

## Global Adolescent Health - Assignment 1 - Identifying influences on youth health in your own community, region or country

In Weeks 1 and 2 you learned about current models of thinking about adolescents in terms of biological and social development and the range of factors that can influence young people's health and wellbeing. This assignment is about applying that knowledge and examining your own community or environment for examples of influences on the health and development of youth where you live.

**Submission Format:** You have three questions to answer for this assignment. There are two ways to submit; please note that all submissions must be in English (except your name, if you lack an English name).

- **Written submission:** Answer each question by typing into the corresponding text boxes in the course or via pdf. Each individual question has word limits that total the maximum 750 allowed (respectively: 150, 350 and 250 words each; up to 100, 250 and 150 words for each part excluding references).
- **Video or audio submission:** There IS a way to 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, Facebook, Vimeo, Dropbox or Soundcloud and provide a publicly accessible URL in the corresponding text box below. Separate video or audio files for each question are recommended; the links should be given in the appropriate text boxes.

### INSTRUCTIONS: WHERE TO START

Drawing upon what you've learned so far, consider one example of a social determinant of health or risk or protective factor relevant to your community, region or country that you believe positively or negatively impacts upon the health and wellbeing of young people. Think about policies, environments, circumstances, resources or attitudes that can be considered to either support or undermine the physical health, mental health, autonomy, human rights and/or general wellbeing of young people in some real or potential way. Your chosen example might be in relation to families, peers, schools, community/government or some other environmental, contextual or economic factor. Where possible in your response to Question 1, you might also wish to include a visual representation of your chosen example to provide greater context, although this is not required. For example, if public transport is an issue in your community, you might upload a photo of a poorly maintained bus stop in your area along with your written response, or an image of a local sexual health clinic if you live in a community where young people have ready access to health resources or services. You could also film yourself in these or other relevant settings if you choose to describe your example via video rather than in writing. Feel free to be creative- the goal for Question 1 is to provide those evaluating your assignment with a clear understanding of something you believe to be an important influence on youth health and wellbeing in your local setting, and why.

***All answers are in pink.***

**Each question is worth 3 points.**

**Referencing and keeping to the word limit are another 2 points each.**

## Intro

I am ธนยุรัตน์ บั้งเส็ง from Periwinkle's Clan and live in Hume, Singapore (although originated from Rawai). However, the discussion will be based in Malaysia.

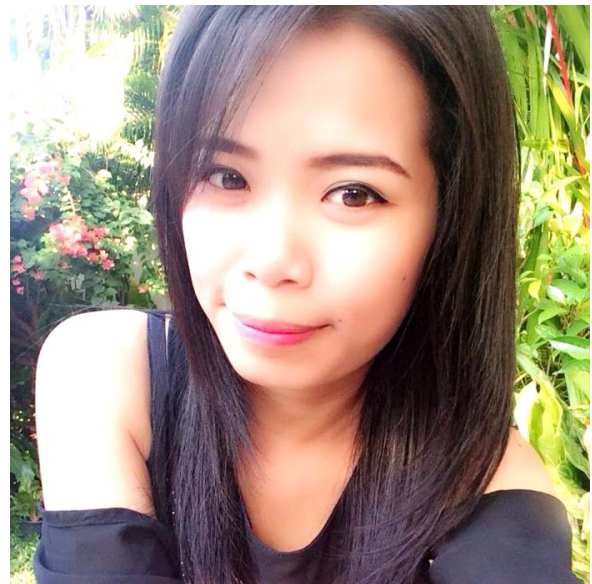
### **1. Identify a social determinant of health or risk or protective factor relevant to youth in your community, country or region, and justify your choice in terms of why it is important in your local context.**

Lack of sexual education in Malaysia is a major risk factor for adolescent health. Sexual education is formally introduced into the education curriculum by the third year of secondary school, of which most students are at the age of 15 years.

This can lead to unprotected sexual activities, which can occur before the age of 15 years old, causing unplanned, unwanted early pregnancy which is the major cause of the increasing incidence of child marriage in Malaysia<sup>1</sup>. This can be translated into early child bearing age, which has significant impact on both physical and mental health of adolescent.

### **2. Explain how and in what way(s) this influences adolescent health and wellbeing, using the course conceptual framework first presented in Lecture 1.2 and other models used in this course to frame your response.**

When there is a will, there will be a way. When there is lack of sexual education in the formal education system, adolescent will find their own way to find information on sex. This is especially convenient given the technology advancement and many of them will gain access to pornography at very young age. In addition, most Asian parents regard sexual education as something unimportant and hence neglect this part of education. Premarital sexual activity is therefore getting increasingly



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<sup>1</sup> <http://www.thestar.com.my/News/Nation/2013/10/06/Child-marriages-on-the-rise-1022-applications-approved-in-2012-compared-to-900-in-2011>

common<sup>2</sup>, and without proper knowledge of safe sex, this has led to increase numbers of sexually transmitted diseases and also early unplanned unwanted pregnancies<sup>3</sup>. This in turn has contributed to the raising numbers of child marriage in Malaysia.



The effect of child marriage to adolescent is vast. Firstly, they are prone to abuse by their husband and in-law family as they are dependent on them to survive. They also lose their childhood and adolescence<sup>4</sup>. Many of them drop out from school, Young girls face significantly higher risk of complications of pregnancy and delivery. They are also forced into parenthood early, when they are both mentally and physically not ready. This is a vicious cycle, as with the lacking of parenting skills, their children are more likely to be engaged into similar problems that they had.

**3. If your chosen social determinant or risk and protective factor negatively influences youth health and wellbeing: what strategies can you suggest to address it, and why?**

Firstly, the Ministry of Education should acknowledge the importance of sexual education and implement early introduction of sexual education in the curriculum. Children should be taught the correct moral values from young age and subsequently been introduced to proper sexual education to avoid getting incorrect information from the internet or pornography. Teachers should be trained to conduct such classes confidently and not feeling ashamed or shy. Reading materials should be made available to students and guidance to students on where to get extra information.

Secondly, family education is equally important. Parent should educate their daughters to protect themselves, and their sons on the responsibilities of being a husband and effect of early child rearing to young girls. Parents should not avoid sexual education. They should educate their children the importance of safe sex or avoidance of premarital sexual activity.

Apart from material referenced in the footnotes, I also used the following material:

Week 1/2 lectures (particularly these two)

Healthy Youth is key to a Healthy Life

Social Determinants of Health

Note that the references of Question 2 and 3 are the same.

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<sup>2</sup> <http://www.thestar.com.my/News/Nation/2013/10/06/Real-men-dont-marry-little-girls>

<sup>3</sup> <http://www.themalaysianinsider.com/malaysia/article/malaysian-youth-marrying-too-young-says-un-report>

<sup>4</sup> <http://www.ohchr.org/Documents/Issues/Women/WRGS/ForcedMarriage/NGO/PSTheChildren3.pdf>