

Adolescence	Physical development (cont)	COG DEV	MORAL DEV
<p>Chr:</p> <ul style="list-style-type: none"> - Transition to and preparation for adulthood - A stage of knowing who we are, shoulder responsibilities, gain autonomy slowly - Restless, conflict > a process of finding self-identity - Seeking social approval, succumb to peer pressure 	<p><i>early dev</i> BOYS. early - positive self-image, responsibility, confidence, leadership-social stat, satisfaction, as treated as adult sooner. -ve involvement with peers > bhv outcomes. GIRLS. early -sexual precocity enhances opposite-sex popularity. premature dating > sexual exp with older males. W/O cog+emo maturity > expose to STI and teenage preg. ED, underage subst. abuse, dep & anX.</p> <p><i>late dev</i> BOYS. Low self-esteem, social rejectn. Assertive, insight, less peer pressure. GIRLS. lower peer status. +ve: gr8 body esteem more like the beauty standrd.</p>	<p>Piaget: formal operational thought</p> <p><i>Combinatorial</i> Hypoductive: hypothetical-deductive reasoning</p> <p>12-15 y. n manipul mental manipulations using internal representations. feelings about moral matters</p> <p>all other variables constant, only one variable changes</p> <p>Hypoductive: hypothetical-deductive reasoning</p> <p>Infer, premise and concl true.</p> <p>horizontal de. calage. sequential acquisition. conserve volume before weight. dep on indiv.</p>	<p>Moral Reasoning</p> <p>justificatn for for decision</p> <p>changes in moral or ethical behaviour, and changing feelings about moral matters</p> <p>Elkind's Egocentrism (Build upon Piaget,) <i>Classic needulum, adolescent weights egocen- and trism string.</i></p> <p>imaginary audience describes teenagers' preoccupation with the reactions of others. new-found perspective-taking ability, often fail to differentiate between how they feel about themselves and how others feel about them, confusing the two points of view.</p> <p>Personal fable is a notion that the adolescent's own life embodies a special story that is both heroic and completely unique</p>
<p>Physical development</p> <p>poor phy health Poor nutrition; Lack of exercise; Inadequate sleep. Accidents—mostly automobiles. Exp. w substances, Substance abuses due to addiction, or they develop Tolerance and need higher dose to feel the effect.</p> <p>poor mental health suicide, depression, self-esteem and self-image. ED- anorexia nervosa, bulimia nervosa, binge-purge, soceital pressure, girls, puberty variations.</p> <p>Variations in phy dev indiv. factors influencing rate and timing of puberty. Non-normative puberty psych impacts.</p>	<p>-ve bhv outcomes can be avoided with age-appropriate social groups, strong family ties and religious values</p>	<p>variations</p>	<p>Kohlberg's MD (Build upon Piaget.)</p> <p>'Heinz scenario', must choose between disobeying the law and stealing a life-saving drug from a chemist who has impossibly overpriced it, and keeping within the law and allowing his wife to die. <i>preconventional, conventional, postconventional</i></p>
	<p>Health Belief Model</p> <pre> graph TD subgraph Inputs A["Demographic variables: age, sex, ethnicity etc."] B["Sociopsychological variables: personality, social class, peer and reference group pressure etc."] C["Structural variables: knowledge about the disease, prior contact with the disease"] end subgraph Perceptions D["Perceived susceptibility and seriousness"] E["Perceived threat of illness or injury"] F["Perceived benefits versus barriers of preventive action"] end G["Cues to action: mass media campaigns, advice from others, reminder letter from physician or dentist, illness of family member or friend, newspaper or magazine article"] H["Likelihood of preventive action"] A --> D B --> D C --> D D --> E E --> F F --> H G --> H </pre>		



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