

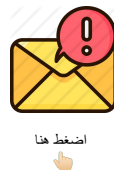


Adolescent and Child Health

1. Understand adolescent and children health issues globally and the burden of diseases in this age group
2. Discuss major global interventions to address public health issues in adolescents and children
3. Discuss and understand what preventive services for adolescent, and child health are delivered in KSA and globally.
4. Familiarize students with the national child immunization schedule

Color index:

- Main text
- Males slides
- Females slides
- Doctors notes 442
- Doctor notes
- Golden notes
- Important
- Extra



What do we mean by the term 'adolescents'?

- A transitional period from childhood to adulthood, which encompasses multiple physical, behavioural and psychological changes and shifting social expectations
- Recognized as a distinct phase of life with its own unique set of health needs.

DEVELOPMENT?

- Physical Development
- Cognitive Development
- Psychosocial Development
- Behavioural Development
- Emotional Development? some people emotionally mature

Dynamic mapping of human cortical development



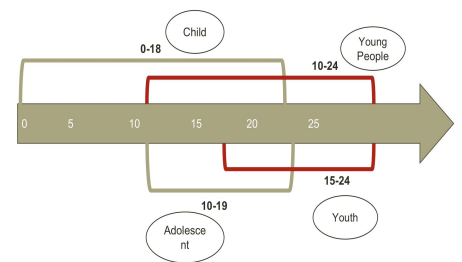
YOUNG PEOPLE POPULATIONS GLOBAL, MENA, SAUDI

- Increasing in LMIC and decreasing in HIC
- Make up 1/5 of the population in the MENA region
- In 2021:
 - 48% of the population in Saudi Arabia is less than 30 years.
 - 57.7% of Saudis are less than 30 years of age.

why in low in come and middle income countries the the young people increase compared to high income countries? in high income they have a lot of responsibility such as higher education

DEFINITIONS ★

- Child (from 0 to 18)
- Adolescents (from 10 to 19)
- Young People (from 10 to 24)
- Youth (from 15 to 24)
- Age of consent (The age of marriage or the age of making sexual decisions)
- Age of majority (In Saudi Arabia 21)
- سن التكليف سن البلوغ او الى سن 15
- Emerging Adulthood



This age group experience new challenges, develop new capacities and new habits they are semi exposed to the word and therefore it is very very critical the environment that is provided to this population is control environment otherwise they can end up developing risky behavior

Main health problems of adolescents ?

438 notes

MORTALITY 10-YEAR-OLDS

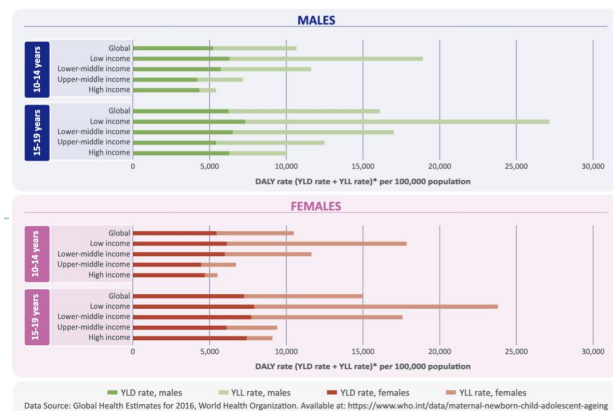
- Studies suggests that depression and anxiety are one of the main problems in this age group
- Technology use and sedentary lifestyles increase the risk for obesity
- The most common cause of death is "Road Injury"
- Third is self harm, self harm by poisoning, sharp instruments, medication overdose. This can be grouped with other causes into mental health issues leading to suicide.



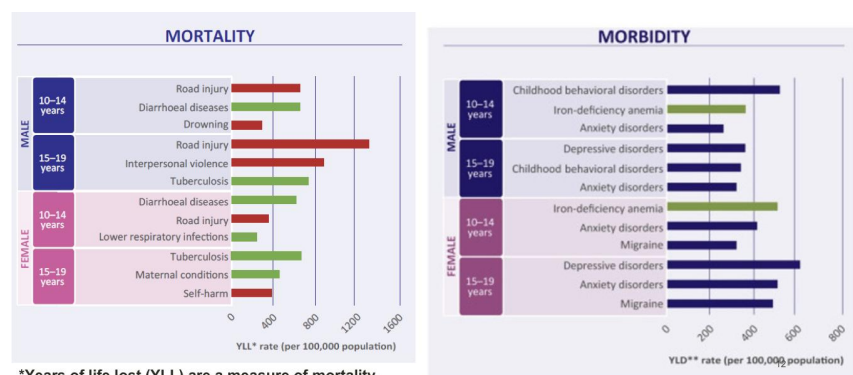
MORTALITY AMONG ADOLESCENTS 10-19Y (2019)

Region	Deaths (million)	%	Rate/1000
World	0.96	100%	8
Sub-Saharan Africa	0.42	44%	17
Middle East North Africa	0.05	5%	7
Europe and Central Asia	0.03	3%	3
East Asia and Pacific	0.11	12%	4
Latin America and Caribbean	0.07	7%	7
North America	0.02	2%	3
South Asia	0.26	27%	7

ALL-CAUSE MORBIDITY AND MORTALITY BURDEN IN ADOLESCENT S B Y COUNTRY INCOME GROUPS, AGE AND SEX



GLOBAL CAUSES OF MORBIDITY AND MORTALITY BY AGE AND SEX, 2019



TOP CAUSES OF ADOLESCENT MORTALITY, 10-14 YEAR- OLDS, 2020 IN MENA REGION

- 1 Diarrheal diseases
- 2 Road Injuries
- 3 Lower respirator infections
- 4 Congenital anomalies
- 5 Drowning

TOP CAUSES OF ADOLESCENT MORTALITY, 15- 19Y, 2020 IN MENA REGION (females)

- 1 Maternal causes
- 2 Tuberculosis
- 3 Diarrheal diseases
- 4 Road Injury
- 5 Self Harm

438 notes

- If a girl got pregnant at an early age her body may not be physically mature enough to tolerate the 9 months period of pregnancy, which might predispose the mother to various health issues including malnutrition **which is linked to high infant mortality rate**
- Moreover unsafe deliveries and abortion done in facilities that aren't qualified enough may cause the mother to get infected with tetanus, which can also kill the baby.

Health Problems of Adolescents in Saudi Arabia

❖ SRH IN ADOLESCENTS

- Adolescents can have their first sexual debut, marriage and/or relationships, as well as pregnancy.
- High fertility related to early marriage.
- Not studied well due to its sensitive nature and taboo topics.
- Issues regarding gender-based violence, intimate partner violence and/or domestic violence.
- Globally, there were 41 births per 1000 to girls aged 15–19 years in 2020

❖ Health problems of adolescents in Saudi Arabia:

438 notes

- There are many studies investigating health problems in the youth of Saudi Arabia .
- It is well documented in the literature that young adults from the upper socioeconomic class undergo **unlawful sex**.
- **Sex education** among females was found to be extremely **deficit**.
- Many studies also documented the **increasing use of energy drinks** among the kingdom's youths.
- A study also documented that about **30% of this population smokes cigarettes**.

❖ “Jeeluna” Study:

Time for an Adolescent Health Surveillance System in Saudi Arabia: Findings From “Jeeluna”

- A study done on 12000 adolescent

Table 1
Health risk behaviors among adolescents in Saudi Arabia and gender differences

Health risk behaviors	Prevalence				Prevalence by gender				
	n = 12,575 (%)		95% CI		Male n = 6,444 (%)		Female n = 6,131 (%)		
	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	
Dietary behaviors (daily)									
Breakfast intake (sometimes/daily) ^a	54.8	50.8	58.7	62.3	60.7	64.0	46.3	44.6	48.0
Fruit intake (≥1 servings)	38.1	34.0	42.1	43.6	41.5	45.7	31.8	29.7	33.9
Vegetable intake (≥1 servings)	54.3	50.7	58.0	55.7	53.8	57.7	52.8	50.8	54.8
Carbonated beverage consumption (≥2 drinks)	37.5	34.0	41.1	43.9	41.9	45.9	30.4	28.3	32.5
Energy drinks consumption (≥1 drinks)	21.8	19.7	23.9	25.5	23.8	27.2	17.7	16.1	19.3
Activity									
Physical exercise (daily)	13.7	10.4	16.9	19.0	17.4	20.6	7.7	6.9	8.5
Television viewing (≥2 hours/day)	42.4	41.0	43.9	40.4	38.8	42.1	44.7	42.8	46.6
Video game playing (yes)	55.6	47.7	63.4	68.0	66.4	69.6	41.6	39.3	43.9
Internet use (≥2 hours/day)	30.1	26.8	33.4	26.0	24.3	27.8	34.6	32.5	36.8
Cellular phone (>1 hour/day)	14.8	13.2	16.3	13.2	12.0	14.4	16.6	14.8	18.3
Traffic safety									
Seat belt using (sometimes/always)	13.8	11.4	16.3	17.0	15.3	18.7	10.2	9.0	11.4
Car taking without permission (yes)	17.9	11.7	24.2	28.6	26.8	30.4	5.9	5.1	6.7
Bullying and violence									
Exposure to bullying ^a	25.0	23.0	27.0	27.1	25.1	29.0	22.7	21.3	24.2
Exposure to violence at school ^b	20.8	15.8	25.7	28.9	26.3	31.5	11.7	10.4	12.9
Exposure to violence in community ^b	19.7	17.6	21.8	22.9	21.3	24.5	16.1	14.6	17.6
Tobacco and substance (ever use)									
Cigarette smoking	16.2	12.5	19.9	22.1	20.0	24.2	9.6	8.2	10.9
Sheesha smoking	10.5	8.4	12.5	13.5	11.8	15.3	7.1	5.7	8.4
Solvents sniffing	16.2	12.7	19.6	11.5	10.3	12.6	21.4	19.7	23.0
Prescription medication use for nonmedical purpose	7.2	5.7	8.7	6.0	5.3	6.8	8.5	7.4	9.6
Alcohol consumption	1.4	1.1	1.8	2.1	1.7	2.5	.7	.5	1.0
Stimulants use	1.5	1.1	1.9	1.6	1.3	1.9	1.4	1.0	1.8
Marijuana use	1.0	.6	1.5	1.6	1.2	2.0	.4	.2	.6

Table 2
Health status among adolescents in Saudi Arabia and gender differences

	Prevalence			Prevalence by gender							
	n = 12,575 (%)		95% CI	Male n = 6,444 (%)		95% CI		Female n = 6,131 (%)		95% CI	
	Lower	Upper		Lower	Upper	Lower	Upper	Lower	Upper		
Self-reported health status											
Chronic illness											
Bronchial asthma	8.4	7.1	9.8	10.8	9.6	11.9	5.8	5.1	6.5	6.5	
Allergies (not asthma)	4.9	3.5	6.2	4.2	3.5	4.9	5.6	4.7	6.5	6.5	
Hematological disorder	3.7	2.9	4.6	3.1	2.5	3.7	4.5	3.7	5.2	5.2	
Skin disorders	3.6	2.6	4.6	3.1	2.6	3.6	4.2	3.4	5.0	5.0	
Musculoskeletal	1.5	1.0	1.9	1.5	1.0	2.0	1.4	1.0	1.8	1.8	
Genitourinary	1.2	.7	1.6	.9	.6	1.2	1.4	.9	1.8	1.8	
Diabetes	.7	.5	1.0	.9	.7	1.2	.6	.3	.8	.8	
Others	4.6	3.8	5.4	5.0	4.0	6.0	4.2	3.3	5.0	5.0	
Mental health											
Sadness/depression	14.3	11.0	17.6	10.1	9.3	11.0	19.0	17.6	20.4	20.4	
Anxiety	6.7	5.2	8.3	4.6	3.9	5.3	9.1	8.0	10.2	10.2	
Measured indicators of health status											
BMI^a											
Underweight	15.2	13.7	16.7	17.2	15.3	19.0	13.0	11.8	14.2	14.2	
Healthy weight	54.8	51.2	58.4	48.8	47.2	50.3	61.5	60.0	63.1	63.1	
Overweight	14.1	13.4	14.9	13.9	12.8	15.0	14.5	13.4	15.5	15.5	
Obese	15.9	12.6	19.1	20.2	18.7	21.7	11.0	9.8	12.3	12.3	

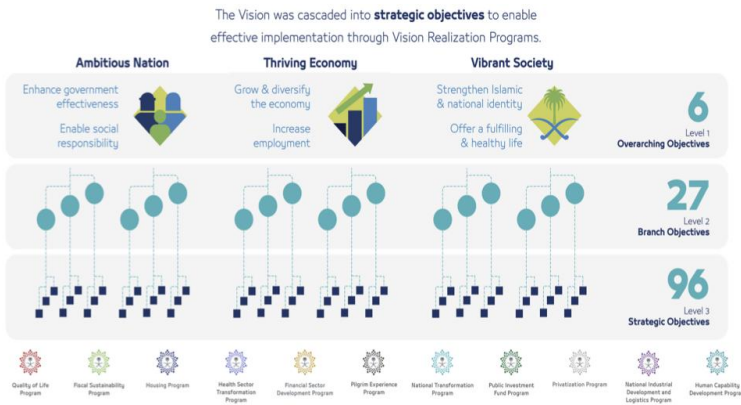
[Click here For extra studies!](#)

Health Problems of Adolescents in Saudi Arabia

❖ WHY IS IT IMPORTANT TO INVEST IN THIS PHASE?

- ❖ **1** Public health
- ❖ **2** Economic development
- ❖ **3** Demographic development

❖ VISION 2030



❖ ADOLESCENCE WITHIN THE LIFE-COURSE

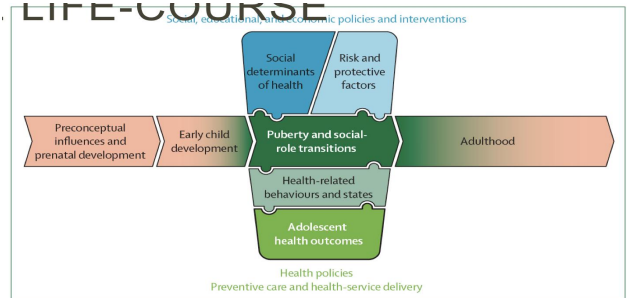
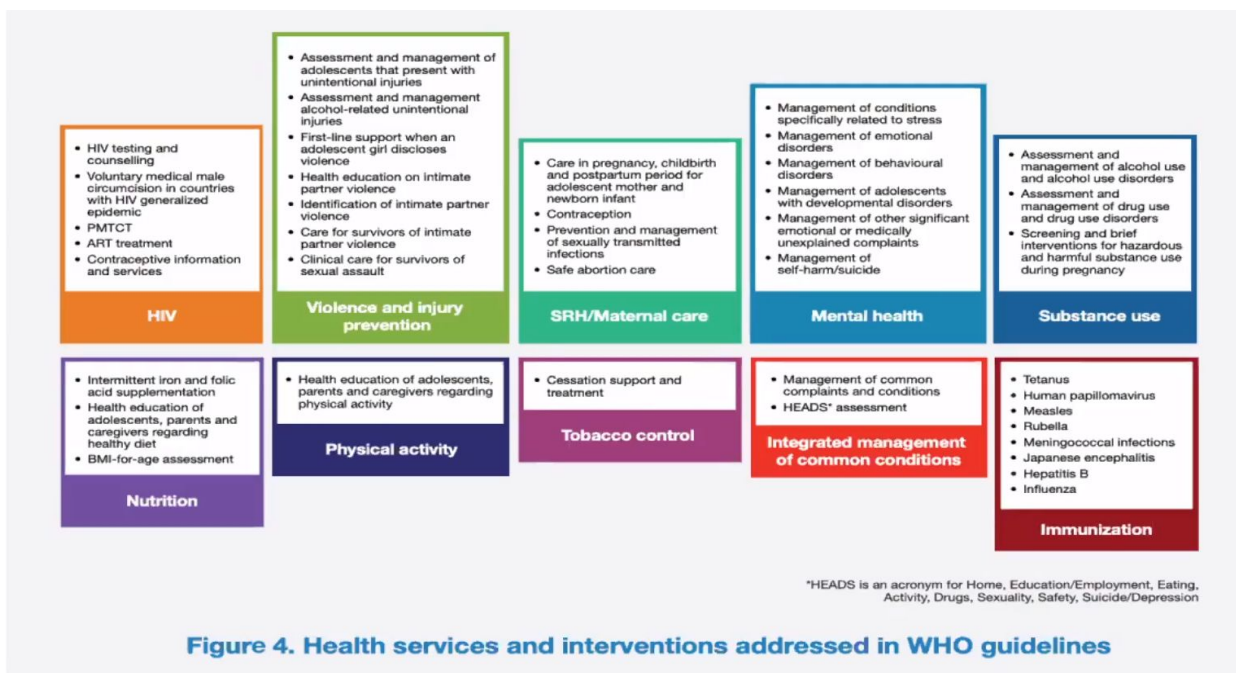


Figure 2: Conceptual framework for adolescent health
The framework emphasises the crucial importance of a life-course perspective in the understanding of adolescent health and development (represented by the horizontal flow of the framework) and the importance of social determinants of health (vertical flow). The axes intersect around the unique characteristics of adolescence (the complex interactions between puberty, neurocognitive maturity, and social-role transitions) to emphasise how these factors affect adolescent health and development. The text outside the boxes refers to settings and scope of policies, preventive interventions, and services that affect adolescent health.

❖ Health services and interventions addressed in WHO guidelines

438 notes

- Saudi Arabia has a plan on adolescence services that was documented in papers in 2009. However, we don't know really how it is implemented.
- if we want to plan some adolescent health services in our country, there are many guidelines this is from WHO for example.



Health Problems of Adolescents in Saudi Arabia

❖ NATIONAL ADOLESCENT HEALTH EFFORTS

Awareness Visits:

- Oral Health.
- Adolescent health and healthy marriage.
- Communicable diseases and their prevention.
- Mental health and video game addiction (internet gaming disorder).
- Physical activity and obesity control.

Awareness Programs:

- Food awareness
- Healthy sleep.

<https://www.moh.gov.sa/Ministry/Information-and-services/Pages/Young.aspx>

1. Nutrition and Lifestyle
2. Obesity
3. Traffic Accidents
4. Reproductive Health
5. STIs and HIV

<https://www.moh.gov.sa/Ministry/Projects/School-Health-Program/Pages/default.aspx>

Awareness campaigns in schools includes:

1. اليوم الخليجي للصحة المدرسية وصحة اليافعين و الشباب
2. Breast cancer
3. Diabetes
4. Smoking

❖ Other new issues

- ❑ Social media use
- ❑ Violence and self-harm
- ❑ Mental health (Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.)
- ❑ Drug misuse and addiction or substance use disorder (Early onset of substance use is associated with higher risks of developing dependence and other problems during adult life, and people of younger ages are disproportionately affected by substance use compared with people of older ages.)
- ❑ Limited data on this age group



Indicators of Child Health

❖ Mortality in infancy and childhood:

Prenatal mortality rate

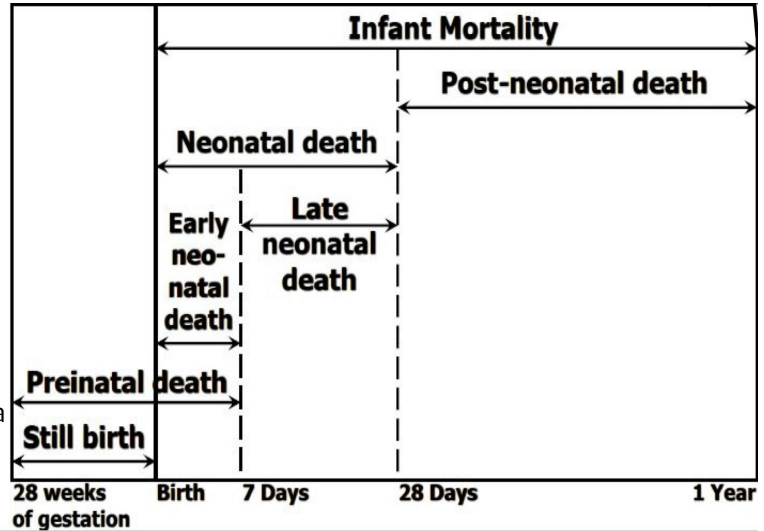
Number of stillbirths and deaths in the first week of life per 1,000 total births.

Number of deaths during the first 28 completed days of life per 1,000 live births in a given year or other period.

Neonatal mortality rate

Infant mortality rate

The number of deaths under one year of age occurring in a given geographical area during a given year, per 1,000 live births occurring among the population of the given geographical area during the same year.



- The probability of a child born in and specific year or period dying before reaching the age of five subject to age-specific mortality rates of that period.
- Not a rate! But a probability of death derived from a life table and expressed as rate per 1000 live births.

Under 5 mortality rate

- 28 weeks of gestation - birth ⇒ (Still birth)
- 28 weeks of gestation - 7 days of birth (Perinatal death)
- Birth - 7 days ⇒ (Early Neonatal Death)
- 7 days - 28 days ⇒ (Late Neonatal Death)
- 28 days - 1 Year ⇒ (Post Neonatal Death)
- Birth - 1 Year ⇒ (Infant Mortality)

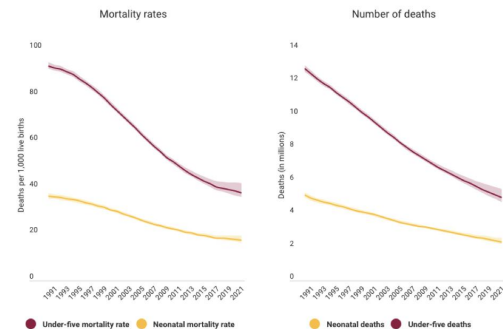
438 notes

- Prenatal deaths include both stillbirth and early neonatal deaths
- REMEMBER stillbirth means they are born dead, if a neonate died immediately after delivery it's not considered stillbirth.
- We can divide neonatal deaths into early and late deaths.
- ALWAYS multiply by 100,000
- It is very important to know the interval of each definition.

❖ WHO STATS

- Both under-five mortality rate and the number of under-five deaths have fallen by more than half since 1990
- The global under-five mortality rate declined by 59 per cent, from 93 deaths per 1,000 live births in 1990 to 38 in 2021.
- Yet, roughly 13,800 under-five deaths occur each day.

Global mortality rates and number of deaths by age, 1990–2021



- The global under-five mortality rate declined by 59 per cent, from 93 deaths per 1,000 live births in 1990 to 38 in 2021.
- Yet, roughly 13,800 under-five deaths occur each day.

CHILD HEALTH

❖ NEONATAL DEATHS

- 75% occur during the first week of life,
- In 2019, about 1 million newborns died within the first 24 hours.
- Preterm birth
- Childbirth-related complications (birth asphyxia or lack of breathing at birth),
- Infections
- Birth defects

❖ CHILD M&M

- 1 Respiratory infections
- 2 Diarrhoeal diseases
- 3 Measles
- 4 Malnutrition and newborn conditions.
- 5 Access

6 Many child deaths are preventable through vaccination, adequate home care, access to health care services, improved rates of breastfeeding and better nutrition.

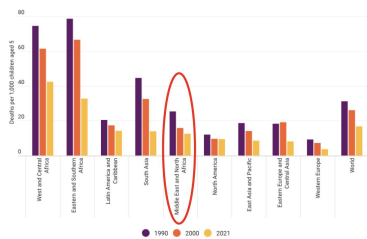
❖ SUSTAINABLE DEVELOPMENTAL GOALS

- SDG 3.2.1: Neonatal mortality rate (0 to 27 days) per 1000 live births
- SDG 3.2.2: Under-five mortality rate (per 1000 live births)



❖ How are we doing?

Probability of dying among children and youth aged 5-24 by region, 1990, 2000 and 2021 (deaths per 1,000 children aged 5)



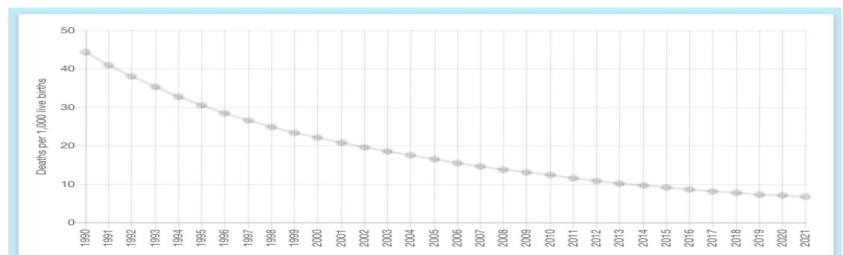
Source: United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), 2023

❖ SAUDI DATA

Child survival

Under-five mortality rate (deaths per 1,000 live births) Find out more >	7	View data
Under-five deaths (Number of deaths) Find out more >	4,350	View data
Infant mortality rate (deaths per 1,000 live births) Find out more >	6	View data
Neonatal mortality rate (deaths per 1,000 live births) Find out more >	3	View data
Under-five mortality rate (Female) (deaths per 1,000 live births) Find out more >	7	View data
Under-five mortality rate (Male) (deaths per 1,000 live births) Find out more >	7	View data

Trends in under-five mortality rate in Saudi Arabia



❖ SAUDI ARABIA DATA (UNICEF) 2021

Key demographic indicators

6.7

DEATHS PER 1,000 LIVE BIRTHS

Under-five mortality rate

36,947,025

PERSONS

Population

CHILD HEALTH

❖ ESSENTIAL NEWBORN AND CHILD HEALTH INTERVENTIONS

Intervention	Referral level	1 st level	Community
Childbirth			
Induction of labour for prolonged pregnancy	✓	-	-
Prophylactic uterotonics to prevent postpartum haemorrhage	✓	✓	✓
Active management of third stage of labour to prevent postpartum haemorrhage	✓	✓	-
Management of postpartum haemorrhage (e.g. uterotonics, uterine massage)	✓	✓	✓
Caesarean section for maternal/foetal indication	✓	-	-
Prophylactic antibiotics for caesarean section	✓	-	-
Postnatal (mother)			
Family planning	✓	✓	✓
Prevent and treat maternal anaemia	✓	✓	-
Detect and manage postpartum sepsis	✓	✓	-
Screen and initiate or continue antiretroviral therapy for HIV	✓	✓	-
Postnatal (newborn)			
Immediate thermal care	✓	✓	✓
Initiation of exclusive breastfeeding (within first hour)	✓	✓	✓
Hygienic cord and skin care	✓	✓	✓
Neonatal resuscitation with bag and mask (professional health worker)	✓	✓	-
Case management of neonatal sepsis, meningitis and pneumonia	✓	✓	-
Kangaroo mother care for preterm and for less than 2000g babies	✓	✓	-
Management of newborns with jaundice	✓	✓	-
Surfactant to prevent respiratory distress syndrome in preterm babies	✓	-	-
Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	✓	-	-
Extra support for feeding small and preterm babies	✓	✓	-
Presumptive antibiotic therapy for newborns at risk of bacterial infections	✓	-	-
Infancy and Childhood			
Exclusive breastfeeding for 6 months	✓	✓	✓
Continued breastfeeding and complementary feeding from 6 months	✓	✓	✓
Prevention and case management of childhood malaria	✓	✓	✓
Vitamin A supplementation from 6 months of age	✓	✓	✓
Comprehensive care of children infected with or exposed to HIV	✓	✓	-
Routine immunization and <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	✓	✓	✓
Management of severe acute malnutrition	✓	✓	-
Case management of childhood pneumonia	✓	✓	✓
Case management of diarrhoea	✓	✓	✓
Cross-cutting community strategies			
Home visits for women and children across the continuum of care	-	-	✓

❖ EXCLUSIVE AND CONTINUED BREASTFEEDING

Lower risk of gastrointestinal infection for the baby

More rapid maternal weight loss after birth.

Delayed return of menstrual periods.

No adverse effects on growth have been documented with exclusive breastfeeding for six months.

Reduced level of iron has been observed in some developing country settings.

❖ BREASTFEEDING PROMOTION

The World Health Organization recommends that:

- Breastfeeding be initiated within one hour of birth
- Infants feed on nothing but breast milk for the first six months of life
- Infants continue breastfeeding until at least the age of two
- Infants be introduced to adequate, safe and complementary foods beginning at six months
- Not just promoting but it's PROTECTING, SUPPORTING and PROMOTING breastfeeding.
- Remember the importance of policy to empower women to breastfeed!!

Steps you can take to exclusively breastfeed successfully

Pre-childbirth

- Take good care of yourself, eat healthy and avoid stress.
- Discuss with your partner how you plan to breastfeed and get all the advice you need.
- Attend breastfeeding classes where available.
- Get emotional, family, partners and your own support network in place to encourage and support you.

Day of childbirth

- Be encouraged by family members who can give emotional support.
- When your baby is born, immediately attach the baby to the breast by placing the baby on your bare chest. Help your baby when he is covering the breast with his mouth.
- If the baby has premature and low birth weight, attend your healthcare provider that you wish to learn from the International Code of Marketing of Breastmilk Substitutes (ICMBS) for appropriate management of the baby.
- If possible, try to stay in the hospital, use breastfeeding there if it's possible, and if not, get emotional support when you return home.
- Use your own milk. Don't use formula unless you have no choice.
- Use the process and check the experience.

Post-childbirth

- Family support is crucial for successful exclusive breastfeeding.
- Get plenty of sleep, drink a lot of water and eat healthy.
- Don't replace breast milk with other feeds until you feel confident that you are able to breastfeed. Breastmilk is the best food for your baby. However, if you are unable to breastfeed, you may need to use formula. In such cases, it is essential for your baby's health.

World Health Organization Western Pacific Region

Top 5 Benefits of Immediate and Prolonged Skin-to-skin Contact

- ✓ Stimulates the baby's immunity
- ✓ Helps establish a close bond between mother and baby
- ✓ Stabilizes the baby's body temperature
- ✓ Reduces postpartum depression for the mother
- ✓ Enables easy first breastfeed

VACCINES GLOBAL AND LOCAL

❖ NHS VACCINE SCHEDULE

I won't ask you about it

Age	Vaccine
8 weeks	6-in-1 vaccine Rotavirus MenB
12 weeks	6-in-1 vaccine PCV Rotavirus
16 weeks	6-in-1 vaccine MenB
1 year	Hib?MenC MMR PCV MenB
2-10 years	Ful (yearly)
3 years and 4 months	MMR
12-13 years	HPV
14 years	3-in-1 teenage booster MenACWY

❖ VACCINES

- Hep B • Hep A • RV • DTaP • Hib
- PCV • IPV • BCG • OPV • Measles
- MCV4 • MMR • Varicella • Tdap • HPV

❖ SAUDI VACCINE SCHEDULE

Age	Vaccine
2 months	BCG
4 months	Hib • MenB • PCV • Rotavirus
6 months	Hib • MenB • PCV • Rotavirus
9 months	Hib • MenB • PCV • Rotavirus
12 months	MMR • Hib • MenC • PCV • Rotavirus
18 months	MMR • Hib • MenC • PCV • Rotavirus
24 months	MMR • Hib • MenC • PCV • Rotavirus
44 months	MMR • Hib • MenC • PCV • Rotavirus
11 years	HPV
12 years	MMR • Hib • MenC • PCV • Rotavirus
13 years	HPV
14 years	MMR • Hib • MenC • PCV • Rotavirus

❖ Data

Child protection	99
Percentage of children under age 5 whose births are registered via Find out more	99
Percentage of women (aged 20-24 years) married or in union before age 18 Find out more	99
Percentage of children (aged 5-17 years) engaged in child labor (economic activities and household chores) Find out more	99
Percentage of children (aged 1-15 years) who experienced any physical punishment and/or psychological aggression by caregivers Find out more	99
Percentage of women (aged 15-49 years) who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons Find out more	99
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Percentage of girls and women (aged 15-49 years) who have undergone female genital mutilation (FGM) Find out more	99

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❖ GROWTH MONITORING

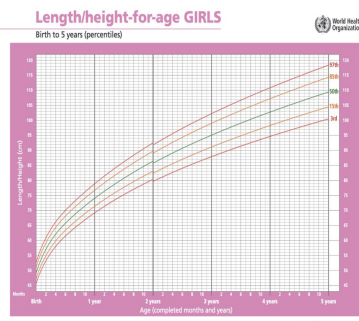
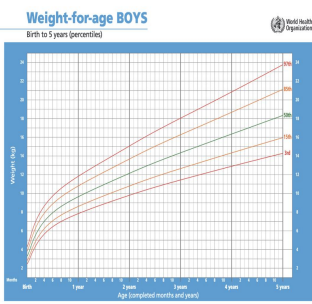
Refer to the MoH website for all growth charts applied in Saudi Arabia and WHO website for universal charts. They include:

- Weight
 - Height
 - Head circumference
- (If the child is fat but tall, it is considered normal)



Breastfeeding is a very essential part in the physical and mental health of a child.

❖ Growth monitoring



438 Note

The baby's height and weight should increase during early childhood. If the child's health remained the same (plateaued) it should rise some worry to the doctor and requires further investigations
"More details in breastfeeding tutorial"

Case: If you see that the baby is not growing at a normal rate what do you do?

first take history from mother: how often is she breastfeeding, for how long, and if the baby is suckling well. Also Ask about the vaccination & socioeconomic status. Also you should support and encourage mother if she is doing well.

Practice Questions

Q1: What is the name of the age stage from 0 to 18 years?

A. Child

B. Adolescents

C. Youth

D. Young

Q2: What is the TOP CAUSES OF ADOLESCENT MORTALITY, 10-14 YEAR?

A. Road Injuries

B. Cancer

C. Murders

D. Covid-19

Q3: WHY IS IT IMPORTANT TO INVEST IN THIS PHASE?

A. Public health

B. Economic development

C. Demographic development

D. All

Q4: When is the initial breastfeeding?

A. 2 hours of birth

B. 1 hour of birth

C. 1 week of birth

D. 1 month of birth

Q5: Breastfeeding continues until age

A. 2 years

B. 3 years

C. 1 year

D. 10 months

Q6: One of the benefits of breastfeeding

A. Increased risk of infection

B. Loss weight

C. Increased possibility of pregnancy

D. Protects against cancers

Answer 1- A 2- A 3- D 4- B 5- A 6-B

Thanks to all leaders and members
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