



Community Medicine

Global adolescent & child health

● Objectives :

- 1- Understand the adolescent and child health issues globally and the burden of diseases in this age group
- 2- Discuss major global interventions that are to address mortality and morbidity in adolescent and children.
- 3- Discuss and understand what preventive services for adolescent, and child health are delivered in KSA

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● Resources :

Slides.

Doctor's notes.

What do we mean by the term ‘adolescents’?

- the terms that are commonly used in the literature: adolescents, youth and young people, are listed alongside age bands.
- WHO defines adolescents as individuals who are going through a very special phase in their lives – adolescence. A phase during which enormous
- physical and psychological changes occur, as do changes in social perceptions and expectations. A phase when an individual is no longer a child, but not yet an adult.
- Although according to WHO's definition, adolescents are aged between 10-19, WHO is conscious that adolescence is a phase in an individual's life, rather than a fixed time period.

Lost population?

- no one wants to care for them?
- Healthy ?
- Difficult to deal with?
- Developmentally challenging?
- Physiology of puberty



- intervening at this age is far better as compare to intervening and change health habit and behavior.
- behavior & attitude of adolescent a hard problem to deal with.

The second decade:

No longer children, not yet adults!

- CDC immunization schedule: 7th till 19th birthday
- Society of adolescent medicine: 10-25
- Saudi Arabia, Middle East?

-youth (defined by the United Nations as 15–24 years)

-young people (10–24 years), a term used by WHO and others to combine adolescents and youth.

Adolescents are a diverse population group

- Different needs
- Changing needs

- Adolescents are a very diverse group.
- A boy of 12 is very different from a young man of 19.
- A boy of 12 is also very different - physically but also psychologically from a girl of the same age.
- A boy of 12 who is part of a caring and financially secure family is growing up in very different circumstances from another of the same age who has run away from home to escape physical violence.
- Two boys of 12 who are growing up in very similar conditions may develop in very different ways.
- All these categories of adolescents have different needs; different but also changing needs.



What is special about adolescence? (What makes it different from childhood & adulthood?)

Intervening at this age is far better because human **behaviour and attitude** are difficult to change later

- A time of rapid physical and psychological (cognitive and emotional) growth and development.
Hormones comes to the body thus changes happen in appearance
- A time in which new capacities are developed.
- A time of changing social relationships, expectations, roles and responsibilities.
 - Adolescence is a time of rapid physical and psychological growth and development, and one in which individuals develop new capacities. It is also a time of changing social relationships, expectations, roles and responsibilities.

What are the main health problems of adolescents?

RTA, HIV and self-harm are all due to risky behavior.

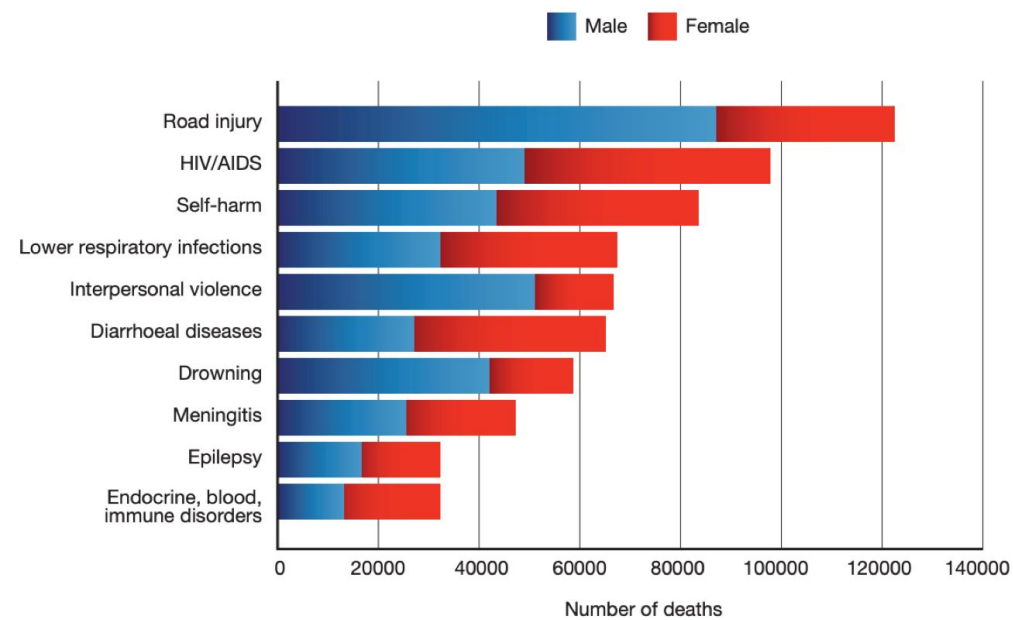


Figure. 1. Top 10 causes of death among adolescents by sex

Top causes of illness and disability

1. Depression
2. Road traffic injuries
3. Anaemia Anemia is overlooked problem and it is due to malnutrition.
4. HIV/AIDS
5. Self-harm
6. Back and neck pain
7. Diarrhoea
8. Anxiety disorders
9. Asthma
10. Lower respiratory infections

Self-harm including suicide (depression and anxiety)
 Why interpersonal violence? Bc they want their way to be done and implanted

Why depression is num. 1 here? Bc it doesn't cause people to die straight forward unless there's sever form of depression.
 Mental disorder very high prevalent issue in this population

Key health problems in adolescence:

Sexual & reproductive health

- Too early pregnancy
 - risks to mother
 - risks to baby
- Health problems during pregnancy & child birth (including unsafe abortion)
- Sexually Transmitted Infections including HIV
- Harmful traditional practices e.g. female genital mutilation
- Sexual coercion

Other issues

- Injuries from accidents & intentional violence
- Mental health problems
- Substance use problems Eg. Tobacco
- Endemic diseases: malaria, schistosomiasis, tuberculosis
- Under/over-nutrition

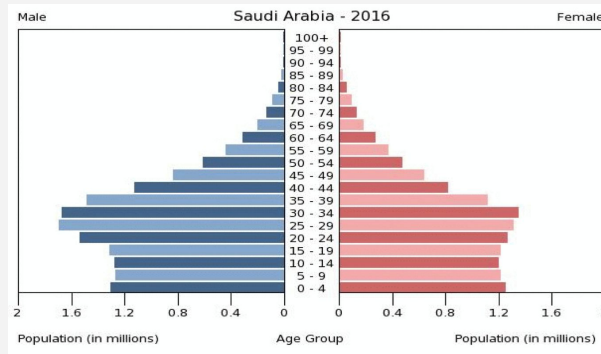
- 1/4th of global population has their marriage at early age and this can cause high risk to the mother. Why mothers die? Bc of hemorrhage (in maternal lecture) and the mother become anemic so when the mother is not healthy the baby gonna have risk.
- HIV now it's the second cause of death in Adolescence.

- electronic cigarette initially said it's safer than nicotine cigarette but now new evidence said it's equal if it's not more dangerous. 25% is smokers and it's a huge number!!

Unfortunately, many other adolescents do not do so.
 The main health problems affecting adolescents are listed here.
 These problems vary both between and within countries.

Youth bulge in Saudi Arabia

Adolescents account for 24% of KSA population



she want to explain that most of the population is adolescent and young

Male is more than female

Health problems of adolescents in Saudi Arabia

Sexual practices of young educated men: implications for further research and health education in Kingdom of Saudi Arabia (KSA) FREE

Hafsa Raheel ✉, Muhammad Afzal Mahmood, Abdulaziz BinSaeed

Journal of Public Health, Volume 35, Issue 1, March 2013, Pages 21–26,
<https://doi.org/10.1093/pubmed/fds055>

Published: 01 August 2012

Knowledge, attitudes, and resources of sex education among female adolescents in public and private schools in Central Saudi Arabia.

Aljoharah M. AlQuaiz, Maha A. Almuneef, Hafsa R Minhas • Published in Saudi medical journal 2012



Canadian Center of Science and Education

Global Journal of Health Science

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Glob J Health Sci. 2014 Mar; 6(2): 42–46.

Published online 2013 Nov 27. doi: [10.5539/gjhs.v6n2p42](https://doi.org/10.5539/gjhs.v6n2p42)

PMCID: PMC4825248

PMID: [24576364](https://pubmed.ncbi.nlm.nih.gov/24576364/)

Knowledge, Attitudes and Practices toward Energy Drinks among Adolescents in Saudi Arabia

Abdulrahman O. MUSAIGER¹ and Nisreen ZAGZOOG²

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10.14456/apjcp.2016.179/APJCP.2016.17.8.3839

Prevalence of Cigarette Smoking Usage among Adolescent Students in Northern Saudi Arabia

RESEARCH ARTICLE

Prevalence of Cigarette Smoking Usage among Adolescent Students in Northern Saudi Arabia



Nutrition Research

Volume 30, Issue 8, August 2010, Pages 527-534



Poor diet quality and food habits are related to impaired nutritional status in 13- to 18-year-old adolescents in Jeddah

Sidiga A. Washi ✉, Maha B. Ageib

"Malnutrition doesn't only mean being thin, obesity is another face of malnutrition"

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



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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 (%) | | 95% CI | | |
| | | 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 |

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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 (%) | | Female n = 6,131 (%) | | 95% CI | | |
| | | 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 |
| Allergies (not asthma) | 4.9 | 3.5 | 6.2 | 4.2 | 3.5 | 4.9 | 5.6 | 4.7 | 6.5 |
| Hematological disorder | 3.7 | 2.9 | 4.6 | 3.1 | 2.5 | 3.7 | 4.5 | 3.7 | 5.2 |
| Skin disorders | 3.6 | 2.6 | 4.6 | 3.1 | 2.6 | 3.6 | 4.2 | 3.4 | 5.0 |
| Musculoskeletal | 1.5 | 1.0 | 1.9 | 1.5 | 1.0 | 2.0 | 1.4 | 1.0 | 1.8 |
| Genitourinary | 1.2 | .7 | 1.6 | .9 | .6 | 1.2 | 1.4 | .9 | 1.8 |
| Diabetes | .7 | .5 | 1.0 | .9 | .7 | 1.2 | .6 | .3 | .8 |
| Others | 4.6 | 3.8 | 5.4 | 5.0 | 4.0 | 6.0 | 4.2 | 3.3 | 5.0 |
| Mental health | | | | | | | | | |
| Sadness/depression | 14.3 | 11.0 | 17.6 | 10.1 | 9.3 | 11.0 | 19.0 | 17.6 | 20.4 |
| Anxiety | 6.7 | 5.2 | 8.3 | 4.6 | 3.9 | 5.3 | 9.1 | 8.0 | 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 |
| Healthy weight | 54.8 | 51.2 | 58.4 | 48.8 | 47.2 | 50.3 | 61.5 | 60.0 | 63.1 |
| Overweight | 14.1 | 13.4 | 14.9 | 13.9 | 12.8 | 15.0 | 14.5 | 13.4 | 15.5 |
| Obese | 15.9 | 12.6 | 19.1 | 20.2 | 18.7 | 21.7 | 11.0 | 9.8 | 12.3 |

BMI = body mass index; CI = confidence interval

Why should we invest in the health and development of adolescents?

PREGNANCY AND CHILDBIRTH COMPLICATIONS ARE THE LEADING CAUSE OF DEATH AMONG 15 TO 19 YEARS OLD GIRLS

Take action now!

Ensure universal access to sexual and reproductive health services and rights

- Stop child, early and forced marriage
- Provide comprehensive sexuality education
- Information, counselling and services for the full range of safe, effective, accessible and affordable contraceptive methods
- Pre-pregnancy, pregnancy, birth, post-pregnancy, safe abortion (where legal), and post-abortion care

World Health Organization



HEALTHY BEHAVIOURS THAT START IN ADOLESCENCE MAKE HEALTHY ADULTS

World Health Organization

HEALTHY DIET

NO TOBACCO AND ALCOHOL USE

PHYSICAL ACTIVITY

Invest in adolescent health to prevent noncommunicable diseases.



If there's evidence that health care promotion and early intervention will decrease the morbidity and mortality it's better to act now. There's a hug gap!! In health care promotion in this category so we have to find it and take action against it .

What adolescents need to grow & why and are we providing them?

- Information & skills**

(they are still developing)

- Safe & supportive environment**

They are so sensitive, specially when it comes down to Hygiene and health issues, so a safe and supportive environment is needed.

(they live in an adult world)

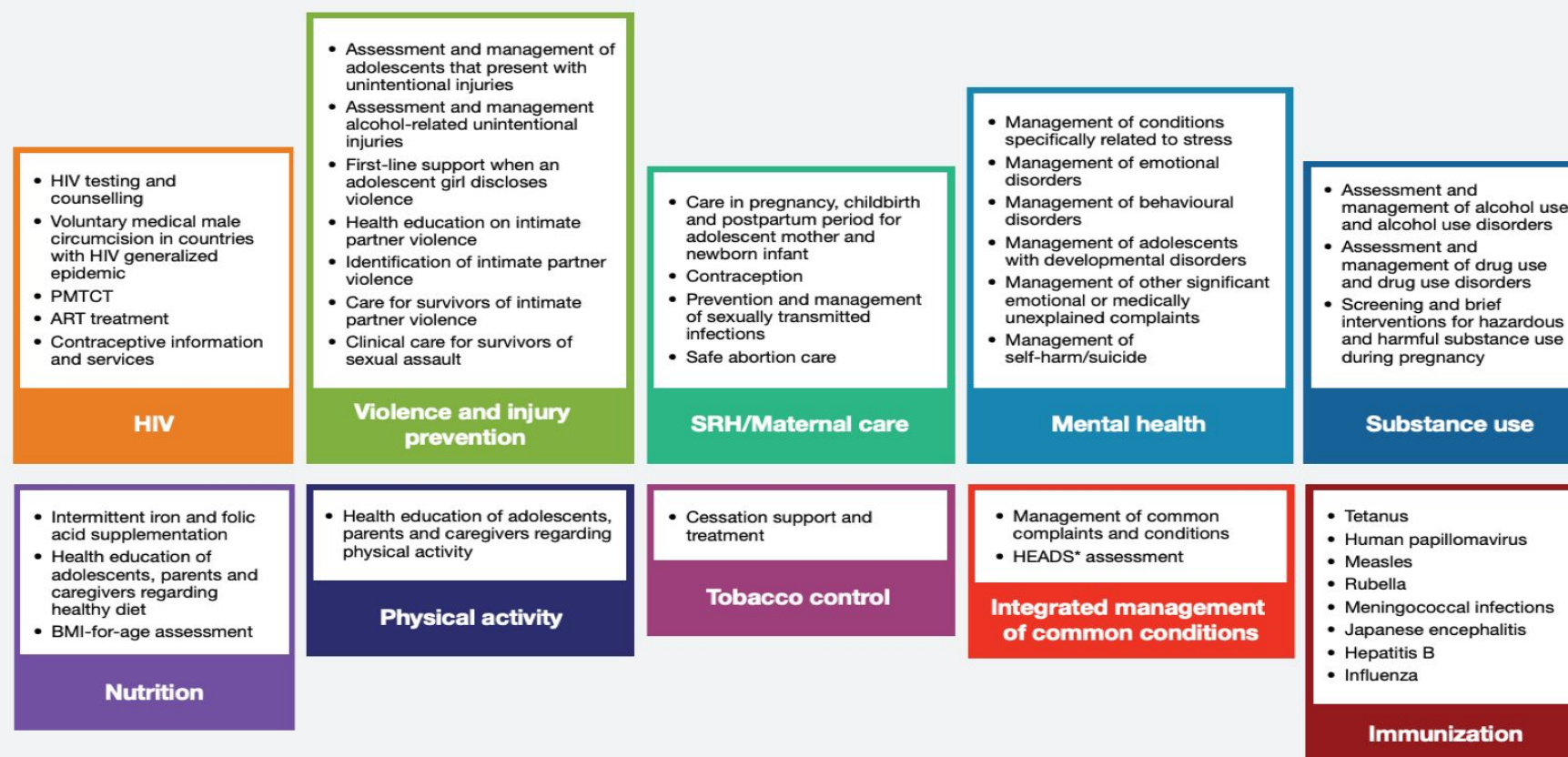
- Health & counselling services**

(they need a safety net)

- The Common Agenda for Adolescent Health and Development endorsed by UNFPA, UNICEF and WHO in 1995 lists what adolescents need to grow and develop in good health, and why they need these things.
- A useful analogy is that of an 8 year old girl who needs to cross the road every day to get to school.
- She needs information & skills: where to look, what to look for, when to walk across, when not to do so.
- She needs a safe & supportive environment: a zebra crossing, traffic lights that work or a traffic warden in position, drivers who respect traffic rules or are punished if they do not do so.
- She may also need health & counselling services, if she stumbles and falls, or is struck down by a vehicle.
- One problem with this analogy is that it presents health services in a curative context alone. Health workers and health services have important roles to play in promotive and preventive health as well.

UNFPA : [United Nations Population Fund](#)

UNICEF ; [United Nations](#) International Children's Emergency Fund



*HEADS is an acronym for Home, Education/Employment, Eating, Activity, Drugs, Sexuality, Safety, Suicide/Depression

Figure 4. Health services and interventions addressed in WHO guidelines

Child health

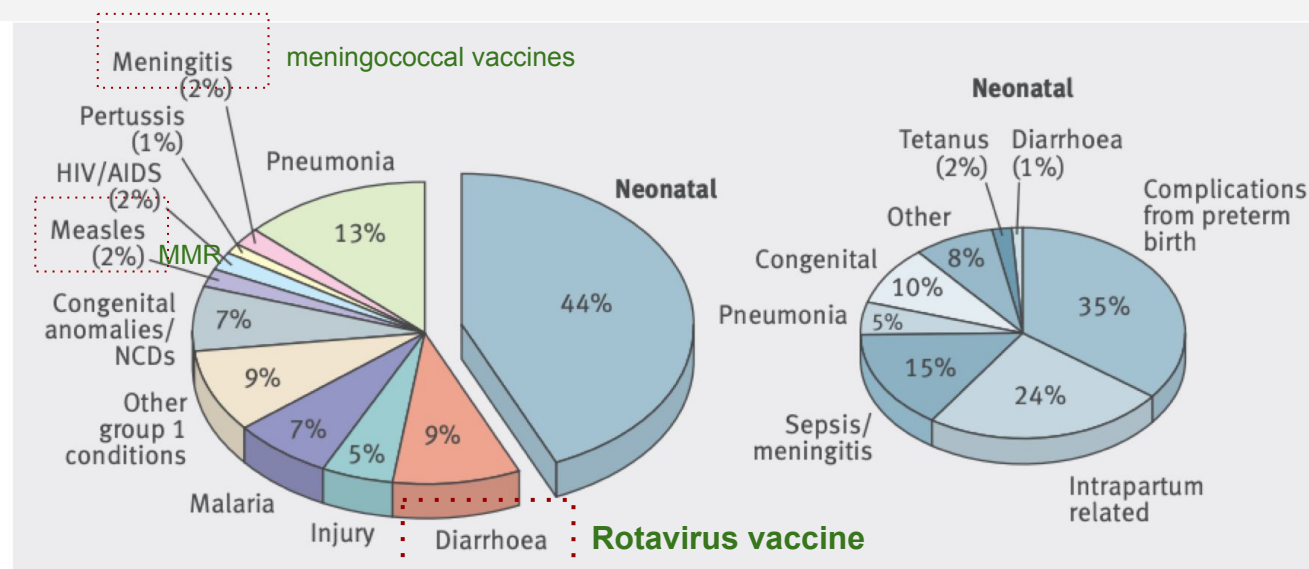
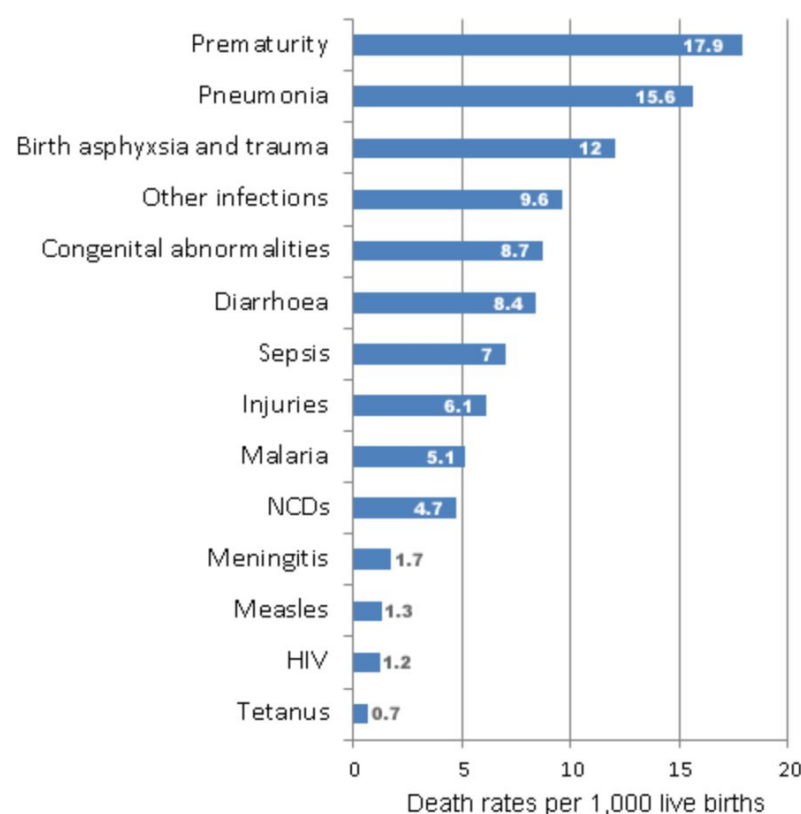


Fig 1 | Global causes newborn and under 5 mortality.^{5 10} NCD=non-communicable disease

In Saudi, the most prevalent cause of child mortality and morbidity is Vaccine Preventable Diseases.

When sticking to the vaccination schedule, we are preventing 60% of these death causes.

Causes of death among children under 5 years, globally, 2016



Emerging issues in child health

- congenital anomalies
- Injuries RTA, poisoning and asphyxia (coin or stone inhalation) Unintentional injuries (road traffic accident , poisoning). The reason why these population die bc of injuries so for ex. they are drinking what they should not drink "Like bleach and other cleaning products"
- Also and this is extra, drinking these things can cause **caustic injuries** in kids which can be dangerous and need an emergent intervention.
- Non-communicable diseases (chronic respiratory diseases, acquired heart diseases, childhood cancers, diabetes, and obesity)

Global response

- Sustainable Development Goal 3

- 3.2

- 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

Target in maternal lecture was less than 70 per 100,000

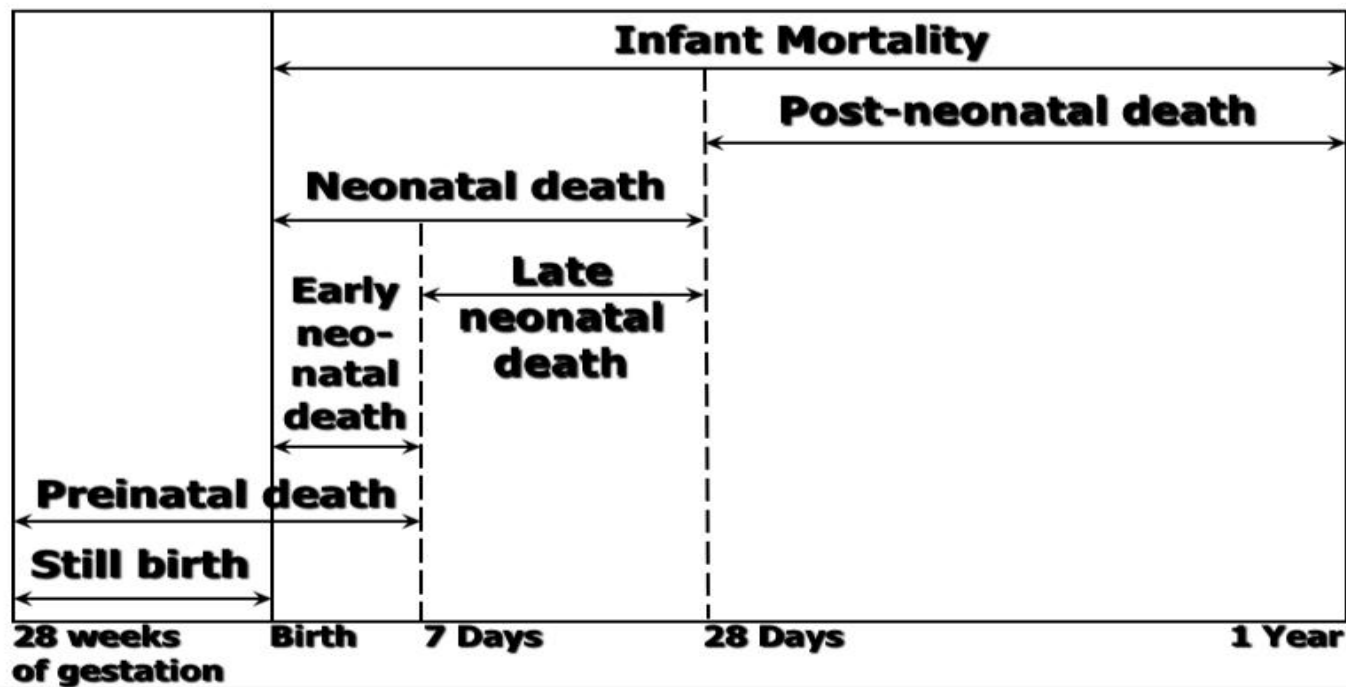


Indicators of child health

How do we compare ourselves with international markets? By these Rates

- Mortality in infancy and childhood
 - Prenatal mortality rate
 - Neonatal mortality rate
 - Infant mortality rate
 - Under 5 mortality rate

Mortality in and around infancy



"Early neonatal death and stillbirth can be both considered a preinatal death"

"Always remember this, stillbirth means they are born **dead**, any kid who is born breathing even for one min is not considered a stillbirth. It i can be difficult sometimes to classify such cases"

"Neonatal death is two types: Early and Late"

BOX 1: SUMMARY OF ESSENTIAL NEWBORN AND CHILDHOOD HEALTH INTERVENTIONS

Adolescence and pre-pregnancy

- Family planning
- Preconception care*

Pregnancy

- Appropriate care for normal and high risk pregnancies

Childbirth

- Promotion and provision of thermal care for all newborns
- Promotion and provision of hygienic cord and skin care
- Promotion and support for early initiation and exclusive breast feeding within the first hour
- Newborn resuscitation

Postnatal period

- Antibiotics for newborns at risk and for treatment of bacterial infections
- Appropriate postnatal visits
- Extra care for small and sick babies (kangaroo mother care, treatment of infection, support for feeding, and management of respiratory complications)

Infancy and childhood

- Exclusive breast feeding for six months and continued breast feeding up to at least two years with appropriate complementary feeding from six months
- Monitoring and care for child growth and development
- Routine immunisation for common childhood diseases, including introduction of new vaccines against *Haemophilus influenzae*, *Pneumococcus*, and rotavirus
- Micronutrient supplementation, including vitamin A from 6 months
- Prevention and management of childhood malaria
- Prevention and management of childhood pneumonia
- Prevention and management of diarrhoea
- Case management of severe acute malnutrition
- Comprehensive care of children exposed to or infected with HIV

Health and multisector actions

- Ensuring food security for the family (or mother and child)
- Maternal education
- Safe drinking water and sanitation
- Hand washing with soap
- Reduced household air pollution
- Health education in schools

No vaccination before date and if the mother missed this month vaccine it's okay to give later.

Every mother should be breastfeeding their neonate, how soon? As soon as the baby delivered. So instead of putting the baby in the icu immediately you put him in bearskin breast of the mother and leave him for 1h.

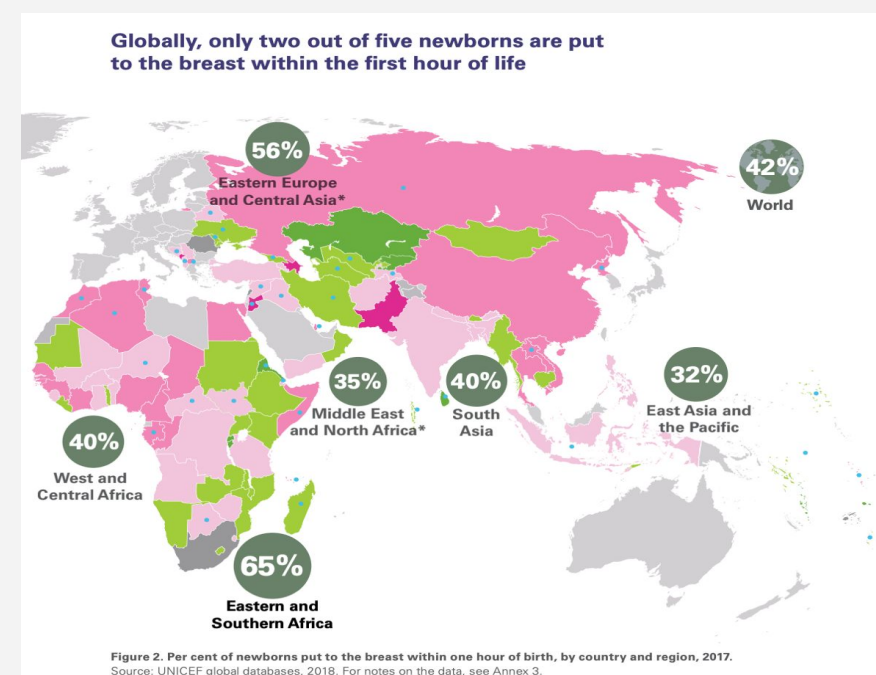
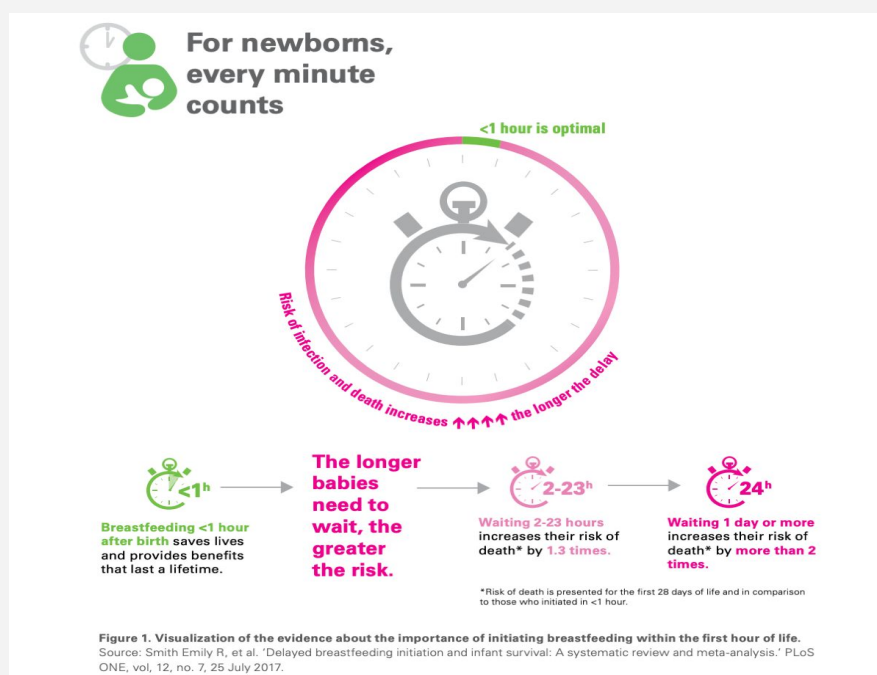
Global intervention:

- Breast feeding promotion
- Growth monitoring
- Immunization

Breast feeding recommendations (WHO)

- Early initiation of breastfeeding within 1 hour of birth.....skin to skin contact
- Exclusive breastfeeding for the first 6 months of life
- Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond

What do we mean by exclusive breastfeeding? No milk no water and nothing to eat for the 1st 6 months.



Breast feeding

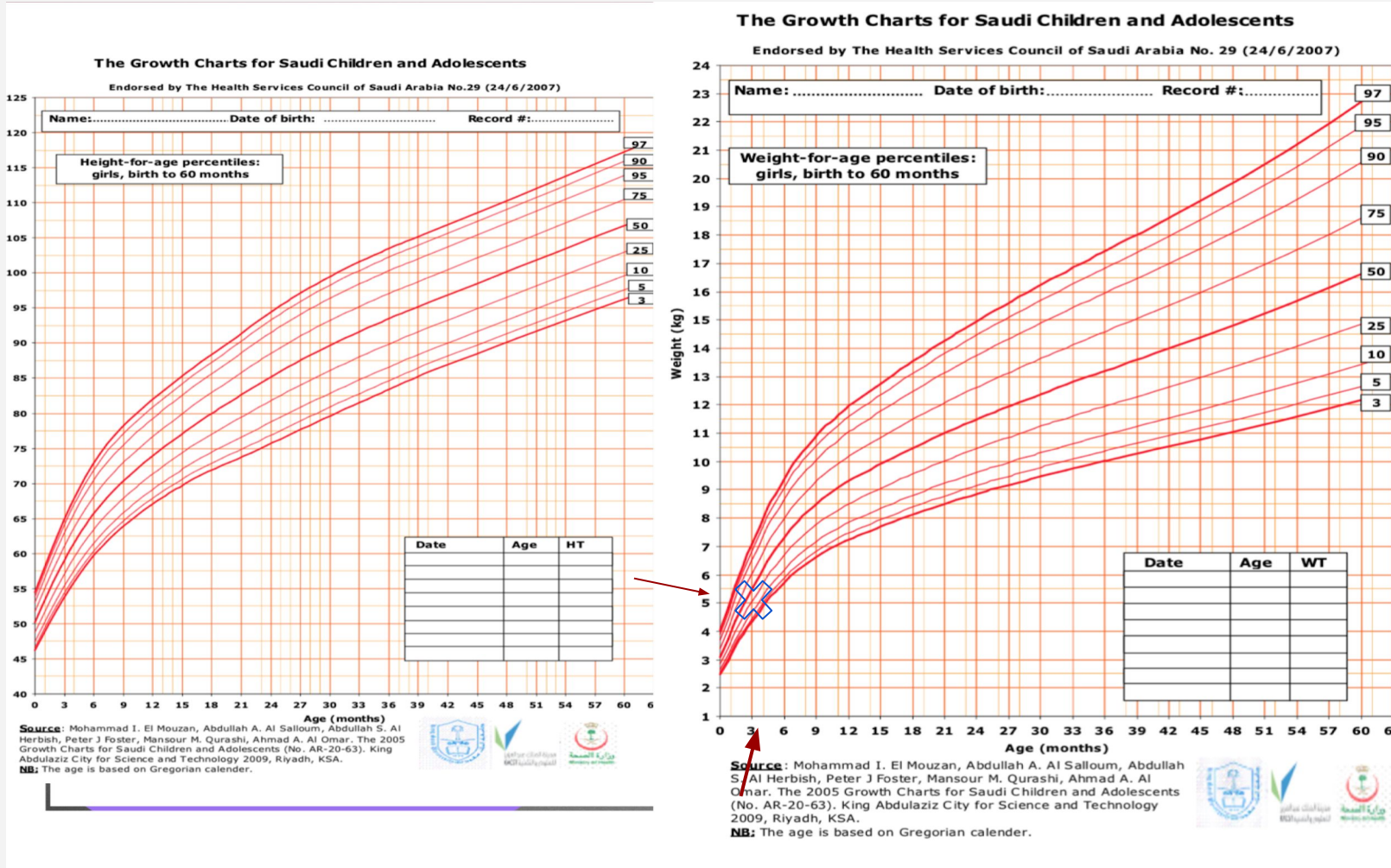
IMPORTANT

| Benefits to the infant | Benefits to the mother |
|---|--|
| <ul style="list-style-type: none"> bacteremia diarrhea respiratory tract infection necrotizing enterocolitis otitis media urinary tract infection late-onset sepsis in preterm infants type 1 and type 2 diabetes lymphoma, leukemia, and Hodgkins disease childhood overweight and obesity | <ul style="list-style-type: none"> decreased postpartum bleeding and more rapid uterine involution decreased menstrual blood loss and increased child spacing (lactational amenorrhea) earlier return to pre-pregnancy weight decreased risk of breast and ovarian cancers |

Growth monitoring

Very essential part in the physical and mental health of a child

IMPORTANT



- لو كان مستوى الطفل تحت طبيعي في البداية فهذا غير مقلق بس مع المتابعة لو ما تحسن هنا راح يكون مقلق ولازم نشوف المشكلة .
- لو كان فوق المستوى الطبيعي بيكون شيء كويس.
- طبعا كيف تقرأ التشارت عن طريق (العمر و الوزن) ، (العمر والطول).
- مثال : طفل عمره ٣ شهور وزنه ٥ كجم يعتبر تحت الوزن الطبيعي (ولكن ممكن في المتابعات الجاية يتحسن ويصبح في المعدل الطبيعي)

Summary

1. Adolescence:

- Adolescence is a period with specific health and developmental needs. It is a period of rapid hormonal, physical and emotional changes. It represents the **transition into puberty**.
- Between ages **7-19** according to the CDC immunization schedule.
- Intervening at this age is far better than adulthood if we want to change health habits and healthy behaviors.

The main health problems in adolescence are:

1-Road injuries

2-HIV/AIDS

3-Self harm (reflects depression and can lead to suicide)

But *depression is the leading cause of morbidity & disability* in this age group.

Another health problem is too early pregnancy which poses many risks to mother and risks to child eg. HIV, maternal death, inability to care for baby at this age.

Why should we invest in the health and development of adolescents?

Because adolescence are a large group of the population (24% in KSA) and because health promotion and early **intervention at this age can decrease morbidity and mortality** in adulthood.

2. Child Health:

- Prematurity is the leading cause of death in children under 5.
- Vaccine preventable causes are still among the leading causes of death worldwide & in KSA.
- The **sustainable development goal** globally is to reduce under-5 mortality to as low as 25 per 1000 live births by 2030.

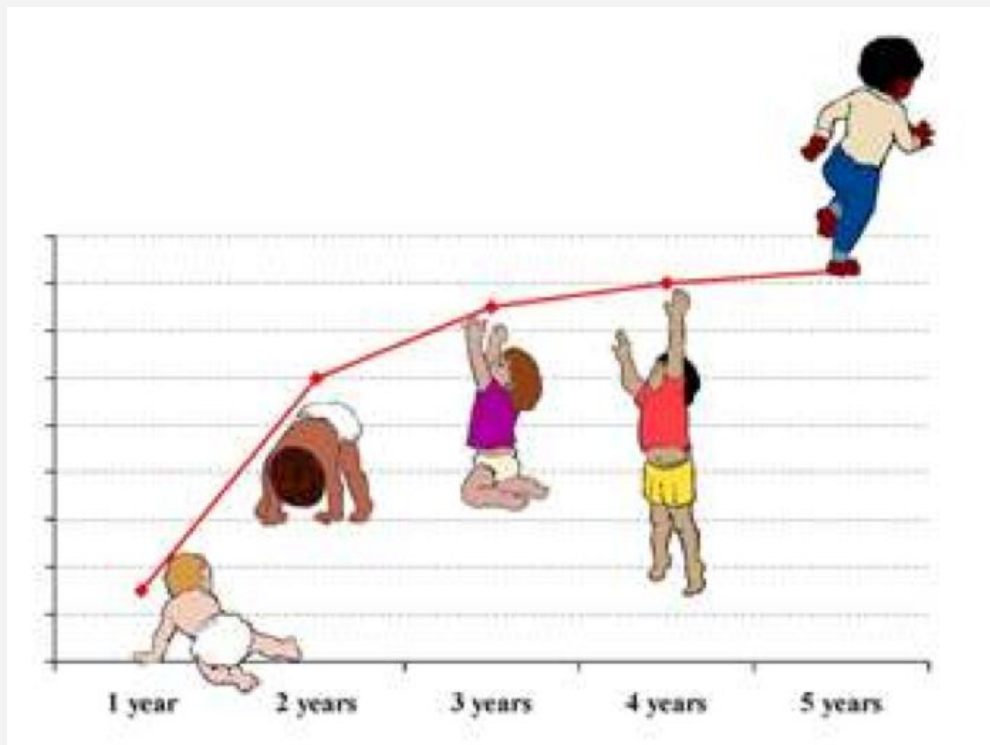
3. Neonatal Health

- The sustainable development goal globally is to reduce neonatal mortality to as low as 12 per 1000 live births by 2030.
- **What do we mean by perinatal death?** Death between 28 gestational weeks and 7 days after birth.
- **Breastfeeding** is a hallmark intervention that **can significantly reduce mortality** in this age group. Likewise. Immunization and monitoring child growth are important.

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

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

CHILD DEVELOPMENTAL MILESTONES



| | |
|------------------|---|
| 2 Months | Smiles at the sound of your voice and follows you with their eyes as you move around a room |
| 3 Months | Raises head and chest when lying on stomach Grasps objects Smiles at other people |
| 4 Months | Babbles, laughs, and tries to imitate sounds; holds head steady |
| 6 Months | Rolls from back to stomach and stomach to back Moves objects from hand to hand |
| 7 Months | Responds to own name Finds partially hidden objects |
| 9 Months | Sits without support, crawls, babbles "mama" and "dada" |
| 12 Months | Walks with or without support Says at least one word Enjoys imitating people |
| 18 Months | Walks independently, drinks from a cup, says at least 15 words, points to body parts |
| 2 Years | Runs and jumps Speaks in two-word sentences Follows simple instructions Begins make-believe play |
| 3 Years | Climbs well Speaks in multiword sentences Sorts objects by shape and color |
| 4 Years | Gets along with people outside the family Draws circles and squares Rides a tricycle |
| 5 Years | Tells name and address Jumps, hops, and skips Gets dressed Counts 10 or more objects |

MCQs

1-Which one of the following is an indicator of burden of non-communicable disease?

- A. Adult mortality rate.
- B. Adolescent mortality rate.
- C. Maternal mortality rate.
- D. Under 5 mortality rate.

2-Which goal in the Sustainable Development Goals (SDG) is related to maternal and child care?

- A. 3rd
- B. 6th
- C. 10th
- D. 17th

3- Mother and child passport include?

- A. Anemia
- B. ?
- C. ?
- D. ?

4-Baby died when he became 20 days old. How can you classify him in your report?

- A. Neonate
- B. Post neonate
- C. Stillbirth
- D. Child

5-Which of the following vaccines should be given to a child who is at First year in school? (from the previous MCQs)

- A. BCG
- B. hepatitis B
- C. MMR
- D. Malaria

Q3 :

Mother and Child Health Passport (MCHP) is designed to track the patient's medical history, monitor health condition, conduct the necessary diagnostics and test, and document all within the system to be used by respective health centers as the prime reference for mother and child healthcare. <https://bit.ly/2UVVoQQ>