

## Global Adolescent Health - Assignment 2 - Proposal for addressing a youth health issue through policy, practice or programming

Welcome to your final task for Global Adolescent Health! This assignment has been designed to help consolidate your learning throughout the course by building on the concepts, ideas and information presented to consider practical applications relevant to your own interests and/or areas of work.

Your task is to propose an initiative or approach designed to help address an adolescent health or social problem relevant to your local community, country or region. Imagine your audience for this assignment to be an individual or group with the authority to approve your proposal for funding and/or implementation. Depending on the nature of your initiative or approach and the problem it aims to address, this might be the management or executive of your organisation or another organisation, the local council, the head of department of a medical or other clinical service, the board of education, the health department or even the federal government. Your job in developing your proposal is to convince your audience to support it. In other words, your goal for this assignment is for those reviewing it to be convinced that your proposed initiative or approach is an appropriate and well-thought-out strategy for addressing an adolescent health-related issue or problem significant to your local context.

**Submission Format:** How you choose to go about this assignment is up to you. Your submission can be in any format you are comfortable with or that you feel would be most relevant. For example, you might:

- write a letter addressed to your target audience
- develop a written proposal, discussion paper, position statement, policy or protocol
- create a presentation using a program such as Prezi or Microsoft Office PowerPoint
- create a video of yourself presenting your proposal (with or without slides)
- design a website, wiki or blog

Regardless of the format you choose for this assignment, ensure that it allows you to adequately address each of the evaluation criteria outlined below, and that it adheres to the following submission guidelines:

All submissions must be in English.

Word / length limits are 1,000 words maximum not including references for written submissions, and 10 minutes maximum for video or audio submissions/presentations (it is okay to have less than the limits specified, just not more). Be sure to reference your work. You may use any referencing system you like so long as you are consistent, and you are allowed (even encouraged) to reference videos and readings from the course. If you are using any non-English references, please:

- ensure your citations are in English so that those evaluating your work are able to understand what the reference is and where it originates from;
- note the language of origin for the reference in parentheses at the end of your citation; and
- include a URL/link for the reference if one is available.

To avoid problems with file formats and any issues with evaluators' ability to view/listen to your assignment, please submit as a single file in one of the following formats only (failing to do so may result in your submission not being evaluated):

- as text typed directly or copied and pasted into the box below
- as a pdf attachment in the provided box (there are many free PDF converters available on the internet that can convert your file into this format, regardless of the program in which you created it)
- as a **publicly accessible** URL copied and pasted into the box below (if you opt for a video or audio submission you can theoretically upload videos onto Coursera directly; however, to avoid problems with file formats and any issues with evaluators' ability to view/listen to your submission (your submission may not be evaluated if you upload onto Coursera directly), consider uploading your file to an online service such as YouTube, Vimeo, Dropbox or Soundcloud to obtain a URL

#### INSTRUCTIONS: WHERE TO START

How can we improve the health, wellbeing and/or life chances of adolescents and young adults in our community / country / region? This is the guiding question for this assignment.

To break this down, below are some questions to consider in planning and developing your submission (in doing so you may also find it helpful to review the course conceptual framework that was first presented in Lecture 1.2). Do not use these questions as headings in your final submission; rather, use them to help guide your thinking and frame your proposal overall.

What is a significant adolescent health or social problem in your local community / country / region (e.g. substance abuse, teen pregnancy, school drop-out, violence, mental health, etc), and what risk factors or social determinants of health do you think are contributing to it? You may find it easier to think about this the other way round i.e. by first considering relevant risk factors and/or social determinants of health (drawing upon your research and learnings from Assignment 1 if you wish) and then linking those with a particular adolescent health or social issue. Consider what evidence you might provide to support your assertions.

How will your initiative/approach address this problem? What risk factor(s) and/or social determinant(s) of health will it target?

What is your initiative/approach? Is it targeted at the individual, school, peer, family, community or national level? How will you engage or involve young people? Describe your initiative/approach as clearly and succinctly as possible, but with enough detail to demonstrate comprehensiveness. Consider what evidence you might provide to support your proposal.

What facilitators can you identify that might assist in the implementation or success of your proposal?

What barriers can you identify that might hinder the implementation or success of your proposal, and how might you address them?

Tips for getting a three-star score in the assignment:

- Make it relevant to your local context, be it at the community, country or regional level.
- Be realistic about what you can achieve in the context of this assignment and keep your proposed initiative/approach manageable and contained. You are not expected to solve complex adolescent health issues in 1,000 words / 10 minutes or less (!), but you can make educated and informed suggestions for some steps in the right direction.
- Think creatively, but do not feel that your proposal needs to be overly complicated. Yours may be a new initiative or approach, or an adaptation of an existing one.
- If you're stuck for ideas, consider some of the examples of adolescent health initiatives and interventions provided throughout the course (e.g. strategies for encouraging greater youth engagement with health services or improving school attendance, laws or taxes aimed at improving youth health and wellbeing in some way, etc).
- Review the evaluation criteria and rubrics outlined below before you begin, so you know exactly how and on what you will be graded.




We also encourage you to review the information appearing on the peer assessments course page before beginning your assignment to ensure you are familiar with the plagiarism and collusion policies. There are also some helpful links that you may find useful in relation to academic writing.

#### EVALUATION CRITERIA:

You will be graded on each the following criteria for this assignment:

- Discussion of the adolescent health or social issue to be addressed (3 points)
- Description of the proposed initiative / approach (3 points)
- Argument or rationale for the proposed initiative / approach (3 points)
- Applicability / feasibility of the proposed initiative / approach (3 points)
- Use of evidence and referencing (2 points)
- Adherence to word / time limit requirements (2 points)

The maximum score is 16.

<b>Stars</b>			
<b>Score</b>	12	15	16
<b>Difficulty</b>	Undetermined	Undetermined	Undetermined

*All answers are in pink.*



**JAILED:** Sean Chew Jun Yang was sentenced to 36 months' jail.

PHOTO: THE STRAITS TIMES

## If ignored, fetish can get out of control

**Ignoring a fetish could bring peril to a sufferer.**

This is the view of psychiatrist Muidasa Winslow who said that Sean Chew Jun Yang's **fetishistic disorder** – where he derived sexual pleasure watching boys vomiting and defecating – was no different from other forms of reported fetishes.

Dr Winslow told The New Paper: “Unfortunately, some believe they don’t have a problem when they choose to ignore the problem in the first place.”

If left unattended, the fetish or compulsion may get out of control.

Even the threat of being caught and punished by the authorities may not deter sufferers from realising their fetishes, he said.

The only way forward is to go for therapy, understand the disorder and learn what drives it.

But why had Chew’s victims easily given in to his perverted demands even when it caused them physical discomfort?

One expert’s view is that the children’s innocence and gullibility made them easy targets for Chew on social media.

Dr Carol Balhetchet, a clinical psychologist and senior director for youth services at the Singapore Children’s Society, said: “To the 12-to-14 age group, social media is their universe. They live and breathe it and want to believe that what’s out there (on social media) is the truth. This makes them gullible and vulnerable.”

Chew’s victims may have also participated in the “experiments” because they felt “special” for being chosen, she added.

## OTHER FETISHES

### CHILDREN’S FAECES

In 2011, a 31-year-old sales representative who claimed to have fantasies about eating children’s faeces admitted to trespassing. He had entered two kindergartens, defaced the walls of a toilet and written obscene messages on a whiteboard in a classroom.

In one of the instances, he went into a childcare centre and found several soiled diapers in a toilet. He had wanted to use them to help him fantasise while masturbating.

He ended up taking the diapers and smearing their contents on the centre’s walls.

The man was arrested and sentenced to six months’ jail and fined \$2,500.

### STOLEN BIKES

In 2011, a 48-year-old who derived sexual pleasure from riding motorbikes belonging to others was caught stealing an \$8,700 bike at Marina Bay Sands.

He had been diagnosed with the fetish more than 20 years earlier and it had landed him in jail at least three times.

A psychiatrist found that he was suffering from depression and paraphilia, a condition characterised by abnormal sexual desires involving dangerous activities.

### LEATHER WALLETS

In 2013, a serial thief with a fetish for sniffing women’s leather wallets was jailed 13 months. The 48-year-old man would get sexually aroused by the smell of leather.

He would also take upskirt pictures.

Since 1986, he had been in and out of jail. He was spared from jail in May 2011 when he was placed on probation due to his psychiatric disorder. But he repeatedly breached the order by stealing again and insulting a woman’s modesty.

I am ธนยุรัตน์ บั้งเส็ง from

Periwinkle’s Clan and live in Hume, Singapore (although originated from Rawai).

However, I wished to tackle this from the Indian perspective.

Adolescents experience intense physical,

psychological and emotional changes as they make the transition from childhood to adulthood. All adolescents face serious emotional and psychological challenges as they move into adulthood.<sup>1</sup>

However, some of the behaviours may escalate to behavioural aberrations or deviations and end up to the point of needing help, from mental health professionals.

Adolescence provides a foundation for health across the life span. Healthy habits established at this age reap benefits in the decades that follow and conversely the health risks that emerge during this period amplify over time to have major consequences for later life in adulthood. Adolescents are next generation to parent. Without good health,



their capacity to successfully provide a healthy start to life for the next generation is diminished<sup>2</sup>.

The family and peers (social determinants) influence the adolescents to a large extent. The primary causes of adolescent deviant behaviour are family conflict and peer influence<sup>3</sup>. In order to find solace and escape from the hostile family environment, they resort to the peers for comfort, who in turn taking advantage of the situation, introduce the victim to tobacco, initially and later to alcohol and substance abuse (risk factors). It is important in the local context, to understand that the underlying problem, be it family conflict or low socio economic status lead to various deviant behavior which would ruin not only the individual victim but would eventually go viral and contaminate the environment<sup>4</sup>. Around 1600 students registered in the stall, a survey was taken and screening test was administered to know their well-being. The above facts stated are drawn from the data collected recently from India.

Substance abuse lead to various deviant behavior which would ruin not only the health and well being of the adolescent victim, who is in the micro system of Bronfenbrenners Ecological Systems Theory but would percolate to the mesosystem, involving the family, school/college, society, peers, religious affiliations and neighborhood. Adolescents with the said risk factor would be at further risk for problem behavior which are unconventional in their values. They place less value on academic achievement, have higher tolerance to deviant behavior and have distorted thinking. They would not hesitate to undertake any risky behavior like criminal risks, rash driving or vehicle risk, drug related risk and violent and ruthless sex behavior, like raping small child of 2 or 5 years, which is currently the burning issue in New Delhi, India. Further, the effect of such behavior would have profound effect on the Exo system in the 'Bronfenbrenners Ecological Systems Theory' by having an effect on the society which is considered

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<sup>2</sup> [http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded\\_videos%2FLec%201-mastered-SEPTEMBER2015edit-v2.239d1370619b11e586fc0314f161c824.webm](http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded_videos%2FLec%201-mastered-SEPTEMBER2015edit-v2.239d1370619b11e586fc0314f161c824.webm) (Lecture 1.1)

<sup>3</sup> Ref. Survey conducted among University Students in New Delhi, India, age group 14 to 24 on the major issues faced by student community

<sup>4</sup> This is the situation prevailing in University Environment where there are students from Class 11 to Research Scholars doing Phd. Recently, a Health Mela was conducted in the University and 'University Counseling and Guidance Centre' had installed a Stall.

unsafe and on governance of the State. The behavior of the adolescent's deviant behavior at the cross section of his life has a negative influence on completion of education, employment, marriage and child rearing<sup>5</sup>. Various research studies have identified several risk and protective factors that play an important role in building the resilience of adolescents to face adversity in life. Resilience is the ability to bounce back from setbacks, to learn from failure, to be motivated by challenges and to believe in one's abilities to deal with the stress and difficulties in life. Risk factors increase the likelihood of developing mental illness.

Initially resilience building can be targeted at the individual. "There is no health without mental health". This statement from the World Health Organisation emphasizes how mental health involves everybody. According to WHO(2004) "mental health is a state of emotional and social wellbeing in which the individual realizes his/her own abilities, copes with the normal stresses of life, works productively, and is able to make a contribution to the community". Broadly speaking, mental health promotion involves activities and efforts aimed at strengthening the capacities of individuals, groups or communities to generate positive experiences, deal adaptively with the challenges in life and function well. Universal mental health promotion programs can help in building psychosocial competencies and thereby increasing protective factors within persons and communities. Despite the fact that colleges are being increasingly recognized as important loci for promotive interventions across the globe, there is lack of comprehensive programs for mental health promotion to suit the needs of Indian youth.

Recently, National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore has come out with a 'Feeling Good & Doing Well' program keeping in view the following criteria: (i) It should comprehensively cover components that are changeable that are most relevant to youth/adolescents and have a bearing on enhancing well being as per the available research literature (ii) the nature of content, should be in tune with the key stakeholders i.e., adolescents and teachers (iii) It should provide maximum opportunities for experiential learning across sessions through participation in group work and (iv) it should have scope for delivery through trained teachers and should be sustainable with minimal costs within the school/college setting<sup>6</sup>.



<sup>5</sup> [http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded\\_videos%2FLecture%202-GAH-Susan-mastered%20audio.51dae9d0c6bc11e4bb122b240978717a.webm](http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded_videos%2FLecture%202-GAH-Susan-mastered%20audio.51dae9d0c6bc11e4bb122b240978717a.webm) (Lecture 1.2)

<sup>6</sup> [http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded\\_videos%2FLec%2048-mastered.26285730504d11e5b6798f6770f9f394.webm](http://d396qusza40orc.cloudfront.net/adolescenthealth/recoded_videos%2FLec%2048-mastered.26285730504d11e5b6798f6770f9f394.webm) (Lecture 5.4)

In India active involvement of youth for social causes has been enormous through governmental organizations such as National Service Scheme(NSS), National Service Volunteering Scheme(NSVS) and Nehru Yuva Kendra Sangathan(NYKS) as well as several. Life Skill Program to enhance the skills for positive mental health should be introduced and made compulsory for High School and College Students. The facilitators who could assist in the implementation are psychologists, teachers, youth leaders, trainers and others who are interested in conducting programs to enhance youth engagement in their respective settings.

Although this model addresses the students community/adolescents/youth, the issue of school dropouts is not dealt with. It requires government initiative and policy decision to implement compulsory school education. Secondly, this model should be expanded to include interactions with other agents of socialization such as peer, parents, religious insitutions and so forth. Finally, work with parents to ensure use of parenting technique to encourage appropriate adolescent behaviour and Cross Gender influence on teen's behavior has not been dealt with.

Part	Word Count
Essay	1,000

*I have attempted to make a Wikia page, you can see it [here](#). (Although it is of the Beauty of Symmetry course)*