of the program

1. Educational programs in adolescent health in the secondary schools.
2. Adolescent health implementation in the FPRP (family physician residency program) and ensure the continuity of learning using self directed, independent study and tutorials.
3. Continuous medical education for the family physicians about adolescent health.
4. Half-day-release courses or seminars to train the school teachers, members of non-governmental organizations (e.g. Bahrain family planning association, females associations and volunteers from red crescent …etc)

Application of learning principles in Adolescent health in Bahrain

My reading and experience in adolescent medicine in the Hospital of Sick Children in Toronto, persuaded me that there is cultural and religious differences between the Canadian adolescent programs and the Bahraini. In the following pages I will try to modify the Canadian module to be socially and religiously acceptable to ours.

I- Educating school teachers, Family residents and family physicians:

How to educate them to be good teachers for adolescent?

To identify the basic component or dimensions of effective teaching is to pursue the basic principles of adult teaching "learner center learning".
But first what is an adult teaching means?

According to Knowles, adult teaching can be defined:

A. In broadest sense as all the experiences of mature men and women by which they acquire new knowledge, understanding, skills, attitudes, interests, or values. It is an educational process that is often used in combination with production processes, political processes, or service processes.

B. In its more technical meaning "adult education" describes a set of organized activities carried by a wide variety of institutions for specific educational objectives.

C. The third meaning combines all these processes and activities into the idea of a movement or field of social practice. In this sense "adult education" brings together into a discrete social system all the individuals, institutions, and associations concerned with the education of adults and perceive them as working toward the common goals[4].

Mackeracher described some of the conditions that are required for learning, which have enough time and freedom from threat. This must be provided to allow the patterns to emerge naturally. Learning activities need to include opportunities for testing new behaviors in relative safety, developing mutually trusting relationships, encouraging descriptive feedback, and reducing fear of failure[1].

In the principle of effective teaching, Knowles described the learning environment:

A. The teacher provides physical conditions that are comfortable (as to seating, smoking, temperature, ventilation, lighting, and decoration) and conductive to interaction (preferably no person sitting behind another person).

B. The teacher accepts the learners as persons of worth and respects their feelings and ideas.

C. The teacher seeks to build relationships of mutual trust and helpfulness among the learners by encouraging cooperative activities and refraining from inducing competitiveness and judgmental ness.

D. The teacher exposes his or her own feeling and co learner in the spirit of mutual Inquiry[4].

Good teachers are those who are enthusiastic, clear, and well organized in presenting material and skillful in interactions with students /residents[5].

II- Teaching the Adolescent

The program is to complement high schools adolescent health education with a student-centered, participatory program based on small-group work with a trained facilitator. The

facilitator could be a school teacher or scout, and it is preferred to be a young person who is relatively closer in age for example trained medical students can be group leaders for the high school students. Peer counseling, if carefully selected, can be effective at the age group of 15-17 years old[3]. As a result of this proximity, the teen students tend to perceive these leaders as a more approachable and potentially less judgmental than traditional educator

The two principal goals is to attempt to supply the teen students with the knowledge and communication skills they need to make responsible decisions about their health behavior and to maintain those decisions in the face of outside pressure. The program allows medical student participant to gain experience talking about a sensitive and complex subject with a challenging age group[6].

I prefer the program to be divided in 6 sessions; each session is one hour. One teacher or two senior students lead a group of four to six students.

The important topics that can be covered:

1. Growth and development: physical, mental and social aspects.
2. Sexual health.
3. Nicotine dependency/ preventing and treating.
4. Nutrition and diet-related problems.
5. Postponing pregnancy in married adolescent girls "preventing teenage pregnancy".

The first session should be started with introducing the group to each other and create an environment of trust. Then negotiate goals of the sessions with the students and start a brain storming process to storm the problems with ideas. This would be an excellent chance to explore the adolescent concern with the material of discussion.

While this is not a doctor-patient relationship, ethically, the same confidentiality guidelines apply. The question should be written on a piece of paper and collected by the teacher in a paper bag. Discussion of the question should be openly stressed that their questions and comments will be anonymous. At the end of each session, ask the students to summarize the main points.

Feedback: Ask every student to write what they liked about the program and what they disliked. The next session will be based on their comments and suggestions.

Why Small Group Teaching?

The benefits of small group teaching compare to the large group teaching as it will be suitable for teachers and the learner:

1- Greater, more active involvement, each learner gets enough speaking time.
2- The learner and the teacher can establish rapport more easily.
3- Opportunity for the learner to learn from one another.
4- Sharing responsibility; learner can be teachers too.

5- Opportunity for immediate feedback to teachers and learners.
6- Individualized teaching and focus on individual learner's needs[7].

The problem here is not so much that the members need encouragement to participate, but without new information, they have nothing to talk about.

But which group size and methods of this teaching that fit adolescent?
The smaller the group, the easier it is to stimulate interaction.

Seminar: The essence of the seminar is that someone, or several persons, makes a presentation, which then is followed by discussion and questions. Though the nature of the presentation may vary enormously, its purpose is always to provide members with a common starting point for questioning, clarification of ideas, or discussion.

Tutorial: It resembles a seminar; but it is narrowly focused than a seminar. Unlike seminar no presentation is offered.

Free Group Discussion: The group leader encourages everyone to participate and ensures that the group does not range too far from the agenda.

If the number of the group is large, buzz Group would be helpful. Here, the small group is subdivided into group of two to six persons. The group is given a task, a time limit, and a student recorder who documents and reports their progress to the larger group.

It will be also helpful for the learner to feel what it is like to be in the other's position and to understand her or his point of view. This can be achieved by the Role Playing and Stimulation .The idea is to get right into the role and identify the feelings that you may share with the person or group whose role you are enacting.

Tips about adolescent education

- In the first session, break the ice by going around the circle discussing previous health education and when it is your turn to explain why you volunteered for this program.

- Counsel teen in a non-judgmental fashion regarding their options.

- Respect the teen's right to privacy and confidentiality.

- Clarify some myths about adolescent health, for example, the sexual assaults are often committed by strangers; it is false 69% are men who are known to them.

Conclusion

Teaching and learning is the core for education and behavioral changes. Although health-risk behavior and health habits have their genesis in adolescence, healthy

behaviors and lifestyle choices established during adolescence have the potential to persist into adult life and to have a strongly positive impact on adult health as well.

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