Scholars Journal of Applied Medical Sciences (SJAMS)

Sch. J. App. Med. Sci., 2015; 3(4C):1756-1759 ©Scholars Academic and Scientific Publisher (An International Publisher for Academic and Scientific Resources) www.saspublishers.com

Research Article

ISSN 2320-6691 (Online) ISSN 2347-954X (Print)

Opinions of Teachers Regarding Mentoring Programs for Students and Adolescent Health

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Abstract: Adolescent period is hazardous due to absence of proper guidance and counseling. Mentoring relationships may contribute to the health and well-being of adolescents and young youths. Opinions of teachers regarding mentoring may be useful for taking Adolescent Friendly Health Initiatives (AFHI). To explore views of teachers regarding mentoring as AFHI and to suggest the improvements in existing systems, qualitative survey was conducted among selected teachers of four schools of Chandigarh and two in Himachal Pradesh. Teachers were interviewed regarding knowledge and opinions regarding mentoring, mentees and mentor's role, existing patterns of adolescent friendly facility and adolescent friendly initiatives in their schools etc. Among all surveyed 27 teachers, 12 (48.4%) were aware of mentorship and 18 (66.7%) gave some opinion benefits of mentoring. There were 12 (48.1%) teachers who were of the opinion that it can counsel children related to any issue while 10 (37.0%) were of the opinion that it was beneficial for overall development of an individual. Friendly nature (81.5%), followed by good listener (74.1%) and motivation (63.0%) were main desired qualities of mentors according to surveyed teachers. Various topics were suggested to be included in mentorship programs, mainly moral values (37.0%) and sexual education (33.3%). About 41% teachers were not sure of selection criterion for mentees. Adolescent Health Programs should be extended beyond health institutions. Proper training of teachers on adolescent issues and adolescent friendly services provision is desired. Teachers and health professionals should be facilitated to provide proper reproductive health and sex education to adolescents. There is possibility of incorporating "mentoring" at schools as teachers have the potential to serve as effective mentors. Keywords: Adolescent Friendly Health Initiatives (AFHI); Adolescent Friendly Health Services (AFHS); Mentoring; Reproductive and Sexual Health (RSH)

INTRODUCTION

Addressing the needs of adolescents is a challenge that goes well beyond the role of health services alone. Adolescent period is hazardous due to absence of proper guidance and counseling. Considerable number of reproductive health problems can be prevented by creating awareness. In a conservative society where reproductive and sexual health (RSH) related issues are taboo for discussion, young people are hindered from actively seeking counsel for their needs. Several adolescent friendly health initiatives are being adopted at different levels. Planning of adolescents health care services should be initiated with participation of adolescents, so that the services will be more adolescent friendly.

Reproductive and sexual health (RSH) related issues are taboo for discussion in Indian communities and young people are hindered from actively seeking counsel for their needs. It was recommended to apply a peer-based approach in reproductive health and sex education to the adolescents [1,2]. Need of developing strategies should be considered regarding developmental needs of age of the adolescents and their social context [3,4]. The successful role of peer educators in AFHS has been endorsed by evaluation studies in different countries[5]. These studies also confirm that young people prefer receiving adolescent reproductive health information from peers, as opposed to from adults or in a traditional school setting.

Mentoring relationships may contribute to the health and well-being of adolescents and young youths. Mentoring programs can offer a huge potential for addressing many different needs of young people today. Mentoring is also one of initiatives which may contribute to the health and well-being of adolescents and young youths addressing their several needs. There is possibility of incorporating "mentoring" at different levels like schools, colleges, family and societal levels as teachers and non-parent adults in the community have the potential to serve as effective mentors. Setting up an AFHC in school or college premises for easy accessibility should be considered. A comparative study on utilization of adolescent health services found that school based services were better utilized than health facility based services[5].There is lack of literature on opinions of teachers regarding mentoring and exploring potential of mentoring as an Adolescent Friendly Health Initiative (AFHI) in Indian set-up. Present study was undertaken with an objective of exploring views of teachers regarding mentoring as AFHI in selected schools of Chandigarh and Himachal Pradesh, India and to suggest the improvements in existing systems.

MATERIAL AND METHODS

This qualitative survey was undertaken during November 2012 to February, 2013 in selected schools of Chandigarh and Himachal Pradesh, India. Four schools: two in Chandigarh and two in Himachal Pradesh (Districts Mandi and Hamirpur) were randomly selected using stratified multistage random sampling design. A qualitative survey among a sub group of teachers was conducted with an objective of studying existing patterns of adolescent friendly facility in their schools and exploring scope of extending adolescent friendly initiatives in schools. Knowledge and opinions regarding mentoring, mentees and mentor's role etc. were evaluated based on interviews. Prior permissions from concerned authorities were taken for conducting the study. Consents of respondents to take part in the study were also taken. Only those respondents who were willing to take part in the study were included. Because of some time, financial and other constraints, study could not be extended further in terms of inclusion of more schools and respondents.

RESULTS

A qualitative survey among 27 teachers giving consent for the survey in selected two schools was conducted to explore their views regarding mentoring for promotion of adolescent health. Among all surveyed teachers, 12 (48.4%) were aware of mentorship and 18 (66.7%) gave some opinion benefits of mentoring. Some teachers reported some mentorship programs running in their schools but majority of them were relating mentoring with counseling of students existing in their school. Expected benefits from mentorship program were of varied nature. There were 12 (48.1%) teachers who were of the opinion that it can counsel children related to any issue while 10 (37.0%) were of the opinion that it is beneficial for overall development of an individual. Friendly nature (81.5%), followed by good listener (74.1%) and motivation (63.0%) were main desired qualities of mentors according to surveyed teachers. Able and enlightened persons were also the desired characteristics of mentors. Various topics were suggested to be included in mentorship programs, mainly moral values (37.0%) and sexual education (33.3%). About 41% teachers were not sure of selection criterion for mentees. Teachers gave various suggestions for introducing mentorship program including proper orientation program for mentors (40.7%), generating awareness among mentors (55.5%), and separate period for mentoring program (22.2%). One thirds teachers were of the opinion that topics should be chosen based on group discussions among teachers and students while 48.2% gave no comment on this issue.

| Opinion | No of Teachers | % (N=27) |
|------------------------------------------------------------------|----------------|-------------|
| Awareness of Mentoring | | |
| Yes | 12 | 48.4 |
| No | 15 | 55.6 |
| Perceived Benefits of Mentoring | | |
| Counseling of children related to any issue | 12 | 48.1 |
| Overall development of an individual | 10 | 37.0 |
| Academic performance can be improved | 10 | 37.0 |
| Gives motivation to students and handle problems of mentees | 9 | 33.3 |
| Guides students regarding academic and personal problems | 7 | 25.9 |
| Building trust between mentors and mentees | 4 | 14.8 |
| Develop positive approach towards life and build self confidence | 5 | 18.5 |
| Decision making is improved | | |
| Mentors are suggestions providers | 3 | 11.1 |
| Self-esteem | 3 | 11.1 |
| Behavior | 3 | 11.1 |
| Peer relations | 3 | 11.1 |
| Educating adolescents about health and sex | 3 | 11.1 |
| Exposure to face challenges | 2 | 7.4 |
| Improve communication skills | 2 | 7.4 |

Table-:1 Opinion of Teachers Regarding Mentoring

| Get to know about students approach towards life | 2 | 7.4 |
|--------------------------------------------------------------------------------|----|------|
| No comments | 9 | 33.3 |
| Perceived Qualities of Mentors | | |
| Friendly nature | 22 | 81.5 |
| Good listener | 20 | 74.1 |
| Motivation | 17 | 63.0 |
| Able and enlightened | 10 | 37.0 |
| Experienced or well educated | 5 | 18.5 |
| Others | 5 | 18.5 |
| Contents of Discussion | | 100 |
| Moral values | 10 | 37.0 |
| Motivation | 8 | 29.0 |
| Personal hygiene | 7 | 25. |
| Sexual education | 9 | 33. |
| Academic career oriented | 3 | 11. |
| | | |
| Personality development | 2 | 7.4 |
| Behavioral issues | 2 | 7.4 |
| Time management | 1 | 3.7 |
| Environmental sanitation | 3 | 11. |
| Health promotion | 3 | 11. |
| Spiritual guidance | 4 | 14. |
| Drug abuse | 1 | 3.7 |
| Social evil | 1 | 3.7 |
| No comments | 4 | 14.8 |
| Preferred Criterion for Selection of Mentees | | |
| Age of adolescents | 9 | 33.3 |
| Need based | 7 | 25.9 |
| Academic needs | 2 | 7.4 |
| Academic and emotional needs | 6 | 22.2 |
| Weaker sections of society | 3 | 11. |
| Not sure | 11 | 40.7 |
| Who should be Mentor | 11 | 40. |
| With whom the students feel comfortable | 6 | 22 / |
| | 6 | 22. |
| Teachers | 7 | 25. |
| Principal/vice principal | 8 | 29. |
| Elder person | 3 | 11. |
| Friends | 4 | 14. |
| Family members | 5 | 18. |
| Good listeners | 7 | 25. |
| Perceived Format of Mentoring | | |
| Separate period for mentoring program | 6 | 22. |
| Proper orientation program for mentors | 11 | 40. |
| Generating awareness among mentors | 15 | 55. |
| No comments | 5 | 18. |
| Type of Discussion | | |
| Should be decided with the help of experts | 2 | 7.4 |
| Career counseling | 3 | 11. |
| Free, friendly, frank discussions | 5 | 18. |
| One to One Discussion | 4 | 10. |
| Friendly but firm | 2 | 7.4 |
| • | 2 | |
| Recognizing common problems of adolescents | | 7.4 |
| Discussion on physical, mental and behavioral problems | 7 | 25. |
| Proper guidance and motivation to choose right path for life | 6 | 22. |
| Improvement in health conditions | 5 | 18. |
| Topics should be chosen based on group discussions among teachers and students | 9 | 33. |
| No comments | 13 | 48. |

DISCUSSION

Findings of the present study indicate that linkages of AFHS with schools would be of utmost significance. Setting up an AFHC in school or college premises for easy accessibility should be considered. Teachers gave various suggestions for introducing mentorship program including training of teachers for mentoring including that only talented teachers should act as mentors and genuinely needy students as mentees. Friendly nature, good listener, and motivation were some major qualities of mentors reported by surveyed teachers.

Expected benefits from mentorship program were of varied nature. Research supports the notion that mentors can make a positive difference in the lives of adolescents through counseling of students, improving their academic performances, overall development, developing trust between mentors and mentees and positive approach towards life and build self confidence etc. . Mentorship program was acceptable by almost all surveyed teachers. Some worries/ concerns were also found during the survey, for example, problems in coping with school curriculum, fear of open culture due to interaction of boys and girls over dependence of students on mentors, fears of immature mentors and problems in dealing with sensitive issues. Majority of surveyed teachers were relating mentoring with counseling existing in their school. By introducing the idea of mentoring in schools and spreading awareness of its need and introducing mentorship programme, the horizon of the students should be broadened from only academic, psychological satisfaction and life style to other fields of life also. This study has explored the possibility of promotion of health of adolescent students through mentoring. Mentorship program was acceptable by majority of surveyed teachers. Some worries/ concerns were also found during the survey, for example, problems in coping with school curriculum, fear of open culture due to interaction of boys and girls over dependence of students on mentors, fears of immature mentors and problems in dealing with sensitive issues. Evaluation of influence of mentoring on health related domains will be helpful in suggesting an effective strategy towards adolescent health promotion for possible inclusion in public health programs.

CONCLUSIONS AND SUGGESTIONS

Adolescent Health Programs should be extended beyond health institutions. It is important that Adolescent Friendly Health Services be made an integral part of the health system. School teachers may be successfully trained on adolescent health. Present education system needs some improvements to provide appropriate services to them. Proper training of teachers on adolescent issues and adolescent friendly services provision is desired. Teachers and health professionals should be facilitated to provide proper reproductive health and sex education to adolescents. A positive and encouraging attitude towards mentoring has to be developed among teachers. There is possibility of incorporating "mentoring" at schools as teachers have the potential to serve as effective mentors. Evaluation of influence of mentoring on health related domains will be helpful in suggesting an effective strategy towards adolescent health promotion for possible inclusion in public health programs.

ACKNOWLEDGEMENTS

The present paper is based upon a part of work conducted during Short Term Fellowship/Training in Indian Institute under HRD Scheme of Department of Health Research (DHR), Ministry of Health and Family Welfare, Govt. of India. I owe my sincere thanks to the Department of Health Research, Ministry of Health and Family Welfare, Govt. of India for award of this Short Term Fellowship/Training. Authors acknowledge the assistance in field survey provided by the project staff Ms Nisha Sharma, Ms Nisha Rana, Ms Jaspreet, Ms Laxmi , Ms Ashima and Mr Neeraj working in the Department of Community Medicine, Govt. Medical College and Hospital (GMCH), Chandigarh India.

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