

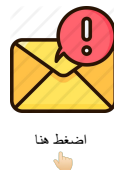
Sexual and Reproductive Health

Objectives

- Define the terms Reproductive Health and Sexual Health.
- Identify the influence of medical, social and political perspectives on sexual and reproductive health and their effect on policy, research and practice.
- Define and use demographic measures related to fertility
- Identify national policies in KSA related to SRH

Color index:

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



Why is SRH important?

01

SRH is an integral part of human life and affects everyone around the world.

02

Not just related to limiting or reducing disease but enabling a better quality of life.

03

SRH issues occur in different social and cultural contexts, making designing universal public health interventions difficult.

04

Many of the SRH issues are sensitive and politicized and often linked to moral judgements, which make them difficult in addressing within different communities.

Medicalization of SRH



SRH is a very important topic because it affects every aspect of our life. Within our religion, it's about marriage and building a healthy family.



Throughout history, many nations and many populations were interested in SRH. One of the earliest documents about the medicalization of SRH was created by Ebers Papyrus 1500 years BC. They were talking about SRH issues and providing Contraceptive 'recipes'; such as pessaries, acacia gum, honey and sodium carbonate (spermicides).

ابن سينا Avicenna



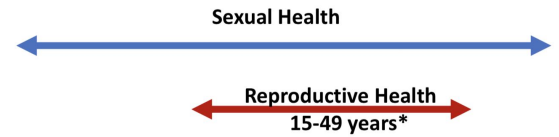
Avicenna is another important person. He talked a lot about SRH and gave some prescriptions for contraception and family planning, some of which were weird that are no longer used.

Reproductive Health

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the **reproductive system** and to its functions and processes.

Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.- WHO

https://www.who.int/health-topics/sexual-health#tab=tab_2



*can be earlier or later: early pregnancy; menopause, cervical cancer, prostate cancer.

Reproductive Health is a part of Sexual Health. It's limited to the age of 15-49 and beyond these ages is Sexual Health.

Maternal Health

- Intrapartum



- Antenatal Care

- Postpartum; peri-partum

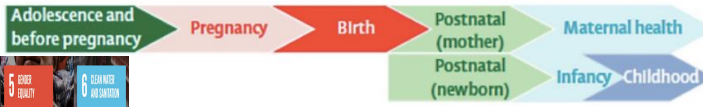
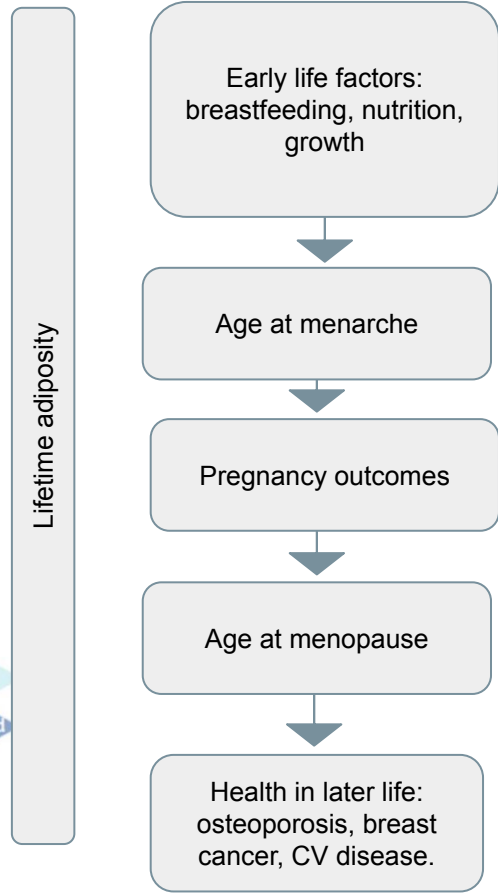
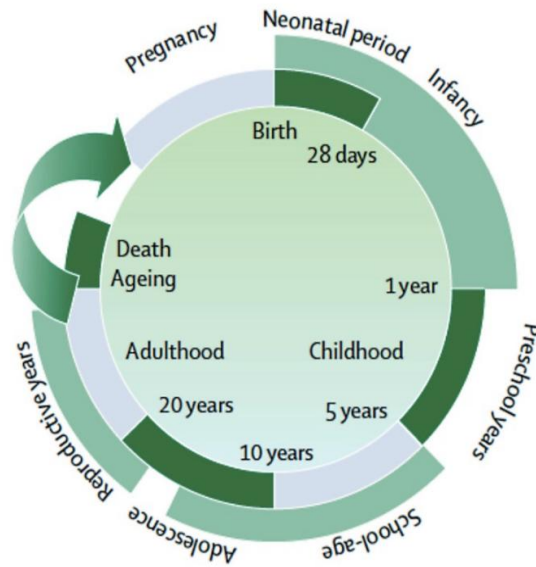
Social and behavioral

- Remember think of effect of environment, policy, economics, social and behavioural exposures on health!
- Not just on current health, but future generational health.

Life Course Approach

When you look at the issue you don't look at it just currently. you care about it and you understand what affects it and how it developed in the past. and how you can improve it in the future.

A life course approach values the health and wellbeing of both current and future generations. It recognises that: there are a wide range of protective and risk factors that interplay in health and wellbeing over the life span.



SDG 3

Sustainable Development Goal 3

3 GOOD HEALTH AND WELL-BEING

Ensure healthy lives and promote well-being for all at all ages

TARGET 3-1

REDUCE MATERNAL MORTALITY

Reduce the global maternal mortality ratio to less than 70 per 100,000 live births **3.1**

TARGET 3-2

END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE

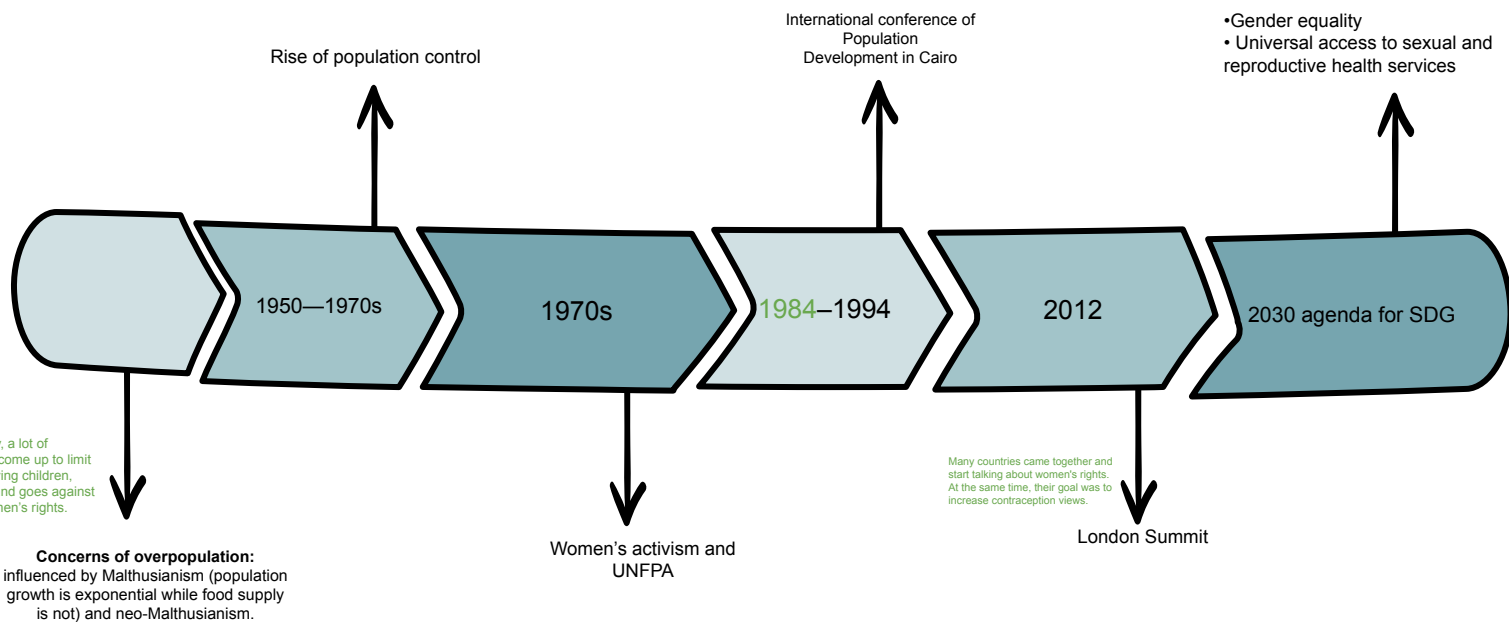
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births **3.2**

TARGET 3-7

UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE CARE, FAMILY PLANNING AND EDUCATION

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information & education, & the integration of reproductive health into national strategies **3.7**

Family planning



1950s: Global politics: negotiation and commitment on population and development. Dictated by the North in accordance to Malthusian principles, out of concern with population growth in the South.

1952: Population Council (focused on individual decision-making and demographic trends) and the International Planned Parenthood Federation (IPPF) (focused on reproductive choice, gender equality and sexual health).

1968: The first global consensus on human rights related to family planning came in on the 20 year anniversary of the adoption of the universal declaration of human rights.

1970s: surge of women's activism for gender equality and empowerment; implementation of national policies and programs in countries like China and India that focused on fertility targets and systemically undermined the reproductive rights of citizens.

1971: United Nations Population Fund (UNFPA)

1974: Bucharest World Plan of Action: affirmed right of couples and individuals to freely and responsibly chose the number and spacing of their children.

1984: International Population Conference in Mexico City: affirmed need to improve the status of women and influence family life and size in a positive way.

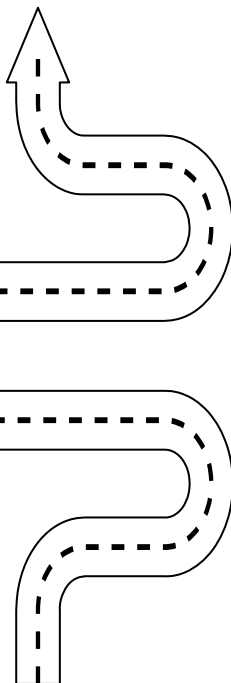
1994: HIV and AIDS: 'dual-protection dilemma'. Sexual rights were finally on the agenda although excluded from the Cairo POA, Safe motherhood was less controversial and received consensus, MDGs did not include SRH 'improve maternal health', FP lost its centrality in population and development policies and lost momentum, support, and funding.

History in family planning in China



1959-1979

"Family planning has many advantages" which lead to spaced and fewer children



1979-1980 implementation

"One child" Policy
Ended in 2016



1949

"Many children for China" Policy
Abortion and contraception outlawed



family planning

Traditional/natural:

- 01 Coitus interruptus (withdrawal method)
- 02 Calendar method or Rhythm method
estimate ovulation days "fertile window"
- 03 Cervical mucus method
during ovulation the cervical mucus is very thick
- 04 Abstinence

Modern:

- 01 **Short-acting reversible contraception (SARC)**, including contraceptive pills, injectables, condoms, diaphragms, spermicidal agents and emergency contraception; **Lactational amenorrhea method (LAM)**.
- 02 **Long-acting reversible contraception (LARCs)**: Intrauterine devices (IUD), implants
- 03 **Permanent methods**: male and female sterilization.

Indicators

Unmet need:

Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child.

Contraception Prevalence Rates (CPR) or modern CPR (mCPR):

(Women of reproductive age (15-49) who are married or in union and who are currently using any method of contraception / Total number of women of reproductive age (15-49) who are married or in union) x 100

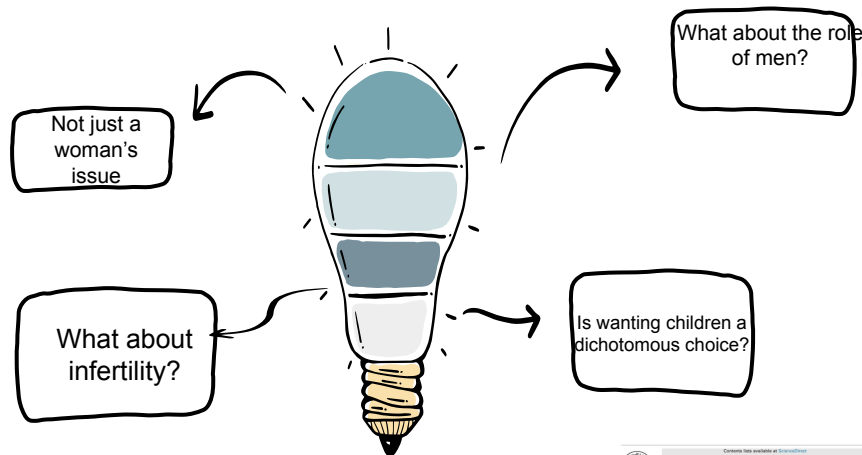
Total Fertility Rate:

Ratio of annual births to women at a given age or age-group to the population of women at the same age or age-group, in the same year, for a given country, territory, or geographic area.

Couple Protective Years:

The estimated protection provided by family planning (FP) methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period

$$\frac{\text{Number of currently married women (ages 15-49) using contraception}}{\text{Number of currently married women (ages 15-49)}} \times 100$$



		Has FP method	
		No	Yes
Wants FP method	No	A	B
	Yes	C	D

Cell A: None users of contraception who made a free, full and informed decision
 Cell B: Users of family planning who lacked information, access and/or freedom in that choice
 Cell C: None users of family planning who lacked information, access and/or freedom in that choice
 Cell D: Users of contraception who made a free, full and informed decision

High unmet need, positive attitudes.

National Programmes

- Are there any?
- Where does the community get its information from?
- Support?
- Awareness?

Middle East Fertility Society Journal

Original Article

Unmet need and demand for family planning among married women of Abha, Aseer Region in Saudi Arabia

Samsun Nahar Khalil¹, Maha Mohammed Alzahrani², Aesha Farheen Siddiqui³

ABSTRACT

Objective: To investigate the unmet need and demand for family planning among Saudi women in Abha, Aseer Region in Saudi Arabia. **Methods:** A cross-sectional study was conducted in an urban health care center in Abha city among 400 women of reproductive age (15-49 years). **Results:** Around 60% were married and 40% were currently using any method of contraception. However, only one in five were getting counseling for the contraceptive method used, and 40% of the not using were expressed their desire to use modern contraceptive methods. **Conclusion:** The unmet need for family planning is high in the study area. **Keywords:** Family planning, unmet need, demand, reproductive health, Saudi Arabia.

Samsun Nahar Khalil, Maha Mohammed Alzahrani, Aesha Farheen Siddiqui. Unmet need and demand for family planning among married women of Abha, Aseer Region in Saudi Arabia. Middle East Fertility Society Journal, Volume 23, Issue 1, 2018, Pages 31-36. ISSN 1110-5690. <https://doi.org/10.1016/j.mefs.2017.02.004>

RESEARCH

Awareness and use of family planning methods among women in Northern Saudi Arabia

Ali Ghazi Ameen¹ and Hassan Kadam Hashim²

ABSTRACT

Background: Evaluation of awareness and use of family planning methods is important to improve services and policies. This study aimed to assess awareness and use of family planning methods among women in an urban community in the north of Saudi Arabia. **Methods:** A cross-sectional study was carried out in a maternity hospital and 12 primary health care (PHC) centers in Hail City between September 20, 2016, and May 30, 2017. **Results:** Four hundred married sexually active women aged 15-49 years were interviewed using a pre-tested structured questionnaire. The mean age of the participants was 32.52 years. 75% were currently using any method of contraception, 25% were currently using any method of contraception, 25% were currently using any method of contraception, 25% were currently using any method of contraception, 25% were currently using any method of contraception. **Conclusion:** This study revealed that most women in urban Hail community, northern Saudi Arabia, were aware about and had a positive attitude towards family planning. The majority of the participants did not use modern contraceptive methods, which is higher than the national estimate for Saudi Arabia. However, only one in five was currently using any method of contraception. **Keywords:** Awareness, Contraception, Family planning, Practice, Saudi Arabia.

Alenezi, G.G., Haridi, H.K. Awareness and use of family planning methods among women in Northern Saudi Arabia. Middle East Fertil Soc J 26, 8 (2021). <https://doi.org/10.1186/s43043-021-00053-8>

Sexual Health

Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006a)

It differs from Reproductive Health in that it goes beyond reproduction and is more comprehensive. Sex is not about reproduction.



SDG 5: Achieve gender equality and empower all women and girls

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

TARGET 5-6

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS

So what's the main difference between sexual and reproductive health?



Sexuality Theories

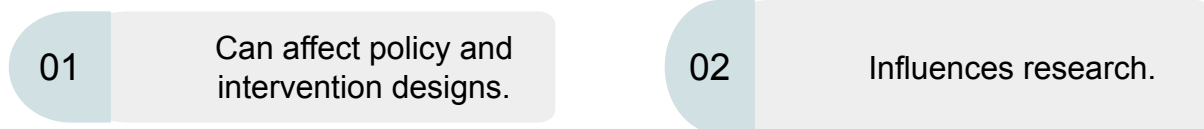
Essentialist

- Nature is the main influence on sexual behaviour
- Sexual expression is determined by innate and instinctual forces; by biological make-up and genetic background.
- Forms of sexual expression are mainly fixed and immutable

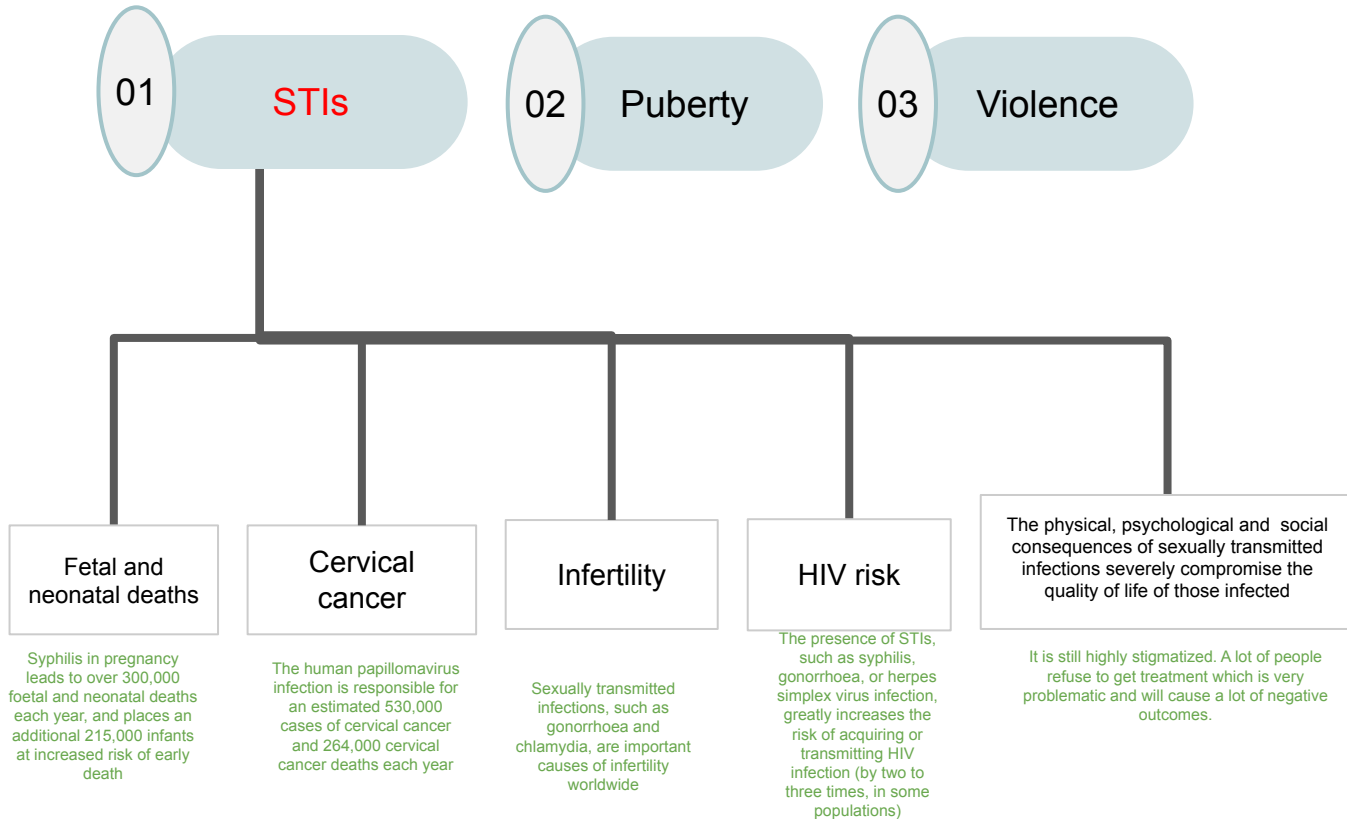
Social Constructionist

- Nurture is the main influence on sexual behaviour.
- Sexual expression is shaped primarily by social and historical factors
- Influenced by social and gender norms

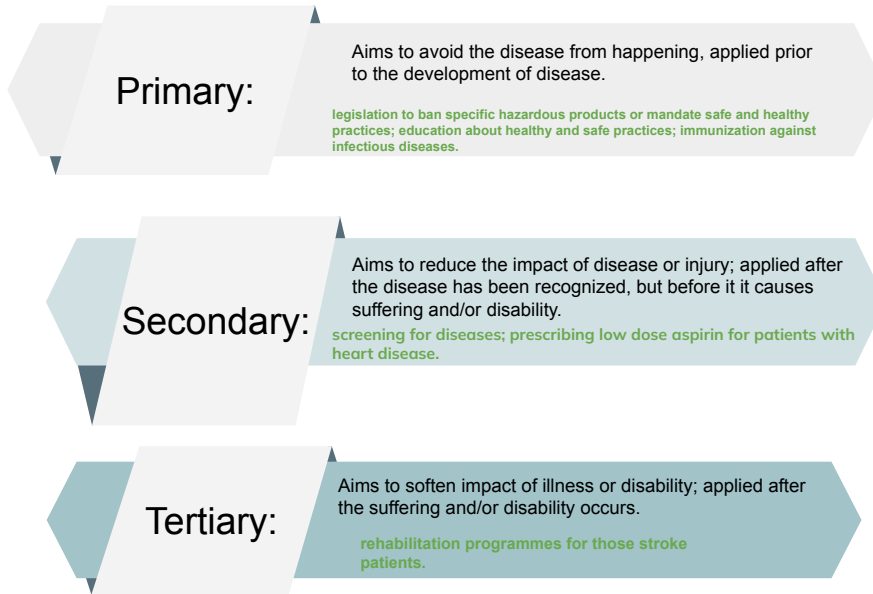
Why is knowing theory important



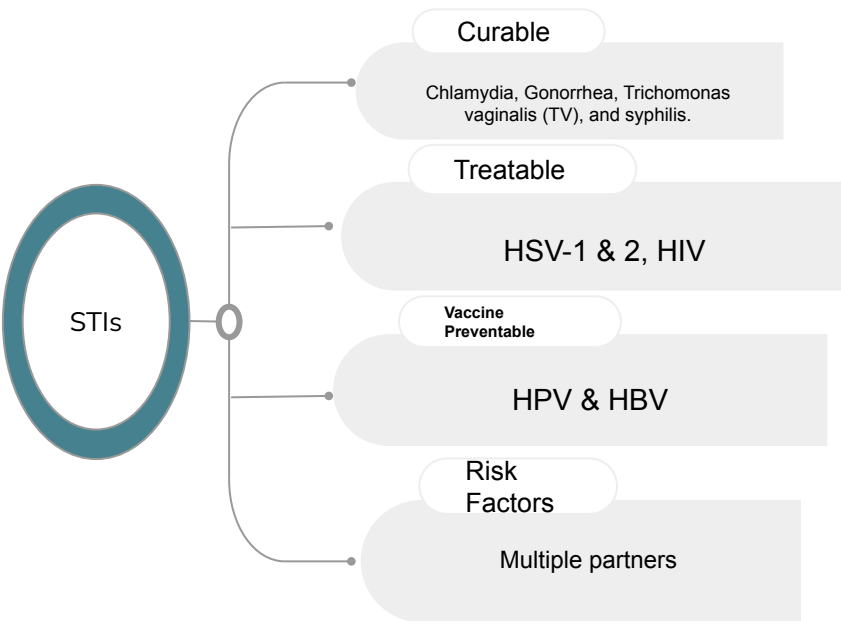
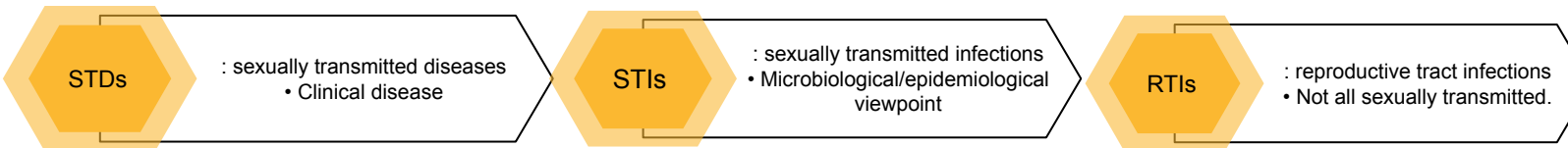
Important issues is Sexual Health



As a reminder Disease prevention has three levels:



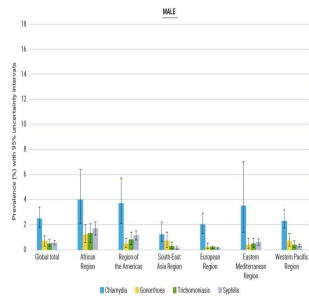
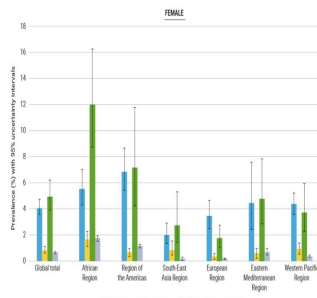
Useful Definitions



Issues with STIs

- Most STIs/RTIs are asymptomatic but can cause serious reproductive and health outcomes. Some are curable and some are preventable
- The STI epidemic is poorly controlled
- There is uneven distribution of STIs worldwide
- Antimicrobial resistant STIs (esp. *Neisseria gonorrhoeae*) are one of the future challenges in STI control

Prevalence Of STIs



Prevalence of STIs among adults (15-49 years old), by sex, by WHO region, 2020



WHO estimates: 374 million new cases of curable sexually transmitted infections in 2020

Original Article

Prevalence and behavioral risk factors for STIs/HIV among attendees of the Ministry of Health hospitals in Saudi Arabia

Samah M Filemban¹, Yasser A Yassin¹, Magdy H H Awad¹, Raafat Al-Hakeem², Jaffar A Al-Tawfiq³, Ziad A Memish⁴

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Ministry of Health and College of Medicine AlQadisiyah University, Riyadh, Kingdom of Saudi Arabia

Abstract

Introduction: Sexually transmitted infections (STIs) are a major public health, social, and economic problem leading to morbidity, mortality, and stigma. This study was conducted to determine the prevalence of STIs, investigate behavioral risk factors and the relationship between the STIs/HIV and demographic factors.
Methodology: A cross-sectional survey was conducted between 2017 and 2018 among attendees of the Ministry of Health hospitals.
Results: The total number of participants was 1,994 (2,041 males and 1,513 females), with a mean age of 33.95 ± 8.83 years (range 12 to 77 years). The prevalence of STIs and HIV was 2% and 0.09% respectively. The mean age for infected people with STIs was 29.62 ± 7.31, vs 22.12 ± 9.59 for non-infected ($p < 0.001$). There was no difference between infected and non-infected people regarding gender, marital and marital status. The prevalence of STIs was more commonly reported among Saudi (81.89%), Drug use (OR = 4.16, 95% CI: 3.42-6.88), intravenous drug use (OR = 4.53, 95% CI: 1.85-11.32), Sexual sex (OR = 10.7, 95% CI: 7.62-15.12), sex for money (OR = 6.39, 95% CI: 4.82-8.65), sex for pleasure (OR = 7.76, 95% CI: 2.59-23.87) were significantly associated with STIs.
Conclusion: The prevalence of STIs including HIV in Saudi Arabia is low compared to other countries in the region and globally.

Key words: Prevalence; STI; HIV; behavioral risk factors; KSA.

Filemban SM, Yassin YA, Abdalla MHH, Al-HakeemR, Al-TawfiqJA, Memish ZA (2015) Prevalence and behavioral risk factors for STIs/HIV among attendees of the Ministry of Health hospitals in Saudi Arabia. J Infect Dev Ctries 9:402-408. doi: 10.3855/jidc.5964

Brief Original Article

Sexually transmitted infections case notification rates in the Kingdom of Saudi Arabia, 2005-2012

Ziad A Memish¹, Samah M Filemban², Raafat F Al-Hakeem³, Magdy Hamed Hassan⁴, Jaffar A Al-Tawfiq⁵

¹Ministry of Health and College of Medicine, AlQadisiyah University, Riyadh, Saudi Arabia
²Johns Hopkins Aramco Healthcare, Dhahran, Saudi Arabia
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Abstract
Introduction: Sexually transmitted infections (STIs) are a major public health concern around the world. This study describes the epidemiology of reported STI cases from 2005 to 2012 in the Kingdom of Saudi Arabia.
Methodology: The annual reports over the last seven years of data as reported by healthcare providers. Case definitions were based on positive human immunodeficiency virus (HIV) serology. Identified by region-based surveillance areas (R2, R2A) and confirmed by a western blot test for HIV virus. The notification of STI cases were based on the published Centers for Disease Control and Prevention (CDC) definitions.
Results: During the study period, 48,686 new cases were reported, with notification numbers being the highest STI (21.4%) per 100,000 population (2012), followed by gonorrhoea (17.1%), HIV (2.3%), human papillomavirus (HPV) infection (2.1%), and syphilis (1.1%). The annual notification rates were 1.7 (95% CI: 1.5-2.0), 2.1 (95% CI: 1.9-2.4), 1.5 (95% CI: 1.4-1.6), 2.3 (95% CI: 2.2-2.4), and 1.1 (95% CI: 1.0-1.2), respectively. The notification rates for STI were 1.7% (95% CI: 1.5-2.0), 2.1% (95% CI: 1.9-2.4), 1.5% (95% CI: 1.4-1.6), 2.3% (95% CI: 2.2-2.4), and 1.1% (95% CI: 1.0-1.2), respectively. The notification rates for STI were 1.7% (95% CI: 1.5-2.0), 2.1% (95% CI: 1.9-2.4), 1.5% (95% CI: 1.4-1.6), 2.3% (95% CI: 2.2-2.4), and 1.1% (95% CI: 1.0-1.2), respectively.
Conclusion: Notifying STI cases, including HIV, is low compared to other countries in the region and globally.

Key words: Saudi Arabia; HIV; STI; sexually transmitted infection.

Memish Z A, Filemban S M, Al-Hakeem R F, Hassan M H, & Al-Tawfiq J A. (2016). Sexually transmitted infections case notification rates in the Kingdom of Saudi Arabia, 2005-2012. The Journal of Infection in Developing Countries, 10(08), 884-887. <https://doi.org/10.3855/jidc.7020>
DOI: <https://doi.org/10.3855/jidc.7020>



Original Research

Knowledge and attitudes towards sexually transmitted illnesses (STIs) among the general population of Saudi Arabia

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Accepted: 1 October 2021 | Revised: 21 December 2021 | Accepted: 28 December 2021 | Published: 19 January 2022

Abstract

Background: We aim to determine the level of general knowledge and attitudes among the population of Saudi Arabia regarding sexually transmitted illnesses (STIs). In addition, we aim to educate participants about the most common STIs, and explain how this influences the participants' attitudes and perceptions. **Methods:** This study is a cross-sectional web-based survey of the general population of Saudi Arabia. The sample was recruited randomly by distributing the survey through social media over a two-month period. 430 subjects between the ages of (15-49) participated in the study. **Results:** Among the 430 total responses, 485 (96%) participants were included based on the absence of missing data in their answers. Most of the participants (77%) were females. More than half of the population were single (59%), 24 years old or over (57%), Saudi (92%), and had a bachelor's degree (89%). Forty-eight percent (48%) of the participants were related to the medical field. Only 11% knew someone previously diagnosed with STIs. The mean score of overall knowledge about STI was 7.78 ± 3.17 (median = 9) out of a maximum score of 20. The scores ranged from 2-16. A higher percentage of the participants (48.4%) had a low level of knowledge. Two-hundred eighty-two participants showed interest in viewing the attached educational material and subsequently completed questions on attitude regarding STI education. The mean score for attitude was 5.89 ± 1.52 out of a total of 7 (median = 6). Around 77% of all participants had a positive attitude towards STI education. **Conclusion:** Our findings suggest that targeting the younger population by incorporating STI-related educational material into school curricula would overcome the stigma associated with these illnesses by raising awareness and improving attitudes toward them.

Keywords: Sexually transmitted illnesses; Knowledge; Attitude; Awareness

Wafa Faqeeh, Bana Fakieh, Majda Addas, Rana Baghdadi, Razan Almokri, Salam Sait, Samiha Faqih, Seren Alahmadi. Knowledge and attitudes towards sexually transmitted illnesses (STIs) among the general population of Saudi Arabia. Clin. Exp. Obstet. Gynecol. 2022; 49(1), 26. <https://doi.org/10.31083/j.ceog4901026>

STIs prevalence in Saudi Arabia

Primary prevention

Secondary prevention

- Information, education & communication
- Condom promotion
- Vaccines
- PrEP Pre-Exposure Prophylaxis
- Circumcision

STI Control Strategies

- Case management
- Partner treatment
- STI/RTI screening programs
- Targeted treatment/ART Antiretroviral therapy

Vaccines

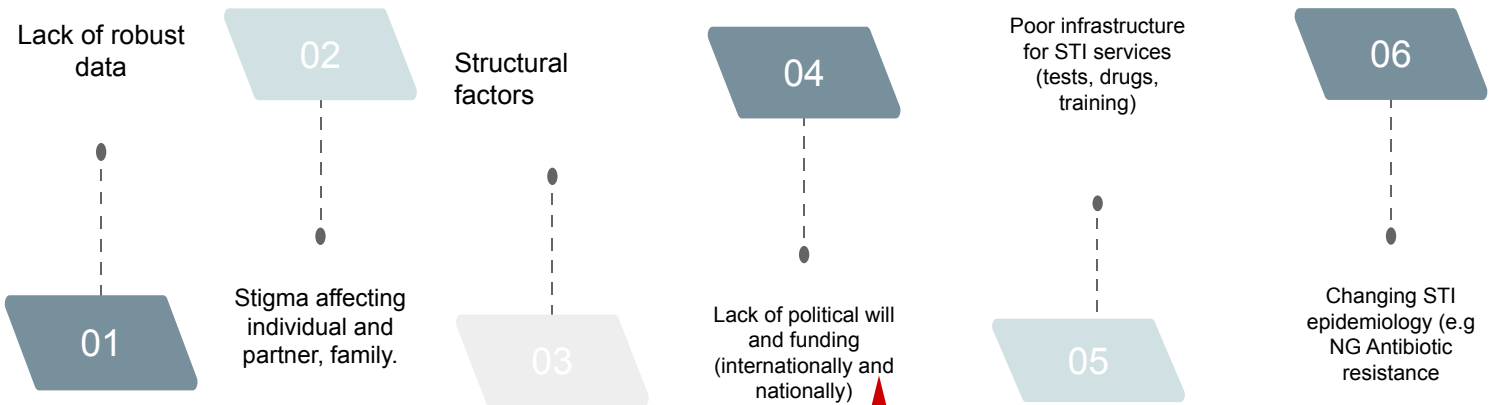
HBV

- Shown to be highly protective and safe since 1980's
- Can be given at birth in endemic countries or in special at-risk groups in other settings

HPV

- 3 vaccines protective against cervical, vulvar, and vaginal cancer in females, penile cancer in males, and anal cancer and oropharyngeal cancer in both females and males
- Gardasil 4 (MERCK) –6/11/16/18
- Gardasil 9 (MERCK) –6/11/16/18/31/33/45/52/58
- Cervarix(GSK) –16/18

Challenges for effective STI control



Overcoming challenges?



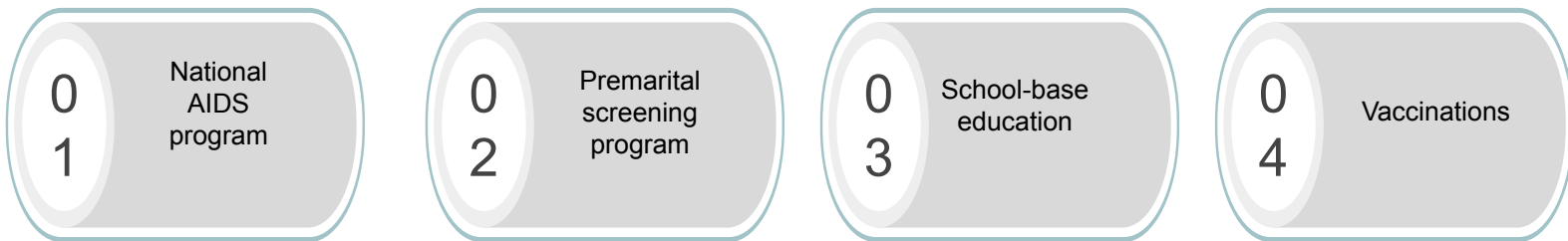
STI cascade



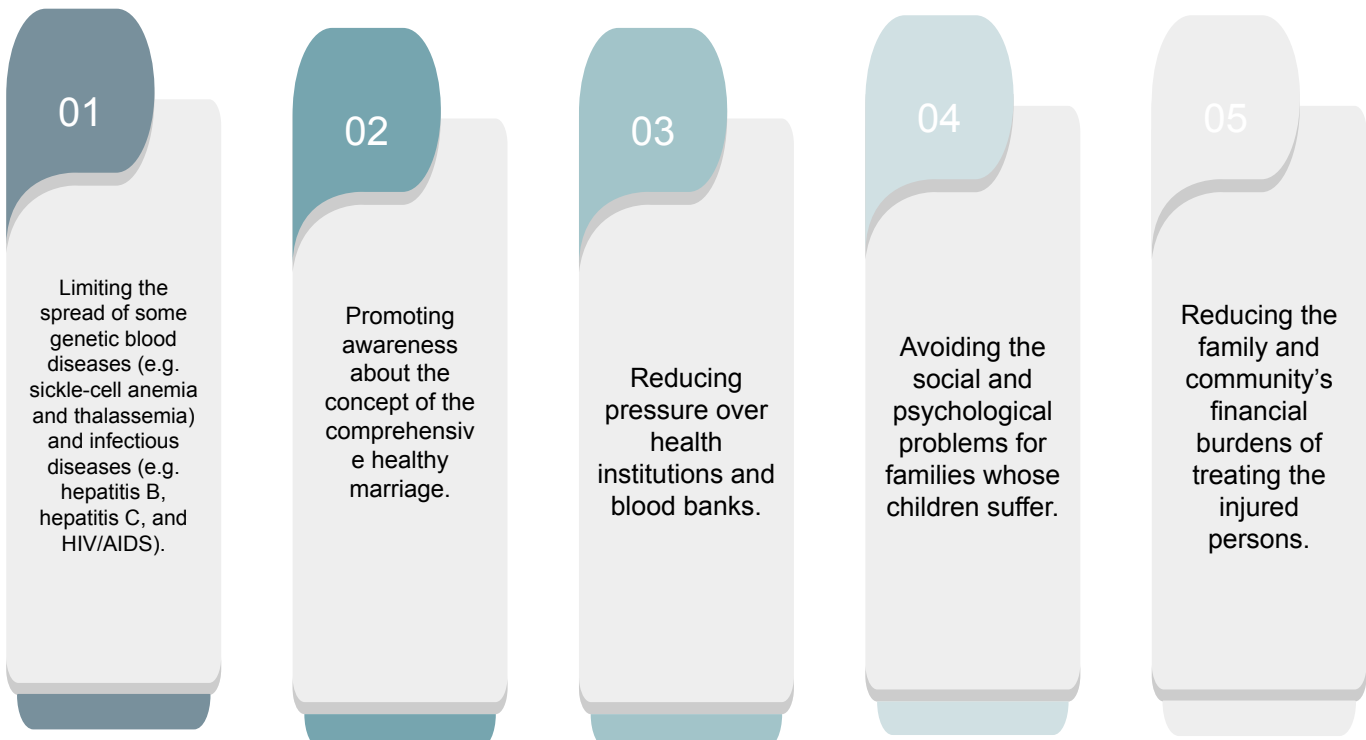
Global targets for 2030



Examples of National Programmes



Objectives of Premarital Screening Program:



HIV and AIDS awareness: Saudi MoH

How effective is a condom in limiting the transmission of HIV?

Evidence points to condoms being 85% safe or higher in protecting people against HIV and other sexually transmitted diseases. Condoms are considered an effective protection measure when used correctly every time. Female condoms are equally effective. However, no method is 100% effective in stopping transmission.

<https://www.moh.gov.sa/en/awarenessplatform/VariousTopics/Pages/AIDS.aspx>

HIV Testing (MoH)

- No one can be forced to be tested for HIV except in certain cases. Testing for HIV can be conducted in complete confidentiality by contacting the Voluntary Testing and Counseling (VCT) center. The test results are also confidential and no personal information is required.
- Women are more at risk of contracting HIV.
- An HIV positive person should not be prevented from working. HIV positive individuals should be treated the same as any other employee.

Home Testing Kits:

- The OraQuick test for HIV is a home testing kit that can test for the presence of HIV through saliva. It detects the presence of antibodies fighting the virus.
- 45,000 people across the world have learned of their infection through home kits.
- An early diagnosis offer better chances for fighting the disease.

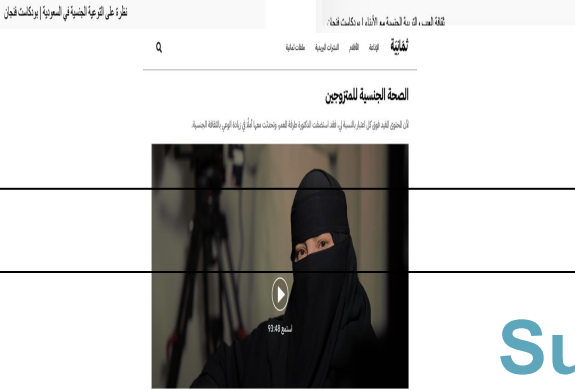
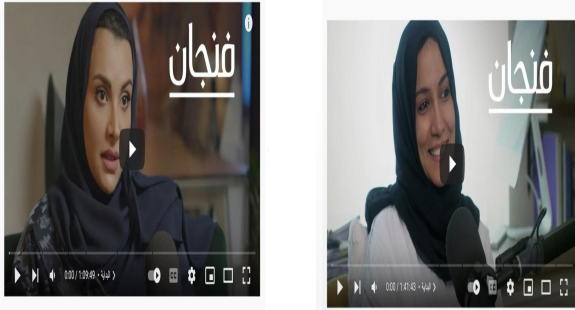
What can young people do about HIV and AIDS?

Young people play an important role in protecting against HIV and limiting transmission. This role isn't limited to just protecting themselves from infection but also protecting their peers, families, and communities. It is important for young people to have all the correct information about AIDS and HIV, and about its methods of transmission. Most importantly, they should know the ways the virus does not spread. Furthermore, young people can spread awareness and educate others on the disease. They can encourage those around them to get more information about HIV and AIDS, discuss protection methods, and benefit from correct information. They can also promote abstinence among their friends, community, and family. They can be role models for their peers by avoiding inappropriate behavior, and they can encourage others to voluntarily get tested for HIV and benefit from the information offered by health providers and doctors. They can further advise those affected by the virus to seek treatment immediately.

Sex Education:

Sex Education studies from Dr.Nour Horanieh

- Taboo topic
- Worry of promotic premarital sex



Muammar T, McWalter P, Alkhenizan A, Shoukri M, Gabr A, Bin AA. Management of vaginal penetration phobia in Arab women: a retrospective study. *Ann Saudi Med.* 2015 Mar-Apr;35(2):120-6. doi: 10.5114/0256-4947.2015.120. PMID: 26336017; PMCID: PMC6074138.

<https://twitter.com/drtarfahclinic>

Alomair, N., Ageeel, S., Davies, N. et al. Barriers to Sexual and Reproductive Wellbeing Among Saudi Women: a Qualitative Study. *Sex Res Soc Policy* 19, 860–869 (2022). <https://doi.org/10.1007/s13178-021-00616-4>

Noura Alomair, Samah Ageel, Nathan Davies & Julia V. Bailey (2022) Sexual and reproductive health knowledge, perceptions and experiences of women in Saudi Arabia: a qualitative study, *Ethnicity & Health*, 27:6, 1310-1328, DOI: 10.1080/13557858.2021.1873251

Noura Alomair, Samah Ageel, Nathan Davies & Julia V. Bailey (2020) Sexually transmitted infection knowledge and attitudes among Muslim women worldwide: a systematic review, *Sexual and Reproductive Health Matters*, 28:1, DOI: 10.1080/26410397.2020.1731296

Summary

- **Definitions :**

Reproductive health: state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Sexual health: is a state of physical, emotional, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, and possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

- **Important issues in sexual health:**

- STIs (sexually transmitted infection)
- Puberty
- Violence

- **Premarital screening :**

- 1-Limiting spread of genetic blood disease
- 2-Promoting awareness
- 3-Reducing pressure on blood banks
- 4-Avoiding social and physiological problems in families
- 5-Reducing burden on families & community

Practice Questions

Q1: Which level of preventive disease aimed to reduce the impact of disease?

A. Primary

B. Secondly

C. Tertiary

D. All of them

Q2: What is the correct challenge for effective STI control?

A. Structural factors

B. High robust data

C. High political will and funding (internationally and nationally)

D. NG antibiotic sensitive

Q3: Which one of STIs is curable?

A. HPV

B. HBV

C. HIV

D. Syphilis

Q4: The difference between sexual and reproductive health?

A. Puberty

B. Age

C. Gender

D. A and C

Q5: Modern way of family planning:

A. Contraception

B. Cervical mucus method

C. Abstinence

D. withdrawal method

Q6: Why is SRH important?

A. Integral part of human life

B. only related to limiting or reducing disease

C. occur in different social and cultural context

D. A and C

Answer 1-B

2-A

3-D

4-D

5-A

6-D

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