

Health education in the adolescent segment from the perspective of active teaching-learning methodologies

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ABSTRACT

This study addressed the practice of health education, with emphasis on oral self-care and based on Active Teaching-Learning Methodologies (ATLM). The active methodologies present, among their characteristics, displacement of protagonism from the educator to the student, encouraging their insertion as the main responsible for their learning. It aimed to interact, discuss and promote health and self-care, with emphasis on oral health, according to the reality of the group of adolescents within the context of the Brazilian Unified Health System. The study included two workshops, involving participation of 40 adolescents, on different and sequenced days. It focused on the reflection of daily life, interests, needs and the social and cultural contexts of adolescents, aiming to stimulate a process of deconstruction/construction of knowledge, providing the search for new and different knowledge. The reported experience of educational practice was positively evaluated in the perception of students, and facilitated the dialogue and interaction between mediators and adolescents. There was intense participation of adolescents during the workshops and critical reflection on healthcare, related to life problems. The educational practice promoted the construction of shared possibilities in dealing with daily adversities and family conflicts, as it proved to be successful and full of critical-reflexive potentialities in health decision-making, according to adolescents' standpoint.

Descriptors: Adolescents. Health Education. Learning.

1 INTRODUCTION

Adolescence is a critical period of life, in which there is affirmation of personality and individuality, with experiences of significant discoveries¹. It is also a dynamic and complex stage and deserves special attention, since most exposures to risk situations occur at this stage of life, with predisposition to diseases. Thus, it is necessary to direct actions at adolescents to stimulate their self-care and their creative and resolving potential².

Bub *et al.*³ (2006) advocate linking of the notions of self-care, as well as their influences in the field of health. In this sense, self-care is linked to human health, and its actions constitute the practice of activities that individuals deliberately perform for their own benefit to maintain their life, health and well-being. Conversely, taking care of oneself is an attitude related to the exercise of politics, how to face things, being in the world, relating to one another and oneself; to act from oneself to oneself, to change oneself, to purify oneself, to transform oneself, and to transfigure oneself.

From this perspective, the aforementioned self-care actions are voluntary and intentional, involve decision-making, and aim to contribute to structural integrity, functioning and human development. They are affected by basic factors as age, gender, developmental and health status, sociocultural orientation, healthcare system factors – diagnostic and treatment modalities, family factors and living standards³.

Usually, adults take care of themselves voluntarily. Babies, children, elderly, sick and disabled individuals require complete care or assistance in self-care activities⁴. In turn, adolescents stay in between, sometimes voluntarily taking care of themselves, sometimes requiring supervision and command for self-care activities, such as performing their

oral hygiene.

According to data from the SB Minas Gerais 2012 Project, a survey of the oral health conditions of the population from Minas Gerais, three in each four adolescents present some type of problem that requires dental intervention⁵. In this context, it is fundamental to restructure and re-signify the dental care, in order to transcend the promotion of clinical and restorative aspects, increasing the strengthening and qualification of health promotion, including significant educational, democratic and critical-reflexive actions, as well as prevention of oral diseases, to provide the construction of relevant and socially acceptable health practices.

National and international publications^{6,7} demonstrated that adolescents have little knowledge about oral health, including what is needed to achieve it. These studies also reveal that health education (HE) is an important factor to modify health behaviors, especially if based on participatory pedagogy⁸⁻¹⁰. The HE has been preferably based on the method of knowledge transmission, without considering the interests, needs and context of the target population of care¹¹.

Therefore, it is necessary to rethink the HE in a critical-reflexive approach, to allow the individual an investigative attitude towards the world. This approach allows the conscious immersion of students in the collective experience, full of affections, values, social and political interests and symbolisms⁸.

Thus, this study was based on constructivist educational approaches, with emphasis on Active Teaching-Learning Methodologies (ATLM), which are based on the principle of autonomy, in which the learner is able to self-manage or self-govern his/her formation process, in which the individual builds his own history¹². The school is a

privileged place for such practices, where adolescents have the opportunity to socialize and live with new realities and different cultures¹³.

From this perspective, the study selected adolescents from a public school to offer a health education practice, based on ATLM, to stimulate the critical, reflective and possibly transforming character. The objective was to interact, debate and promote health and self-care, with emphasis on oral health, according to the reality of the group of adolescents.

2 METHODOLOGY

The study was conducted for four months in 2017 on adolescents from a municipal elementary school. The study included 40 adolescents from the 9th grade, classes A and B, of both genders, aged 13 to

16 years old, divided into two groups of 20 individuals. The approach and recruitment were carried out by the school direction board, with the support of researchers. Two workshops were conducted on consecutive days, with a workload of four hours/day, based on the ATLM. The workshops were held at the school, at extra-class time, ensuring an environment of confidentiality, without any prejudice to their activities. Also, 26 professionals of the dental team of the Brazilian Unified Health System Network (SUS) participated in these workshops, as observers and performers.

Thematic content analysis was based on the Bardin technique¹⁴, considering the qualitative variables subdivided into four meaning nuclei. Table 1 summarizes the main pedagogical actions of the two workshops.

Chart 1. Pedagogical actions of workshops

	Pedagogical actions
Workshop 1	<p>1st stage: Presentation in dialogue of the study participants, expressing their names and their leisure.</p> <p>2nd stage: Video: “7 things you should know about adolescents”¹⁵ – educational action called educational spark. It aimed to release the emotions, feelings and perceptions of adolescents. Sharing actions, using the tag/marker resource, expression of a word or short phrase, feeling, emotions and perceptions, stimulated by the video.</p> <p>3rd stage: Working in groups. A table was organized at the room corner with ludic educational materials related to health, to subsidize the work and attract the adolescents to view and read the selected material. Aim: to debate and record, in posters, with different ludic possibilities, the answers agreed upon by the group members, related to three questions: (1) What is to be healthy (for you and for your group)? (2) What is to have oral health? and (3) Which disease worries you? (In the sense of disease they are afraid to acquire). In each group, a health professional participated as facilitator to follow the work and discussions, favoring the autonomy of adolescents in conducting the group and processing the responses.</p> <p>4th stage: Expressed in a short sentence, placing in a box the questions about which they would like to receive explanations about health (general and oral). The adolescents were encouraged to participate in the subsequent workshop based on their artistic talents (music, painting, dance, and others.)</p>
Workshop 2	<p>1st stage: Plenary. Presentation of posters produced in the groups in the previous workshop with debate and sharing.</p> <p>2nd stage: Dialogue about the questions placed in the box, seeking answers from the adolescents themselves (from their previous knowledge and worldviews), aligning thoughts, understandings and continuously contextualizing, from the perspective of possible confrontations with their reality.</p> <p>3rd stage: Workshop evaluation, expressed in a word or a small phrase, placing in a box (box of feelings) the evaluation of the pedagogical experience lived, by the question: How did you feel in participating in these workshops?</p> <p>4th stage: Sharing the talents of adolescents, associating them with life and health issues.</p>

The study was approved by the Institutional Review Board under CAAE n. 61266716.1.0000.5152. After agreeing to participate in the study, the adolescent was asked to sign the consent form for the underaged and the parents and/or caretakers stated their consent for such participation, by signing the informed consent form.

3 RESULTS AND DISCUSSION

Nucleus 1 - How did the participants arrive?

Students were welcomed by the researchers in a previously prepared environment to provide a different space from the traditional classroom. The chairs were arranged in circle and the materials that would be used were available in the room. The researchers presented themselves, aiming at interaction and establishment of a trust environment.

Receptivity was observed and, at the first contact, the adolescents showed spontaneity, interest and motivation for the proposal. They were comfortable in reporting the topics of interest and knowledge and were euphoric about themes of sexuality and oral sex, once again evidencing the ease and fluidity in the approach of the subject, without embarrassment from the presence of professionals from outside the school.

In the first workshop, the adolescents were welcomed with a snack, with the educational goal of welcoming to the pedagogical space, socialization and interaction between participants, students and educators. It was expressed as an important moment of welcome and relaxation. The adolescents were initially suspicious but very excited and euphoric. In the introduction of the first conversations, there was predominance of shyness, whispering with each other, fear of exposure, gestures representing

embarrassment and inhibition. However, in short time, there was transposition to interaction, fearlessness, extroversion and sociability.

Their expectations and evaluation coexisted in judging that it was going to be a meeting like so many others.

“I thought it was going to be bad, but it was cool.” (A13)

“I also confess that I thought it was going to be boring, but it was fun.” (A10)

In the plenary of the 2nd workshop, the questions deposited in the boxes by the adolescents were grouped by the researchers in meaning nuclei, to speed up and address the dialogue of questions, including: (1) issues of life, relationships, dates, family and sexuality; (2) general health and (3) oral health.

It is important to note that, in the oral health theme, the questions brought some demands, including: why they arise and how to take care of/eliminate oral aphthae; causes and prevention of oral cancer; if oral sex is advisable or if it harms oral health; if teeth yellow/darken over time, depending on genetics, enamel, food coloring or oral hygiene; how to whiten the teeth (at home or in the dental office) and if this process weakens the teeth; if nasal and digestive problems may cause bad breath; kiss-transmitted diseases; right times to brush the teeth; and the interest/desire to use orthodontic appliances. It was observed that the adolescents have authentic and legitimate questions; consequently, health education should necessarily always start from the interests, needs and previous knowledge of the student.

The adolescents were excited and curious, because it was time to elucidate doubts about various themes according to their interests and profits. Some were shy and afraid that they could be identified from their questions.

However, as they perceived the confidentiality and anonymity of authors of questions, the participation was gradually more intense concomitant with the reduction of concerns.

Some significant testimonies of adolescents during oral health discussions are reflected below:

"I'm very afraid of dentists, that little machine." (A13)

"I think kids are scared of dentists because of the noise and not the pain, because we don't feel anything, it's the noise itself." (A2)

"Having oral health is not having bad breath, having white teeth, kissing without bad breath (laughs)... not having oral diseases and not kissing many people because this causes thrush (laughs)". (A11)

"We know a gum isn't healthy when it's very red." (A4)

"People start using braces from adolescence. Often children look at that and say, wow, a mature person already, an adolescent. Thus, it meant a lot, called attention, wanted to be treated as an older person. That made the person want to use it too." (A1)

"We were not used to talk about oral sex. It's embarrassing (laughs)." (A1)

All covered issues were addressed in the workshop by the researchers with naturalness, insight, use of scientific evidence and especially with lovingness, care, commitment to science and awareness of the need to discuss the myths and taboos, either intimate or expanding the curiosity about topics scarcely debated and silenced. Always aware of the purpose of basic guidance and elucidation on self-care, either in the context of life-connected health, i.e. about puberty and sexuality, in which they are, from easy questions to difficult arguments.

Nucleus 2 - Potentials and transformations during workshops

The educational action, with the purpose of presentations in the first workshop, provided moments of relaxation and the adolescents expressed unconcern and serenity, showing no embarrassment. In this dynamic, the adolescents characterized their conception of leisure from the perspective of association with good health practices, explained in manifestations such as:

"What I mean by leisure is a moment of rest, when we can do what we want and when we feel like it." (A2)

"Something you enjoy doing." (A4)

The educational intentionality of approximation/knowledge/interaction with the adolescent world and promoting associations between "moments of leisure" with the necessary search for balance and health was met, since there was involvement and fun among the adolescents with the proposed action.

In the participating group it was possible to identify many artistic skills in the field of music, dance and sports, as detected in the speeches:

"I really like to draw, to sing." (A9)

"My pleasure is hanging out with friends, staying with my family and playing sports." (A4)

At this time, the adolescents were invited to share their talents in the subsequent workshop.

After the educational spark action, the adolescents shared their emotions, articulating what touched them most and opening a dialogue on the subjects of their interest. Among the topics addressed, the use of licit and illicit drugs was an issue that triggered fascination. A7 expressed the question of "not judging":

"There should be a lot of respect for these people, because there is some reason, they're on drugs, right."

Sometimes dad doesn't love, mom doesn't love. There are many people who say that your character is who you hang out with. I think it has nothing to do, I stay a lot on the square, I was already offered, but I never used it, because I don't want to spoil my health, understand? ”(A7)

Topics as dating, relationships, friendships, and general topics such as preventing pimples and preventing sexually transmitted infections - STI were also addressed. There were several moments of discussion, in which the adolescents showed maturity and reflection. These youngsters are critical and questioning in their speeches:

“Everyone has their own way. We have to know how to dialogue, to adapt each one to ourselves.” (A2)

“Sometimes, to learn, people have to go through some processes of disappointment, make mistakes to get it right.” (A1)

Group work was configured as a dynamic and creative educational activity, in which the adolescents could share their ideas. Knowledge on the collective was built and worked among adolescents and mediators. Thus, the involvement of adolescents was relevant, each in their own way, thus promoting a new approach between researchers and study subjects, strengthening the interaction and appropriation of their worldview and reality.

At completion of the workshop there was awareness and co-responsibility among adolescents and researchers in the search for topics of interest, aiming at dialogue on the next meeting.

In the plenary of the group work, it was observed that the adolescents systematized their ideas with objective responses committed to a comprehensive health approach. Thus, it was

noted that they understand health, according to their testimonies, as “a stable, peaceful and worry-free life.” At that time, controversy on the beauty standard imposed by the media emerged (thinness, “fitnessization”, and others). One adolescent said: “Capitalism out”, but A1 argued with a statement that raised applauses: “Willing or not, we live on it. It's something attractive [...] that provides us with more wills, more pleasure, more leisure. Capitalism is part of the population, we don't have to end it, but we need to know how to deal with it.”

It also brings more optimistic ideas, as in the statement of A5: “Being healthy is feeling good, looking in the mirror and enjoying what you see.” The issue of mental health also arose by concerns about depression, anxiety and stress.

The themes of self-care, self-esteem and health promoted reflection on the importance to rescue the self-love rescue and personal appreciation. They expressed gratitude for the educational space and for the attention and respect, as in the statements:

“It was great! We loved it, we loved.” (A5)

“It was very good, I definitely want to have more activities like this. I am relieved now, I am better with myself and my mental health is renewed.” (A10)

By allowing the adolescents themselves to choose the topics of greatest interest to initiate and process the dialogue, a moment of expanded listening was created, since they reported their questions, conflicts and insecurities. Based on the question “Why do we exist?”, it was possible to question the purposes of life, the reasons and meaning of everything.

“If we are here, it's because it has some purpose, to somehow improve the world. So, you don't have to think why you exist, you have to think what you are going to

do to make this new place better.” (A5)

The testimonies of adolescents about oral health showed a conventional speech, addressing the basic knowledge about hygiene habits and prevention of oral diseases. The most striking moment occurred in the answer to the question about “How to have oral sex?” It was a moment of euphoria; however, the mediators conducted the discussions quietly, and it was observed that the adolescents felt comfortable to make comments, like A1: “*Why to have oral sex? Because it's cool.*” Others felt embarrassed and asked, “*How could anyone ask such a question?*” After guidance and elucidation, naturally and spontaneously addressed, the adolescents concluded that “*each one has to do what is good for you and for the other.*”

There were also questions in the field of dating, pregnancy, prevention of sexually transmitted diseases, the “morning after pill” and sexual option/condition and gender. Regarding the use of condoms, an adolescent asked: “what should I do when I am with a boy and he doesn't want to use a condom?” A14 said: “*We have to know who is doing good for us, this person is not doing good.*”

In these meetings, the adolescents were able to express their anxiety without criticism and judgment and revealed this was an important listening moment, according to the reports:

“I found it interesting! We addressed several issues and asked questions that we might be ashamed to talk to someone.” (A2)

“It was very nice talking to people who understand us. Thank you!” (A8)

“I found it very good. I learned a lot of good things and relieved myself a little, I want more.” (A15)

The students gathered at the end and thanked offering flowers to the researchers with

applause from all. A15 thanked:

“I would like to thank you on behalf of the class for your presence for teaching us more than we already know. Because you touched our hearts, made us be more, understand? These flowers represent you all, with love and affection from all of us.” (A15)

The offering of snacks, at the end of each meeting, favored the socialization of the learning community in the construction and consolidation of interaction, strengthening the bonds of the group, as observed in the statements:

“I was happy when the teacher said there would be food.” (A13)

“I wanted to have more meetings, not because of the snack, but because it was really good.” (A7)

Nucleus 3 - The difficulties, weaknesses and divergences.

Early in the first workshop, there were “secrets” and intimate experiences of some teenagers, bringing the reflection. The speech of an adolescent was very marked, because she opened early, without embarrassment.

“I like to dance, but my dad won't let me because he says this is a bitch thing. [...] And I don't like being with my family because they never understand me. I had a boyfriend and I found out he was doing wrong things and when I broke up with him he sworn me to death [...] until they killed him and I thought it was very good. My mother wants me to attend the gospel church, but I don't think that's for me. I also have a stepfather who I always hated [...] ” (A13)

The educational space, available to listen and based on dialogue, stimulated the life testimonies full of family conflicts, generations

and relationships present in the lives of adolescents. This successful experience reached a welcoming educational environment, with promotion of trust to share distress, both with their peers and with the learning mediators.

Although the subjects seemed to be far from the dental theme, it is important to highlight that health should not be thought out of a broad context that involves mind and body. By leaving the subject free, it was possible to allow young people to address the issues that were most present and worrisome for them at that time. The specific theme could be included during the debates and it was thus possible to think about health education more broadly, under the conception of a meaningful learning.

Some reports from adolescents were striking and revealing:

“Many times, the adults don’t understand that in our minds it’s all a mess, sometimes we get sad, stressed out, it’s a mess.” (A9)

“Yeah ... sometimes in adolescence we are driven a lot by the emotion and not by the reason.” (A1)

“When my head is so messy, with so much conflict, I sleep. I sleep to fix it, and then I’m better on the morning after” (A7)

Family conflicts appeared very strongly, and family relationships had a decisive and significant weight in the lives and health of adolescents. They brought many anxieties and questions, as in the statements:

“I think parents have to understand that our happiness is different from theirs. Most of my fights with my mom are because she wants me to do something I don’t want to do. It’s what she dreamed for me, but it’s not my dream.” (A9)

“The contempt of my biological mother hurts me so much. It is better to have a

rude mother than someone who despises you as you were no one in her family. So, I’d rather face a fight than what I’m going through.” (A6)

The theme "family relations" was recurrent and came from the question of an adolescent about: "What to do when your family does not accept you?" The reflections were based on the assumption that the first action in this case is to know each other and constantly perform a critical reflection on life and promote spaces for dialogue.

In the group work they addressed issues of healthy eating, exercise, hygiene and self-esteem. Some participants evidenced low self-esteem. Some reported not enjoying looking in the mirror. Cancer was one of the most cited diseases of concern for this group, considering its incurable character and fear of dying. They recognize *Acquired Immunodeficiency Syndrome – AIDS*, diabetes and depression as prevalent diseases of the 21st century, and during the process they mentioned other common diseases in their life, including dengue, malaria, *Human Papilloma Virus – HPV* and Zika Virus.

Understanding the existence of curable and controllable diseases in the teaching-learning process of the meeting resulted in deepening of a broad and contemporary issue, resulting from criticisms to the health-disease-care process, object of the ATLM in this educational practice.

Intimate issues were spontaneously addressed by the students, such as the lack of mother’s love. One adolescent gave his statement, showing that, in his perception, despite not having this maternal love, he considers that he deals well with this type of feeling.

“I never had love from my mother or my father, you know. I am super happy, and

who sees me that happy never thinks that I face these things. I am a very happy guy and never needed the love of my mother or my father to make me happy. I looked for love in other things that made me happy. My friends also make me super happy.” (A7)

The facilitators attempted to welcome and promote reflection on their difficulties with the parents, but these issues emphasize that greater knowledge about psychological issues is important for professionals who are willing to offer healthcare.

There were warm discussions about the questions: “Why are people so fake? And why do we have enemies?” The adolescents spontaneously demonstrated conflicts and disappointments in friendship, justifying with their own arguments, delegated to feelings of envy, lack of self-love and people with disguised behavior. A12 tried to define a concept of what is fake: “*I think it's because there are people who are jealous of what you have, and instead of taking care of their life, they take care of us.*” They concluded that the important thing is “to reflect before doing things.”

A clear need for dialogue was evidenced, listening without judgment or dictating pre-established norms, but building possibilities in a joint and dialogic manner. The difficulty in facing this phase was clear. A6 reports: “*It's a phase, nobody loves me, nobody wants me.*” A14 express anxiety: “*It's not very easy to go through this phase, and it's not passing.*”

The great demand for questions from the adolescents did not allow us full discussion of all topics addressed. However, the meetings focused on the development of bonds of trust among researchers and adolescents and among themselves, spontaneously exposing themselves, revealing their fears, doubts and

opening themselves to dialogue, providing a rich space for discussion and critical reflection.

Nucleus 4 – Assessment: the impacts on the perception of the teaching-learning process.

Workshop 1 was considered by the adolescents as an educational moment of construction and interaction in which they could discuss issues about their reality, which brought us reflections and many feelings.

“These meetings may seem just a meeting, but no, they will serve for our future. This will help us a lot, if one day I am a father, I will always keep this in mind so that I can respect my son.” (A2)

The format of the workshops allowed the adolescents moments of critical reflection, learning and recognition of the need for more meetings with the characteristics of the ATLM elements, as shown in the question of A9: “*Can we have more meetings like these?*” They expressed satisfaction, opportunity for dialogue, freedom to talk about any subject and a favorable space to outbursts. A5 expressed: “*In my case, I'm a person who puts things together a lot, and sometimes unburdening off is very good, if we don't unburden, we end up freaking out.*”

After analysis and discussion with the team regarding the evaluations coming from the adolescents, it was found that, in general, the educational practice positively impacted the adolescents. In these records, the words “amazing and sensational”, “wonderful”, “great and extraordinary” were very recurrent and viewed very positively by the team of mediators. Some speeches showed that the opportunity to participate in this project somehow marked their lives and learning, as mentioned by A8: “*It was amazing! These are lessons that I will take forever.*” A15 mentioned:

“Well, I enjoyed being very well received by everyone. The project was the best I ever participated. I want to thank everyone who gave me strength and helped me to rise again. You are the best mothers and people in the world. We love you !!” (A15)

Regarding the content addressed in the workshops, it was possible to notice that the group of adolescents felt mostly included, because expressions as *“we elucidated doubts that we were probably ashamed to talk”, “I learned many things”, “learning that I will take forever”*, appeared several times.

One of the principles of active methodologies is the collective construction of knowledge. Many records, including: *“we had the opportunity to learn”, “I learned many things that I didn't know about health”, “we had doubts”, “we could unburden and talk among other things”*, demonstrate the perception of this knowledge.

From what the adolescents wrote, e.g. *“it was pleasant to talk to people who understand us”, “I was a little relieved”, “I want more”, “I liked being welcomed by everyone”*, it was possible to notice that the methodology provided an appropriate environment for active teaching-learning.

After thanking, the adolescents spontaneously came to embrace us, demonstrating affection and that the pedagogical space was significant for them. At the end of workshop 2, there was a moment of leisure to present their songs, drawings and dances. The adolescents were sensitized and motivated to perform this activity. It should be mentioned that this artistic and playful moment, at the end of the workshop, reached its goals of socialization, building of knowledge and approximation between adolescents and the team. It also favored creativity and was one of the strengths of the evaluation of workshops.

Construction of the teaching-learning process from the previous knowledge and experiences of adolescents in their real context of life and emerging conflicts in the transition between childhood and adulthood was amazing. It was essential to start from their interest, arousing curiosity and involvement, making them protagonists of this educational path.

In the participatory methodology, the adolescents select the themes to be addressed/debated, enabling a dynamic space for exchanges and discoveries. One of the advantages is to minimize the youngsters' shyness, contributing to better learning¹⁶.

The circle arrangement of the room, as well as the group dynamics, facilitated the dialogical and interactionist conception, promoting connections with the life situations of adolescents. The circle provides a participatory experience, facilitating the reflection-action¹⁷. Group dynamics allow participants to reflect and enable the search for solutions for their problems in a playful environment¹⁸.

The interaction of adolescents with the mediators favored the teaching-learning process, providing moments of exchange and experiences. Mediation is fundamental for learning, as the construction of knowledge occurs from the interaction between people¹⁹.

The issue of family conflicts was one of the strengths of workshops, showing vulnerable adolescents in need of listening and welcoming. There were also weaknesses in friendship relationships. While for some it is a troublesome period, others go through this phase without any major problems or difficulties. During adolescence, there is also the appearance of true friendships and a greater ability to express values²⁰.

Faced with anxiety and conflict, the adolescents felt welcomed, found room for dialogue and confidence in sharing their

difficulties. The learning facilitator should have a welcoming posture, careful look and extended listening, based on the formation of bonds and trust relationships²¹.

The experience with this group of adolescents, by ATLM, stimulated and motivated the interest of these young people and brought new meanings to the views of health-disease, health-leisure, family health and welfare. The mechanisms of learning are more efficient when the student is able to add and incorporate meanings to new contents, using their previous knowledge, bringing a meaningful learning²².

The study allowed the reflection of knowledge about the health-disease-care process from the reality of adolescents. In this context of HE, the importance of using ATLM in the adolescent segment was validated. It provided responsible shared reflection and encouraged the and active participation, leading to the exchange of knowledge and empowerment of subjects. Only the reflexive and critical practice can promote the dialogue and autonomy to face resistance and conflict²³.

The present experience represented the strategic combination between proactive, inventive, joyful and respectful educational actions, mediated by singular, loving, caring, welcoming and committed teaching-learning, with consistent development of the human being, representing promising health education practices.

4 CONCLUSION

It was concluded that the educational practice promoted the construction of shared possibilities by dealing with daily adversities and family conflicts, as it was successful and full of critical-reflexive potentials in health decision making, according to the standpoint of adolescents.

RESUMO

Educação em saúde no segmento adolescente sob a perspectiva das metodologias ativas de ensino-aprendizagem

Trata-se de um estudo sobre prática da educação em saúde, com ênfase no autocuidado bucal e fundamentado nas Metodologias Ativas de Ensino-Aprendizagem (MAEA). As metodologias ativas possuem, dentre suas características, o deslocamento do protagonismo do educador para o educando, incentivando a sua inserção como principal responsável pela sua aprendizagem. Objetivou interagir, debater e promover a saúde e o autocuidado, com destaque na saúde bucal, de acordo com a realidade do grupo de adolescentes no contexto do Sistema Único de Saúde. O estudo foi desenvolvido por meio de duas oficinas, totalizando a participação de 40 adolescentes, em dias distintos e sequenciados. Centrou-se na reflexão do cotidiano, nos interesses, necessidades e nos contextos social e cultural dos adolescentes, buscando estimular um processo de desconstrução/construção de conhecimentos, propiciando a busca de novos e diferentes saberes. A experiência da prática educativa relatada recebeu avaliação positiva na percepção de seus educandos, bem como facilitou o diálogo e a interação entre os mediadores e adolescentes. Verificou-se a participação intensa dos adolescentes durante as oficinas e a reflexão crítica sobre o cuidado em saúde, ligada aos problemas da vida. A prática educativa promoveu a construção de possibilidades compartilhadas ao lidar com adversidades cotidianas e conflitos familiares, pois revelou-se exitosa e repleta de potencialidades crítico-reflexivas na tomada de decisão em saúde, segundo a visão dos adolescentes.

Descritores: Adolescentes. Educação em Saúde. Aprendizagem.

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